KAISER PERMANENTE OF GEORGIA

MULTI-CHOICE FORMULARY

This document includes Kaiser Permanente Georgia's Multi-Choice formulary as of August 14, 2013. For an updated formulary, please visit our website at members.kp.org or call 1-888-865-5813, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call 1-800-255-0056.

What is the Kaiser Permanente MultiChoice Formulary?

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

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

Does the formulary ever change?

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

The enclosed formulary is current as of **August 14, 2013** and represents the most commonly prescribed medications. To get updated information about the drugs covered by Kaiser Permanente, please visit our website at ***members.kp.org*** or call Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056**.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you can look for the drug in the Index that begins on page 39. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to the drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug on the list. You may also use the search function on your computer to search this document for the medication by name.

Multi-Choice Formulary is for medications covered at Network Pharmacies. Please see HMO Formulary for medications covered at KP Pharmacies
All drug product strengths and package sizes of a medication may not be included on the same tier on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

What are generic drugs?

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

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

Generic drugs are produced and sold under their chemical names after the patent of the brand name drug expires. Although the price is lower, the quality and effectiveness of generic drugs is the same as brand name drugs. The Federal Food and Drug Administration (FDA) requires that generic drugs contain the same active ingredients in the same amount as the brand name drug. Generic drugs are listed in lower-case italics (e.g., *amoxicillin)* within the formulary on page 4. If a drug is available as a generic, it is only listed with the generic name. Brand-name drugs are capitalized in the formulary (e.g., FLOVENT).

Generally, if a drug is available generically, the generic is on Tier 1 and the brand Tier 3. Because all drug product strengths and package sizes of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

How much will I pay for Covered Drugs?

What you pay for covered drugs is determined by the outpatient prescription drug benefit outlined in your Evidence of Coverage. Multichoice plans have a three tier open formulary benefit.

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

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

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

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

The standard prescription amount for the following items is:

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

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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.
- **Criteria 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 4.

What if my drug is not on the Formulary?

You can contact Member Services at **1-888-865-5813**, Monday through Friday 7:00 a.m. to 7:00 p.m. TTY/TDD users should call **1-800-255-0056** and ask Member Services for a list of similar drugs that are covered or MedImpact at **1-800-MedImpact.**

For more information

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

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

Or visit members.kp.org.

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Antihistamine Drugs				
Antihitamine Drugs				
	1	*carbinoxamine maleate*	PALGIC	Generic
	1	*cyproheptadine*	PERIACTIN	Generic
	1	*chlorphenirmine, phenylephrine & pyrilamine*	POLY HIST FORTE	Generic
	1	*promethazine & phenylephrine*	PHENERGAN VC	Generic
	1	*promethazine*	PHENERGAN	Generic
Anti-infective Agents				
Anthelmintics				
	2	*albendazole*	ALBENZA	Preferred Brand
	3	*ivermectin*	STROMECTOL	Non-Preferred
Anti-infetives, Miscellaneous				
	3	*bismuth subcitrate & metronidazole*	PYLERA	Non-Preferred
	3	*metronidazole, tetracycline & bismuth subsalicylate*	HELIDAC	Non-Preferred
Antibacterials				
	1	*amoxicillin*	AMOXIL	Generic
	1	*amoxicillin & clavulanate potassium*	AUGMENTIN	Generic
	1	*amoxicillin & clavulanate potassium extended-release*	AUGMENTIN XR	Generic
	1	*ampicillin sodium*	AMPICILLIN	Generic
	1	*azithromycin*	ZITHROMAX	Generic
	1	*cefaclor*	CECLOR	Generic
	1	*cefadroxil*	DURICEF	Generic
	1	*cefdinir*	OMNICEF	Generic
	1	*cefditoren*	SPECTRACEF	Generic
	3	*cefixime*	SUPRAX	Non-Preferred
	1	*cefpodoxime*	VANTIN	Generic
	1	*cefprozil*	CEFZIL	Generic
	3	*ceftibuten*	CEDAX	Non-Preferred
	1	*cefuroxime axetil*	CEFTIN	Generic
	1	*cephalexin*	KEFLEX	Generic
	1	*ciprofloxacin*	CIPRO	Generic
	1	*clarithromycin*	BIAXIN	Generic
	1	*clarithromycin extended-release*	BIAXIN XL	Generic
	1	*clindamycin hcl*	CLEOCIN HCL	Generic
	1	*clindamycin palmitate*	CLEOCIN PEDIATRIC	Generic
	1	*demeclocycline*	DECLOMYCIN	Generic
	1	*dicloxacillin*	DYNAPEN	Generic
	3	*doxycycline*	ORACEA	Non-Preferred
	1	*doxycycline hyclate*	PERIOSTAT	Generic
	3	*doxycycline hyclate*	DORYX	Non-Preferred
	1	*doxycycline monohydrate*	ADOXA	Generic
	1	*doxycycline monohydrate*	MONODOX	Generic
	1	*erythromycin & sulfisoxazole*	E.S.P	Generic

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	1	*erythromycin base*	ERYTHROMYCIN	Generic
	1	*erythromycin base delayed-release*	ERY-TAB	Generic
	1	*erythromycin ethylsuccinate*	E.E.S.	Generic
	2	*erythromycin ethylsuccinate*	ERYPED	Preferred Brand
	3	*erythromycin sterate*	ERYTHROCIN	Non-Preferred
	3	*fidaxomicin*	DIFICID	Non-Preferred
	3	*gemifloxacin*	FACTIVE	Non-Preferred
	1	*gentamicin sulfate*	GARAMYCIN	Generic
	1	*levofloxacin*	LEVAQUIN	Generic
	2	*linezolid*	ZYVOX	Preferred Brand
	1	*minocycline*	DYNACIN	Generic
	1	*minocycline*	MINOCIN	Generic
	1	*minocycline*	SOLODYN	Generic
	3	*moxifloxacin*	AVELOX	Non-Preferred
	1	*neomycin sulfate*	MYCIFRADIN	Generic
	3	*norfloxacin*	NOROXIN	Non-Preferred
	1	*penicillin v potassium*	PEN-VEE K	Generic
	3	*rifaximin*	XIFAXAN	Non-Preferred
	1	*sulfadiazine*	SULFADIAZINE	Generic
	1	*sulfamethoxazole & trimethoprim*	BACTRIM DS	Generic
	1	*sulfamethoxazole & trimethoprim*	SEPTRA	Generic
	1	*sulfasalazine*	AZULFIDINE	Generic
	3	*telithromycin*	KETEK	Non-Preferred
	3	*tobramycin inhalation solution*	TOBI	Non-Preferred
	1	*vancomycin hcl*	VANCOCIN HCL	Generic
Antifungals				
QL	1	*fluconazole*	DIFLUCAN	Generic
	1	*flucytosine*	ANCOBON	Generic
	1	*griseofulvin microsize*	GRIFULVIN V	Generic
	1	*griseofulvin ultramicrosize*	GRIS-PEG	Generic
	1	*itraconazole*	SPORANOX	Generic
	2	*itraconazole (solution)*	SPORANOX	Preferred Brand
	1	*ketoconazole*	NIZORAL	Generic
	1	*nystatin*	MYCOSTATIN	Generic
	3	*posaconazole*	NOXAFIL	Non-Preferred
	1	*terbinafine*	LAMISIL	Generic
	1	*voriconazole*	VFEND	Generic
Antimycobacterials				
	1	*cycloserine*	SEROMYCIN	Generic
	1	*dapsone*	AVLOSULFON	Generic
	1	*ethambutol*	MYAMBUTOL	Generic
	1	*isoniazid*	NYDRAZID	Generic
	1	*pyrazinamide*	PYRAZINAMIDE	Generic
	2	*rifabutin*	MYCOBUTIN	Preferred Brand
	1	*rifampin*	RIFADIN	Generic
	1	*rifampin & isoniazid*	RIFAMATE	Generic

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	3	*rifapentine*	PRIFTIN	Non-Preferred
Antiprotozoals				
	2	*atovaquone*	MEPRON	Preferred Brand
	1	*atovaquone & proguanil*	MALARONE	Generic
	1	*chloroquine phosphate*	ARALEN	Generic
	1	*hydroxychloroquine sulfate*	PLAQUENIL	Generic
	1	*mefloquine*	LARIAM	Generic
	1	*metronidazole*	FLAGYL	Generic
	3	*metronidazoleextended-release*	FLAGYL ER	Non-Preferred
	3	*nitazoxanide*	ALINIA	Non-Preferred
	1	*paromomycin sulfate*	HUMATIN	Generic
	2	*primaquine phosphate*	PRIMAQUINE	Preferred Brand
	2	*pyrimethamine*	DARAPRIM	Preferred Brand
	3	*quinine sulfate*	QUALAQUIN	Non-Preferred
Antiviral				
QL	2	*abacavir sulfate & lamivudine*	EPZICOM	Preferred Brand
QL	2	*abacavir sulfate solution*	ZIAGEN	Preferred Brand
QL	1	*abacavir sulfate tablet*	ZIAGEN	Generic
QL	2	*abacavir, lamivudine & zidovudine*	TRIZIVIR	Preferred Brand
	1	*acyclovir*	ZOVIRAX	Generic
QL	2	*adefovir dipivoxil*	HEPSERA	Preferred Brand
QL	2	*atazanavir sulfate*	REYATAZ	Preferred Brand
QL	3	*boceprevir*	VICTRELIS	Non-Preferred
QL	2	*darunavir ethanolate*	PREZISTA	Preferred Brand
QL	2	*delavirdine mesylate*	RESCRIPTOR	Preferred Brand
QL	1	*didanosine*	VIDEX EC	Generic
QL	2	*didanosine solution*	VIDEX	Preferred Brand
QL	2	*efavirenz*	SUSTIVA	Preferred Brand
QL	2	*efavirenz, emtricitab & tenofovir*	ATRIPLA	Preferred Brand
QL	3	*elvitegravir, cobicistat, emtricitabine, & tenofovir*	STRIBILD	Non-Preferred
QL	2	*emtricitabine*	EMTRIVA	Preferred Brand
QL	2	*emtricitabine & tenofovir*	TRUVADA	Preferred Brand
QL	2	*emtricitabine, rilpivirine, & tenofovir*	COMPLERA	Preferred Brand
QL	2	*enfuvirtide*	FUZEON	Preferred Brand
QL	3	*entecavir*	BARACLUDE	Non-Preferred
QL	2	*etravirine*	INTELENCE	Preferred Brand
	1	*famciclovir*	FAMVIR	Generic
QL	2	*fosamprenavir calcium*	LEXIVA	Preferred Brand
	1	*ganciclovir*	CYTOVENE	Generic
QL	2	*indinavir sulfate*	CRIXIVAN	Preferred Brand
	3	*interferon alfacon-1*	INFERGEN	Non-Preferred
QL	3	*lamivudine*	EPIVIR HBV	Non-Preferred
QL	1	*lamivudine*	EPIVIR	Generic
QL	1	*lamivudine & zidovudine*	COMBIVIR	Generic
QL	2	*lopinavir & ritonavir*	KALETRA	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QL	2	*maraviroc*	SELZENTRY	Preferred Brand
QL	2	*nelfinavir mesylate*	VIRACEPT	Preferred Brand
QL	2	*nevirapine solution*	VIRAMUNE	Preferred Brand
QL	1	*nevirapine tablet*	VIRAMUNE	Generic
QL	2	*oseltamivir phosphate*	TAMIFLU	Preferred Brand
	3	*palivizumab*	SYNAGIS	Non-Preferred
QL	2	*peginterferon alfa-2a*	PEGASYS	Preferred Brand
	2	*peginterferon-alfa 2b*	PEG-INTRON	Preferred Brand
QL	2	*raltegravir*	ISENTRESS	Preferred Brand
	1	*ribavirin*	REBETOL	Generic
QL	3	*rilpivirine*	EDURANT	Non-Preferred
QL	1	*rimantadine*	FLUMADINE	Generic
QL	2	*ritonavir*	NORVIR	Preferred Brand
QL	2	*saquinavir mesylate*	INVIRASE	Preferred Brand
QL	1	*stavudine*	ZERIT	Generic
QL	3	*telaprevir*	INCIVEK	Non-Preferred
QL	3	*tenofovir*	VIREAD	Non-Preferred
QL	2	*tipranavir*	APTIVUS	Preferred Brand
	1	*valacyclovir*	VALTREX	Generic
	3	*valganciclovir*	VALCYTE	Non-Preferred
QL	2	*zanamivir*	RELENZA	Preferred Brand
QL	1	*zidovudine*	RETROVIR	Generic
Urinary Antiinfectives				
	1	*methenamine hippurate*	HIPREX	Generic
	3	*methenamine, sodium biphosphate, phenyl salicylate, methylene blue, and hyoscyamine*	URELLE	Non-Preferred
	2	*nitrofurantoin*	FURADANTIN	Preferred Brand
	1	*nitrofurantoin macrocrystal*	MACRODANTIN	Generic
	1	*nitrofurantoin monohydrate*	MACROBID	Generic
	1	*trimethoprim*	PROLOPRIM	Generic
Antineoplastic Agents				
Antineoplastic Agents				
	2	*abiraterone*	ZYTIGA	Preferred Brand
	1	*anastrozole*	ARIMIDEX	Generic
	3	*axitinib*	INLYTA	Non-Preferred
	2	*bexarotene*	TARGRETIN	Preferred Brand
	1	*bicalutamide*	CASODEX	Generic
	3	*bosutinib*	BOSULIF	Non-Preferred
	2	*busulfan*	MYLERAN	Preferred Brand
	2	*capecitabine*	XELODA	Preferred Brand
	2	*chlorambucil*	LEUKERAN	Preferred Brand
	2	*crizotinib*	XALKORI	Preferred Brand
	1	*cyclophosphamide*	CYTOXAN	Generic
	2	*dasatinib*	SPRYCEL	Preferred Brand
	3	*enzalutamide*	XTANDI	Non-Preferred

