



Kaiser Permanente Colorado Commercial Formulary

Denver/Boulder, Mountain, Northern Colorado and Southern Colorado

HMO, DHMO, HDHP

(List of Covered Drugs)

Please Read: This document contains information about the drugs we cover when you participate in a Kaiser Permanente Colorado Commercial HMO plan. This formulary applies only to outpatient drugs provided to members for self-administration, and does not apply to medications used in inpatient settings or medications administered in a doctor's office or infusion center. The listing does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to the *Evidence of Coverage*. If you have specific questions about your prescription benefits, please contact Member Services at **1-888-681-7878** (toll free), or TTY for the hearing and speech impaired call **1-800-521-4874** (toll free).

What is the Kaiser Permanente Colorado Commercial HMO Drug Formulary?

A formulary is a list of covered drugs chosen by a group of Kaiser Permanente physicians and pharmacists known as the Pharmacy and Therapeutics Committee. This committee meets regularly to evaluate and select the safest, most effective medications for our members.

What drugs are covered?

Kaiser Permanente will generally cover brand-name (when no generic is available), generic and specialty tier drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente or a participating network pharmacy, and other plan rules are followed.

Drugs listed on the formulary are covered by your prescription drug benefit when dispensed for use in an outpatient setting. Some drugs have restrictions. Using drugs on the formulary helps maintain quality care for our members while keeping the cost of prescription drugs affordable.

What drugs are not covered?

Drugs not listed on the formulary or listed as a non-preferred tier (also referred to as "non-formulary" drugs) are not covered unless a Kaiser Permanente or affiliated provider determines that they are medically necessary. Prescriptions for non-formulary medications may be filled at Kaiser Permanente or a participating network pharmacy. However, the full price of the drug will generally apply unless a medically necessary exception has been provided by your Kaiser Permanente or prescribing provider.

Are there any restrictions on the drugs covered on the formulary?

Some covered drugs may have additional requirements or limits on coverage. For these drugs, Kaiser Permanente may require you or your provider to get an approval from us before you fill your prescription. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

The type of restrictions that may require an approval or may be limited include:

Restricted to Specialty: A drug that needs to be written by a provider specialized in the treatment of certain conditions for the drug to be covered under the pharmacy benefit. For example, Afinitor®, a drug used for cancer, may be restricted to provider specialized in Oncology.

Prior Authorization: Our plan may require you or your provider to obtain a prior authorization for certain drugs. This means that you will need to have approval from our plan before you fill your prescription in order to have it covered under your benefit. If you do not get approval, we may not cover the drug.

Quantity Limits or Quotas: For certain drugs, Kaiser Permanente may limit the drug quantity that is covered. We may also limit the amount of medication dispensed to a certain days supply. For example, Kaiser Permanente provides 18 doses per prescription for rizatriptan (generic Maxalt®) and limits drugs like Tarceva® to a 30 day supply. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed per prescription per copayment.

Restricted to Benefit: Some drugs are not covered unless the individual prescription benefit specifically covers such medications. For example, Viagra® and other drugs used for sexual dysfunction are not covered unless your prescription benefit specifically covers them.

Step Therapy: Some medications require a similar therapy be attempted first. For example, before lansoprazole, used for stomach problems, can be dispensed, a drug such as omeprazole must be tried first.

Restricted to a specific age: Some medications may be restricted to a certain age or age range.

What is a generic drug?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name and specialty-tier drugs. In most cases, a generic equivalent is dispensed when available. Members will be notified at the time of service when a generic equivalent is dispensed in place of a brand-name drug.

What is a brand-name drug?

Brand-name drugs are manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What are specialty-tier drugs?

Drugs listed as a specialty-tier drug are very high-cost drugs.

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

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, high cost drugs or drugs that require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

Your prescription drug plan may allow you to receive an extended day supply (e.g. 90 day supply) of maintenance medications for only one or two copayments if you use the mail order pharmacy. A maintenance medication is one that Kaiser Permanente has determined would be taken long term and for chronic conditions for the majority of the population. Examples would include medications taken for high blood pressure, diabetes, high cholesterol, or asthma.

You can order refills through our mail-order service online at kp.org/refill or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Are Over-the-Counter (OTC) items covered on the formulary?

