



District of Columbia, Maryland, and Virginia

Marketplace Formulary *Last Update: 06/03/2025*

The formulary is a list of drugs covered by your plan. The preferred drugs in the formulary are chosen by a group of Kaiser Permanente physicians and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members.

This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medical service drugs or medications used in inpatient settings or administered in one of the Kaiser Permanente medical centers.

You may have specific exclusions, copays, or coinsurance amounts that are not reflected in the formulary drug list. Please consult your Evidence of Coverage or Membership Agreement for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

Generic, Brand Name and Specialty Drugs

Kaiser Permanente covers generic, brand name and specialty drugs at the applicable tier copay or cost share.

A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand name drug.

Brand name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand name drug expires, other pharmaceutical companies may then manufacture and sell the FDA- approved generic version of the drug at lower prices.

Specialty drugs are high cost, prescription medications used to treat serious or chronic medical conditions and require special handling, administration or monitoring.

In most cases, your doctor will prescribe a generic drug if one is available. Generic drugs generally cost less than brand name or specialty drugs.

Using the Kaiser Permanente Formulary List

When you look through the formulary drug listing beginning on page 4, you will see that products available in a generic form are listed by their generic names. Medications that are only available as a brand name product are listed in **BOLD AND ALL CAPITAL** letters, except where multiple branded products exist.

You can search the formulary drug list by using the "FIND" function in Adobe Reader, or by

referencing the therapeutic drug category.

The first column of the chart lists the drug name. Please note that some drugs have multiple dosage forms. Examples of dosage forms are tablets, capsules, creams, injections, etc. Please note that not all dosage forms and strengths for a particular drug listed may be on the same drug tier.

The second column, "Drug Tier" will indicate what tier number the drug is in. Drugs on the Formulary are categorized in one of four tiers.

Tier 1: Most Preferred Generic Drugs, commonly prescribed Generic Drugs

Tier 2: Most Preferred Brand Name Drugs, commonly prescribed Brand Name Drugs and higher cost Generic Drugs

Tier 3: Non-Preferred Drugs

Tier 4: Specialty Drugs

Please remember that this list is subject to change and will be updated from time to time during the year. Any product not found on the list will be considered non-formulary.

Restrictions on medication coverage (Dispensing Limitations)

Some covered drugs may have additional requirements or limits on coverage. Please consult your Evidence of Coverage or Membership Agreement for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

- **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.
- **Medical Service Drugs:** Drugs that may be covered under your medical benefit (physician visit or hospital visit). Medical service drugs require administration by a clinician or in a facility. They are not dispensed through the outpatient pharmacy.
- **Oral chemotherapy drugs:** Drugs that fall under the District of Columbia and State of Maryland Oral Chemotherapy Parity Act.
- **Prior Authorization:** A review and approval procedure that applies to some outpatient prescription drugs and is used to encourage safe and cost-effective medication use. Prior authorization is generally applied to outpatient prescription drugs that have multiple medical uses, are higher in cost or have a significant safety concern.

The purpose of prior authorization is to ensure that you receive the right medication for your medical condition. This means that when your physician or authorized provider prescribes a drug that has been identified as subject to prior authorization, the drug must be reviewed by the utilization management program to determine medical necessity before the prescription is filled.

If a drug requires prior authorization, your prescribing physician or authorized provider must work with us to authorize the drug for your use. Drugs requiring prior authorization have specific clinical criteria, including but not limited to diagnosis of specified condition, laboratory requirements or prescriber specialty, that you must meet in order for the prescription to be eligible for coverage. Refer to the formulary for a complete list of medications requiring prior authorization. Once a prior authorization has been approved for a drug used to treat a chronic condition, no reauthorization for a repeat prescription will be needed for 1 year or for the duration of the standard course of treatment for the chronic condition being treated, whichever is less.

- **Quantity limit:** For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limits the amount of medication dispensed to a certain quantity per copay.
- **Step Therapy Process:** A process that defines how and when a particular outpatient prescription drug can be covered by requiring the use of one or more prerequisite drugs (first line agents), as identified through your drug history, prior to the use of another drug (second line agent). The step therapy process encourages safe and cost-effective medication use. Under this process, a "step"

approach is required to receive coverage for certain high cost medications. This means that to receive coverage, you may first be required to try a proven, cost effective medication before using a more costly medication.

Your prescribing physician or authorized provider should prescribe a first-line medication appropriate for your condition. If your prescribing physician or authorized provider determines that a first-line drug is not appropriate or effective for you, a second-line medication may be covered after meeting certain conditions.

Refer to the formulary for a complete list of medications requiring step therapy

- **Zero Cost Share Preventive Drugs:** Drugs that may be covered at \$0 when written on a prescription.
- **Key:** (Refer to “Restrictions on medication coverage” section, above, for definitions of these terms)

LD = Limited Distribution Drugs

OC = Oral Chemotherapy Drugs

QL = A drug with a quantity limit

PA = Prior Authorization

PRV = Zero Cost Share Preventive Drugs

ST = Step Therapy

MSD = Medical Service Drugs

For more information about the Marketplace Formulary Drug List, you may contact Member Services at **301-468-6000** or **800-777-7902 (TTY 711)**. Representatives are available Monday through Friday, 7:30 a.m. until 9 p.m