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	2	*erlotinib*	TARCEVA	Preferred Brand
	2	*estramustine*	EMCYT	Preferred Brand
	2	*everolimus*	AFINITOR	Preferred Brand
	1	*exemestane*	AROMASIN	Generic
	1	*flutamide*	EULEXIN	Generic
	2	*hydroxyurea*	DROXIA	Preferred Brand
	1	*hydroxyurea*	HYDREA	Generic
	2	*imatinib mesylate*	GLEEVEC	Preferred Brand
	2	*lapatinib*	TYKERB	Preferred Brand
	2	*lenalidomide*	REVLIMID	Preferred Brand
	1	*letrozole*	FEMARA	Generic
	1	*leuprolide acetate*	LUPRON	Generic
	3	*lomustine*	CEENU	Non-Preferred
	2	*melphalan*	ALKERAN	Preferred Brand
	1	*mercaptopurine*	PURINETHOL	Generic
	2	*methotrexate sodium*	TREXALL	Preferred Brand
	2	*mitotane*	LYSODREN	Preferred Brand
	2	*nilotinib*	TASIGNA	Preferred Brand
	2	*pazopanib*	VOTRIENT	Preferred Brand
	3	*pomalidomide*	POMALYST	Non-Preferred
	3	*ponatinib*	ICLUSIG	Non-Preferred
	2	*procarbazine*	MATULANE	Preferred Brand
	3	*ruxolitinib*	JAKAFI	Non-Preferred
	2	*sorafenib tosylate*	NEXAVAR	Preferred Brand
	2	*sunitinib malate*	SUTENT	Preferred Brand
	1	*tamoxifen citrate*	NOLVADEX	Generic
	2	*temozolomide*	TEMODAR	Preferred Brand
	2	*thioguanine*	TABLOID	Preferred Brand
	2	*topotecan*	HYCAMTIN	Preferred Brand
	1	*tretinoin*	VESANOID	Generic
	2	*vandetanib*	CAPRELSA	Preferred Brand
	2	*vemurafenib*	ZELBORAF	Preferred Brand
	2	*vorinostat*	ZOLINZA	Preferred Brand
Autonomic Drugs				
Anticholinergic Agents				
	1	*atropine sulfate*	ATROPINE SULFATE	Generic
	1	*dicyclomine*	BENTYL	Generic
	1	*glycopyrrolate*	ROBINUL	Generic
	1	*glycopyrrolate*	ROBINULFORTE	Generic
	1	*hyoscyamine sulfate*	LEVBID	Generic
	1	*hyoscyamine sulfate*	LEVSIN	Generic
	1	*hyoscyamine sulfate*	SYMAX	Generic
	3	*hyoscyamine sulfate*	SYMAX DUOTAB	Non-Preferred
	1	*ipratropium bromide*	ATROVENT	Generic
	2	*ipratropium bromide*	ATROVENTHFA	Preferred Brand
	1	*methscopolamine*	PAMINE	Generic

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	1	*propantheline bromide*	PRO-BANTHINE	Generic
	2	*tiotropium*	SPIRIVA	Preferred Brand
Autonomic Drugs, Miscellaneous				
	3	*varenicline*	CHANTIX	Non-Preferred
Parasympathomimetic (Cholinergic) Agents				
	1	*bethanechol chloride*	URECHOLINE	Generic
	1	*cevimeline hcl*	EVOXAC	Generic
	1	*donepezil*	ARICEPT	Generic
	1	*donepezil*	ARICEPT ODT	Generic
	1	*galantamine hydrobromide*	RAZADYNE	Generic
	1	*galantamine hydrobromide*	RAZADYNEER	Generic
	1	*neostigmine bromide*	PROSTIGMIN	Generic
	1	*pilocarpine*	SALAGEN	Generic
	2	*pyridostigmine*	MESTION TIMESPAN	Preferred Brand
	1	*pyridostigmine*	MESTION	Generic
	1	*rivastigmine tartrate*	EXELON	Generic
	2	*rivastigmine tartrate (solution)*	EXELON	Preferred brand
Skeletal Muscle Relaxants				
	1	*baclofen*	LIORESAL	Generic
	1	*carisoprodol*	SOMA	Generic
	1	*carisoprodol/aspirin*	SOMA COMPOUND	Generic
	1	*chlorzoxazone*	PARAFON FORTE DSC	Generic
	1	*cyclobenzaprine*	FLEXERIL	Generic
	3	*cyclobenzaprine extended-release*	AMRIX	Non-Preferred
	1	*dantrolene sodium*	DANTRIUM	Generic
	1	*metaxalone*	SKELAXIN	Generic
	1	*methocarbamol*	ROBAXIN	Generic
	1	*orphenadrine citrate*	NORFLEX	Generic
	1	*orphenadrine, aspirin, & caffeine*	NORGESIC	Generic
	1	*tizanidine*	ZANAFLEX	Generic
Sympatholytic (Adrenergic Blocking) Agents				
	1	*alfuzosin hcl*	UROXATRAL	Generic
	1	*dihydroergotamine mesylate*	D.H.E.45	Generic
	2	*dihydroergotamine mesylate*	MIGRANAL	Preferred Brand
	1	*ergoloid mesylates*	HYDERGINE	Generic
	1	*ergotamine & caffeine*	CAFERGOT	Generic
	3	*phenoxybenzamine*	DIBENZYLINE	Non-Preferred
	3	*silodosin*	RAPAFLO	Non-Preferred
	1	*tamsulosin hcl*	FLOMAX	Generic
Sympathomimetic (Adrenergic) Agents				
	1	*albuterol nebulizer solution*	ACCUNEB	Generic
	2	*albuterol sulfate*	PROAIR HFA	Preferred Brand
	3	*albuterol sulfate*	PROVENTIL HFA	Non-Preferred
	3	*albuterol sulfate*	VENTOLIN HFA	Non-Preferred
	1	*albuterol sulfate tablet*	VOSPIRE ER	Generic
	2	*albuterol sulfate & ipratropium*	COMBIVENT RESPIMAT	Preferred Brand

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	1	*albuterol sulfate & ipratropium*	DUONEB	Generic
	3	*arformoterol*	BROVANA	Non-Preferred
QL	3	*epinephrine*	AUVI-Q	Non-Preferred
QL	3	*epinephrine*	EPIPEN	Non-Preferred
QL	3	*epinephrine*	EPIPEN JR	Non-Preferred
QL	3	*epinephrine*	TWINJECT	Non-Preferred
	3	*formoterol fumarate*	FORADIL	Non-Preferred
	1	*levalbuterol nebulizer solution*	XOPENEX NEBULIZER	Generic
	3	*levalbuterol tartrate*	XOPENEX HFA	Non-Preferred
	1	*midodrine hcl*	PROAMATINE	Generic
	3	*pirbuterol acetate*	MAXAIR AUTOHALER	Non-Preferred
	2	*salmeterol*	SEREVENT DISKUS	Preferred Brand
	1	*terbutaline sulfate*	BRETHINE	Generic
Blood Formation, Coagulation, and Thrombosis				
Coagulants and Anticoagulants				
	1	*aminocaproic acid*	AMICAR	Generic
	1	*anagrelide*	AGRYLIN	Generic
	2	*aspirin & dipyridamole*	AGGRENOX	Preferred Brand
	1	*cilostazol*	PLETAL	Generic
	2	*clopidogrel*	PLAVIX	Generic
QL	3	*dabigatran*	PRADAXA	Non-Preferred
	3	*dalteparin*	FRAGMIN	Non-Preferred
	1	*dipyridamole*	PERSANTINE	Generic
	1	*enoxaparin*	LOVENOX	Generic
	1	*fondaparinux*	ARIXTRA	Generic
	1	*heparin*	HEPARIN SODIUM	Generic
	1	*pentoxifylline*	TRENTAL	Generic
QRM, QL	3	*rivaroxaban*	XARELTO	Non-Preferred
	3	*ticagrelor*	BRILINTA	Non-Preferred
	1	*ticlopidine*	TICLID	Generic
	1	*warfarin*	COUMADIN	Generic
Hematopoietic Agents				
	2	*darbepoetin alfa*	ARANESP	Preferred Brand
	3	*eltrombopag*	PROMACTA	Non-Preferred
	2	*epoetin alfa*	PROCRIT	Preferred Brand
	3	*epoetin alfa*	EPOGEN	Non-Preferred
	2	*filgrastim*	NEUPOGEN	Preferred Brand
	2	*oprelvekin*	NEUMEGA	Preferred Brand
	3	*pegfilgrastim*	NEULASTA	Non-Preferred
	2	*sargramostim*	LEUKINE	Preferred Brand
Cardiovascular Drugs				
α-Adrenergic Blocking Agents				
	1	*doxazosin*	CARDURA	Generic
	1	*prazosin*	MINIPRESS	Generic
	1	*terazosin*	HYTRIN	Generic
Antilipemic Agents				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*atorvastatin*	LIPITOR	Generic
	1	*cholestyramine light*	QUESTRAN LIGHT	Generic
	1	*cholestyramine*	QUESTRAN	Generic
	3	*colesevelam*	WELCHOL	Non-Preferred
	1	*colestipol*	COLESTID	Generic
	3	*ezetimibe*	ZETIA	Non-Preferred
	3	*ezetimibe & simvastatin*	VYTORIN	Non-Preferred
	1	*fenofibrate*	LOFIBRA TAB	Generic
	1	*fenofibrate*	TRICOR	Generic
	1	*fenofibrate, micronized*	LOFIBRA CAP	Generic
	1	*fenofibric acid*	TRILIPIX	Generic
	3	*fluvastatin extended-release*	LESCOL XL	Non-Preferred
	1	*fluvastatin*	LESCOL	Generic
	1	*gemfibrozil*	LOPID	Generic
QRM	3	*lomitapide*	JUXTAPID	Non-Preferred
	1	*lovastatin*	MEVACOR	Generic
	3	*lovastatine extended-release*	ALTOPREV	Non-Preferred
QRM	3	*mipomersen sodium*	KYNAMRO	Non-Preferred
	3	*niacin*	NIASPAN	Non-Preferred
	3	*niacin & lovastatin*	ADVICOR	Non-Preferred
	3	*omega-3 acid ethyl esters*	LOVAZA	Non-Preferred
	3	*pitavastatin*	LIVALO	Non-Preferred
	1	*pravastatin*	PRAVACHOL	Generic
	3	*rosuvastatin*	CRESTOR	Non-Preferred
	1	*simvastatin*	ZOCOR	Generic
Calcium Channel Blocking Agents				
	1	*amlodipine*	NORVASC	Generic
	1	*amlodipine & benazepril*	LOTREL	Generic
	1	*amlodipine & atorvastatin*	CADUET	Generic
	3	*amlodipine & olmesartan*	AZOR	Non-Preferred
	3	*amlodipine & valsartan*	EXFORGE	Non-Preferred
	3	*amlodipine, valsartan & hydrochlorothiazide*	EXFORGE HCT	Non-Preferred
	3	*amlodipine, olmesartan & hydrochlorothiazide*	TRIBENZOR	Non-Preferred
	1	*diltiazem extended-release*	CARDIZEM CD	Generic
	1	*diltiazem extended-release*	TIAZAC	Generic
	1	*diltiazem extended-release*	CARTIA XT	Generic
	1	*diltiazem extended-release*	CARDIZEM LA	Generic
	1	*diltiazem*	CARDIZEM	Generic
	1	*felodipine*	PLENDIL	Generic
	1	*isradipine*	DYNACIRC	Generic
	3	*isradipine*	DYNACIRC CR	Non-Preferred
	1	*nicardipine*	CARDENE	Generic
	1	*nifedipine*	PROCARDIA	Generic
	1	*nifedipine extended-release*	ADALAT CC	Generic