Generally, most plans exclude drugs that are also available over-the-counter. If your plan allows for the same over-the-counter coverage as plans that include essential health benefits then the following types of over-the-counter items are covered:

Aspirin – Covered when used for the prevention of cardiovascular disease, when the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men aged 45-79 years; women age 55 to 79 years). Covered after 12 weeks of gestation in women who are at high risk for preeclampsia.

Oral Fluoride – Covered for dental caries in preschool children and should be prescribed at currently recommended doses to preschool children older than 6 months whose primary water source is deficient in fluoride.

Folic Acid – Covered for woman planning or capable of getting pregnant.

Iron Supplements – Covered for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.

Female Contraceptives – Covered over-the-counter items such as spermicides and sponges.

Vitamin D – Covered for the prevention of falls in community-dwelling adults (adults not living in an assisted living facility, adults living at home in the community) aged 65 years or older who are at increased risk of falls.

Colonoscopy (bowel) preparation medications – Covered when medically necessary when associated with a preventive colonoscopy.

Nicotine Replacement – Covered over-the-counter items for tobacco cessation products such as nicotine patches, gum or lozenges if your plan allows.

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

Kaiser Permanente Formulary

Kaiser Permanente may add or remove drugs from the formulary during the year. Our Pharmacy and Therapeutics Committee thoroughly reviews medical literature and selects drugs for our formulary based on how safe and effective they are, among other factors. Note: The presence of a drug on our drug formulary does not necessarily mean that your provider will prescribe it for a particular medical condition.

The formulary list that begins on page five provides coverage information about some of the drugs covered by our plan.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. ALBENZA) and generic drugs are listed in lower-case italics (e.g. *amoxicillin*).

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

Tier 1 – Preferred Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred (Generics and Brands)

Tier 4 – Specialty

Note: Not all plans have coverage for each tier designated. Also, some drugs are required to be covered at no cost to members. Refer to your *Evidence of Coverage* for information on specific drug coverage for your plan.

The third column of the chart will indicate any requirements or limits for that drug.

AG = A drug that is restricted to a specific age or age range.

LD = A drug that can only be dispensed by certain Specialty Pharmacies, also known as Limited Distribution Pharmacies.

MD = A drug that is required to be written by a provider specialized in the treatment of certain conditions.

MO = A drug that is considered to be a maintenance medication and is available at an extended day supply through the mail order pharmacy.

PA = A drug that requires specific medical criteria be met and requires approval by the plan prior to being dispensed for benefit.

QL = A drug that has a quantity limit or is limited to a specific days supply.

RB = A drug that is restricted to a certain benefit for coverage and the cost share may be different than the tier listed.

ST = A drug that requires a similar therapy be tried prior to dispensing for prescription benefit.

Note: Some drugs have multiple tiers listed because these drugs have multiple dosage forms that may be covered under different tiers or the tiers may vary depending on the specific benefit.

All drug product strengths, formulations, and package sizes &/or types of a formulary drug may not be included on the formulary, check with your Kaiser Permanente pharmacist for clarification, if needed.