Name of drug	Drug Tier	Restrictions/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1, 3	
<i>ivermectin</i>	3	
<i>praziquantel</i>	3	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	MB
<i>amoxicillin</i>	1, 3	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1, 3, MSD	MB
<i>ampicillin sodium</i>	1, 3, MSD	MB
AVELOX	MSD	MB
AVYCAZ	MSD	MB
<i>azithromycin</i>	1, 3, MSD	MB
<i>aztreonam</i>	1, 3	MB
<i>bacitracin</i>	1	MB
BAXDELA	3, MSD	MB
BICILLIN L-A	2	MB
CAYSTON	3	PA, LD
<i>cefaclor</i>	1	
<i>cefadroxil</i>	3	
<i>cefazolin sodium</i>	1, 3	MB
CEFAZOLIN SODIUM-DEXTROSE	MSD	MB
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1, 3, MSD	MB
CEFEPIME-DEXTROSE	MSD	MB
<i>cefixime</i>	1, 3	
<i>cefotaxime sodium</i>	1, 2	MB
<i>cefotetan disodium</i>	3	MB
CEFOTETAN DISODIUM-DEXTROSE	MSD	MB
<i>cefoxitin sodium</i>	MSD	MB
CEFOXITIN SODIUM-DEXTROSE	MSD	MB
<i>ceftazidime</i>	1, 3, MSD	MB
CEFTAZIDIME AND DEXTROSE	MSD	MB
<i>ceftriaxone sodium</i>	1, MSD	MB
CEFTRIAZONE SODIUM IN DEXTROSE	MSD	MB
CEFTRIAZONE SODIUM-DEXTROSE	MSD	MB
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1, 3, MSD	MB
<i>cephalexin</i>	1, 3	
CHLORAMPHENICOL SOD SUCCINATE	MSD	MB
<i>ciprofloxacin</i>	1, 3	
<i>ciprofloxacin hcl</i>	1, 3	
<i>ciprofloxacin in d5w</i>	MSD	MB
<i>clarithromycin</i>	1, 3	
<i>clindamycin hcl</i>	1, 3	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1, 3	MB
<i>clindamycin phosphate in d5w</i>	MSD	MB
<i>colistimethate sodium</i>	1, 3	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
DALVANCE	MSD	MB
<i>daptomycin</i>	MSD	MB
<i>demeclocycline hcl</i>	3	
<i>dicloxacillin sodium</i>	1	
DIFICID	3, 4	
DORIPENEM	MSD	MB
<i>doxycycline (monohydrate)</i>	1, 3	
<i>doxycycline hyclate</i>	1, 3, MSD	MB
<i>ertapenem sodium</i>	1, 3	MB
ERYTHROCIN STEARATE	3	
<i>erythromycin base</i>	1, 3	
<i>erythromycin ethylsuccinate</i>	1, 3	
<i>erythromycin lactobionate</i>	MSD	MB
<i>erythromycin-sulfisoxazole</i>	1	
FETROJA	MSD	MB
<i>gentamicin in saline</i>	MSD	MB
<i>gentamicin sulfate</i>	1, 3	MB
<i>imipenem-cilastatin</i>	MSD	MB
KIMYRSA	MSD	MB
<i>levofloxacin</i>	1, 3, MSD	MB
<i>levofloxacin in d5w</i>	MSD	MB
<i>lincomycin hcl</i>	3	MB
<i>linezolid</i>	1, 4, MSD	MB
LINEZOLID IN SODIUM CHLORIDE	MSD	MB
<i>meropenem</i>	MSD	MB
MEROPENEM-SODIUM CHLORIDE	MSD	MB
<i>minocycline hcl</i>	1, 3, MSD	MB
<i>moxifloxacin hcl</i>	3, MSD	MB
<i>nafcillin sodium</i>	1, MSD	MB
NAFCILLIN SODIUM IN DEXTROSE	MSD	MB
<i>neomycin sulfate</i>	1	
NUZYRA	MSD	MB
<i>ofloxacin</i>	3	
<i>oxacillin sodium</i>	3, MSD	MB
OXACILLIN SODIUM IN DEXTROSE	MSD	MB
PENICILLIN G POT IN DEXTROSE	MSD	MB
<i>penicillin g potassium</i>	1, 3	MB
PENICILLIN G PROCAINE	1	MB
PENICILLIN G SODIUM	1	MB
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	MSD	MB
<i>polymyxin b sulfate</i>	3	MB
RECARBRIO	MSD	MB
SIVEXTRO	4, MSD	MB
STREPTOMYCIN SULFATE	1	MB
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1, 3, MSD	MB
<i>sulfasalazine</i>	1, 3	
SYNERCID	MSD	MB
TEFLARO	MSD	MB
<i>tetracycline hcl</i>	3	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
TIGECYCLINE	MSD	MB
TIMENTIN	MSD	MB
<i>tobramycin</i>	1	
TOBRAMYCIN SULFATE	1, 3	MB
VABOMERE	MSD	MB
<i>vancomycin hcl</i>	1, 3, MSD	MB
VANCOMYCIN HCL IN DEXTROSE	MSD	MB
VIBATIV	MSD	MB
VIBRAMYCIN	3	
XENLETA	3, MSD	MB
XERAFA	MSD	MB
XIFAXAN	4	PA, QL
ZEMDRI	MSD	MB
ZERBAXA	MSD	MB
ZOSYN	MSD	MB
ANTIFUNGALS		
ABELCET	MSD	MB
AMBISOME	MSD	MB
AMPHOTERICIN B	MSD	MB
<i>caspofungin acetate</i>	MSD	MB
<i>ciclopirox</i>	3	PA
CRESEMBA	MSD	MB
ERAXIS	MSD	MB
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	MSD	MB
<i>fluconazole in nacl</i>	MSD	MB
<i>flucytosine</i>	3	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1, 3	PA
<i>ketoconazole</i>	1	
<i>miconazole sodium</i>	MSD	MB
MICONAZOLE-ZINC OXIDE-PETROLAT	3	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>tavaborole</i>	3	PA
<i>terbinafine hcl</i>	1	PA
<i>voriconazole</i>	1, MSD	MB
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE	3	MB
CYCLOSERINE	3	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1, 3	MB
PASER	3	
PRETOMANID	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1, 3	
RIFAMATE	3	
<i>rifampin</i>	1, 3, MSD	MB
RIFATER	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
TRECATOR	3	
ANTIPROTOZOALS		
ARTESUNATE	MSD	MB
<i>atovaquone</i>	4	
<i>atovaquone-proguanil hcl</i>	1	
BENZNIDAZOLE	3	LD
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate</i>	1, 3	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1, 2, 3, MSD	MB
<i>nitazoxanide</i>	3	
<i>pentamidine isethionate</i>	1, 2, 3	MB
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	3	
<i>quinine sulfate</i>	3	
<i>tinidazole</i>	3	
ANTIVIRALS		
<i>abacavir sulfate</i>	1, 3	
<i>abacavir sulfate-lamivudine</i>	1, 3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1, 3	
<i>acyclovir</i>	1, 3	
<i>acyclovir sodium</i>	MSD	MB
<i>adefovir dipivoxil</i>	4	
APTIVUS	2	
<i>atazanavir sulfate</i>	1, 2, 3	
BEYFORTUS	2	MB
BIKTARVY	2, 3	
CABENUVA	2	MB
<i>cidofovir</i>	MSD	MB
CIMDUO	2, 3	
COMPLERA	2	
COPEGUS	1, 3, 4	
CRIXIVAN	2	
DAKLINZA	4	QL
<i>darunavir</i>	1, 2	
DELSTRIGO	2	
DESCOVY	2, 3	PREV
DIDANOSINE	1, 2, 3	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1, 3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1, 3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1, 2	
<i>emtricitabine</i>	1, 2, 3	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1, 3	PREV
<i>entecavir</i>	1, 3, 4	
<i>etravirine</i>	1, 2, 3	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1, 2, 3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>foscarnet sodium</i>	MSD	MB
FUZEON	2	QL
GANCICLOVIR	MSD	MB
<i>ganciclovir sodium</i>	MSD	MB
GENVOYA	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1, 3	
<i>lamivudine (hbv)</i>	1, 3	
<i>lamivudine-zidovudine</i>	1, 3	
LEDIPASVIR-SOFOSBUVIR	4	PA, QL
LIVTENCITY	2	QL, LD
<i>lopinavir-ritonavir</i>	1, 3	
<i>maraviroc</i>	1, 2, 3	
<i>nevirapine</i>	1, 3	
ODEFSEY	2	
OLYSIO	4	QL
<i>oseltamivir phosphate</i>	1, 3	QL
PAXLOVID (150/100)	2	
PEGASYS	4	QL
PEGINTRON	3	QL
PIFELTRO	2	
PREVYMIS	2, MSD	MB
PREZCOBIX	2	
RAPIVAB	MSD	MB
RELENZA DISKHALER	2	QL
RESCRIPTOR	3	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2, 3	
SOFOBUVIR-VELPATASVIR	2	PA, QL
STAVUDINE	1	
STRIBILD	2	
SYMTUZA	2	
SYNAGIS	2	MB
TECHNIVIE	4	QL
<i>tenofovir disoproxil fumarate</i>	1, 3	
TIVICAY	2	
TRIUMEQ	2, 3	
TROGARZO	MSD	MB
<i>valacyclovir hcl</i>	1, 3	
<i>valganciclovir hcl</i>	1	
VEKLURY	MSD	MB
VIRACEPT	2	
VOSEVI	4	PA, QL
XOFLUZA (40 MG DOSE)	3	
<i>zidovudine</i>	1, 3, MSD	MB
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1, 3	
<i>methenamine hippurate</i>	1, 3	
<i>methenamine mandelate</i>	3	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	3	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>	3	
<i>nitrofurantoin</i>	1, 3	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
<i>carbinoxamine maleate</i>	3	
CLARINEX-D 12 HOUR	3	
CLEMASTINE FUMARATE	3	
<i>cycloheptadine hcl</i>	1	
<i>desloratadine</i>	3	
DEXCHLORPHENIRAMINE MALEATE	3	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine & phenylephrine</i>	3	
<i>promethazine hcl</i>	1, 3	MB
QUZYTIR	MSD	MB
SEMPREX-D	3	
ANTI-NEOPLASTIC AGENTS		
ANTI-NEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1, 3, 4	OC
ABRAXANE	MSD	MB
ALECENSA	4	OC
ALFERON N	3	MB
ALIMTA	MSD	MB
ALIQOPA	MSD	MB
ALKERAN	1, 3	OC
ALUNBRIG	4	OC
<i>anastrozole</i>	1, 3	OC, PREV
ARRANON	MSD	MB
<i>arsenic trioxide</i>	MSD	MB
ARZERRA	MSD	MB
ASPARLAS	MSD	MB
AVASTIN	MSD	MB
<i>azacitidine</i>	1, 3, 4	OC, MB
AZEDRA DOSIMETRIC	MSD	MB
BAVENCIO	MSD	MB
BELEODAQ	MSD	MB
<i>bendamustine hcl</i>	MSD	MB
BESPONSA	MSD	MB
<i>bexarotene</i>	4	OC
<i>bicalutamide</i>	1, 3	OC
BICNU	MSD	MB
BLENREP	MSD	MB
<i>bleomycin sulfate</i>	1	MB
BLINCYTO	MSD	MB
<i>bortezomib</i>	1, 3, MSD	MB
BOSULIF	3	OC
BRAFTOVI	4	OC