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	1	*nifedipine extended-release*	PROCARDIA XL	Generic
	1	*nimodipine*	NIMOTOP	Generic
	3	*nisoldipine*	SULAR	Non-Preferred
	1	*Trandolapril & verapamil*	TARKA	Generic
	1	*verapamil sustained-release cap*	VERELAN	Generic
	3	*verapamil*	COVERA-HS	Non-Preferred
	1	*verapamil extended-release cap*	VERELAN PM	Generic
	1	*verapamil sustained-release cap*	CALAN SR	Generic
	1	*verapamil sustained-release tab*	ISOPTIN SR	Generic
Cardiac Drugs				
	1	*amiodarone*	PACERONE	Generic
	1	*digoxin*	LANOXIN	Generic
	1	*disopyramide*	NORPACE	Generic
	2	*disopyramide controlled-release*	NORPACE CR	Preferred Brand
	2	*dofetilide*	TIKOSYN	Preferred Brand
	3	*dronedarone*	MULTAQ	Non-Preferred
	1	*flecainide*	TAMBOCOR	Generic
	1	*mexiletine*	MEXITIL	Generic
	1	*propafenone*	RYTHMOL	Generic
	3	*propafenone*	RYTHMOL SR	Non-Preferred
	1	*quinidine gluconate*	QUINAGLUTE	Generic
	1	*quinidine*	QUINIDINE SULFATE	Generic
QL	3	*ranolazine*	RANEXA	Non-Preferred
Hypotensive Agents				
	3	*clonidine extended-release*	KAPVAY	Non-Preferred
	1	*clonidine*	CATAPRES	Generic
	1	*clonidine transdermal*	CATAPRES-TTS	Generic
	1	*guanfacine*	TENEX	Generic
	1	*hydralazine*	APRESOLINE	Generic
	1	*methyldopa*	ALDOMET	Generic
	1	*methyldopa & hydrochlorothiazide*	ALDORIL-25	Generic
	1	*minoxidil*	LONITEN	Generic
	3	*reserpine*	SERPASIL	Non-Preferred
Renin-Angiotensin-Aldosterone System Inhibitors				
	3	*aliskiren*	TEKTURNA	Non-Preferred
	3	*aliskiren, amlodipine & hydrochlorothiazide*	AMTURNIDE	Non-Preferred
	3	*aliskiren & amlodipine*	TEKAMLO	Non-Preferred
	3	*aliskiren & hydrochlorothiazide*	TEKTURNA HCT	Non-Preferred
	3	*aliskiren & valsartan*	VALTURNA	Non-Preferred
	3	*azilsartan*	EDARBI	Non-Preferred
	1	*benazepril*	LOTENSIN	Generic
	1	*benazepril & hydrochlorothiazide*	LOTENSIN HCT	Generic
	1	*candesartan*	ATACAND	Generic
	1	*candesartan & hydrochlorothiazide*	ATACAND HCT	Generic
	1	*captopril*	CAPOTEN	Generic

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	1	*captopril & hydrochlorothiazide*	CAPOZIDE	Generic
	1	*enalapril*	VASOTEC	Generic
	1	*enalapril & hydrochlorothiazide*	VASERETIC	Generic
	1	*eplerenone*	INSPRA	Generic
	3	*eprosartan*	TEVETEN	Non-Preferred
	3	*eprosartan & hydrochlorothiazide*	TEVETEN	Non-Preferred
	1	*fosinopril*	MONOPRIL	Generic
	1	*fosinopril & hydrochlorothiazide*	MONOPRIL HCT	Generic
	1	*irbesartan*	AVAPRO	Generic
	1	*irbesartan & hydrochlorothiazide*	AVALIDE	Generic
	1	*lisinopril*	ZESTRIL	Generic
	1	*lisinopril & hydrochlorothiazide*	ZESTORETIC	Generic
	1	*losartan*	COZAAR	Generic
	1	*losartan & hydrochlorothiazide*	HYZAAR	Generic
	1	*moexipril*	UNIVASC	Generic
	1	*moexipril & hydrochlorothiazide*	UNIRETIC	Generic
	3	*olmesartan*	BENICAR	Non-Preferred
	3	*olmesartn & hydrochlorothiazide*	BENICAR HCT	Non-Preferred
	1	*perindopril*	ACEON	Generic
	1	*quinapril hcl*	ACCUPRIL	Generic
	1	*quinapril & hydrochlorothiazide*	ACCURETIC	Generic
	1	*ramipril*	ALTACE	Generic
	1	*spironolactone & hydrochlorothiazide*	ALDACTAZIDE	Generic
	1	*spironolactone*	ALDACTONE	Generic
	3	*telmisartan*	MICARDIS	Non-Preferred
	3	*telmisartan & hydrochlorothiazide*	MICARDIS HCT	Non-Preferred
	1	*trandolapril*	MAVIK	Generic
	3	*valsartan*	DIOVAN	Non-Preferred
	1	*valsartan & hydrochlorothiazide*	DIOVAN HCT	Generic
Vasodilating Agents				
	2	*ambrisentan*	LETAIRIS	Preferred Brand
	2	*bosentan*	TRACLEER	Preferred Brand
	3	*isosorbide dinitrate & hydralazine*	BIDIL	Non-Preferred
	1	*isosorbide dinitrate*	ISORDIL	Generic
	1	*isosorbide mononitrate*	IMDUR	Generic
	3	*nitroglycerin aerosol*	NITROMIST	Non-Preferred
	3	*nitroglycerin solution*	NITROLINGUAL	Non-Preferred
	2	*nitroglycerin subligual*	NITROSTAT	Preferred Brand
	2	*nitroglycerin topical ointment*	NITRO-BID	Preferred Brand
Excludes 0.8mg strength	1	*nitroglycerin transdermal patch*	NITRO-DUR	Generic
Only 0.8mg strength	2	*nitroglycerin transdermal patch*	NITRO-DUR	Preferred Brand
	1	*papaverine*	PAVABID	Generic

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	1	*sildenafil*	REVATIO	Generic
	3	*tadalafil*	ADCIRCA	Non-Preferred
	2	*treprostinil*	REMODULIN	Preferred Brand
β-Adrenergic Blocking Agents				
	1	*acebutolol*	SECTRAL	Generic
	1	*atenolol*	TENORMIN	Generic
	1	*atenolol & chlorthalidone*	TENORETIC	Generic
	1	*betaxolol*	KERLONE	Generic
	1	*bisoprol & hydrochlorothiazide*	ZIAC	Generic
	1	*bisoprolol*	ZEBETA	Generic
	1	*carvedilol*	COREG	Generic
	3	*carvedilol phosphate*	COREG CR	Non-Preferred
	1	*labetalol*	TRANDATE	Generic
	1	*metoprol & hydrochlorothiazide*	LOPRESSOR HCT	Generic
	1	*metoprolol succinate*	TOPROL XL	Generic
	1	*metoprolol tartrate*	LOPRESSOR	Generic
	1	*nadolol*	CORGARD	Generic
	1	*nadolol & bendroflumethiazide*	CORZIDE	Generic
	3	*nebivolol*	BYSTOLIC	Non-Preferred
	3	*penbutolol*	LEVATOL	Non-Preferred
	1	*pindolol*	VISKEN	Generic
	1	*propranolol & hydrochlorothiazide*	INDERIDE	Generic
	3	*propranolol extended-release*	INNOPRAN XL	Non-Preferred
	1	*propranolol*	INDERAL	Generic
	1	*propranolol sustained-release*	INDERAL LA	Generic
	1	*sotalol*	BETAPACE	Generic
	1	*sotalol*	BETAPACE AF	Generic
	1	*timolol*	BLOCADREN	Generic
Central Nervous System Agents				
Analgesics and Antipyretics				
	1	*acetaminophen & codeine*	TYLENOL W/ CODEINE	Generic
	1	*acetaminophen, caffeine, & dihydrocodine*	PANLOR SS	Generic
	1	*buprenorphine*	SUBUTEX	Generic
QL	1	*buprenorphine& naloxone tablet*	SUBOXONE	Generic
QL	3	*buprenorphine & naloxone film*	SUBOXONE	Non-Preferred
QL	3	*buprenorphine transdermal*	BUTRANS	Non-Preferred
	1	*butalbital & acetaminophen*	PHRENILIN	Generic
	3	*butalbital & acetaminophen*	PHRENILIN FORTE	Non-Preferred
	1	*butalbital, acetaminophen, & caffeine*	FIORICET	Generic
	1	*butalbital, acetaminophen, caffeine, & codeine*	FIORICET W/ CODEINE	Generic
	1	*butalbital, aspirin, & caffeine*	FIORINAL	Generic
	1	*butalbital, aspirin, caffeine, & codeine*	FIORINAL W/ CODEINE	Generic
	1	*butorphanol tartrate*	STADOL	Generic
	1	*carisoprodol, aspirin, & codeine*	SOMA COMPOUND W/	Generic

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			CODEINE	
	3	*celecoxib*	CELEBREX	Non-Preferred
	1	*codeine*	CODEINE SULF	Generic
	1	*diclofenac potassium*	CATAFLAM	Generic
	1	*diclofenac sodium*	VOLTAREN	Generic
	2	*diclofenac sodium & misoprostol*	ARTHROTEC	Generic
	1	*diclofenac sodium extended release*	VOLTAREN XR	Generic
	1	*diflunisal*	DIFLUNISAL	Generic
	1	*etodolac*	LODINE	Generic
	3	*fenoprofen calcium*	NALFON	Non-Preferred
	3	*fentanyl film*	ONSOLIS	Non-Preferred
	3	*fentanyl intranasal*	LAZANDA	Non-Preferred
	1	*fentanyl lozenge*	ACTIQ	Generic
	3	*fentanyl sublingual*	ABSTRAL	Non-Preferred
	3	*fentanyl tablet*	FENTORA	Non-Preferred
QL	1	*fentanyl transdermal*	DURAGESIC	Generic
	1	*flurbiprofen*	ANSAID	Generic
	1	*hydrocodone & acetaminophen*	NORCO	Generic
	1	*hydrocodone & ibuprofen*	VICOPROFEN	Generic
	3	*hydromorphone oral suspension*	DILAUDID	Non-Preferred
	1	*hydromorphone tablet*	DILAUDID	Generic
	3	*hydromorphone tablet*	EXALGO	Non-Preferred
	1	*ibuprofen*	MOTRIN	Generic
	1	*indomethacin*	INDOCIN	Generic
	1	*ketoprofen*	KETOPROFEN	Generic
QL	1	*ketorolac tablet*	TORADOL	Generic
	1	*levorphanol*	LEVO-DROMORAN	Generic
	1	*meclofenamate*	MECLOMEN	Generic
QL	1	*mefenamic acid*	PONSTEL	Generic
	1	*meloxicam*	MOBIC	Generic
	1	*meperidine tablet*	DEMEROL	Generic
	1	*methadone*	DOLOPHINE	Generic
	1	*morphine*	MORPHINE SULFATE	Generic
	1	*morphine*	MSIR	Generic
	3	*morphine beads*	AVINZA	Non-Preferred
	3	*morphine extended-relase capsule*	KADIAN	Non-Preferred
	1	*morphine extended-release tablet*	MS CONTIN	Generic
	1	*nabumetone*	RELAFEN	Generic
	1	*nalbuphine*	NUBAIN	Generic
	1	*naproxen*	NAPROSYN	Generic
	1	*naproxen sodium*	ANAPROX	Generic
	3	*naproxen sodium*	NAPRELAN	Non-Preferred
	1	*opium & belladonna alkaloids*	B & O SUPPRETTES	Generic
	3	*opium tincture*	OPIUM	Non-Preferred
	1	*oxaprozin*	DAYPRO	Generic
	1	*oxycodone*	ROXICODONE	Generic