CO Commercial Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA	2	
BILTRICIDE	2	
ANTIBACTERIALS		
<i>amoxicillin</i>	1, 2	
<i>amoxicillin & pot clavulanate</i>	1, 2	
<i>ampicillin</i>	1, 2	
<i>ampicillin & sulbactam sodium</i>	1, 2	
<i>ampicillin sodium</i>	1	
AVELOX	2	
<i>azithromycin</i>	1, 2	MO
<i>aztreonam</i>	1	
BACTOCILL IN DEXTROSE	2	
BICILLIN L-A	2	
CAYSTON	4	QL, LD
CEFAZOLIN IN D5W	2	
<i>cefazolin sodium</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1, 2	
<i>cefixime</i>	1, 2	
CEFOTAXIME SODIUM	2	
<i>cefotetan disodium</i>	1	
CEFOTETAN DISODIUM-DEXTROSE	2	
<i>ceftazidime</i>	1	
<i>ceftriaxone sodium</i>	1	
CEFTRIAZONE SODIUM IN DEXTROSE	2	
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1, 2	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1, 2	
<i>ciprofloxacin hcl</i>	1, 2	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1, 2	
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	MO
<i>doxycycline hyclate</i>	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
E.E.S. 400	2	
ERYTHROCIN LACTOBIONATE	2	
<i>erythromycin base</i>	1, 2	
<i>gentamicin sulfate</i>	1	
<i>imipenem-cilastatin</i>	1, 2	
INVANZ	4	QL
<i>levofloxacin</i>	1, 2	
<i>levofloxacin in d5w</i>	1	
<i>linezolid</i>	4	QL
<i>minocycline hcl</i>	1	MO
<i>moxifloxacin hcl</i>	1	
<i>neomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	
PENICILLIN G PROCAINE	2	
PENICILLIN G SODIUM	2	
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	
PRIMSOL	2	
STREPTOMYCIN SULFATE	2	
<i>sulfamethoxazole-trimethoprim</i>	1, 2	MO
<i>sulfasalazine</i>	1	MO
<i>tetracycline hcl</i>	1	
<i>tobramycin</i>	4	QL
TOBRAMYCIN SULFATE	2	
<i>vancomycin hcl</i>	1, 4	QL
VANCOMYCIN HCL IN DEXTROSE	2	
ZOSYN	2	
ANTIFUNGALS		
AMBISOME	4	QL
AMPHOTERICIN B	4	QL
CANCIDAS	4	QL
<i>fluconazole</i>	1	
<i>fluconazole in nacl</i>	1	
<i>flucytosine</i>	4	QL
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>ketoconazole</i>	1	PA
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>voriconazole</i>	1, 4	QL
ANTIMYCOBACTERIALS		
<i>dapsone</i>	1	MO

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CO Commercial Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1, 2	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1, 4	QL
ANTIPROTOZOALS		
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1, 2	
DARAPRIM	2	
<i>hydroxychloroquine sulfate</i>	1	MO
<i>mefloquine hcl</i>	1	
MEPRON	4	QL
METRO	2	
<i>metronidazole</i>	1	
NEBUPENT	2	MO
<i>paromomycin sulfate</i>	1	
PRIMAQUINE PHOSPHATE	2	
ANTIVIRALS		
<i>abacavir sulfate</i>	1, 2	MO
<i>abacavir sulfate-lamivudine</i>	4	MO
<i>acyclovir</i>	1	MO
<i>acyclovir sodium</i>	1, 2	
<i>adefovir dipivoxil</i>	4	QL
<i>amantadine hcl</i>	1	MO
APTIVUS	2, 4	MO
ATRIPLA	4	MO
COMPLERA	4	MO
CRIXIVAN	2	MO
DESCOVY	4	MO
<i>didanosine</i>	1, 2	MO
EDURANT	4	MO
EMTRIVA	2	MO
<i>entecavir</i>	1	MO
EPCLUSA	4	PA, QL
<i>famciclovir</i>	1	MO
FOSCAVIR	2	
<i>ganciclovir sodium</i>	4	
GENVOYA	4	MO
HARVONI	4	QL
INTELENCE	2, 4	MO
INVIRASE	4	MO
ISENTRESS	4	MO
<i>lamivudine</i>	1, 2	MO
<i>lamivudine (hbv)</i>	1, 2	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA	4	MO
<i>lopinavir-ritonavir</i>	4	MO
<i>nevirapine</i>	1, 2	MO
NORVIR	4	MO
ODEFSEY	4	MO
PEGASYS	4	QL
PREZISTA	4	MO
RESCRIPTOR	2	MO
REYATAZ	4	MO
<i>ribavirin (hepatitis c)</i>	1	QL
<i>rimantadine hydrochloride</i>	1	
SELZENTRY	4	MO
SOVALDI	4	QL
<i>stavudine</i>	1, 2	MO
STRIBILD	4	MO
SUSTIVA	2	MO
SYNAGIS	4	QL
TAMIFLU	2	
TIVICAY	4	MO
TRIZIVIR	4	MO
TRUVADA	4	MO
<i>valganciclovir hcl</i>	4	QL
VIRACEPT	4	MO
VIREAD	4	MO
<i>zidovudine</i>	1	MO
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1, 2	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
UROQID #2	2	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cypheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	
<i>promethazine hcl</i>	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
ABRAXANE	2	
AFINITOR	4	QL