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
BRUKINSA	2	OC
<i>busulfan</i>	2, MSD	OC, MB
CABOMETYX	4	LD, OC
CALQUENCE	2	OC
CAMPATH	MSD	LD, MB
<i>capecitabine</i>	1, 3, 4	OC
CAPRELSA	2, 4	LD, OC
<i>carboplatin</i>	MSD	MB
<i>cisplatin</i>	MSD	MB
<i>cladribine</i>	MSD	MB
<i>clofarabine</i>	MSD	MB
COPIKTRA	4	OC
COSELA	MSD	MB
COTELLIC	4	OC
<i>cyclophosphamide</i>	1, 2, MSD	PA, MB
CYRAMZA	MSD	MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	MSD	MB
<i>dactinomycin</i>	MSD	MB
DANYELZA	MSD	MB
DARZALEX	MSD	MB
DARZALEX FASPRO	3	MB
<i>dasatinib</i>	4	OC
<i>daunorubicin hcl</i>	MSD	MB
<i>decitabine</i>	MSD	MB
<i>docetaxel</i>	MSD	MB
<i>doxorubicin hcl</i>	MSD	MB
<i>doxorubicin hcl liposomal</i>	MSD	MB
ELAHERE	4	MB
ELZONRIS	MSD	MB
EMCYT	4	OC
EMPLICITI	MSD	MB
ENHERTU	MSD	MB
<i>epirubicin hcl</i>	MSD	MB
ERBITUX	MSD	MB
<i>eribulin mesylate</i>	MSD	MB
ERLEADA	4	OC
<i>erlotinib hcl</i>	4	OC
ERWINAZE	3	MB
ETOPOPHOS	MSD	MB
<i>etoposide</i>	1, MSD	OC, MB
EULEXIN	1, 3	OC
<i>everolimus</i>	1, 4	OC
<i>exemestane</i>	1, 3	OC, PREV
FARYDAK	4	OC
FIRMAGON	3	MB
<i>floxuridine</i>	1	MB
<i>fludarabine phosphate</i>	MSD	MB
<i>fluorouracil</i>	MSD	MB
<i>fulvestrant</i>	1, 2, 3	MB
FYARRO	MSD	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
GAZYVA	MSD	MB
<i>gefitinib</i>	4	OC
<i>gemcitabine hcl</i>	MSD	MB
GLEOSTINE	2, 4	OC
HERCEPTIN	MSD	MB
HERCESSI	MSD	MB
<i>hydroxyurea</i>	1, 3	OC
IBRANCE	4	OC
<i>idarubicin hcl</i>	MSD	MB
<i>ifosfamide</i>	MSD	MB
<i>imatinib mesylate</i>	1, 4	OC
IMBRUVICA	4	OC
IMFINZI	MSD	MB
IMLYGIC	3	MB
INFUGEM	MSD	MB
INLYTA	4	OC
<i>irinotecan hcl</i>	MSD	MB
ISTODAX	MSD	MB
IXEMPRA KIT	4	MB
JAKAFI	2	OC
JEMPERLI	MSD	MB
JEVTANA	MSD	MB
KADCYLA	MSD	MB
KEYTRUDA	MSD	MB
KIMMTRAK	MSD	MB
KISQALI (200 MG DOSE)	4	OC
KYPROLIS	MSD	MB
<i>lapatinib ditosylate</i>	4	OC
<i>lenalidomide</i>	4	PA, LD
LENVIMA (10 MG DAILY DOSE)	4	QL, OC
<i>letrozole</i>	1, 3	OC
<i>leucovorin calcium</i>	3	MB
LEUKERAN	4	OC
<i>leuprolide acetate</i>	1, 2	PA, QL, HC
LIBTAYO	4	MB
LONSURF	4	OC
LUMOXITI	MSD	MB
LUPANETA PACK	3	MB
LUPRON DEPOT (3-MONTH)	2	QL
LUPRON DEPOT (4-MONTH)	2	QL
LUPRON DEPOT (6-MONTH)	2	QL
LUPRON DEPOT-PED (1-MONTH)	4	QL
LUPRON DEPOT-PED (3-MONTH)	4	QL
LUTATHERA	MSD	MB
LYNPARZA	4	OC
LYSODREN	2	LD, OC
MARGENZA	MSD	MB
MATULANE	4	OC
<i>megestrol acetate</i>	1	
MEKINIST	4	OC
<i>melphalan hcl</i>	MSD	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>mercaptopurine</i>	1, 4	OC
<i>methotrexate sodium</i>	1, 3	MB
<i>mitomycin</i>	3, MSD	MB
<i>mitoxantrone hcl</i>	MSD	MB
MONJUVI	MSD	MB
MUSTARGEN	2	MB
MVASI	MSD	MB
MYLOTARG	MSD	MB
<i>nilutamide</i>	3	OC
NINLARO	4	OC
NIPENT	MSD	MB
NUBEQA	4	OC
ODOMZO	2	OC
ONCASPAR	2	MB
ONIVYDE	MSD	MB
OPDIVO	MSD	MB
OPDUALAG	MSD	MB
<i>oxaliplatin</i>	MSD	MB
<i>paclitaxel</i>	MSD	MB
PADCEV	MSD	MB
<i>pazopanib hcl</i>	4	OC
PEMFEXY	MSD	MB
PEPAXTO	MSD	MB
PERJETA	MSD	MB
PHESGO	3	MB
POLIVY	MSD	MB
POMALYST	4	LD, OC
PORTRAZZA	MSD	MB
POTELIGEO	MSD	MB
PROLEUKIN	MSD	MB
RIABNI	MSD	MB
RITUXAN	MSD	MB
RITUXAN HYCELA	3	MB
RUXIENCE	MSD	MB
RYBREVANT	MSD	MB
RYDAPT	4	OC
SARCLISA	MSD	MB
<i>sorafenib tosylate</i>	4	OC
STIVARGA	4	OC
<i>sunitinib malate</i>	4	OC
SYLATRON	4	QL
SYLVANT	4	MB
SYNRIBO	3	LD, MB
TABLOID	2	OC
TAFINLAR	4	OC
TAGRISSO	4	OC
TALZENNA	3	OC
<i>tamoxifen citrate</i>	1, 3	PA, PREV
TASIGNA	4	OC
TECENTRIQ	MSD	MB
<i>temozolomide</i>	1, 4, MSD	OC, MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>temsirolimus</i>	MSD	MB
TENIPOSIDE	MSD	MB
<i>thiotepa</i>	3	MB
TIBSOVO	4	OC
TICE BCG	2	MB
TIVDAK	MSD	MB
<i>topotecan hcl</i>	4, MSD	OC, MB
<i>toremifene citrate</i>	3, 4	OC
TRELSTAR MIXJECT	3	MB
<i>tretinoin (chemotherapy)</i>	4	OC
TRODELVY	MSD	MB
TURALIO	4	OC
UKONIQ	3	OC
UNITUXIN	4	MB
VECTIBIX	MSD	MB
VENCLEXTA	2	OC
VERZENIO	4	OC
VINBLASTINE SULFATE	MSD	MB
<i>vincristine sulfate</i>	MSD	MB
<i>vinorelbine tartrate</i>	MSD	MB
VONJO	3	QL, OC
VYXEOS	4	MB
XPOVIO (100 MG ONCE WEEKLY)	3	OC
XTANDI	4	OC
YERVOY	MSD	MB
YONDELIS	MSD	MB
YONSA	4	OC
ZALTRAP	MSD	MB
ZANOSAR	MSD	MB
ZEJULA	4	OC
ZELBORAF	4	OC
ZEPZELCA	MSD	MB
ZIRABEV	MSD	MB
ZOLADEX	2	MB
ZOLINZA	4	OC
ZYKADIA	4	OC
ZYNLONTA	MSD	MB
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 3	MB
<i>chlordiazepoxide hcl-clidinium bromide</i>	1, 3	
<i>dicyclomine hcl</i>	1, 3	MB
DUAKLIR PRESSAIR	3	
<i>glycopyrrolate</i>	1, 3	MB
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1, 3	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
<i>methscopolamine bromide</i>	3	
<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	3	
PROPANTHELINE BROMIDE	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
SEEBRI NEOHALER	3	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>bupropion hcl (smoking deterrent)</i>	PRV	
<i>nicotine</i>	PRV	
<i>nicotine polacrilex</i>	PRV	
<i>varenicline tartrate</i>	PRV	QL
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1, 3	
<i>galantamine hydrobromide</i>	1, 3	
GUANIDINE HCL	3	
<i>neostigmine methylsulfate</i>	1, MSD	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1, 3	
<i>pyridostigmine bromide</i>	1, 3, MSD	MB
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	3	
URECHOLINE	3	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1, 3	MB
<i>carisoprodol</i>	3	
<i>carisoprodol w/ aspirin & codeine</i>	3	QL
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hcl</i>	1, 3	
<i>dantrolene sodium</i>	1, 3, MSD	MB
<i>metaxalone</i>	3	
<i>methocarbamol</i>	1, 3	MB
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	3	MB
<i>tizanidine hcl</i>	3	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl</i>	3	
<i>dihydroergotamine mesylate</i>	1, 3	QL
ERGOLOID MESYLATES	1	
ERGOMAR	3	
<i>phenoxybenzamine hcl</i>	1, 3	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
TRUDHESA	3	LD
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
AIRDUO DIGIHALER	3	
AKOVAZ	MSD	MB
<i>albuterol sulfate</i>	1, 3	
ARCAPTA NEOHALER	3	
<i>arformoterol tartrate</i>	4	
BIORPHEN	MSD	MB
<i>dobutamine hcl</i>	MSD	MB
DOBUTAMINE-DEXTROSE	MSD	MB
<i>droxidopa</i>	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
EPINEPHRINE	3	MB
<i>epinephrine (anaphylaxis)</i>	1, 2, 3	QL, MB
<i>fluticasone-salmeterol</i>	1, 3	
<i>formoterol fumarate</i>	3	
<i>ipratropium-albuterol</i>	1	
<i>levabuterol hcl</i>	3	
LEVALBUTEROL TARTRATE	3	
<i>metaproterenol sulfate</i>	1, 3	
<i>midodrine hcl</i>	1	
PROAIR DIGIHALER	3	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	MB
UTIBRON NEOHALER	3	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
AFSTYLA	MSD	MB
ALPHANATE	MSD	MB
ALPROLIX	MSD	MB
ALTUVIIIO	4	MB
<i>aminocaproic acid</i>	1, MSD	MB
<i>anagrelide hcl</i>	1	
ANDEXXA	MSD	MB
<i>argatroban</i>	MSD	MB
<i>aspirin-dipyridamole</i>	1	
ASPIRIN-OMEPRazole	3	
BENEFIX	MSD	MB
<i>bivalirudin trifluoroacetate</i>	MSD	MB
BIVALIRUDIN-SODIUM CHLORIDE	MSD	MB
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
COAGADEX	MSD	MB
CORIFACT	MSD	LD, MB
<i>dabigatran etexilate mesylate</i>	1	
DURLAZA	3	
ELOCTATE	MSD	MB
<i>enoxaparin sodium</i>	1	QL
FIBRYGA	MSD	MB
<i>fondaparinux sodium</i>	3	QL
FRAGMIN	3	QL
HEMLIBRA	2	PA, QL
<i>heparin (porcine) in sodium chloride</i>	MSD	MB
HEPARIN SOD (PORCINE) IN D5W	MSD	MB
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	MSD	MB
IDELVION	MSD	MB
INTEGRILIN	MSD	MB
JIVI	MSD	MB
KCENTRA	MSD	MB
KOVALTRY	MSD	MB

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
NOVOEIGHT	MSD	MB
NUWIQ	MSD	MB
OBIZUR	MSD	MB
<i>pentoxifylline</i>	1	
<i>prasugrel hcl</i>	1	
PRAXBIND	MSD	MB
<i>tranexamic acid</i>	1, MSD	MB
TRETTEN	MSD	MB
VONVENDI	MSD	MB
<i>warfarin sodium</i>	1	
XARELTO	2	
HEMATOPOIETIC AGENTS		
ALVAIZ	2	
GRANIX	2	QL
LEUKINE	4	QL
MIRCERA	3	PA, QL
MOZOBIL	3	MB
NEULASTA ONPRO	3	MB
NEUMEGA	4	QL
NEUPOGEN	4	QL
NPLATE	3	MB
PROCRT	2	QL
PROMACTA	2	
REBLOZYL	3	MB
RETACRIT	3	PA
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	PREV
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	1, 3	
<i>ezetimibe</i>	1	
EZETIMIBE-ROSUVASTATIN	3	
<i>ezetimibe-simvastatin</i>	3	
<i>fenofibrate</i>	1, 3	
<i>fenofibrate micronized</i>	3	
<i>fluvastatin sodium</i>	3	PREV
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	3	
<i>lovastatin</i>	1	PREV
<i>niacin (antihyperlipidemic)</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
<i>pravastatin sodium</i>	1, 3	PREV
<i>rosuvastatin calcium</i>	1	PREV
<i>simvastatin</i>	1, 3	PREV
BETA-ADRENERGIC BLOCKING AGENTS		