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	1	*oxycodone & acetaminophen*	PERCOCET	Generic
	2	*oxycodone & acetaminophen*	ROXICET	Preferred Brand
	1	*oxycodone & aspirin*	PERCODAN	Generic
QL	3	*oxycodone & ibuprofen*	COMBUNOX	Non-Preferred
QL	3	*oxycodone controlled-release*	OXYCONTIN	Non-Preferred
	3	*oxymorphone*	OPANA	Non-Preferred
	3	*oxymorphone extended-release*	OPANA ER	Non-Preferred
	1	*pentazocine & naloxone*	TALWIN NX	Generic
	1	*piroxicam*	FELDENE	Generic
	1	*salsalate*	DISALCID	Generic
	1	*sulindac*	CLINORIL	Generic
QL	3	*tapentadol*	NUCYNTA	Non-Preferred
	1	*tolmetin sodium*	TOLECTIN 600	Generic
	1	*tramadol*	ULTRAM	Generic
	1	*tramadol & acetaminophen*	ULTRACET	Generic
	1	*tramadol extended-release*	ULTRAM ER	Generic
Anorexigenic Agents and Respiratory and Cerebral Stimulants				
	1	*amphetamine & dextroamphetamine*	ADDERALL	Generic
	1	*amphetamine & dextroamphetamine extended-release*	ADDERALL XR	Generic
QL	3	*armodafinil*	NUVIGIL	Non-Preferred
QL	1	*dexmethylphenidate*	FOCALIN	Generic
	3	*dexmethylphenidate extended-release*	FOCALIN XR	Non-Preferred
QL	1	*dextroamphetamine sulfate*	DEXTROSTAT	Generic
QL	1	*dextroamphetamine sulfate extended-release*	DEXEDRINE	Generic
	3	*lisdexamfetamine*	VYVANSE	Non-Preferred
	1	*methamphetamine*	DESOXYN	Generic
	1	*methylphenidate*	METHYLIN	Generic
	1	*methylphenidate*	RITALIN	Generic
QL	1	*methylphenidate extended-release*	METADATE ER	Generic
QL	1	*methylphenidate extended-release*	CONCERTA	Generic
	1	*methylphenidate extended-release*	METADATE CD	Generic
QL	3	*methylphenidate extended-release*	RITALIN LA	Non-Preferred
QL	1	*methylphenidate sustained release*	RITALIN SR	Generic
QL	3	*methylphenidate transdermal patch*	DAYTRANA	Non-Preferred
QL	1	*modafinil*	PROVIGIL	Generic
Anticonvulsants				
	1	*carbamazepine*	TEGRETOL	Generic
	1	*carbamazepine extended-release cap*	CARBATROL	Generic
	3	*carbamazepine extended-release cap*	EQUETRO	Non-Preferred
	3	*carbamazepine extended-release tab*	TEGRETOL XR	Non-Preferred
	3	*clobazam*	ONFI	Non-Preferred
	1	*clonazepam*	KLONOPIN	Generic
	1	*diazepam*	DIASTAT	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	2	*diazepam*	DIASTAT ACUDIAL	Preferred Brand
	1	*divalproex sodium*	DEPAKOTE	Generic
	1	*divalproex sodium capsule*	DEPAKOTE SPRINKLE	Generic
	1	*divalproex sodium extended release*	DEPAKOTE ER	Generic
	3	*ethontoin*	PEGANONE	Non-Preferred
	1	*ethosuximide*	ZARONTIN	Generic
	3	*ezogaine*	POTIGA	Non-Preferred
	1	*felbamate*	FELBATOL	Generic
	1	*gabapentin*	NEURONTIN	Generic
	3	*lacosamide*	VIMPAT	Non-Preferred
	1	*lamotrigine*	LAMICTAL	Generic
	3	*lamotrigine extended-release*	LAMICTAL XR	Non-Preferred
	1	*levetiracetam*	KEPPRA	Generic
	1	*levetiracetam extended-release*	KEPPRA XR	Generic
	2	*methsuximide*	CELONTIN	Preferred Brand
	1	*oxcarbazepine*	TRILEPTAL	Generic
	1	*phenytoin sodium extended-release*	DILANTIN	Generic
	1	*phenytoin sodium extended-release*	PHENYTEK	Generic
	1	*phenytoin suspension*	DILANTIN	Generic
	3	*pregabalin*	LYRICA	Non-Preferred
	1	*primidone*	MYSOLINE	Generic
	3	*rufinamide*	BANZEL	Non-Preferred
	3	*tiagabine*	GABITRIL	Non-Preferred
	1	*topiramate capsule*	TOPAMAX SPRINKLE	Generic
	1	*topiramate tablet*	TOPAMAX	Generic
	1	*valproate sodium*	DEPAKENE	Generic
	1	*valproic acid*	DEPAKENE	Generic
QRM	3	*vigabatrin*	SABRIL	Non-Preferred
	1	*zonisamide*	ZONEGRAN	Generic
Antimigraine Agents				
QL	3	*almotriptan*	AXERT	Non-Preferred
	1	*ergotamine & caffeine*	MIGERGOT	Generic
QL	3	*eletriptan*	RELPAX	Non-Preferred
QL	3	*frovatriptan*	FROVA	Non-Preferred
QL	1	*naratriptan*	AMERGE	Generic
QL	1	*rizatriptan*	MAXALT	Generic
QL	1	*rizatriptan orally disentigrating*	MAXALT MLT	Generic
QL	1	*sumatriptan*	IMITREX	Generic
QL	1	*zolmitriptan*	ZOMIG	Generic
QL	1	*zolmitriptan orally disentigrating*	ZOMIG ZMT	Generic
Antiparkinsonian Agents				
	1	*amantadine*	SYMMETREL	Generic
	1	*benztropine*	COGENTIN	Generic
	1	*bromocriptine*	PARLODEL	Generic
	1	*bromocriptine*	CYCLOSET	Generic
	1	*cabergoline*	DOSTINEX	Generic

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	3	*carbidopa*	LODOSYN	Non-Preferred
	1	*carbidopa & levodopa*	SINEMET	Generic
	3	*carbidopa & levodopa*	PARCOPA	Non-Preferred
	1	*carbidopa & levodopa extended release*	SINEMET CR	Generic
	2	*carbidopa, levodopa, & entacapone*	STALEVO	Preferred Brand
	1	*entacapone*	COMTAN	Generic
	1	*pramipexole*	MIRAPEX	Generic
	3	*pramipexole extended-release*	MIRAPEX ER	Non-Preferred
	3	*rasagiline*	AZILECT	Non-Preferred
	1	*ropinirole*	REQUIP	Generic
	1	*ropinirole extended-release*	REQUIP XL	Generic
	3	*rotigotine*	NEUPRO	Non-Preferred
	1	*selegiline*	ELDEPRYL	Generic
	3	*selegiline*	ZELAPAR	Non-Preferred
	3	*selegiline transdermal*	EMSAM	Non-Preferred
	2	*tolcapone*	TASMAR	Preferred Brand
	1	*trihexyphenidyl*	ARTANE	Generic
Anxiolytics, Sedatives, and Hypnotics				
	1	*alprazolam*	XANAX	Generic
	1	*alprazolam extended-release*	XANAX XR	Generic
	3	*alprazolam orally disintegrating*	NIRAVAM	Non-Preferred
	1	*buspirone*	BUSPAR	Generic
	1	*chlordiazepoxide*	LIBRIUM	Generic
	1	*clorazepate*	TRANXENE	Generic
	1	*diazepam*	VALIUM	Generic
	1	*estazolam*	PROSOM	Generic
	3	*eszopiclone*	LUNESTA	Non-Preferred
	1	*flurazepam*	DALMANE	Generic
	1	*hydroxyzine hcl*	ATARAX	Generic
	1	*hydroxyzine pamoate*	VISTARIL	Generic
	1	*lorazepam*	ATIVAN	Generic
	1	*meprobamate*	MILTOWN	Generic
	1	*oxazepam*	SERAX	Generic
	1	*phenobarbital*	PHENOBARBITAL	Generic
	3	*ramelteon*	ROZEREM	Non-Preferred
	1	*temazepam*	RESTORIL	Generic
	1	*triazolam*	HALCION	Generic
	1	*zaleplon*	SONATA	Generic
	3	*zolipdem sublingual*	EDLUAR	Non-Preferred
	1	*zolpidem*	AMBIEN	Generic
	1	*zolpidem extended-release*	AMBIEN CR	Generic
	3	*zolpidem oral spray*	ZOLPIMIST	Non-Preferred
Central Nervous System Agents Miscellaneous				
	3	*acamprosate*	CAMPRAL	Non-Preferred
	3	*atomoxetine*	STRATTERA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*dextromethorphan & quinidine*	NUEDEXTA	Non-Preferred
	3	*guanfacine extended-release*	INTUNIV	Non-Preferred
	2	*memantine*	NAMENDA	Preferred Brand
QL	3	*milnacipran*	SAVELLA	Non-Preferred
	1	*riluzole*	RILUTEK	Generic
	3	*sodium oxybate*	XYREM	Non-Preferred
	3	*tetrabenazine*	XENAZINE	Non-Preferred
Opioid Antagonists				
	1	*naloxone*	NARCAN	Generic
	1	*naltrexone*	REVIA	Generic
Psychotherapeutic Agents				
	1	*amitriptyline*	ELAVIL	Generic
	1	*amitriptyline & perphenazine*	TRIAVIL	Generic
	1	*amoxapine*	ASENDIN	Generic
	2	*aripiprazole*	ABILIFY	Preferred Brand
	3	*asenapine*	SAPHRIS	Non-Preferred
	1	*bupropion*	WELLBUTRIN	Generic
	1	*bupropion extended-release*	WELLBUTRIN XL	Generic
	3	*bupropion hydrobromide*	APLENZIN	Non-Preferred
	1	*bupropion sustained-release*	WELLBUTRIN SR	Generic
	1	*chlordiazepoxide & amitriptyline*	LIMBITROL DS	Generic
	1	*chlorpromazine*	THORAZINE	Generic
	1	*citalopram*	CELEXA	Generic
	1	*clomipramine*	ANAFRANIL	Generic
	1	*clozapine*	CLOZARIL	Generic
	3	*clozapine*	FAZACLO	Non-Preferred
	1	*desipramine*	NORPRAMIN	Generic
	1	*desvenlafaxine base extended release*	PRISTIQ	Generic
	1	*doxepin*	SINEQUAN	Generic
	3	*duloxetine*	CYMBALTA	Non-Preferred
	1	*escitalopram*	LEXAPRO	Generic
	1	*fluoxetine*	PROZAC	Generic
	3	*fluoxetine*	PROZAC WEEKLY	Non-Preferred
	3	*fluoxetine*	SARAFEM	Non-Preferred
	1	*fluphenazine*	PROLIXIN	Generic
	1	*fluvoxamine*	LUVOX	Generic
	1	*haloperidol*	HALDOL	Generic
	3	*iloperidone*	FANAPT	Non-Preferred
	1	*imipramine*	TOFRANIL	Generic
	1	*imipramine pamoate*	TOFRANIL-PM	Generic
	3	*isocarboxazid*	MARPLAN	Non-Preferred
	1	*lithium carbonate capsule*	LITHIUM CARBONATE	Generic
	1	*lithium carbonate extended release*	LITHOBID	Generic
	1	*lithium citrate*	CIBALITH-S	Generic
	1	*loxapine*	LOXITANE	Generic
	3	*lurasidone*	LATUDA	Non-Preferred

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	1	*maprotiline*	LUDIOMIL	Generic
	1	*mirtazapine*	REMERON	Generic
	1	*nefazodone*	SERZONE	Generic
	1	*nortriptyline*	PAMELOR	Generic
	1	*olanzapine*	ZYPREXA	Generic
	1	*olanzapine & fluoxetine hcl*	SYMBYAX	Generic
	1	*olanzapine orally disintegrating*	ZYPREXA ZYDIS	Generic
	3	*paliperidone*	INVEGA	Non-Preferred
	1	*paroxetine*	PAXIL	Generic
	3	*paroxetine extended-release*	PAXIL CR	Non-Preferred
	3	*paroxetine mesylate*	PEXEVA	Non-Preferred
	1	*perphenazine*	TRILAFON	Generic
	1	*phenelzine*	NARDIL	Generic
	3	*pimozide*	ORAP	Non-Preferred
	3	*protriptyline*	VIVACTIL	Non-Preferred
	1	*quetiapine*	SEROQUEL	Generic
	3	*quetiapine extended-release*	SEROQUEL XR	Non-Preferred
	1	*risperidone*	RISPERDAL	Generic
	3	*risperidone orally disintegrating*	RISPERDALM-TAB	Non-Preferred
	1	*sertraline*	ZOLOFT	Generic
	1	*thioridazine*	MELLARIL	Generic
	1	*thiothixene*	NAVANE	Generic
	1	*tranylcypromine sulfate*	PARNATE	Generic
	1	*trazodone*	DESYREL	Generic
	3	*trazodone extended-release*	OLEPTRO	Non-Preferred
	1	*trifluoperazine*	STELAZINE	Generic
	3	*trimipramine*	SURMONTIL	Non-Preferred
	1	*venlafaxine*	EFFEXOR	Generic
	1	*venlafaxine extended-release*	EFFEXOR XR	Generic
QL	3	*vilazodone*	VIIBRYD	Non-Preferred
	1	*ziprasidone*	GEODON	Generic
Diabetic Supplies				
Diabetic Supplies				
QL	1	*blood sugar diagnostic*	ONE TOUCH ULTRA TEST STRIPS	Generic
QL	3	*blood sugar diagnostic*	ACCU-CHEK TEST STRIPS	Non-Preferred
QL	3	*blood sugar diagnostic*	ASCENSIA TEST STRIPS	Non-Preferred
QL	3	*blood sugar diagnostic*	FREESTYLE TEST STRIPS	Non-Preferred
QL	3	*blood sugar diagnostic*	PRODIGY TEST STRIPS	Non-Preferred
QL	1	*blood-glucose meter*	ONE TOUCH ULTRA 2	Generic
QL	3	*blood-glucose meter*	ACCU-CHEK	Non-Preferred
QL	3	*blood-glucose meter*	ASCENSIA BREEZE	Non-Preferred
QL	3	*blood-glucose meter*	FREESTYLE SYSTEM	Non-Preferred
QL	3	*blood-glucose meter*	ONE TOUCH ULTRA SMART	Non-Preferred
QL	3	*blood-glucose meter*	ONE TOUCH ULTRAMINI	Non-Preferred