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CO Commercial Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ALKERAN	2	
<i>anastrozole</i>	1	MO
AVASTIN	2	
<i>azacitidine</i>	1	
BICNU	2	
<i>bleomycin sulfate</i>	1	
<i>capecitabine</i>	1	MO
<i>carboplatin</i>	1	
<i>cisplatin</i>	1	
COSMEGEN	4	QL
COTELLIC	4	QL
<i>cyclophosphamide</i>	1, 2	
<i>cytarabine</i>	1, 2	
<i>dacarbazine</i>	1, 2	
<i>daunorubicin hcl</i>	1, 2	
DOCETAXEL	2	
<i>doxorubicin hcl</i>	1, 2	
EMCYT	4	QL
ERBITUX	2	
<i>etoposide</i>	1, 2	
<i>exemestane</i>	1	MO
<i>fludarabine phosphate</i>	1	
<i>fluorouracil</i>	1	
<i>flutamide</i>	1	MO
<i>gemcitabine hcl</i>	1	
GLEOSTINE	2	
HERCEPTIN	4	QL
HEXALEN	4	QL
<i>hydroxyurea</i>	1	MO
<i>idarubicin hcl</i>	1	
<i>ifosfamide</i>	1, 2	
IFOSFAMIDE-MESNA	2	
<i>imatinib mesylate</i>	1	QL
IMBRUVICA	4	QL
INTRON A	4	QL
IRESSA	4	QL
<i>letrozole</i>	1	MO
LEUKERAN	2	
LYSODREN	4	QL
MATULANE	4	QL, LD
<i>megestrol acetate</i>	1	MO
<i>melphalan hcl</i>	4	QL
<i>mercaptopurine</i>	1, 4	QL, MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methotrexate sodium</i>	1, 2	MO
<i>mitomycin</i>	1, 2	
<i>mitoxantrone hcl</i>	1	MO
MUSTARGEN	2	
MYLERAN	2	
NEXAVAR	4	QL
NIPENT	4	QL
<i>paclitaxel</i>	1	
REVLIMID	4	QL, LD
RITUXAN	4	QL
SPRYCEL	4	QL
SUTENT	4	QL
TABLOID	2	MO
<i>tamoxifen citrate</i>	1	MO
TARCEVA	4	QL
TASIGNA	4	QL
<i>temozolomide</i>	1, 4	QL
<i>thiotepa</i>	4	QL
<i>topotecan hcl</i>	1	
TORISEL	4	QL
<i>tretinoin (chemotherapy)</i>	4	QL
TYKERB	4	QL
VINBLASTINE SULFATE	2	
<i>vincristine sulfate</i>	1	
<i>vinorelbine tartrate</i>	1	
VOTRIENT	4	QL
XALKORI	4	QL
XTANDI	4	QL
ZELBORAF	4	QL
ZYDELIG	4	QL
ZYTIGA	4	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 2	
ATROVENT HFA	2	MO
<i>benztropine mesylate</i>	1	MO
<i>dicyclomine hcl</i>	1, 2	MO
<i>glycopyrrolate</i>	1	MO
<i>ipratropium bromide</i>	1	MO
PROPANTHELINE BROMIDE	2	
SCOPOLAMINE HBR	2	
SPIRIVA RESPIMAT	2	MO
STIOLTO RESPIMAT	2	MO