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>esmolol hcl</i>	MSD	MB
<i>labetalol hcl</i>	MSD	MB
LABETALOL HCL-SODIUM CHLORIDE	MSD	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1, MSD	MB
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	3	
<i>amlodipine besylate-olmesartan medoxomil</i>	3	
CARDENE IV	MSD	MB
CLEVIPREX	MSD	MB
<i>diltiazem hcl</i>	1, MSD	MB
<i>diltiazem hcl coated beads</i>	1	
<i>felodipine</i>	3	
<i>nicardipine hcl</i>	3, MSD	MB
<i>nifedipine</i>	1, 3	
<i>nimodipine</i>	3	
<i>nisoldipine</i>	3	
TWYNSTA	3	
<i>verapamil hcl</i>	1, MSD	MB
CARDIAC DRUGS		
<i>adenosine</i>	MSD	MB
<i>amiodarone hcl</i>	1, MSD	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
LIDOCAINE HCL (CARDIAC)	MSD	MB
<i>lidocaine in d5w</i>	MSD	MB
<i>mexiletine hcl</i>	1	
NEXTERONE	MSD	MB
<i>procainamide hcl</i>	1, 3	MB
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>ranolazine</i>	3	
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
CORLOPAM	MSD	MB
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
METHYLDOPA	1	
METHYLDOPA-HYDROCHLOROTHIAZIDE	3	
METHYLDOPATE HCL	MSD	MB
<i>minoxidil</i>	1	
NIPRIIDE RTU	MSD	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
GIAPREZA	MSD	MB
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren fumarate</i>	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>benazepril & hydrochlorothiazide</i>	3	
<i>benazepril hcl</i>	3	
<i>candesartan cilexetil</i>	3	
<i>captopril</i>	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	3	
<i>enalapril maleate</i>	1, 3	
<i>enalapril maleate & hydrochlorothiazide</i>	3	
ENTRESTO	2	
EPROSARTAN MESYLATE	3	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2, 3	
<i>lisinopril</i>	1, 3	
<i>lisinopril & hydrochlorothiazide</i>	1, 3	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1, 3	
<i>olmesartan medoxomil</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2, 3	
<i>quinapril hcl</i>	3	
<i>quinapril-hydrochlorothiazide</i>	3	
<i>ramipril</i>	3	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1, 3	
TEKTURNA HCT	3	
<i>telmisartan</i>	3	
<i>telmisartan-hydrochlorothiazide</i>	3	
<i>valsartan</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2, 3	
VASODILATING AGENTS		
BIDIL	3	
<i>dipyridamole</i>	1	
<i>isosorbide dinitrate</i>	1, 3	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 3, MSD	MB
NITROGLYCERIN IN D5W	MSD	MB
<i>papaverine hcl</i>	1	MB
<i>sildenafil citrate (pulmonary hypertension)</i>	1, 3, 4, MSD	PA, MB, HC
<i>tadalafil (pulmonary hypertension)</i>	1, 4	PA, LD, HC
α-ADRENERGIC BLOCKING AGENTS		
<i>labetalol hcl</i>	MSD	MB
<i>metoprolol tartrate</i>	MSD	MB
<i>nebivolol hcl</i>	3	
<i>propranolol hcl</i>	1, MSD	MB
β₁-ADRENERGIC BLOCKING AGENTS		
<i>carvedilol phosphate</i>	3	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
β₂-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	3	
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>betaxolol hcl</i>	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	3	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1, 3, MSD	MB
<i>nadolol</i>	3	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1, MSD	MB
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen</i>	MSD	MB
<i>acetaminophen w/ codeine</i>	1, 3	QL
<i>acetaminophen-caff-dihydrocod</i>	3	QL
<i>alfentanil hcl</i>	MSD	MB
APADAZ	3	QL
<i>aspirin</i>	PRV	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	PRV	
<i>buprenorphine</i>	3	QL
<i>buprenorphine hcl</i>	3	QL
<i>butalbital-acetaminophen</i>	3	
<i>butalbital-acetaminophen-caffeine</i>	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	QL
<i>butalbital-aspirin-caffeine</i>	3	
<i>butalbital-aspirin-caffeine w/cod</i>	3	QL
<i>butorphanol tartrate</i>	1, 3	QL, MB
<i>celecoxib</i>	3	
<i>choline & mag salicylate</i>	1, 3	
<i>clonidine hcl (analgesia)</i>	1, 3	MB
<i>codeine sulfate</i>	1	QL
DICLOFENAC	3	
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium</i>	1, 3	
<i>diclofenac w/ misoprostol</i>	3	
<i>diflunisal</i>	3	
DSUVIA	3	MB
DUEXIS	3	
EMBEDA	3	QL
<i>etodolac</i>	1, 3	
<i>fenoprofen calcium</i>	3	
<i>fentanyl</i>	1, 3	QL
<i>fentanyl citrate</i>	1, 3	QL, MB
<i>flurbiprofen</i>	3	
<i>hydrocodone bitartrate</i>	3	QL
<i>hydrocodone-acetaminophen</i>	1, 3	QL
<i>hydrocodone-ibuprofen</i>	3	QL
<i>hydromorphone hcl</i>	1, 3	QL, MB
<i>ibuprofen</i>	1, 3	
ILARIS	4	PA, MB
<i>indomethacin</i>	1, 3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
KETOPROFEN	3	
<i>ketorolac tromethamine</i>	1, 3	MB
MECLOFENAMATE SODIUM	3	
<i>mefenamic acid</i>	3	
<i>meloxicam</i>	1, 3, MSD	MB
<i>meperidine hcl</i>	1, 3	QL, MB
<i>methadone hcl</i>	1, 3	QL, MB
<i>morphine sulfate</i>	1, 2, 3, MSD	QL, MB
MORPHINE SULFATE ER BEADS	3	QL
<i>morphine sulfate for continuous microinfusion</i>	3	MB
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	3	MB
<i>naproxen</i>	1, 3	
<i>naproxen sodium</i>	3	
<i>naproxen-esomeprazole magnesium</i>	3	
NUCYNTA	3, 4	QL
<i>oxaprozin</i>	3	
<i>oxycodone hcl</i>	1, 2, 3	QL
<i>oxycodone w/ acetaminophen</i>	1, 3, 4	QL
OXYCODONE-ASPIRIN	3	QL
OXYCODONE/IBUPROFEN	3	QL
<i>oxymorphone hcl</i>	3	QL
<i>pentazocine w/ naloxone hcl</i>	3	QL
<i>piroxicam</i>	3	
<i>salsalate</i>	3	
<i>sulindac</i>	1	
TOLMETIN SODIUM	3	
<i>tramadol hcl</i>	1, 3, 4	QL
<i>tramadol-acetaminophen</i>	3	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADZENYS ER	3	PA
<i>amphetamine sulfate</i>	3	PA
<i>amphetamine-dextroamphetamine</i>	1, 3	PA
<i>armodafinil</i>	3	
<i>caffeine citrate</i>	MSD	MB
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1, 3	
<i>methylphenidate hcl</i>	1, 3	
<i>modafinil</i>	1, 3	
SUNOSI	3	PA
VYVANSE	3	PA
WAKIX	3	PA, LD
ANTICONVULSANTS		
BRIVIACT	MSD	MB
<i>carbamazepine</i>	1, 3	
CELONTIN	2	
<i>clobazam</i>	3	
<i>clonazepam</i>	1, 3	QL
<i>divalproex sodium</i>	1, 3	
EQUETRO	3	
<i>ethosuximide</i>	1	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>felbamate</i>	3	
<i>fosphenytoin sodium</i>	1, 3	MB
FYCOMPA	3	PA
<i>gabapentin</i>	1	
<i>lacosamide</i>	1, MSD	MB
<i>lamotrigine</i>	1, 3	
<i>levetiracetam</i>	1, MSD	MB
LEVETIRACETAM IN NACL	MSD	MB
<i>magnesium sulfate</i>	1, MSD	MB
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	MB
<i>phenytoin sodium extended</i>	1, 2, 3	
<i>pregabalin</i>	1, 3	
<i>primidone</i>	1	
<i>rufinamide</i>	4	
<i>tiagabine hcl</i>	3	
<i>topiramate</i>	1, 3	
<i>valproate sodium</i>	1, 3, MSD	MB
<i>valproic acid</i>	1	
<i>vigabatrin</i>	3	LD
XCOPRI (250 MG DAILY DOSE)	3	
<i>zonisamide</i>	3	
ANTIMIGRAINE AGENTS		
AJOVY	2	QL
<i>almotriptan malate</i>	3	QL
CAFERGOT	3	
<i>eletriptan hydrobromide</i>	3	QL
<i>frovatriptan succinate</i>	3	QL
<i>naratriptan hcl</i>	1, 3	QL
<i>rizatriptan benzoate</i>	1, 3	QL
<i>sumatriptan</i>	1, 3	
<i>sumatriptan succinate</i>	1, 3	QL
<i>sumatriptan-naproxen sodium</i>	3	QL
VYEPTI	MSD	MB
<i>zolmitriptan</i>	3	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1, 3	
<i>apomorphine hydrochloride</i>	3, 4	QL
<i>benztropine mesylate</i>	1, 3	MB
<i>bromocriptine mesylate</i>	1, 3	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1, 3	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	1, 3	
INBRIJA	4	
NEUPRO	3	
NOURIANZ	3	LD
<i>pramipexole dihydrochloride</i>	1, 3	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>rasagiline mesylate</i>	3	
<i>ropinirole hydrochloride</i>	1, 3	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1, 3	QL
BELSOMRA	3	PA, QL
<i>buspirone hcl</i>	1, 3	
BYFAVO	MSD	MB
<i>chlordiazepoxide hcl</i>	3	QL
<i>clorazepate dipotassium</i>	3	QL
DAYVIGO	3	PA, QL
<i>dexmedetomidine hcl</i>	MSD	MB
<i>dexmedetomidine hcl in sodium chloride</i>	MSD	MB
<i>diazepam</i>	1, 3	QL, MB
<i>diazepam (anticonvulsant)</i>	1, 2	QL
DORAL	3	QL
<i>doxepin hcl (sleep)</i>	3	QL
<i>droperidol</i>	1	MB
<i>estazolam</i>	3	QL
<i>eszopiclone</i>	3	QL
<i>etomidate</i>	MSD	MB
FLURAZEPAM HCL	3	QL
HETLIOZ LQ	4	LD
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1, 3	
<i>ketamine hcl</i>	1	MB
<i>lorazepam</i>	1, 3	QL, MB
<i>meprobamate</i>	3	
<i>midazolam hcl</i>	1, 3	MB
MIDAZOLAM-SODIUM CHLORIDE	MSD	MB
<i>oxazepam</i>	3	QL
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
<i>propofol</i>	MSD	MB
<i>ramelteon</i>	3	QL
<i>temazepam</i>	1, 3	QL
<i>triazolam</i>	3	QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1, 3	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	
<i>atracurium besylate</i>	MSD	MB
<i>cisatracurium besylate</i>	MSD	MB
<i>clonidine hcl (adhd)</i>	3	
<i>diethylpropion hcl</i>	1	HC
<i>flumazenil</i>	MSD	MB
<i>guanfacine hcl (adhd)</i>	1	
<i>ketamine hcl</i>	1	MB
<i>memantine hcl</i>	1, 3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>phentermine hcl</i>	1	HC
QUELICIN	2	MB
RADICAVA	MSD	MB
<i>riluzole</i>	1	
<i>rocuronium bromide</i>	MSD	MB
SAVELLA	3	
<i>sevoflurane</i>	1	MB
SUPRANE	2	MB
<i>vecuronium bromide</i>	MSD	MB
OPIATE ANTAGONISTS		
<i>buprenorphine hcl</i>	1, 3	QL, MB
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1, 3	QL
<i>naloxone hcl</i>	1, 3	QL
<i>naltrexone hcl</i>	1	
SUBLOCADE	3	LD, MB
VIVITROL	3	MB
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MYCITE	4	
ABILIFY MYCITE MAINTENANCE KIT	4	
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	3	
<i>aripiprazole</i>	1, 3	MB
ARISTADA	2	MB
<i>asenapine maleate</i>	3	
<i>bupropion hcl</i>	1, 3	PA
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	
<i>chlorpromazine hcl</i>	1	MB
<i>citalopram hydrobromide</i>	1, 3	
<i>clomipramine hcl</i>	3	
<i>clozapine</i>	1, 3	QL
<i>desipramine hcl</i>	1, 3	
DESVENLAFAXINE ER	3	
<i>desvenlafaxine succinate</i>	3	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1, 3	
<i>escitalopram oxalate</i>	1, 3	
FETZIMA	3	
<i>fluoxetine hcl</i>	1, 3	
FLUOXETINE HCL (PMDD)	3	
<i>fluphenazine decanoate</i>	1	MB
<i>fluphenazine hcl</i>	1, 3	MB
<i>fluvoxamine maleate</i>	1, 3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1, 3	MB
<i>haloperidol lactate</i>	1, 3	MB
<i>imipramine hcl</i>	1, 3	
<i>imipramine pamoate</i>	3	
INVEGA SUSTENNA	2	MB
<i>lithium carbonate</i>	1, 3	
LITHIUM CITRATE	2	
<i>loxapine succinate</i>	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>lurasidone hcl</i>	1	
MAPROTILINE HCL	3	
MARPLAN	3	
<i>mirtazapine</i>	1, 3	
MOLINDONE HCL	3	
NARDIL	1, 3	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1, 3	
NUPLAZID	4	
<i>olanzapine</i>	1, 3	MB
<i>paliperidone</i>	3	
<i>paroxetine hcl</i>	1, 3	
<i>paroxetine mesylate (vasomotor)</i>	3	
<i>perphenazine</i>	1	
PERPHENAZINE-AMITRIPTYLINE	3	
PEXEVA	3	
PIMOZIDE	1, 3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1, 3	
REXULTI	4	
RISPERDAL CONSTA	2	MB
<i>risperidone</i>	1, 2, 3	MB
SECUADO	3	
<i>sertraline hcl</i>	1, 3	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	3	
<i>trazodone hcl</i>	1, 3	
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	3	
TRINTELLIX	3	
<i>venlafaxine hcl</i>	1, 3	
VIIBRYD	3	
VRAYLAR	3	PA
<i>ziprasidone hcl</i>	1, 3	
<i>ziprasidone mesylate</i>	3	MB
ZULRESSO	MSD	MB
ZYPREXA RELPREVV	3	MB
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	QL
ACCU-CHEK GUIDE TEST	2	QL
ALBUSTIX	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
BD LANCET ULTRAFINE 30G	2	
DIASTIX	2	
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	
PENLET II AUTOMATIC BLOODSAMPLER	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, 3	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	MSD	MB
<i>sodium bicarbonate</i>	MSD	MB
<i>sodium citrate & citric acid</i>	1	
<i>sodium lactate</i>	MSD	MB
AMMONIA DETOXICANTS		
<i>carglumic acid</i>	3	
<i>lactulose</i>	1, 3	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	3	LD
CALORIC AGENTS		
<i>amino acid electrolyte infusion</i>	MSD	MB
<i>amino acid infusion</i>	MSD	MB
CLINIMIX 4.25%/DEXTROSE 25%	MSD	MB
CLINIMIX E 2.75%/DEXTROSE 10%	MSD	MB
CLINIMIX E 4.25%/DEXTROSE 25%	MSD	MB
CLINIMIX E/DEXTROSE (2.75/5)	MSD	MB
CLINIMIX E/DEXTROSE (5/15)	MSD	MB
CLINIMIX E/DEXTROSE (5/20)	MSD	MB
CLINIMIX/DEXTROSE (4.25/10)	MSD	MB
CLINIMIX/DEXTROSE (4.25/20)	MSD	MB
CLINIMIX/DEXTROSE (4.25/5)	MSD	MB
CLINIMIX/DEXTROSE (5/15)	MSD	MB
<i>dextrose</i>	MSD	MB
ELCYS	MSD	MB
INTRALIPID	MSD	MB
OMEGAVEN	MSD	MB
DIURETICS		
<i>amiloride hcl</i>	1	
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>bumetanide</i>	3	MB
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	MSD	MB
<i>chlorthalidone</i>	1	
<i>ethacrynate sodium</i>	MSD	MB
<i>ethacrynic acid</i>	3	
<i>furosemide</i>	1, 3	MB
<i>hydrochlorothiazide</i>	1, 3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>indapamide</i>	1	
<i>mannitol</i>	MSD	MB
<i>metolazone</i>	1	
<i>tolvaptan</i>	3	QL
<i>torsemide</i>	1, 3	
<i>triamterene & hydrochlorothiazide</i>	1, 3	
ION-REMOVING AGENTS		
AURYXIA	4	
<i>lanthanum carbonate</i>	3, 4	
LOKELMA	3	
<i>sevelamer carbonate</i>	1, 3	
<i>sevelamer hcl</i>	3	
<i>sodium polystyrene sulfonate</i>	1, 2	
VELPHORO	3	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	
EXTRANEAL	2	
<i>lactated ringer's (irrigation)</i>	3	MB
RENACIDIN	3	MB
<i>ringer's irrigation</i>	3	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>bacteriostatic sodium chloride</i>	1	MB
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	MSD	MB
<i>calcium gluconate</i>	MSD	MB
CALCIUM GLUCONATE-NACL	MSD	MB
<i>dextrose in lactated ringers</i>	MSD	MB
<i>dextrose w/ sodium chloride</i>	MSD	MB
HESPAN	MSD	MB
IONOSOL-MB IN D5W	MSD	MB
ISOLYTE-P IN D5W	MSD	MB
ISOLYTE-S	MSD	MB
K-PHOS	2	
KCL-LACTATED RINGERS-D5W	MSD	MB
LACTATED RINGERS	MSD	MB
LOKELMA	3	
MAGNESIUM SULFATE IN D5W	MSD	MB
MANGANESE CHLORIDE	MSD	MB
MANGANESE SULFATE	MSD	MB
NORMOSOL-M IN D5W	MSD	MB
NORMOSOL-R IN D5W	MSD	MB
NORMOSOL-R PH 7.4	MSD	MB
PLASMA-LYTE 148	MSD	MB
PLASMA-LYTE A	MSD	MB
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1, 2	
POTASSIUM ACETATE	MSD	MB
<i>potassium bicarbonate</i>	1, 2	
<i>potassium chloride</i>	1, 2, 3, MSD	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>potassium chloride in dextrose</i>	MSD	MB
<i>potassium chloride in dextrose & sodium chloride</i>	MSD	MB
<i>potassium chloride in nacl</i>	MSD	MB
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates</i>	MSD	MB
<i>ringer's</i>	MSD	MB
SELENIOUS ACID	MSD	MB
<i>sodium chloride</i>	1, MSD	MB
<i>sodium chloride flush</i>	MSD	MB
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	MSD	MB
<i>trace minerals (cr-cu-mn-se-zn)</i>	MSD	MB
ZINC CHLORIDE	MSD	MB
URICOSURIC AGENTS		
<i>colchicine w/ probenecid</i>	3	
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
ADAGEN	2	LD, MB
ALDURAZYME	MSD	MB
BRINEURA	3	MB
ELAPRASE	MSD	MB
ELELYSO	MSD	MB
ELITEK	MSD	MB
FABRAZYME	MSD	MB
HYLENEX	2	MB
KANUMA	MSD	MB
LUMIZYME	MSD	MB
MEPSEVII	MSD	MB
NAGLAZYME	MSD	MB
NEXVIAZYME	MSD	MB
PULMOZYME	2	
REVCovi	3	LD, MB
VIMIZIM	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
ARZOL SILVER NIT APPLICATORS	1	
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BETADINE OPHTHALMIC PREP	2	MB
<i>chlorhexidine gluconate (mouth-throat)</i>	3	
<i>ciprofloxacin hcl (ophth)</i>	1, 2	
<i>ciprofloxacin hcl (otic)</i>	3	
CIPROFLOXACIN-FLUOCINOLONE PF	3	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	3	
<i>gentamicin sulfate (ophth)</i>	1	
<i>levofloxacin (ophth)</i>	3	
<i>moxifloxacin hcl (ophth)</i>	1, 3	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyxin</i>	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	3	
OTIPRIO	3	
<i>polymyxin b-trimethoprim</i>	1, 3	
<i>sulfacetamide sodium (ophth)</i>	3	
<i>tobramycin (ophth)</i>	1	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	1, 2, 3	
<i>bromfenac sodium (ophth)</i>	2, 3	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
COLY-MYCIN S	2	
<i>cyclosporine (ophth)</i>	1	QL
DEXAMETHASONE SODIUM PHOSPHATE	1	
DEXENZA	3	MB
<i>diclofenac sodium (ophth)</i>	1	
<i>difluprednate</i>	3	
<i>flunisolide (nasal)</i>	1	
<i>fluocinolone acetonide (otic)</i>	3	
<i>fluorometholone (ophth)</i>	1	
FLURBIPROFEN SODIUM	1	
<i>hydrocortisone w/acetic acid</i>	1	
ILUVIEN	3	MB
<i>ketorolac tromethamine (ophth)</i>	1, 3	
<i>loteprednol etabonate</i>	3	
<i>mometasone furoate (nasal)</i>	3	MB
<i>neomycin-polymy-dexameth</i>	1, 3	
NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
NEVANAC	3	
PRED-G	2, 3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tobramycin-dexamethasone</i>	1, 2, 3	
ANTIALLERGIC AGENTS		
ALOMIDE	3	
<i>azelastine hcl</i>	1, 3	
<i>azelastine hcl (ophth)</i>	3	
<i>azelastine hcl-fluticasone propionate</i>	3	
<i>bepotastine besilate</i>	3	
CROMOLYN SODIUM	1	
<i>epinastine hcl (ophth)</i>	3	
LASTACFT	3	
<i>olopatadine hcl (nasal)</i>	3	
ZERVIAE	3	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
<i>apraclonidine hcl</i>	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>betaxolol hcl (ophth)</i>	1, 3	
<i>bimatoprost</i>	3	MB
<i>brimonidine tartrate</i>	1, 3	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1, 3	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	
<i>methazolamide</i>	1	
PHOSPHOLINE IODIDE	3	LD
<i>pilocarpine hcl</i>	1	
<i>tafluprost</i>	3	
<i>timolol maleate (ophth)</i>	1, 3	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
BSS	2	MB
BYOOVIZ	2	MB
CYSTARAN	3	LD
DEBACTEROL	3	
JETREA	3	MB
PAVBLU	2	MB
PHOTREXA VISCOUS	2	MB
SUSVIMO (IMPLANT 1ST FILL)	3	MB
TEPEZZA	MSD	MB
LOCAL ANESTHETICS		
<i>fluorescein w/ benoxinate</i>	1	MB
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	MB
<i>tetracaine hcl (ophth)</i>	1, 3	MB
MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	MB
<i>cyclopentolate hcl</i>	1, 3	
HOMATROPAIRE	1	
OMIDRIA	3	MB
<i>tropicamide</i>	1	MB
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1, 3	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl</i>	3, 4	PA
<i>balsalazide disodium</i>	1, 3	
DIPENTUM	3	
<i>mesalamine</i>	1, 2, 3	
<i>mesalamine w/ cleanser</i>	3	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate w/ atropine</i>	1, 3	
<i>loperamide hcl</i>	3	
MOTOFEN	3	
MYTESI	3	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>opium tincture</i>	3	
XERMELO	4	LD
ANTIEMETICS		
AKYNZEO	MSD	MB
AKYNZEO	2	
<i>aprepitant</i>	1, 3, MSD	MB
BARHEMSYS	MSD	MB
CESAMET	3	
<i>dronabinol</i>	1	
EMEND	MSD	MB
<i>granisetron hcl</i>	1, MSD	MB
<i>meclizine hcl</i>	3	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1, 3	MB
<i>palonosetron hcl</i>	MSD	MB
<i>prochlorperazine edisylate</i>	1, 3	MB
SANCUSO	3	MB
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine</i>	3	
<i>cimetidine hcl</i>	3	
<i>esomeprazole magnesium</i>	3	
<i>esomeprazole sodium</i>	MSD	MB
ESOMEPRAZOLE STRONTIUM	3	
<i>famotidine</i>	1, MSD	MB
FAMOTIDINE PREMIXED	MSD	MB
HELIDAC THERAPY	3	
<i>lansoprazole</i>	3	
<i>misoprostol</i>	1, 3	
<i>omeprazole</i>	1	
<i>omeprazole-sodium bicarbonate</i>	3	
<i>pantoprazole sodium</i>	1, MSD	MB
PYLERA	3	
<i>sucralfate</i>	1, 3	
CATHARTICS AND LAXATIVES		
<i>bisacodyl</i>	PRV	
CLENPIQ	PRV	
<i>docusate sodium</i>	PRV	
<i>magnesium citrate</i>	PRV	
OSMOPREP	PRV	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PRV	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	PRV	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PRV	
PEG-PREP	PRV	
<i>polyethylene glycol 3350</i>	PRV	
SALINE LAXATIVE	PRV	
SUPREP BOWEL PREP KIT	PRV	
SUTAB	PRV	
DIGESTANTS		
ZENPEP	2, 3	
GI DRUGS, MISCELLANEOUS		