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QL	3	*blood-glucose meter*	PRODIGY	Non-Preferred
QL	1	*syringe with needle,disposable*	BD INSULIN SYRINGE	Generic
Electrolytic, Caloric and Water Balance				
Acidifying and Alkalinizing Agents				
	3	*citric acid, sodium citrate, & potassium citrate*	CYTRA-3	Non-Preferred
	1	*potassium citrate*	UROCIT-K	Generic
	2	*potassium citrate & citric acid*	POLYCITRA-K	Preferred Brand
	3	*sodium citrate & citric acid*	BICITRA	Non-Preferred
Ammonia Detoxicants				
	3	*carglumic acid*	CARBAGLU	Non-Preferred
	3	*lactulose*	CHRONULAC	Non-Preferred
	1	*lactulose*	ENULOSE	Generic
	3	*lactulose*	KRISTALOSE	Non-Preferred
Diuretics				
	1	*amiloride*	MIDAMOR	Generic
	1	*amiloride & hydrochlorothiazide*	MODURETIC	Generic
	1	*bumetanide*	BUMEX	Generic
	1	*chlorothiazide*	DIURIL	Generic
	1	*chlorthalidone*	HYGROTON	Generic
	3	*ethacrynic acid*	EDECRIN	Non-Preferred
	1	*furosemide*	LASIX	Generic
	1	*hydrochlorothiazide*	MICROZIDE	Generic
	1	*indapamide*	LOZOL	Generic
	1	*metolazone*	ZAROXOLYN	Generic
QL	3	*tolvaptan*	SAMSCA	Non-Preferred
	1	*torsemide*	DEMADEX	Generic
	3	*triamterene*	DYRENIUM	Non-Preferred
	1	*triamterene & hydrochlorothiazide*	DYAZIDE	Generic
	1	*triamterene & hydrochlorothiazide*	MAXZIDE	Generic
Ion-Removing Agnets				
	3	*lanthanum carbonate*	FOSRENOL	Non-Preferred
	2	*sevelamer carbonate*	RENVELA	Preferred Brand
	3	*sevelamer hcl*	RENAGEL	Non-Preferred
	2	*sodium polystyrene sulfonate*	SPS	Preferred Brand
Replacement Products				
	2	*calcium acetate*	ELIPHOS	Preferred Brand
	1	*calcium acetate*	PHOSLO	Generic
	2	*calcium acetate*	PHOSLYRA	Preferred Brand
	1	*potassium bicarbonate & potassium chloride*	K-LYTE/CL	Generic
	1	*potassium chloride*	K-DUR	Generic
	1	*potassium chloride*	K-TAB	Generic
	2	*potassium chrloide powder*	KLOR-CON 20 MEQ	Preferred Brand
	1	*potassium gluconate*	KAON	Generic
	2	*potassium phosphate*	PHOSPHA	Preferred Brand

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	3	*potassium phosphate, monobasic*	K-PHOS NEUTRAL	Non-Preferred
	2	*potassium phosphate, monobasic*	K-PHOS ORIGINAL	Preferred Brand
Uricosuric Agents				
	1	*colchicine & probenecid*	COL-BENEMID	Generic
	1	*probenecid*	BENEMID	Generic
Enzymes				
Enzymes				
	2	*dornase alfa*	PULMOZYME	Preferred Brand
Eye, Ear, Nose and Throat (EENT)				
Anti-infectives				
	3	*azithromycin (ophth)*	AZASITE	Non-Preferred
	1	*bacitracin & polmyxin B (ophth)*	POLYSPORIN	Generic
	1	*bacitracin (ophth)*	AK-TRACIN	Generic
	3	*besilfoxacin*	BESIVANCE	Non-Preferred
	1	*chlorhexidine (mouth-throat)*	PERIDEX	Generic
	3	*ciprofloxacin (ophth) ointment*	CILOXAN	Non-Preferred
	1	*ciprofloxacin (ophth) solution*	CILOXAN	Generic
	1	*erythromycin (ophth)*	ROMYCIN	Generic
	3	*ganciclovir (ophth)*	ZIRGAN	Non-Preferred
	2	*gatifloxacin (ophth)*	ZYMAXID	Preferred Brand
	1	*gentamicin (ophth)*	GENTAK	Generic
	1	*levofloxacin (ophth)*	QUIXIN	Generic
	3	*moxifloxacin (ophth)*	VIGAMOX	Non-Preferred
	2	*natamycin*	NATACYN	Preferred Brand
	1	*neomycin, bacitracin & polymyxin b (ophth)*	NEO-POLYCIN	Generic
	1	*neomycin, polymycin b & gramicidin (ophth)*	NEOSPORIN	Generic
	1	*ofloxacin (ophth)*	OCUFLOX	Generic
	1	*ofloxacin (otic)*	FLOXIN	Generic
	1	*polymyxin b & trimethoprim (ophth)*	POLYTRIM	Generic
	1	*sulfacetamide sodium (ophth) ointment*	SULFAC	Generic
	1	*sulfacetamide sodium (ophth) solution*	BLEPH-10	Generic
	2	*tobramycin sulfate (ophth) ointment*	TOBREX	Preferred Brand
	1	*tobramycin sulfate (ophth) solution*	TOBREX	Generic
	1	*trifluridine*	VIROPTIC	Generic
Anti-Inflammatory Agents				
	1	*bacitracin, neomycin, polymyxin B & hydrocortisone (ophth)*	NEO-POLYCIN HC	Generic
	3	*beclomethasone dipropionate (nasal)*	QNASL	Non-Preferred
	3	*beclomethasone dipropionate monohydrate (nasal)*	BECONASE AQ	Non-Preferred
	3	*bromfenac (ophth)*	XIBROM	Non-Preferred
	3	*budesonide (nasal)*	RHINOCORT AQUA	Non-Preferred
	3	*ciclesonide (nasal)*	OMNARIS	Non-Preferred

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	2	*ciprofloxacin & dexamethasone (ophth)*	CIPRODEX	Preferred Brand
	3	*ciprofloxacin & hydrocortisone (otic)*	CIPRO HC	Non-Preferred
	2	*cyclosporine (ophth)*	RESTASIS	Preferred Brand
	1	*dexamethasone (ophth) solution*	DECADRON	Generic
	2	*dexamethasone (ophth) suspension*	MAXIDEX	Preferred Brand
	1	*diclofenac sodium (ophth)*	VOLTAREN	Generic
	3	*difluprednate*	DUREZOL	Non-Preferred
	1	*flunisolide (nasal)*	NASAREL	Generic
	3	*fluocinolone acetonide (otic)*	DERMOTIC	Non-Preferred
	1	*fluorometholone (ophth)*	FML	Generic
	3	*fluorometholone (ophth)*	FML FORTE	Non-Preferred
	2	*fluorometholone acetate*	FLAREX	Preferred Brand
	1	*flurbiprofen (ophth)*	OCUFEN	Generic
	3	*fluticasone furoate*	VERAMYST	Non-Preferred
	1	*fluticasone propionate (nasal)*	FLONASE	Generic
	2	*gentamicin & prednisolone*	PRED-G	Preferred Brand
	1	*hydrocortisone & acetic acid (otic)*	ACETASOL HC	Generic
	1	*ketorolac (ophth)*	ACULAR	Generic
	1	*ketorolac (ophth)*	ACULAR LS	Generic
	3	*loteprednol*	ALREX	Non-Preferred
	3	*loteprednol*	LOTEMAX	Non-Preferred
	3	*loteprednol & tobramycin*	ZYLET	Non-Preferred
	3	*mometasone (nasal)*	NASONEX	Non-Preferred
	2	*neomycin, colistin, hydrocortisone & thonzonium (otic)*	CORTISPORIN-TC	Preferred Brand
	1	*neomycin, polymyxin B & dexamethasone (ophth)*	MAXITROL	Generic
	1	*neomycin, polymyxin B & hydrocortisone (ophth)*	CORTISPORIN	Generic
	1	*neomycin, polymyxin B & hydrocortisone (otic)*	CORTISPORIN	Generic
	3	*nepafenac*	NEVANAC	Non-Preferred
	1	*prednisolone acetate (ophth)*	OMNIPRED	Generic
	1	*prednisolone acetate (ophth)*	PRED FORTE	Generic
	2	*prednisolone acetate (ophth)*	PRED MILD	Preferred Brand
	3	*prednisolone sodium phosphate (ophth)*	INFLAMASE FORTE	Non-Preferred
	1	*prednisolone sodium phosphate (ophth)*	PREDNISOL	Generic
	3	*rimexolone*	VEXOL	Non-Preferred
	1	*sulfacetamide sodium & prednisolone*	BLEPHAMIDE	Generic
	2	*tobramycin & dexamethasone ointment*	TOBRADEX	Preferred Brand
	1	*tobramycin & dexamethasone suspension*	TOBRADEX	Generic