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CO Commercial Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trihexyphenidyl hcl</i>	1	MO
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>phenoxybenzamine hcl</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	MO
ENLON	2	
NEOSTIGMINE METHYLSULFATE	2	
<i>pilocarpine hcl (oral)</i>	1	MO
<i>pyridostigmine bromide</i>	1, 2	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	MO
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	MO
<i>methocarbamol</i>	1	
<i>tizanidine hcl</i>	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADRENALIN	2	QL
ADVAIR DISKUS	2	MO
<i>albuterol sulfate</i>	1, 2	MO
COMBIVENT RESPIMAT	2	MO
DULERA	2	QL
<i>ephedrine sulfate (pressors)</i>	1	
<i>epinephrine hcl</i>	1	
ERGOLOID MESYLATES	2	MO
FORADIL AEROLIZER	2	MO
LEVOPHED	2	
METAPROTERENOL SULFATE	2	MO
<i>midodrine hcl</i>	1	MO
SEREVENT DISKUS	2	MO
STRIVERDI RESPIMAT	2	MO
<i>terbutaline sulfate</i>	1	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
ACTIVASE	2	
ADVATE	4	QL
ALPHANINE SD	4	QL
AMICAR	2	
<i>anagrelide hcl</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
<i>clopidogrel bisulfate</i>	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dipyridamole</i>	1	MO
<i>fondaparinux sodium</i>	4	QL
HELIXATE FS	2, 4	QL
HEMOFIL M	4	QL
<i>heparin sod (porcine) in d5w</i>	1	
<i>heparin sodium (porcine)</i>	1	
<i>heparin sodium (porcine) lock flush</i>	1	
HESPAN	2	
HUMATE-P	4	QL
LOVENOX	2	
<i>pentoxifylline</i>	1	MO
PLASMANATE	2	
PRADAXA	2	MO
<i>prasugrel hcl</i>	1	MO
PROFILNINE	4	QL
PROTAMINE SULFATE	2	
THROMBIN-JMI	2	
TNKASE	4	QL
<i>tranexamic acid</i>	1	
<i>warfarin sodium</i>	1	MO
HEMATOPOIETIC AGENTS		
<i>anagrelide hcl</i>	1	MO
NEUPOGEN	4	QL
PROCRIT	4	QL
ZARXIO	4	QL
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>alfuzosin hcl</i>	1	MO
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hcl</i>	1	MO
<i>terazosin hcl</i>	1	MO
ANTIPIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	MO
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colestipol hcl</i>	1, 2	MO
<i>ezetimibe</i>	1	MO
<i>fenofibrate</i>	1	MO
<i>gemfibrozil</i>	1	MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	MO
<i>rosuvastatin calcium</i>	1	MO
<i>simvastatin</i>	1	MO

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BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol & chlorthalidone</i>	1	MO
<i>bisoprolol & hydrochlorothiazide</i>	1	MO
<i>carvedilol</i>	1	MO
<i>labetalol hcl</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tartrate</i>	1	MO
<i>propranolol hcl</i>	1, 2	MO
<i>sotalol hcl</i>	1	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	MO
<i>diltiazem hcl</i>	1	MO
<i>diltiazem hcl coated beads</i>	1	MO
<i>felodipine</i>	1	MO
<i>nifedipine</i>	1	MO
<i>nimodipine</i>	1	
<i>verapamil hcl</i>	1	MO
CARDIAC DRUGS		
<i>adenosine</i>	1	
<i>amiodarone hcl</i>	1	MO
<i>digoxin</i>	1, 2	MO
<i>disopyramide phosphate</i>	1, 2	MO
<i>dofetilide</i>	1	MO
<i>dopamine hcl</i>	1	
<i>flecainide acetate</i>	1	MO
<i>lidocaine hcl (cardiac)</i>	1, 2	
<i>lidocaine w/ epinephrine</i>	1	
PROCAINAMIDE HCL	2	
<i>propafenone hcl</i>	1	MO
<i>quinidine gluconate</i>	1	MO
QUINIDINE SULFATE	2	MO
HYPOTENSIVE AGENTS		
<i>acetazolamide sodium</i>	1	
<i>clonidine hcl</i>	1	MO
<i>guanfacine hcl</i>	1	MO
<i>hydralazine hcl</i>	1	MO
<i>methyl dopa</i>	1	MO
<i>minoxidil</i>	1	MO
NITROPRESS	2	
PHENTOLAMINE MESYLATE	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl</i>	1	MO
<i>captopril</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril & hydrochlorothiazide</i>	1	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium & hydrochlorothiazide</i>	1	MO
<i>spironolactone</i>	1	MO
<i>spironolactone & hydrochlorothiazide</i>	1	MO
VASODILATING AGENTS		
<i>epoprostenol sodium</i>	4	QL, LD
<i>isosorbide dinitrate</i>	1, 2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitroglycerin</i>	1, 2	MO
OPSUMIT	4	QL
<i>sildenafil citrate (pulmonary hypertension)</i>	1	QL, MO
TRACLEER	4	QL, LD
VENTAVIS	4	QL, LD
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen w/ codeine</i>	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>butorphanol tartrate</i>	1, 2	QL
<i>choline & mag salicylate</i>	1	
<i>codeine sulfate</i>	1, 2	QL
<i>droperidol</i>	1	
<i>etodolac</i>	1	MO
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	QL
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1, 2	QL
<i>ibuprofen</i>	1	MO
<i>indomethacin</i>	1, 2	
<i>indomethacin sodium</i>	1	
<i>ketoprofen</i>	1	
<i>ketorolac tromethamine</i>	1	
<i>meloxicam</i>	1	MO
<i>methadone hcl</i>	1, 2	QL
<i>morphine sulfate</i>	1, 2	QL