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
CREON	2, 3	
ENTYVIO	MSD	MB
GATTEX	4	QL, LD
<i>lubiprostone</i>	1	
<i>metoclopramide hcl</i>	1, 3	MB
TRULANCE	3	PA
<i>ursodiol</i>	1	
VIBERZI	3	PA, QL
GOLD COMPOUNDS		
GOLD COMPOUNDS		
MYOCHRYSLINE	2	MB
RIDAURA	3	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
<i>deferiasirox</i>	1	
<i>deferiprone</i>	3, 4	
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	3, 4	
<i>trientine hcl</i>	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
BREZTRI AEROSPHERE	2	
<i>budesonide</i>	1, 3, 4	
CELESTONE SOLUSPAN	2	MB
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2, 3	
<i>dexamethasone sodium phosphate</i>	1, 3	MB
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1, 3, 4	
INTRAROSA	3	
<i>methylprednisolone</i>	1, 2, 3	
<i>methylprednisolone acetate</i>	1, 2, 3	MB
<i>methylprednisolone sod succ</i>	1, 2, 3	MB
<i>prednisolone</i>	1, 2, 3	
<i>prednisolone sodium phosphate</i>	1, 3	
<i>prednisone</i>	1, 2, 3	
SOLU-CORTEF	2, 3	MB
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide</i>	1, 2, 3	MB
ANDROGENS		
ANADROL-50	3	
AVEED	3	MB
<i>danazol</i>	1	
<i>oxandrolone</i>	3, 4	
<i>testosterone</i>	1, 3	
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE ENANTHATE	1, 3	QL
CONTRACEPTIVES		
ANNOVERA	PRV	
BALCOLTRA	PRV	
<i>desogestrel & ethinyl estradiol</i>	PRV	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>desogestrel-ethinyl estradiol (biphasic)</i>	PRV	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	PRV	
<i>drospirenone-ethinyl estradiol</i>	PRV	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	PRV	
ELLA	PRV	
<i>ethynodiol diacet & eth estrad</i>	PRV	
<i>etonogestrel-ethinyl estradiol</i>	PRV	QL
<i>levonorgestrel & eth estradiol</i>	PRV	
<i>levonorgestrel (emergency oc)</i>	PRV	
<i>levonorgestrel-eth estradiol (triphasic)</i>	PRV	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	PRV	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	PRV	
LO LOESTRIN FE	PRV	
NATAZIA	PRV	
NECON 10/11-28	PRV	
NEXTSTELLIS	PRV	
<i>norelgestromin-ethinyl estradiol</i>	PRV	
<i>norethin acet & estrad-fe</i>	PRV	
<i>norethindrone & eth estradiol</i>	PRV	
<i>norethindrone & ethinyl estradiol-fe</i>	PRV	
<i>norethindrone (contraceptive)</i>	PRV	
<i>norethindrone acet & eth estra</i>	PRV	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	PRV	
<i>norethindrone-eth estradiol (triphasic)</i>	PRV	
<i>norgestimate-ethinyl estradiol</i>	PRV	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PRV	
<i>norgestrel & ethinyl estradiol</i>	PRV	
OPILL	PRV	
SLYND	PRV	
TWIRLA	PRV	
DIABETIC AGENTS		
<i>acarbose</i>	1	
AFREZZA	2, 3	PA
ALOGLIPTIN BENZOATE	3	
ALOGLIPTIN-METFORMIN HCL	3	
ALOGLIPTIN-PIOGLITAZONE	3	
APIDRA	3	PA
AVANDIA	3	
BAQSIMI ONE PACK	2	
CYCLOSET	3	
DAPAGLIFLOZIN PROPANEDIOL	3	PA
<i>diazoxide</i>	1, 3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1, 3	
<i>glipizide-metformin hcl</i>	3	
GLUCAGEN HYPOKIT	3	
<i>glucagon (rdna)</i>	1, 3	
<i>glyburide</i>	3	
GLYBURIDE MICRONIZED	3	
<i>glyburide-metformin</i>	3	
HUMALOG	2, 3	PA