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	3	*triamcinolone acetonide (nasal)*	NASACORT AQ	Non-Preferred
Antiallergic Agents				
	3	*aflcaftadine*	LASTACAFT	Non-Preferred
	1	*azelastine*	ASTELIN	Generic
	3	*azelastine & fluticasone*	DYMISTA	Non-Preferred
	1	*azelastine (ophth)*	OPTIVAR	Generic
	3	*azelstine*	ASTEPRO	Non-Preferred
	3	*bepotastine*	BEPREVE	Non-Preferred
	1	*cromolyn sodium (ophth)*	OPTICROM	Generic
	3	*emedastine*	EMADINE	Non-Preferred
	1	*epinastine (ophth)*	ELESTAT	Generic
	3	*lodoxamide tromethamine*	ALOMIDE	Non-Preferred
	3	*nedocromil sodium (ophth)*	ALOCRIL	Non-Preferred
	3	*olopatadine*	PATADAY	Non-Preferred
	3	*olopatadine (nasal)*	PATANASE	Non-Preferred
	3	*olopatadine (ophth)*	PATANOL	Non-Preferred
Antiglaucoma Agents				
	1	*acetazolamide*	DIAMOX	Generic
	1	*acetazolamide*	DIAMOX SEQUELS	Generic
	1	*betaxolol hcl*	BETOPTIC	Generic
	2	*betaxolol hcl*	BETOPTIC S	Preferred Brand
	3	*bimatoprost*	LUMIGAN	Non-Preferred
	1	*brimonidine*	ALPHAGAN	Generic
	1	*brimonidine tartrate*	ALPHAGAN P	Generic
	3	*brinzolamide*	AZOPT	Non-Preferred
	2	*carbachol*	ISOPTO CARBACHOL	Preferred Brand
	1	*carteolol (ophth)*	OCUPRESS	Generic
	1	*dorzolamide*	TRUSOPT	Generic
	1	*dorzolamide & timolol*	COSOPT	Generic
	2	*ecothiophate*	PHOSPHOLINE IODIDE	Preferred Brand
	1	*latanoprost*	XALATAN	Generic
	1	*levobunolol*	BETAGAN	Generic
	1	*methazolamide*	NEPTAZANE	Generic
	1	*metipranolol*	OPTIPRANOLOL	Generic
	1	*pilocarpine*	ISOPTO CARPINE	Generic
	3	*pilocarpine gel*	PILOPINE HS	Non-Preferred
	3	*timolol*	BETIMOL	Non-Preferred
	3	*timolol*	ISTALOL	Non-Preferred
	1	*timolol*	TIMOPTIC	Generic
	3	*timolol*	TIMOPTIC-XE	Non-Preferred
	3	*travoprost*	TRAVATAN Z	Non-Preferred
	3	*unoprostone isopropyl*	RESCULA	Non-Preferred
EENT Drugs, Miscellaneous				
	1	*acetic acid*	VOSOL	Generic
	2	*apraclonidine*	IOPIDINE	Preferred Brand
	3	*artificial tear insert*	LACRISERT	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Local Anesthetics				
	1	*antipyrine & benzocaine*	AURODEX	Generic
	1	*lidocaine (mouth-throat)*	XYLOCAINE VISCOUS	Generic
	1	*proparacaine*	OPTHETIC	Generic
Mydriatics				
	1	*atropine*	ISOPTO ATROPINE	Generic
	2	*homatropine*	ISOPTO HOMATROPINE	Preferred Brand
	2	*scopolamine (ophth)*	ISOPTO HYOSCINE	Preferred Brand
Vasoconstrictors				
	1	*tetrahydrozoline*	TYZINE	Generic
Gastrointestinal Drugs				
Anti-inflammatory Agents				
	3	*alosetron*	LOTRONEX	Non-Preferred
	1	*balsalazide*	COLAZAL	Generic
	3	*balsalazide*	GIAZO	Non-Preferred
	2	*mesalamine controlled-release*	PENTASA	Preferred Brand
	2	*mesalamine suppository*	CANASA	Preferred Brand
	1	*mesalamine suspension*	ROWASA	Generic
	2	*mesalamine tablet*	LIALDA	Preferred Brand
	3	*olsalazine*	DIPENTUM	Non-Preferred
Antidiarrhea Agents				
	3	*difenoxin & atropine*	MOTOFEN	Non-Preferred
	1	*diphenoxylate & atropine*	LOMOTIL	Generic
	3	*paregoric*	PAREGORIC	Non-Preferred
Antiemetics				
	2	*aprepitant*	EMEND	Preferred Brand
	3	*dolasetron*	ANZEMET	Non-Preferred
	1	*dronabinol*	MARINOL	Generic
	3	*granisetron*	KYTRIL	Non-Preferred
	3	*granisetron*	SANCUSO	Non-Preferred
	1	*ondansetron*	ZOFRAN	Generic
	1	*ondansetron (orally disentigrating)*	ZOFRAN ODT	Generic
	1	*prochlorperazine*	COMPAZINE	Generic
	3	*scopolamine hydrobromide*	TRANSDERM-SCOP	Non-Preferred
	1	*trimethobenzamide*	TIGAN	Generic
Antiulcer Agents and Acid Suppressants				
	3	*amoxicillin, clarithromycin, & lansoprazole*	PREVPAC	Non-Preferred
	1	*cimetidine*	TAGAMET	Generic
	1	*misoprostol*	CYTOTEC	Generic
	1	*nizatidine*	AXID	Generic
Only 75 mg/5 ml syrup	1	*ranitidine*	ZANTAC	Generic
	1	*sucralfate*	CARAFATE	Generic
Cathartics and Laxatives				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*polyethylene glycol-electrolyte solution*	HALFLYTELY	Non-Preferred
	3	*polyethylene glycol-electrolyte solution*	MOVIPREP	Non-Preferred
	1	*polyethylene glycol-electrolyte solution*	COLYTE	Generic
	1	*polyethylene glycol-electrolyte solution*	GOLYTELY	Generic
	1	*polyethylene glycol-electrolyte solution*	GAVILYTE-C	Generic
	1	*polyethylene glycol-electrolyte solution*	NULYTELY	Generic
	3	*sodium phosphates*	OSMOPREP	Non-Preferred
	3	*sodium phosphates*	VISICOL	Non-Preferred
Digestants				
	3	*pancrelipase (lipase-protease-amylase)*	CREON	Non-Preferred
	2	*pancrelipase (lipase-protease-amylase)*	ZENPEP	Preferred Brand
	2	*pancrelipase (lipase-protease-amylase)*	PANCREAZE	Preferred Brand
	3	*pancrelipase (lipase-protease-amylase)*	VIOKACE	Non-Preferred
	3	*pancrelipase (lipase-protease-amylase)*	PERTZYE	Non-Preferred
GI Drugs, Miscellaneous				
	1	*clidinium & chlordiazepoxide*	LIBRAX	Generic
	3	*linaclotide*	LINZESS	Non-Preferred
	3	*lubiprostone*	AMITIZA	Non-Preferred
	1	*metoclopramide*	REGLAN	Generic
	2	*phenobarbital and belladonna alkaloids*	DONNATAL	Preferred Brand
	3	*teduglutide*	GATTEX	Non-Preferred
	1	*ursodiol*	ACTIGALL	Generic
	1	*ursodiol*	URSO	Generic
	1	*ursodiol*	URSO FORTE	Generic
Gold Compounds				
Gold Compounds				
	2	*auranofin*	RIDAURA	Preferred Brand
Heavy Metal Antagonists				
Heavy Metal Antagonists				
	2	*deferasirox*	EXJADE	Preferred Brand
	3	*deferiprone*	FERRIPROX	Non-Preferred
	2	*penicillamine*	CUPRIMINE	Preferred Brand
	2	*penicillamine*	DEPEN	Preferred Brand
	3	*succimer*	CHEMET	Non-Preferred
	3	*trientine*	SYPRINE	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
Hormones and Synthetic Substitutes				
Adrenals				
	1	*budesonide*	ENTOCORT EC	Generic
	1	*cortisone acetate*	CORTONE ACETATE	Generic
	1	*dexamethasone*	DECADRON	Generic
	1	*fludrocortisone*	FLORINEF ACETATE	Generic
	1	*hydrocortisone*	CORTEF	Generic
	1	*methylprednisolone*	MEDROL	Generic
	1	*prednisolone*	PRELONE	Generic
	1	*prednisolone acetate*	PREDNISOLONE	Generic
	1	*prednisolone sodium phosphate*	ORAPRED	Generic
	3	*prednisolone sodium phosphate*	ORAPRED ODT	Non-Preferred
	1	*prednisolone sodium phosphate*	PEDIAPRED	Generic
	1	*prednisone*	PREDNISONE	Generic
	3	*prednisone*	RAYOS	Non-Preferred
Androgens				
	1	*danazol*	DANOCRINE	Generic
	2	*fluoxymesterone*	ANDROXY	Preferred Brand
	2	*methyltestosterone*	ANDROID 10	Preferred Brand
	3	*methyltestosterone*	METHITEST	Non-Preferred
	2	*methyltestosterone*	TESTRED	Preferred Brand
	1	*oxandrolone*	OXANDRIN	Generic
	2	*testosterone*	ANDRODERM	Preferred Brand
	3	*testosterone*	AXIRON	Non-Preferred
	3	*testosterone*	ANDROGEL	Non-Preferred
	3	*testosterone*	TESTIM	Non-Preferred
	3	*testosterone*	FORTESTA	Non-Preferred
	1	*testosterone cypionate*	DEPO-TESTOSTERONE	Generic
Contraceptives				
QL	1	*desogestrel & ethinyl estradiol*	APRI	Generic
QL	3	*desogestrel & ethinyl estradiol*	DESOGEN	Non-Preferred
QL	3	*desogestrel & ethinyl estradiol*	ORTHO-CEPT	Non-Preferred
QL	1	*desogestrel & ethinyl estradiol*	RECLIPSEN	Generic
QL	1	*desogestrel & ethinyl estradiol (biphasic)*	KARIVA	Generic
QL	1	*desogestrel & ethinyl estradiol (triphasic)*	CYCLESSA	Generic
QL	1	*desogestrel & ethinyl estradiol (triphasic)*	VELIVET	Generic
QL	1	*drospirenone & ethinyl estradiol*	GIANVI	Generic
QL	1	*drospirenone & ethinyl estradiol*	OCELLA	Generic
QL	3	*drospirenone & ethinyl estradiol*	YASMIN	Non-PReferred
QL	3	*drospirenone & ethinyl estradiol*	YAZ	Non-Preferred
QL	3	*drospirenone & ethinyl estradiol w/ folate*	BEYAZ	Non-Preferred
QL	3	*drospirenone & ethinyl estradiol w/*	SAFYRAL	Non-Preferred

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		folate		
QL	3	*estradiol valerate & dienogest*	NATAZIA	Non-Preferred
QL	1	*ethynodiol diacetate & ethinyl estradiol*	ZOVIA	Generic
QL	3	*etonogestrel & ethinyl estradiol*	NUVARING	Non-Preferred
AGE	1	*levonorgestrel*	PLAN B	Generic
QL	1	*levonorgestrel & ethinyl estradiol*	AVIANE	Generic
QL	1	*levonorgestrel & ethinyl estradiol*	LESSINA	Generic
QL	1	*levonorgestrel & ethinyl estradiol*	LEVORA	Generic
QL	3	*levonorgestrel & ethinyl estradiol*	NORDETTE-28	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (91-day)*	INTROVALE	Generic
QL	3	*levonorgestrel & ethinyl estradiol (91-day)*	LOSEASONIQUE	Non-Preferred
QL	3	*levonorgestrel & ethinyl estradiol (91-day)*	SEASONALE	Non-Preferred
QL	3	*levonorgestrel & ethinyl estradiol (91-day)*	SEASONIQUE	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (continuous)*	AMYTHYST	Generic
QL	3	*levonorgestrel & ethinyl estradiol (continuous)*	LYPREL	Non-Preferred
QL	1	*levonorgestrel & ethinyl estradiol (triphasic)*	TRIVORA	Generic
QL	3	*norelgestromin & ethinyl estradiol*	ORTHO EVRA	Non-Preferred
QL	1	*norethindrone*	CAMILA	Generic
QL	1	*norethindrone*	NORA-BE	Generic
QL	3	*norethindrone*	NOR-QD	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	BALZIVA	Generic
QL	3	*norethindrone & ethinyl estradiol*	BREVICON	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	JUNEL	Generic
QL	1	*norethindrone & ethinyl estradiol*	MICROGESTIN	Generic
QL	3	*norethindrone & ethinyl estradiol*	MODICON	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	NECON	Generic
QL	3	*norethindrone & ethinyl estradiol*	NORINYL 1+35	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol*	NORTREL	Generic
QL	1	*norethindrone & ethinyl estradiol*	OVCON-35	Generic
QL	3	*norethindrone & ethinyl estradiol*	OVCON-50	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol (biphasic)*	NECON 10/11	Generic
QL	1	*norethindrone & ethinyl estradiol (triphasic)*	LEENA	Generic
QL	1	*norethindrone & ethinyl estradiol (triphasic)*	NORTREL 7/7/7	Generic
QL	3	*norethindrone & ethinyl estradiol (triphasic)*	ORTHO-NOVUM	Non-Preferred
QL	3	*norethindrone & ethinyl estradiol*	TRI-NORINYL	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
		(triphasic)		
QL	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	ESTROSTEP FE	Non-Preferred
QL	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	FEMCON FE	Non-Preferred
QL	3	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	JUNEL FE	Non-Preferred
QL	1	*norethindrone & ethinyl estradiol w/ ferrous fumarate*	MICROGESTIN FE	Generic
QL	3	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate*	LOESTRIN 24 FE	Non-Preferred
QL	3	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate*	LOESTRIN FE	Non-Preferred
QL	1	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate*	TILIA	Generic
QL	3	*norethindrone acetate & ethinyl estradiol w/ ferrous fumarate (biphasic)*	LO LOESTRIN FE	Non-Preferred
QL	3	*norethindrone-mestranol*	NORINYL 1+50	Non-Preferred
QL	3	*norethindrone-mestranol*	ORTHO-NOVUM	Non-Preferred
QL	1	*norgestimate & ethinyl estradiol*	CRYSELLE	Generic
QL	1	*norgestimate & ethinyl estradiol*	MONONESSA	Generic
QL	3	*norgestimate & ethinyl estradiol*	ORTHO-CYCLEN	Non-Preferred
QL	1	*norgestimate & ethinyl estradiol*	SPRINTEC	Generic
QL	1	*norgestimate & ethinyl estradiol*	TRINESSA	Generic
QL	3	*norgestimate & ethinyl estradiol (triphasic)*	ORTHO TRI-CYCLEN	Non-Preferred
QL	3	*norgestimate & ethinyl estradiol (triphasic)*	ORTHO TRI-CYCLEN LO	Non-Preferred
QL	1	*norgestimate & ethinyl estradiol (triphasic)*	TRI-SPRINTEC	Generic
QL	3	*norgestrel & ethinyl estradiol*	LO/OVRAL-28	Non-Preferred
QL	1	*norgestrel & ethinyl estradiol*	LOW-OGESTREL	Generic
QL	1	*norgestrel & ethinyl estradiol*	OGESTREL	Generic
	2	*ulipristal*	ELLA	Preferred Brand
Diabetic Agents				
	1	*acarbose*	PRECOSE	Generic
QRM	3	*alogliptin*	NESINA	Non-Preferred
QRM	3	*alogliptin & metformin*	KAZANO	Non-Preferred
QRM	3	*alogliptin & pioglitazone*	OSENI	Non-Preferred
QRM	3	*canagliflozin*	INVOKANA	Non-Preferred
	1	*chlorpropamide*	CHLORPROPAMIDE	Generic
QRM	3	*exenatide*	BYETTA	Non-Preferred
QRM	3	*exenatide extended-release*	BYDUREON	Non-Preferred
	1	*glimepiride*	AMARYL	Generic
	1	*glipizide*	GLUCOTROL	Generic
	1	*glipizide & metformin*	METAGLIP	Generic