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CO Commercial Formulary Drugs by Medical Condition

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<i>nabumetone</i>	1	
<i>naproxen</i>	1	MO
<i>oxycodone hcl</i>	1	QL
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>salsalate</i>	1	
<i>sufentanil citrate</i>	1	QL
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1, 2	QL
<i>dextroamphetamine sulfate</i>	1	QL
<i>methylphenidate hcl</i>	1, 2	QL
<i>modafinil</i>	1	QL
ANTICONVULSANTS		
<i>carbamazepine</i>	1	MO
CELONTIN	2	MO
<i>clonazepam</i>	1	QL
DIASTAT ACUDIAL	2	QL
DIAZEPAM	2	QL
<i>divalproex sodium</i>	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
<i>gabapentin</i>	1	MO
<i>lamotrigine</i>	1	PA, MO
<i>levetiracetam</i>	1	MO
<i>magnesium sulfate</i>	1	
<i>oxcarbazepine</i>	1	MO
<i>phenytoin</i>	1, 2	MO
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1, 2	MO
<i>primidone</i>	1	MO
<i>topiramate</i>	1	MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1, 2	MO
<i>zonisamide</i>	1	MO
ANTIMIGRAINE AGENTS		
<i>dihydroergotamine mesylate</i>	1, 2	QL
ERGOMAR	2	QL
<i>ergotamine w/ caffeine</i>	1, 2	QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sumatriptan succinate</i>	1	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1	QL
<i>buspirone hcl</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL
<i>clonazepam</i>	1	QL
<i>diazepam</i>	1, 2	QL
<i>droperidol</i>	1	
<i>hydroxyzine hcl</i>	1	MO
<i>lorazepam</i>	1	QL
<i>midazolam hcl</i>	1	QL
<i>oxazepam</i>	1	QL
<i>phenobarbital</i>	1, 2	MO
SECONAL	2	PA
<i>temazepam</i>	1	QL
<i>triazolam</i>	1, 2	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	MO
<i>amantadine hcl</i>	1	MO
<i>atracurium besylate</i>	1	
<i>carbidopa-levodopa</i>	1	QL, MO
<i>entacapone</i>	1, 2	MO
<i>galantamine hydrobromide</i>	1	MO
<i>levetiracetam</i>	1	MO
<i>memantine hcl</i>	1, 2	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>riluzole</i>	1	MO
<i>rocuronium bromide</i>	1	
<i>ropinirole hydrochloride</i>	1	MO
SAVELLA	2	PA, MO
<i>selegiline hcl</i>	1	MO
<i>vecuronium bromide</i>	1	
OPIATE ANTAGONISTS		
<i>naloxone hcl</i>	1, 2	
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	MO
<i>aripiprazole</i>	1	MO
<i>bupropion hcl</i>	1	MO
<i>bupropion hcl (smoking deterrent)</i>	1	
<i>chlorpromazine hcl</i>	1, 2	MO