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
HUMALOG MIX 50/50	3	
HUMULIN 70/30	2, 3	
HUMULIN N	2, 3	
INSULIN ASP PROT & ASP FLEXPEN	3	PA
INSULIN ASPART	3	PA
INSULIN DEGLUDEC	2	PA
INSULIN GLARGINE-YFGN	2, 3	
JARDIANCE	2	
JENTADUETO	3	PA
<i>liraglutide</i>	2	PA
<i>metformin hcl</i>	1, 3	
<i>miglitol</i>	3	
MYXREDLIN	MSD	
<i>nateglinide</i>	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	PA
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	3	
<i>pioglitazone hcl-metformin hcl</i>	3	
<i>repaglinide</i>	3	
REPAGLINIDE/METFORMIN HYDROCHLORIDE	3	
SITAGLIPTIN	2	
SYNJARDY	3	
TOLBUTAMIDE	3	
ESTROGENS AND ANTIESTROGENS		
ANGELIQ	3	
CLIMARA PRO	3	
CLOMIPHENE CITRATE	1	HC
DEPO-ESTRADIOL	3	QL
DUAVEE	3	
<i>esterified estrogens & methyltestosterone</i>	1	
<i>estradiol</i>	1, 2, 3	
<i>estradiol & norethindrone acetate</i>	3	
<i>estradiol vaginal</i>	1, 2, 3	
<i>estradiol valerate</i>	1, 3	QL
FEMRING	3	
MENEST	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
PREFEST	3	
PREMARIN	3	MB
PREMARIN	3	
PREMPHASE	3	
<i>raloxifene hcl</i>	1, 3	PREV
GONADOTROPINS		
BRAVELLE	2	QL, HC
CHORIONIC GONADOTROPIN	2	QL, HC
FOLLISTIM AQ	2, 3	QL, HC
GANIRELIX ACETATE	2	QL, HC
GONAL-F	2	QL, HC
MENOPUR	2	QL, HC
TRIPTODUR	3	MB
IUD		