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*glipizide extended-release*	GLUCOTROL XL	Generic
	2	*glucagon*	GLUCAGON EMERGENCY KIT	Preferred Brand
	3	*glucagon*	GLUCAGEN HYPOKIT	Non-Preferred
	1	*glyburide*	DIABETA	Generic
	1	*glyburide & metformin*	GLUCOVANCE	Generic
	1	*glyburide micronized*	GLYNASE	Generic
	3	*insulin aspart*	NOVOLOG	Non-Preferred
	3	*insulin aspart protamine & insulin aspart*	NOVOLOG MIX 70/30	Non-Preferred
	3	*insulin detemir*	LEVEMIR	Non-Preferred
	3	*insulin glargine,hum.rec.anlog*	LANTUS	Non-Preferred
	3	*insulin glulisine*	APIDRA	Non-Preferred
	3	*insulin isophane*	NOVOLIN N	Non-Preferred
	2	*insulin isophane*	HUMULIN N	Preferred Brand
	3	*insulin isophane & regular insulin*	NOVOLIN 70/30	Non-Preferred
	3	*insulin isophane & regular insulin*	HUMULIN 50/50	Non-Preferred
	2	*insulin isophane & regular insulin*	HUMULIN 70/30	Preferred Brand
	3	*insulin lispro*	HUMALOG	Non-Preferred
	3	*insulin lispro protamine & insulin lispro*	HUMALOG MIX 50/50	Non-Preferred
	3	*insulin lispro protamine & insulin lispro*	HUMALOG MIX 75/25	Non-Preferred
	3	*insulin regular*	NOVOLIN R	Non-Preferred
	2	*insulin regular*	HUMULIN R	Preferred Brand
QRM	3	*linagliptin*	TRADJENTA	Non-Preferred
QRM	3	*linagliptin & metformin*	JENTADUETO	Non-Preferred
QRM	3	*liraglutide*	VICTOZA	Non-Preferred
	1	*metformin*	GLUCOPHAGE	Generic
	3	*metformin*	FORTAMET	Non-Preferred
	3	*metformin*	GLUMETZA	Non-Preferred
	3	*metformin*	RIOMET	Non-Preferred
	1	*metformin extended-release*	GLUCOPHAGE XR	Generic
	3	*mifepristone*	KORLYM	Non-Preferred
	3	*miglitol*	GLYSET	Non-Preferred
	1	*nateglinide*	STARLIX	Generic
	1	*pioglitazone*	ACTOS	Generic
	3	*pioglitazone & glimepiride*	DUETACT	Non-Preferred
	3	*pioglitazone & metformin*	ACTOPLUS MET	Non-Preferred
QRM	3	*pramlintide acetate*	SYMLIN	Non-Preferred
	1	*repaglinide*	PRANDIN	Generic
	3	*repaglinide & metformin*	PRANDIMET	Non-Preferred
QRM	3	*saxagliptin*	ONGLYZA	Non-Preferred
QRM	3	*Saxagliptin & metformin extended-release*	KOMBIGLYZE XR	Non-Preferred
QRM	3	*sitagliptin & metformin*	JANUMET	Non-Preferred
QRM	3	*sitagliptin & simvastatin*	JUVISYNC	Non-Preferred
QRM	3	*sitagliptin phosphate*	JANUVIA	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*tolazamide*	TOLINASE	Generic
	1	*tolbutamide*	ORINASE	Generic
Estrogens and Antiestrogens				
	3	*conjugated estrogens & medroxyprogesterone acetate*	PREMPHASE	Non-Preferred
	3	*conjugated estrogens & medroxyprogesterone acetate*	PREMPRO	Non-Preferred
	3	*drospirenone & estradiol*	ANGELIQ	Non-Preferred
	3	*esterified estrogens*	MENEST	Non-Preferred
	1	*estradiol*	ESTRACE TAB	Generic
	1	*estradiol*	GYNODIOL	Generic
	3	*estradiol & levonorgestrel*	CLIMARA PRO	Non-Preferred
	1	*estradiol & norethindrone*	ACTIVELLA	Generic
	3	*estradiol & norethindrone*	COMBIPATCH	Non-Preferred
	3	*estradiol & norgestimate*	PREFEST	Non-Preferred
	3	*estradiol acetate*	FEMTRACE	Non-Preferred
	3	*estradiol acetate vaginal tablets*	FEMRING	Non-Preferred
	3	*estradiol gel*	DIVIGEL	Non-Preferred
	3	*estradiol gel*	ELESTRIN GEL	Non-Preferred
	3	*estradiol transdermal*	ALORA	Non-Preferred
	1	*estradiol transdermal*	CLIMARA DIS	Generic
	3	*estradiol transdermal*	ESTRADERM	Non-Preferred
	3	*estradiol transdermal*	MENOSTAR	Non-Preferred
	3	*estradiol transdermal*	VIVELLE-DOT	Non-Preferred
	1	*estradiol vaginal*	ESTRACE CREAM	Generic
	2	*estradiol vaginal*	ESTRING	Preferred Brand
Only 10mg strength	2	*estradiol vaginal*	VAGIFEM	Preferred Brand
All other strengths	3	*estradiol vaginal*	VAGIFEM	Non-Preferred
	1	*estrogen,ester/me-testosterone*	ESTRATEST	Generic
	3	*estrogens, conjugated*	PREMARIN	Non-Preferred
	3	*estrogens, conjugated synthetic a*	CENESTIN	Non-Preferred
	3	*estrogens, conjugated synthetic b*	ENJUVIA	Non-Preferred
	2	*estrogens, conjugated vaginal*	PREMARIN CREAM	Preferred Brand
	1	*estropipate*	ORTHO-EST	Generic
	3	*norethindrone acetate & ethinyl estradiol*	FEMHRT	Non-Preferred
	2	*raloxifene hcl*	EVISTA	Preferred Brand
Gonadatropins				
	2	*nafarelin*	SYNAREL	Preferred Brand
Parathyroid				
	1	*calcitonin salmon*	FORTICAL	Generic
	1	*calcitonin salmon*	MIACALCIN	Generic
	3	*teriparatide*	FORTEO	Non-Preferred
Pitutary				

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
QRM	3	*corticotropin*	ACTHAR	Non-Preferred
	1	*desmopressin (non-refrigerated)*	DDAVP	Generic
	3	*desmopressin acetate*	STIMATE	Non-Preferred
Progestins				
	1	*medroxyprogesterone acetate*	PROVERA	Generic
	1	*megestrol acetate*	MEGACE	Generic
	1	*norethindrone acetate*	AYGESTIN	Generic
	1	*progesterone, micronized*	PROMETRIUM	Generic
Somatotropin Agonists and Antagonists				
QRM	3	*somatropin*	GENTROPIN	Non-Preferred
QRM	3	*somatropin*	HUMATROPE	Non-Preferred
QRM	3	*somatropin*	NORDITROPIN	Non-Preferred
QRM	3	*somatropin*	NUTROPIN AQ	Non-Preferred
QRM	3	*somatropin*	OMNITROPE	Non-Preferred
QRM	3	*somatropin*	SAIZEN	Non-Preferred
QRM	3	*somatropin*	SEROSTIM	Non-Preferred
QRM	3	*somatropin*	ZORBTIVE	Non-Preferred
Thyroid and Antihyroid Agent				
	1	*levothyroxine*	LEVOTHROID	Generic
	1	*levothyroxine*	LEVOXYL	Generic
	1	*levothyroxine*	SYNTHROID	Generic
	3	*levothyroxine*	TIROSINT	Non-Preferred
	1	*levothyroxine*	UNITHROID	Generic
	1	*liothyronine*	CYTOMEL	Generic
	3	*liotrix*	THYROLAR	Non-Preferred
	1	*methimazole*	TAPAZOLE	Generic
	1	*propylthiouracil*	PROPYLTHIOURACIL	Generic
	3	*thyroid*	ARMOUR THYROID	Non-Preferred
Miscellaneous Therapeutic Agents				
Miscellanous Therapeutic Agents				
	2	*abatacept*	ORENCIA	Preferred Brand
	1	*acetylcysteine*	MUCOMYST-10	Generic
	2	*adalimumab*	HUMIRA	Preferred Brand
	1	*alendronate*	FOSAMAX	Generic
	3	*alendronate & cholecalciferol*	FOSAMAX PLUS D	Non-Preferred
	1	*allopurinol*	ZYLOPRIM	Generic
	3	*anakinra*	KINERET	Non-Preferred
	1	*azathioprine*	AZASAN	Generic
	1	*azathioprine*	IMURAN	Generic
	2	*cinacalcet*	SENSIPAR	Preferred Brand
	3	*colchicine*	COLCRYS	Non-Preferred
	1	*cyclosporine*	SANDIMMUNE	Generic
	1	*cyclosporine, modified*	NEORAL	Generic
QRM	3	*dalfampridine*	AMPYRA	Non-Preferred
	1	*disulfiram*	ANTABUSE	Generic
QRM	3	*dimethyl fumarate*	TECFIDERA	Non-Preferred

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	3	*dutasteride*	AVODART	Non-Preferred
	3	*dutasteride & tamsulosin*	JALYN	Non-Preferred
	2	*etanercept*	ENBREL	Preferred Brand
	1	*etidronate*	DIDRONEL	Generic
	3	*everolimus*	ZORTRESS	Non-Preferred
	3	*febuxostat*	ULORIC	Non-Preferred
QRM	3	*fingolimod*	GILENYA	Non-Preferred
	2	*glatiramer acetate*	COPAXONE	Preferred Brand
	3	*golimumab*	SIMPONI	Non-Preferred
	1	*ibandronate*	BONIVA	Generic
QRM	3	*icatibant*	FIRAZYR	Non-Preferred
	2	*interferon beta-1a*	AVONEX	Preferred Brand
	2	*interferon beta-1a*	REBIF	Preferred Brand
	3	*interferon beta-1b*	BETASERON]	Non-Preferred
	2	*Interferon beta-1b*	EXTAVIA	Preferred Brand
	2	*interferon gamma-1b*	ACTIMMUNE	Preferred Brand
	1	*leflunomide*	ARAVA	Generic
	1	*leucovorin*	LEUCOVORIN	Generic
	2	*mesna*	MESNEX	Preferred Brand
	1	*methylergonovine maleate*	METHERGINE	Generic
	3	*mifepristone*	MIFEPREX	Non-Preferred
	1	*mycophenolate mofetil*	CELLCEPT	Generic
	3	*mycophenolate sodium*	MYFORTIC	Non-preferred
	1	*octreotide acetate*	SANDOSTATIN	Generic
QRM	3	*pasireotide*	SIGNIFOR	Non-preferred
	1	*pediatric multivitamins w/ fluoride*	POLY-VI-FLOR	Generic
	1	*pediatric multivitamins w/ fluoride & iron*	POLY-VI-FLOR W/IRON	Generic
	1	*pediatric vitamins a, c, & d, w/ fluoride*	TRI-VI-FLOR	Generic
	1	*pediatric vitamins a, c, & d, w/ fluoride & iron*	TRI-VI-FLOR W/IRON	Generic
	2	*pentosan polysulfate sodium*	ELMIRON	Preferred Brand
	3	*risedronate sodium*	ACTONEL	Non-Preferred
	3	*risedronate sodium*	ATELVIA	Non-Preferred
QRM	3	*sapropterin dihydrochlorid*	KUVAN	Non-Preferred
	2	*sirolimus*	RAPAMUNE	Preferred Brand
	3	*sodium fluoride*	FLUORABON BASIC	Non-Preferred
	1	*sodium fluoride*	FLUORITAB	Generic
	1	*sodium fluoride*	LURIDE CHEW	Generic
	1	*sodium fluoride (dental)*	PREVIDENT	Generic
	1	*sodium fluoride (dental)*	PREVIDENT 5000 PLUS	Generic
	1	*sodium fluoride drops*	LURIDE DROPS	Generic
	2	*stannous fluoride*	GEL-KAM	Preferred Brand
	1	*tacrolimus*	PROGRAF	Generic
QRM	3	*teriflunomide*	AUBAGIO	Non-Preferred
	2	*thalidomide*	THALOMID	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*tofacitinib*	XELJANZ	Non-Preferred
Respiratory Tract Agents				
Antitussives				
	1	*benzonatate*	TESSALON PERLES	Generic
	1	*guaifenesin & codeine*	CHERATUSSIN AC	Generic
	3	*hydrocodone & chlorpheniramine*	TUSSIONEX	Non-Preferred
	1	*hydrocodone & homatropine*	HYCODAN	Generic
	1	*promethazine & codeine*	PHENERGAN W/ CODEINE	Generic
	1	*promethazine & dextromethorphan*	PROMETHAZINE-DM	Generic
	1	*promethazine, phenylephrine & codeine*	PHENERGAN VC W/CODEINE	Generic
	3	*pseudoephedrine, brompheniramine & codeine*	M-END MAX D	Non-Preferred
Anti-Inflammatory Agents				
	3	*cromolyn sodium*	GASTROCROM	Non-Preferred
	1	*cromolyn sodium*	INTAL	Generic
	1	*montelukast*	SINGULAIR	Generic
	3	*zafirlukast*	ACCOLATE	Non-Preferred
	3	*zileuton*	ZYFLO	Non-Preferred
Respiratory Agents, Miscellaneous				
	2	*beclomethasone dipropionate*	QVAR	Preferred Brand
	3	*budesonide*	PULMICORT FLEXHALER	Non-Preferred
0.25 mg & 0.5 mg	1	*budesonide*	PULMICORT RESPULES	Generic
1 mg	3	*budesonide*	PULMICORT RESPULES	Non-Preferred
	3	*budesonide & formoterol*	SYMBICORT	Non-Preferred
	3	*ciclesonide*	ALVESCO	Non-Preferred
	3	*fluticasone & salmeterol*	ADVAIR DISKUS	Non-Preferred
	3	*fluticasone propionate*	FLOVENT DISKUS AER	Non-Preferred
	3	*fluticasone propionate*	FLOVENT HFA	Non-Preferred
QRM	3	*ivacaftor*	KALYDECO	Non-Preferred
	3	*mometasone & formoterol*	DULERA	Non-Preferred
	2	*mometasone furoate*	ASMANEX	Preferred Brand
QRM	3	*omalizumab*	XOLAIR	Non-Preferred
	3	*roflumilast*	DALIRESP	Non-Preferred
	3	*sodium chloride*	HYPERSAL	Non-Preferred
Skin and Mucous Membrane Agents				
Anti-infectives (Skin and Mucous Membranes)				
	3	*acyclovir*	ZOVIRAX	Non-Preferred
	1	*benzoyl peroxide & erythromycin*	BENZAMYCIN	Generic
	3	*butenafine*	MENTAX	Non-Preferred
	3	*butoconazole nitrate (vaginal)*	GYNAZOLE-1	Non-Preferred
	1	*ciclopirox*	LOPROX	Generic
	3	*ciclopirox*	PENLAC	Non-Preferred
	1	*clindamycin & benzoyl peroxide*	BENZACLIN	Generic
	3	*clindamycin & benzoyl peroxide*	DUAC	Non-Preferred