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<i>citalopram hydrobromide</i>	1	MO
<i>clomipramine hcl</i>	1	MO
<i>clozapine</i>	1	QL
<i>desipramine hcl</i>	1	MO
<i>doxepin hcl</i>	1, 2	MO
<i>duloxetine hcl</i>	1	MO
<i>escitalopram oxalate</i>	1	MO
<i>fluoxetine hcl</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1, 2	MO
<i>fluvoxamine maleate</i>	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	1	MO
<i>haloperidol lactate</i>	1	MO
<i>imipramine hcl</i>	1	MO
LITHIUM	2	MO
<i>lithium carbonate</i>	1, 2	MO
<i>loxapine succinate</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>nefazodone hcl</i>	1, 2	MO
<i>nortriptyline hcl</i>	1, 2	MO
<i>olanzapine</i>	1	MO
<i>paroxetine hcl</i>	1	MO
<i>perphenazine</i>	1	MO
<i>phenelzine sulfate</i>	1	MO
<i>pimozide</i>	1	MO
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>quetiapine fumarate</i>	1	MO
<i>risperidone</i>	1	MO
<i>sertraline hcl</i>	1	MO
<i>thioridazine hcl</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hcl</i>	1	MO
<i>trifluoperazine hcl</i>	1	MO
<i>venlafaxine hcl</i>	1	MO
<i>ziprasidone hcl</i>	1	MO
RESPIRATORY AGENTS, MISCELLANEOUS		
ANECTINE	2	
<i>benzonatate</i>	1	
<i>guaifenesin-codeine</i>	1	QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	1	QL
<i>hydrocodone w/ homatropine</i>	1	QL
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK COMPACT PLUS	2	MO
ACCU-CHEK COMPACT PLUS CARE	2	MO
ACETEST	2	MO
ACTI-LANCE LITE LANCETS 28G	2	MO
ADVOCATE DUO	2	MO
BD AUTOSHIELD	2	MO
BD DISP NEEDLES	2	
BD INSULIN SYR ULTRAFINE II	2	MO
BD INSULIN SYRINGE	2	MO
BD SAFE CLIP NEEDLE CLIPPER	2	MO
CHEMSTRIP 2	2	
CHEMSTRIP MICRAL	2	
CHEMSTRIP UGK	2	MO
CLINITEST	2	MO
DIASTIX	2	MO
HUMAPEN LUXURA HD	2	MO
INJECT-EASE AUTOMATIC INJECTOR	2	
LANCING DEVICE	2	MO
MINILINK REAL-TIME REPLACEMENT	2	MO
MINIMED RESERVOIR 1.8ML	2	MO
ONETOUCH VERIO	2	MO
PRECISION XTRA KETONE	2	MO
SIDEKICK BLOOD GLUCOSE SYSTEM	2	MO
UNISTIK 3 EXTRA	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
<i>potassium citrate (alkalinizer)</i>	1	MO
<i>potassium citrate-citric acid</i>	1	MO
<i>sodium acetate</i>	1	
<i>sodium bicarbonate</i>	1, 2	
<i>sodium citrate & citric acid</i>	1	MO
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	MO
<i>lactulose (encephalopathy)</i>	1	MO
CALORIC AGENTS		
<i>dextrose</i>	1	

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CO Commercial Formulary Drugs by Medical Condition

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<i>fat emulsion</i>	1	
PROSOL	2	
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>bumetanide</i>	1	MO
<i>chlorothiazide</i>	1, 2	MO
<i>chlorthalidone</i>	1	MO
DYRENIUM	2	MO
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	1	MO
SODIUM EDECRIN	4	QL
<i>torsemide</i>	1	MO
<i>triamterene & hydrochlorothiazide</i>	1	MO
ION-REMOVING AGENTS		
REVELA	2	MO
<i>sodium polystyrene sulfonate</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringer's (irrigation)</i>	1	
<i>ringer's irrigation</i>	1	
<i>sodium chloride (gu irrigant)</i>	1	
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
ADDAMEL N	2	
BACTERIOSTATIC WATER(BENZ ALC)	2	
<i>calcium chloride (dihydrate)</i>	1	
<i>calcium gluconate</i>	1	
CHROMIC CHLORIDE	2	
COPPER CHLORIDE	2	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose w/ sodium chloride</i>	1	
K-PHOS	2	
<i>lactated ringer's</i>	1	
MANGANESE CHLORIDE	2	
MANGANESE SULFATE	2	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chloride</i>	1, 2	MO
<i>potassium chloride in dextrose & sodium chloride</i>	1	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride microencapsulated crystals cr</i>	1	MO
<i>potassium phosphates</i>	1	
<i>ringer's</i>	1	
<i>saline, bacteriostatic</i>	1	
SELENIUM	2	
<i>sodium bicarbonate</i>	1	
<i>sodium chloride</i>	1	
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	
SSKI	2	
<i>water for injection, sterile</i>	1	
<i>zinc sulfate</i>	1, 2	
ZINC TRACE METAL	2	
URICOSURIC AGENTS		
COLCHICINE	2	MO
<i>probenecid</i>	1	MO
ENZYMES		
ENZYMES		
ADAGEN	4	QL, LD
CEREZYME	4	QL
CREON	2	MO
VPRIV	4	QL
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN	2	
<i>bacitracin-polymyxin b (ophth)</i>	1	
<i>chlorhexidine gluconate (mouth-throat)</i>	1	
<i>ciprofloxacin hcl (ophth)</i>	1, 2	
<i>erythromycin (ophth)</i>	1	
<i>gatifloxacin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1, 2	
<i>ofloxacin (ophth)</i>	1	
<i>ofloxacin (otic)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (ophth)</i>	1	
<i>tobramycin (ophth)</i>	1, 2	
<i>trifluridine</i>	1	
ANTI-INFLAMMATORY AGENTS		
CIPRODEX	2	
COLY-MYCIN S	2	