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
KYLEENA	PRV	MB
NEXPLANON	PRV	MB
PARATHYROID		
<i>calcitonin (salmon)</i>	1, 4	QL
TERIPARATIDE	4	QL
PITUITARY		
ACTHAR	4	QL, LD
DDAVP	1, 3	
<i>desmopressin acetate</i>	1, 3	QL
<i>desmopressin acetate refrigerated</i>	1, 3	
<i>desmopressin acetate spray refrigerated</i>	1	
VASOSTRICT	MSD	MB
PROGESTINS		
CRINONE	3	PA, HC
DEPO-PROVERA	2	MB
HYDROXYPROGESTERONE CAPROATE	1	MB
<i>hydroxyprogesterone caproate</i>	3	QL, MB
<i>medroxyprogesterone acetate</i>	1, 3	
<i>medroxyprogesterone acetate (contraceptive)</i>	PRV	MB
MEGACE ES	3	
<i>norethindrone acetate</i>	1, 3	
<i>progesterone</i>	1, 3	PA, QL, HC
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA	3	QL, LD
HUMATROPE	2, 4	QL
<i>octreotide acetate</i>	1, 2, 3, 4	QL, MB
SIGNIFOR	4	QL
SIGNIFOR LAR	3	MB
SOMAVERT	4	QL, LD
THYROID AND ANTITHYROID AGENTS		
ARMOUR THYROID	3	
<i>levothyroxine sodium</i>	1, 3, MSD	MB
<i>liothyronine sodium</i>	1, 3, MSD	MB
<i>methimazole</i>	1, 3	
<i>propylthiouracil</i>	1	
MEDICAL DEVICE		
DIAPHRAGM		
FEMCAP	PRV	
WIDE-SEAL DIAPHRAGM 60	PRV	
IUD		
PARAGARD INTRAUTERINE COPPER	PRV	MB
MEDICAL DEVICE		
AEROCHAMBER Z-STAT PLUS	2	
AEROGear ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	MB
CLEVER CHOICE WHISPER AIRE NEB	2	
DEVILBISS COMPACT COMPRESSOR	2	
PIKO 1	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	2	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
1ML TUBERCULIN SYRINGE SLIP TIP	2	
<i>acetylcysteine</i>	1	
ACTIMMUNE	4	QL, LD
ADDYI	3	QL, HC
<i>adenosine (diagnostic)</i>	MSD	MB
ALBUMIN HUMAN	MSD	MB
ALBUMINEX	MSD	MB
<i>alendronate sodium</i>	1, 3	
<i>allopurinol</i>	1, 3	
<i>allopurinol sodium</i>	MSD	MB
AMJEVITA	2	QL
AMONDYS 45	MSD	MB
ARCALYST	4	PA, QL
ATGAM	MSD	MB
AVONEX	3	QL
<i>azathioprine</i>	1, 3	
AZATHIOPRINE SODIUM	3	MB
AZEDRA THERAPEUTIC	MSD	MB
BACTERIOSTATIC WATER(BENZ ALC)	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2"	2	
BD BLUNT FILL NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD LUER-LOK SYRINGE	2	
BD SYRINGE SLIP TIP	2	
BERINERT	4, MSD	PA, QL, LD, MB
BESREMI	3	
BOTOX	2, 3	MB
BRIDION	MSD	MB
<i>bupivacaine hcl</i>	1, 3	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1, 3	MB
CAMPHOR	2	
CAMPHOR BLOCKS	2	
CAMPHOR SPIRIT	1	
CARBOCAINE PRESERVATIVE-FREE	2, 3	MB
CERDELGA	4	LD
CERVIDIL	3	MB
CHLORAMPHENICOL	2	
<i>chloroprocaine hcl</i>	3	MB
<i>cinacalcet hcl</i>	1	
COAL TAR	2	
<i>colchicine</i>	1, 3	
CORTROSYN	2	MB
CRYSVITA	3	PA, MB
<i>cyclosporine</i>	2, MSD	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>cyclosporine modified (for microemulsion)</i>	1, 3	
CYSTAGON	3, 4	LD
<i>dalfampridine</i>	3	
DAXXIFY	2	MB
DEFITELIO	MSD	MB
<i>dexrazoxane hcl</i>	MSD	MB
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1, 3	
<i>dopamine in d5w</i>	MSD	MB
DUREX REALFEEL	PRV	
<i>dutasteride</i>	3	
DYSPORE	3	MB
ELMIRON	3	
EMPAVELI	3	
ENBREL	3	PA, QL
ENJAYMO	MSD	MB
ENSPRYNG	3	PA, QL
EOVIST	MSD	MB
EPOGEN	3	QL
ETHYOL	MSD	MB
EXONDYS 51	MSD	MB
EXPAREL	3	MB
FC2 FEMALE CONDOM	PRV	
<i>febuxostat</i>	3	
<i>finasteride</i>	1	
<i>fingolimod hcl</i>	1	
<i>fomepizole</i>	MSD	MB
GADAVIST	MSD	MB
<i>gadoterate meglumine</i>	MSD	MB
GAMIFANT	MSD	MB
GELFOAM SPONGE	2	MB
GIVLAARI	3	MB
<i>glatiramer acetate</i>	1	QL
GLUCAGEN DIAGNOSTIC	2	MB
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>ibandronate sodium</i>	3, MSD	MB
<i>icatibant acetate</i>	1, 4	QL
INFLECTRA	MSD	MB
INFLIXIMAB	MSD	MB
KALBITOR	3	MB
KESIMPTA	3	PA, QL
KETAMINE HCL	2	
KETOPROFEN	2	
KHAPZORY	MSD	MB
KIMONO	PRV	
<i>leflunomide</i>	1	
LEMTRADA	MSD	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
LETS	2	MB
<i>leucovorin calcium</i>	1, 3, MSD	MB
LEUCOVORIN CALCIUM	2	
<i>levocarnitine (metabolic modifiers)</i>	1, 3, MSD	MB
<i>levoleucovorin calcium</i>	MSD	MB
LIDOCAINE	2	
LIDOCAINE HCL	2	
<i>lidocaine hcl (local anesth.)</i>	1, 2, 3	MB
LIDOCAINE HCL/DEXTROSE	3	MB
<i>lidocaine w/ epinephrine</i>	1, 3	MB
LUCEMYRA	3	
MAGNEVIST	MSD	MB
MENTHOL	2	
<i>mesna</i>	2, MSD	MB
<i>methylergonovine maleate</i>	1	MB
<i>metyrosine</i>	3	
MIFEPREX	2	
MONOJECT SYRINGE	2	
MYALEPT	3	PA, QL, LD
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate mofetil hcl</i>	MSD	MB
<i>mycophenolate sodium</i>	3	
NEULUMEX	2	
NULOJIX	MSD	MB
NYSTATIN	2	
OCREVUS	MSD	MB
ODACTRA	2	
OMNITROPE PEN 10 INJ DEVICE	2	
ONPATTRO	MSD	MB
OPTIONS GYNOL II CONTRACEPTIVE	PRV	
ORALAIR	3	
ORENCIA	4, MSD	PA, QL, MB
ORFADIN	3	LD
ORLADEYO	3	PA
OSPHENA	3	
OTEZLA	4	PA, QL
OXLUMO	3	MB
<i>oxytocin</i>	2	MB
PALFORZIA (12 MG DAILY DOSE)	3	LD
<i>pamidronate disodium</i>	MSD	MB
PANHEMATIN	MSD	MB
PCCA LIPODERM BASE	2	
<i>phenazopyridine hcl</i>	3	
PHENOL	2	
PHEXXI	PRV	
PLASMANATE	MSD	MB
PROVAYBLUE	MSD	MB
PROVOCHOLINE	2	MB
QUADRAMET	MSD	MB
RAGWITEK	3	
RECORLEV	3	

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>regadenoson</i>	MSD	MB
RIMSO-50	2	MB
<i>risedronate sodium</i>	3	
<i>ropivacaine hcl</i>	3	MB
RUCONEST	MSD	LD, MB
SALICYLIC ACID	2	
SAXENDA	3	PA, QL, HC
SCULPTRA	2	MB
SIKLOS	3	
SIMPONI ARIA	MSD	MB
SIMULECT	MSD	MB
<i>sirolimus</i>	3, 4	
<i>sodium fluoride</i>	PRV	
SOLIRIS	MSD	MB
SPINRAZA	3	MB
SSKI	2	
STERILE WATER FOR INJECTION	1	MB
SULFAMETHOXAZOLE	2	
SULFUR PRECIPITATED	2	
SUPPRELIN LA	3	MB
<i>tacrolimus</i>	1, MSD	MB
TAKHZYRO	3	PA, QL
TAVNEOS	3	
THALOMID	4	PA, LD
THYMOGLOBULIN	MSD	MB
THYMOL	2	
THYROGEN	2	MB
<i>tiopronin</i>	4	LD
TRUSTEX NON-LUBRICATED	PRV	
TUBERSOL	2	MB
TYENNE	3	PA, QL, MB
TYSABRI	MSD	MB
ULTOMIRIS	MSD	MB
UPLIZNA	MSD	MB
VIJOICE	3	
VILTEPSO	MSD	MB
VORAXAZE	MSD	MB
VOXZOGO	3	PA
VYONDYS 53	MSD	MB
VYVGART	MSD	MB
XELJANZ	2, 3	PA
XEOMIN	3	MB
XGEVA	4	QL
YESINTEK	MSD	MB
YESINTEK	2	
<i>yohimbine hcl</i>	1	HC
ZINBRYTA	4	QL
ZINECARD	MSD	MB
<i>zoledronic acid</i>	MSD	MB
ZOLGENSMA 10.1-10.5 KG	MSD	MB
MUSCULOSKELETAL THERAPY		

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
BETASERON	2	QL
DUROLANE	2, 3	MB
VITAMINS		
<i>phytonadione</i>	1	MB
<i>potassium aminobenzoate</i>	1, 2, 3	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1, 4	
FASENRA	2, 4	PA, QL, MB
<i>montelukast sodium</i>	1, 3	
<i>zafirlukast</i>	3	
<i>zileuton</i>	3, 4	
ANTITUSSIVES		
<i>benzonatate</i>	1, 3	
DURATUSS HD	2	
<i>guaifenesin-codeine</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	3	QL
OBREDON	3	QL
<i>phenyleph-cpm w/ hydrocod</i>	1	
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	1	
<i>promethazine w/codeine</i>	3	QL
TUXARIN ER	3	QL
TUZISTRA XR	3	QL
RESPIRATORY AGENTS, MISCELLANEOUS		
ADEMPAS	4	PA, LD
ALVESCO	2	
<i>ambrisentan</i>	1, 4	PA, LD
ARALAST NP	MSD	LD, MB
ARNUITY ELLIPTA	3	
ASMANEX (120 METERED DOSES)	2	
<i>bosentan</i>	1, 4	PA, LD
BREO ELLIPTA	3	
<i>brompheniramine & phenyleph</i>	1	
<i>budesonide (inhalation)</i>	1, 3	
<i>budesonide-formoterol fumarate dihydrate</i>	1	
DULERA	3	
FLOVENT DISKUS	3	
FLOVENT HFA	2, 3	
OPSUMIT	4	PA, LD
<i>pirfenidone</i>	1, 2	LD
QVAR REDHALER	3	
<i>sodium chloride (inhalant)</i>	1	
TEZSPIRE	3	MB
<i>treprostinil</i>	3	PA, LD, MB
UPTRAVI	4, MSD	PA, LD, MB
VENTAVIS	4	LD
XOLAIR	3	PA, MB
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
ASCENIV	MSD	MB
BIVIGAM	MSD	MB
CUTAQUIG	4	QL
CUVITRU	3, 4	QL
GAMASTAN	2	MB
GAMMAGARD	2	QL
HYPERRAB	2, 3	MB
HYPERRHO S/D	2	MB
HYQVIA	3, 4	QL, LD
NABI-HB	2	MB
PANZYGA	MSD	MB
VARIZIG	3	MB
XEMBIFY	4	QL
ZINPLAVA	MSD	MB
TOXOIDS		
ADACEL	2	MB
DIPHThERIA-TETANUS TOXOIDS DT	3	MB
KINRIX	2, 3	MB
PENTACEL	3	MB
TDVAX	2	MB
TE ANATOXAL BERNA	2	MB
VACCINES		
ABRYSVO	2	MB
ACTHIB	2	MB
ADACEL	2, 3	MB
AREXVY	2	MB
BCG VACCINE	3	MB
BEXSERO	2	MB
COMIRNATY	2	MB
DAPTACEL	2, 3	MB
ENGRIX-B	2, 3	MB
FLULAVAL QUADRIVALENT	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT	2	MB
GARDASIL 9	2	MB
HAVRIX	2, 3	MB
HEPLISAV-B	3	MB
IMOVAX RABIES	2	MB
IPOL	2	MB
IXIARO	2	MB
JE-VAX	2	MB
MENACTRA	3	MB
MENOMUNE-A/C/Y/W-135	2	MB
MENQUADFI	3	MB
MENVEO	2	MB
MERUVAX II W/DILUENT 10 DOSE	2	MB
MUMPSVAX W/DILUENT 10 DOSE	2	MB
PEDIARIX	2	MB
PNEUMOVAX 23	2	MB
PREHEVBRI0	3	MB
PREVNAR 13	2	MB
PREVNAR 20	2	MB