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Kaiser Permanente of Georgia Multi Choice Formulary

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	1	*clindamycin phosphate (topical)*	CLEOCIN T	Generic
	1	*clindamycin phosphate (topical)*	CLINDAGEL	Generic
	3	*clindamycin phosphate (topical)*	EVOCLIN	Non-Preferred
	1	*clindamyinc phosphate (vaginal)*	CLEOCIN	Generic
	1	*clotrimazole*	MYCELEX	Generic
	1	*clotrimazole & betametmethasone*	LOTRISONE	Generic
	3	*crotamiton*	EURAX	Non-Preferred
	1	*econazole nitrate*	SPECTAZOLE	Generic
	3	*erythromycin (acne acid)*	AKNE-MYCIN	Non-Preferred
	1	*erythromycin (acne acid)*	ERYGEL	Generic
	1	*gentamicin sulfate (topical)*	GARAMYCIN	Generic
	3	*hexachlorophene*	PHISOHEX	Non-Preferred
	1	*iodoquinol & hydrocortisone*	VYTONE	Generic
	1	*ketoconazole (topical)*	NIZORAL	Generic
	1	*lindane*	KWELL	Generic
	3	*mafenide acetate*	SULFAMYLON	Non-Preferred
	1	*malathion*	OVIDE	Generic
	1	*metronidazole (topical)*	METROCREAM	Generic
	1	*metronidazole (topical)*	METROGEL	Generic
	1	*metronidazole (topical)*	METROLOTION	Generic
	1	*metronidazole (vaginal)*	METROGEL-VAGINAL	Generic
	3	*miconazole nitrate & zinc oxide*	VUSION	Non-Preferred
	1	*mupirocin*	BACTROBAN	Generic
	3	*mupirocin calcium*	BACTROBAN NASAL	Non-Preferred
	3	*na sulfacetm/avobenzone/sulfur*	ROSAC	Non-Preferred
	3	*naftifine*	NAFTIN	Non-Preferred
	1	*nystatin (topical)*	NYSTATIN	Generic
	3	*oxiconazole nitrate*	OXISTAT	Non-Preferred
	3	*penciclovir*	DENAVIR	Non-Preferred
	1	*permethrin*	ELIMITE	Generic
	3	*retapamulin*	ALTABAX	Non-Preferred
	3	*selenium sulfide*	SELSEB	Non-Preferred
	3	*selenium sulfide*	SELSUN RX	Non-Preferred
	3	*sertaconazole nitrate*	ERTACZO	Non-Preferred
	1	*silver sulfadiazine*	SILVADENE	Generic
	3	*spinosad*	NATROBA	Non-Preferred
	3	*sulconazole nitrate*	EXELDERM	Non-Preferred
	1	*sulfacetamide sodium (acne)*	KLARON	Generic
	3	*sulfacetamide sodium (acne)*	SEB-PREV	Non-Preferred
	3	*sulfanilamide*	AVC	Non-Preferred
	1	*terconazole*	TERAZOL 7	Generic
	1	*terconazole (vaginal)*	TERAZOL 3	Generic
Anti-inflammatory Agents (Skin and Mucous Membranes)				
	1	*alclometasone dipropionate*	ACLOVATE	Generic
	1	*amcinonide*	CYCLOCORT	Generic
	3	*bacitracin, polymyxin, neomycin &*	CORTISPORIN	Non-Preferred

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
		hydrocortisone		
	3	*benzoyl peroxide & hydrocortisone*	VANOXIDE-HC	Non-Preferred
	1	*betamethasone dipropionate (topical)*	DIPROSONE	Generic
	1	*betamethasone dipropionate augmented*	DIPROLENE	Generic
	1	*betamethasone valerate*	LUXIQ	Generic
	1	*betamethasone valerate*	VALISONE	Generic
	3	*calcipotriene & betamethasone*	TACLONEX	Non-Preferred
	1	*clobetasol propionate*	CLOBEX	Generic
	1	*clobetasol propionate*	TEMOVATE	Generic
	1	*clobetasol propionate emollient*	TEMOVATE E	Generic
	3	*clobetasol propionate emulsion*	OLUX-E	Non-Preferred
	3	*clocortolone pivalate*	CLODERM	Non-Preferred
	1	*desonide*	DESOWEN	Generic
	1	*desoximetasone*	TOPICORT	Generic
	1	*diflorasone diacetate*	APEXICON	Generic
	3	*fluocinolone acetonide*	CAPEX SHAMPOO	Non-Preferred
	1	*fluocinolone acetonide*	DERMA-SMOOTHE/FS OIL	Generic
	1	*fluocinolone acetonide*	SYNALAR	Generic
	1	*fluocinonide*	LIDEX	Generic
	3	*fluocinonide*	VANOS	Non-Preferred
	1	*fluocinonide emollient*	LIDEX-E	Generic
	3	*flurandrenolide*	CORDRAN	Non-Preferred
	1	*fluticasone propionate (topical)*	CUTIVATE	Generic
	3	*halcinonide*	HALOG	Non-Preferred
	1	*halobetasol propionate*	ULTRAVATE	Generic
	1	*hydrocortisone (intrarectal)*	CORTENEMA	Generic
	1	*hydrocortisone (rectal)*	ANUSOL-HC	Generic
	1	*hydrocortisone (rectal)*	PROCTOCORT	Generic
	1	*hydrocortisone (topical)*	HYTONE	Generic
	1	*hydrocortisone acetate & urea*	CARMOL HC	Generic
	3	*hydrocortisone acetate (intrarectal)*	CORTIFOAM	Non-Preferred
	1	*hydrocortisone butyrate*	LOCOID	Generic
	3	*hydrocortisone butyrate hydrophilic lipo base*	LOCOID LIPOCREAM	Non-Preferred
	3	*hydrocortisone probutate*	PANDEL	Non-Preferred
	1	*hydrocortisone valerate*	WESTCORT	Generic
	1	*mometasone furoate*	ELOCON	Generic
	1	*nystatin & triamcinolone*	MYCOLOG II	Generic
	1	*prednicarbate*	DERMATOP	Generic
	1	*triamcinolone acetonide (topical)*	KENALOG	Generic
Antipruritics and Local Anesthetics				
	3	*doxepin (antipuritic)*	ZONALON	Non-Preferred
	3	*hydrocortisone & pramoxine*	ANALPRAM HC	Non-Preferred
	3	*hydrocortisone & pramoxine*	PRAMOSONE-E	Non-Preferred
	2	*hydrocortisone & pramoxine*	PROCTOFOAM-HC	Preferred Brand

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Restrictions	Tier	Generic Name	Brand Name	Coverage Status
	3	*lidocaine*	LIDODERM	Non-Preferred
	1	*lidocaine*	XYLOCAINE	Generic
	3	*lidocaine & hydrocortisone*	LIDAMANTLE	Non-Preferred
	1	*lidocaine & prilocaine*	EMLA	Generic
	1	*pramoxine*	PROCTOFOAM	Generic
Astringents				
	2	*aluminum chloride hexahydrate*	HYPERCARE	Preferred Brand
Keratolytic Agents				
	3	*sulfacetamide sodium & sulfur*	AVAR	Non-Preferred
	1	*sulfacetamide sodium & sulfur*	PLEXION	Generic
	3	*sulfacetamide sodium & sulfur*	PLEXION SCT	Non-Preferred
	1	*sulfacetamide sodium & sulfur*	ROSULA	Generic
	1	*urea*	CARMOL	Generic
Keratoplastic Agents				
	3	*anthralin*	DRITHOCREME HP	Non-Preferred
	3	*anthralin*	DRITHO-SCALP	Non-Preferred
	3	*anthralin*	PSORIATEC	Non-Preferred
Cell Stimulants and Proliferants				
QL, AGE	1	*tretinoin*	RETIN-A	Generic
QL, AGE	3	*tretinoin microspheres*	RETIN-A MICRO	Non-Preferred
Skin and Mucous Membrane Agents, Miscellaneous				
	3	*acitretin*	SORIATANE	Non-Preferred
QL, AGE	1	*adapalene*	DIFFERIN	Generic
QL, AGE	3	*alitretinoin*	PANRETIN	Non-Preferred
	1	*ammonium lactate*	LAC-HYDRIN	Generic
	3	*azelaic acid*	FINACEA	Non-Preferred
	3	*azelaic acid (acne)*	AZELEX	Non-Preferred
	2	*becaplermin*	REGRANEX	Preferred Brand
	3	*bexarotene (topical)*	TARGRETIN	Non-Preferred
	1	*calcipotriene*	DOVONEX	Generic
	3	*calcipotriene*	SORILUX	Non-Preferred
	2	*calcitriol (topical)*	VECTICAL	Preferred Brand
AGE	3	*clindamycin & tretinoin*	VELTIN	Non-Preferred
AGE	3	*clindamycin & tretinoin*	ZIANA	Non-Preferred
	2	*collagenase*	SANTYL	Preferred Brand
	3	*dapsone (topical)*	ACZONE	Non-Preferred
	3	*diclofenac epolamine*	FLECTOR	Non-Preferred
	3	*diclofenac sodium*	VOLTAREN GEL	Non-Preferred
	3	*diclofenac sodium (actinic keratosis)*	SOLARAZE	Non-Preferred
	3	*doxepin (antipuritic)*	PRUDOXIN	Non-Preferred
	3	*doxycycline (rosacea)*	ORACEA	Non-Preferred
	3	*fluorouracil (topical)*	CARAC	Non-Preferred
	1	*fluorouracil (topical)*	EFUDEX	Generic
	2	*fluorouracil (topical)*	FLUOROPLEX	Preferred Brand
	1	*imiquimod*	ALDARA	Generic
	3	*imiquimod*	ZYCLARA	Non-Preferred

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

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