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
PRIORIX	2	MB
PROQUAD	2	MB
QUADRACEL	3	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
STAMARIL	2, 3	MB
TICOVAC	2	MB
TRUMENBA	3	MB
TWINRIX	3	MB
TYPHIM VI	2	MB
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	
ZOSTAVAX	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir topical</i>	3	
ALTABAX	3	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>ciclopirox</i>	1, 3	
<i>ciclopirox olamine</i>	1, 3	
<i>clindamycin phosphate (topical)</i>	1, 3	
<i>clindamycin phosphate vaginal</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	3	
<i>clotrimazole</i>	1	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i>	3	
CROTAN	3	
DENAVIR	3	
<i>econazole nitrate</i>	3	
ERTACZO	3	
<i>erythromycin (acne aid)</i>	1, 3	
ESKATA	3	MB
<i>gentamicin sulfate (topical)</i>	1	
GYNAZOLE-1	3	
<i>iodoquinol-hc</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	3	
IVERMECTIN	3	
<i>ivermectin (rosacea)</i>	3	
<i>ketoconazole (topical)</i>	1, 3	
LINDANE	3	
LULICONAZOLE	3	
MAFENIDE ACETATE	3	
MENTAX	3	
<i>metronidazole (topical)</i>	1, 3	
<i>metronidazole vaginal</i>	1, 2, 3	
MICONAZOLE 3	3	
<i>mupirocin</i>	1	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>mupirocin calcium (topical)</i>	3	
<i>naftifine hcl</i>	3	
NEOMYCIN-POLYMYXIN B GU	3	
<i>nystatin (topical)</i>	1	
<i>oxiconazole nitrate</i>	3	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1, 3	
<i>silver sulfadiazine</i>	1	
SPINOSAD	3	
<i>sulfacetamide sodium</i>	3	
<i>sulfacetamide sodium (acne)</i>	3	
<i>sulfacetamide sodium w/ sulfur</i>	1, 3	
<i>terconazole vaginal</i>	3	
ULESFIA	3	
XEPI	3	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate</i>	3	
AMCINONIDE	3	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1, 3	
<i>calcipotriene-betamethasone dipropionate</i>	3	
<i>clobetasol propionate</i>	1, 2, 3	
<i>clobetasol propionate emulsion</i>	3	
<i>clocortolone pivalate</i>	3	
CORTIFOAM	3	
CORTISPORIN	3	
CORTISPORIN	3	
<i>desonide</i>	3	
<i>desoximetasone</i>	1, 3	
<i>diflorasone diacetate</i>	1, 3	
EUCRISA	3	
<i>fluocinolone acetonide</i>	1, 3	
<i>fluocinonide</i>	1, 3	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide</i>	3	
<i>fluticasone propionate</i>	3	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	3	
<i>hydrocortisone (intrarectal)</i>	1, 3	
<i>hydrocortisone (rectal)</i>	1, 3	
<i>hydrocortisone (topical)</i>	1, 3	
<i>hydrocortisone acetate (rectal)</i>	3	
<i>hydrocortisone butyrate</i>	1, 3	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>hydrocortisone valerate</i>	1	
MICORT-HC	3	
<i>mometasone furoate</i>	1, 3	
NEO-SYNALAR	3	
NEO-SYNALAR	3	
<i>nystatin-triamcinolone</i>	3	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
PREDNICARBATE	3	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1, 2, 3	
UCERIS	3	
<i>urea-hc acetate</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
ADAZIN	3	
<i>doxepin hcl (antipruritic)</i>	3	
HYDROCORTISONE ACE-PRAMOXINE	3	
LIDOCAINE HCL	3	
<i>lidocaine hcl</i>	1, 3	
<i>lidocaine-hydrocortisone acetate (rectal)</i>	3	
<i>lidocaine-prilocaine</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE	MSD	MB
<i>tretinoin</i>	1, 2, 3	
<i>tretinoin microsphere</i>	3	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2, 3	
<i>adapalene-benzoyl peroxide</i>	1, 4	
ADBRY	3	PA
<i>aluminum chloride</i>	1, 3	
AMELUZ	3	MB
<i>azelaic acid</i>	1	
<i>calcipotriene</i>	1, 3	
CALCITRIOL	3	
<i>clindamycin phosphate-tretinoin</i>	3	
COSENTYX	2, 3	PA, QL
DICLOFENAC EPOLAMINE	3	
<i>diclofenac sodium (topical)</i>	3	
<i>fluorouracil (topical)</i>	1, 4	
<i>imiquimod</i>	1, 3	
<i>isotretinoin</i>	1, 3	QL
KORSUVA	MSD	MB
<i>lactic acid (ammonium lactate)</i>	3	
<i>methoxsalen rapid</i>	1	
MINOCYCLINE HCL ER	3	
PANRETIN	3	
<i>pimecrolimus</i>	3	
PODOFILOX	1	
REGRANEX	3	
<i>salicylic acid</i>	1, 3	
SANTYL	2	
<i>tacrolimus (topical)</i>	1	
TAZAROTENE	3	
<i>tazarotene</i>	3	
<i>urea</i>	3	
UVADEX	3	MB
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
<i>aminophylline</i>	MSD	MB
<i>caffeine citrate</i>	3	
<i>darifenacin hydrobromide</i>	1, 3	
<i>flavoxate hcl</i>	3	
GEMTESA	3	PA
<i>mirabegron</i>	3	PA
<i>oxybutynin chloride</i>	1, 3	
<i>solifenacin succinate</i>	1, 3	
<i>theophylline</i>	1	
<i>tolterodine tartrate</i>	3	
TOVIAZ	3	
<i>tropium chloride</i>	1, 3	
VASODILATING AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CAVERJECT	2	QL, HC
LEVITRA	3	QL, HC
<i>sildenafil citrate</i>	1, 3	QL, HC
<i>tadalafil</i>	1	PA, QL, HC
VITAMINS		
VITAMINS		
AQUASOL A	2	MB
<i>ascorbic acid</i>	1, MSD	MB
<i>calcitriol</i>	1, MSD	MB
<i>cyanocobalamin</i>	1, 3	QL
<i>doxercalciferol</i>	3, MSD	MB
<i>ergocalciferol</i>	1	
<i>ferrous sulfate</i>	PRV	
<i>folic acid</i>	1, PRV	QL
INFED	2	MB
INFUVITE ADULT	MSD	MB
INFUVITE PEDIATRIC	MSD	MB
MONOFERRIC	MSD	MB
<i>multiple vitamins w/ minerals</i>	1	
<i>paricalcitol</i>	3, MSD	MB
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1, 2	
<i>pediatric vitamins acd fluoride & iron</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<i>phytonadione</i>	1, 2	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1, 2	
PYRIDOXINE HCL	1	MB
<i>thiamine hcl</i>	1	MB
TRIFERIC	3	MB
VENOFER	MSD	MB
VINATE M	2	

HC = Higher Cost
LD = Limited Distribution
MB = Medical Benefit

OC = Oral Chemotherapy Drugs
PA = Prior Authorization
PREV = Preventative medication

QL = Quantity Limit
ST = Step Therapy

Nondiscrimination Statement

It is the policy of Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. (Kaiser Health Plan) not to discriminate on the basis of race, color, national origin, sex, age or disability. Kaiser Health Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777- 7902, who has been designated to coordinate the efforts of the Kaiser Health Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Kaiser Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of

discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,or> by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201. Toll free#:800-368-1019 TDD: 800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Kaiser Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language Accessibility Statement

Interpreter Services Are Available for Free

ATTENTION: *If you speak [language], language assistance services, free of charge, are available to you. Call 855-249-5019 (TTY: 711).*

Español/Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-249-5019 (TTY: 711).

አማርኛ/Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 855-249-5019 (መስማት ለተሳናቸው: 711)፡

العربية/Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-249-5019 (رقم هاتف الصم والبكم: 711).

Bàsòò-wùdù-po-nyò /Bassa

Dè dɛ nìà kɛ dyédɛ gbo: ɔ jũ ké m̩ [Bàsò ò -wùdù-po-nyò] jũ ní, n̩í, à wuɖu kà kò dò po-poò bɛ in m̩ gbo kpáa. Dá 855-249-5019 (TTY: 711).

中文/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855-249-5019 (TTY: 711)。

فارسی/Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس -855-249-5019 (TTY: 711) با. باشد می فر

Français/French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-249-5019 (ATS: 711).

ગુજરાતી/Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

855-249-5019 (TTY: 711).

kreyòl ayisyen/Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele - 855-249-5019 (TTY: 711).

Igbo

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n'efu, defu, aka. Call 855-249-5019 (TTY: 711).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-249-5019 (TTY: 711).)번으로 전화해 주십시오.

Português/Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 855-249-5019 (TTY: 711).

Русский/Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 855-249-5019 (телетайп: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 855-249-5019 (TTY: 711).

اردو/Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

کریں۔(855-249-5019 (TTY: 711).

Tiếng Việt/Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-249-5019 (TTY: 711).

Yorùbá/Yoruba

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-855-249-5019 (TTY: 711).