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DEXAMETHASONE SODIUM PHOSPHATE	2	MO
<i>diclofenac sodium (ophth)</i>	1	
FLUNISOLIDE	2	MO
<i>fluorometholone (ophth)</i>	1, 2	MO
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate (nasal)</i>	1	MO
<i>ketorolac tromethamine (ophth)</i>	1	
LOTEMAX	2	MO
<i>neomycin-polymyx-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	2	
<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED-G	2	
<i>prednisolone acetate (ophth)</i>	1, 2	MO
PREDNISOLONE SODIUM PHOSPHATE	2	MO
RESTASIS	2	MO
<i>sulfacetamide sod-prednisolone</i>	1, 2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	MO
<i>cromolyn sodium (ophth)</i>	1	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetazolamide</i>	1	MO
<i>acetic acid (otic)</i>	1	MO
ACETIC ACID-ALUMINUM ACETATE	2	
<i>betaxolol hcl (ophth)</i>	1	MO
<i>brimonidine tartrate</i>	1	MO
<i>dorzolamide hcl</i>	1	MO
<i>dorzolamide hcl-timolol maleate</i>	1	MO
EYLEA	2	MO
<i>fluorescein sodium topical</i>	1	
<i>fluorescein w/ benoxinate</i>	1	
<i>fluorescein w/ proparacaine</i>	1	
HEALON GV	2	
LACRISERT	2	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUCENTIS	2	MO
<i>methazolamide</i>	1	MO
<i>ophthalmic irrigation solution - intraocular</i>	1, 2	
PHOSPHOLINE IODIDE	2	MO
<i>pilocarpine hcl</i>	1	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>timolol maleate (ophth)</i>	1	MO
LOCAL ANESTHETICS		
COCAINE HCL	2	
<i>lidocaine hcl (mouth-throat)</i>	1	MO
<i>proparacaine hcl</i>	1	
PROVISC	2	
<i>tetracaine hcl (ophth)</i>	1	
MYDRIATICS		
ATROPINE SULFATE	2	MO
CYCLOMYDRIL	2	MO
<i>cyclopentolate hcl</i>	1, 2	MO
<i>homatropine hbr</i>	1, 2	MO
ISOPTO HYOSCINE	2	MO
<i>tropicamide</i>	1	MO
VASOCONSTRICTORS		
ADRENALIN	2	
<i>phenylephrine hcl (ophth)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	MO
<i>mesalamine</i>	1, 2	MO
ANTIEMETICS		
AKYNZEO	4	QL
<i>aprepitant</i>	1	QL
DIMENHYDRINATE	2	
<i>dronabinol</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
<i>prochlorperazine</i>	1	
TRANSDERM-SCOP (1.5 MG)	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine hcl</i>	1	MO
<i>famotidine</i>	1	MO
FAMOTIDINE PREMIXED	2	
<i>misoprostol</i>	1	MO
<i>omeprazole</i>	1, 2	MO
<i>pantoprazole sodium</i>	1	MO
<i>ranitidine hcl</i>	1, 2	MO
<i>sucralfate</i>	1, 2	MO
DIGESTANTS		
ZENPEP	2	MO
GI DRUGS, MISCELLANEOUS		

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<i>chlordiazepoxide hcl-clidinium bromide</i>	1, 2	QL
<i>diphenoxylate w/ atropine</i>	1, 2	
LINZESS	2	PA, MO
<i>metoclopramide hcl</i>	1	
PAREGORIC	2	QL
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
URSO FORTE	2	MO
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA	2	MO
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL	4	QL
CHEMET	2	
<i>deferoxamine mesylate</i>	4	QL
DEPEN TITRATABS	4	QL
EXJADE	4	QL
<i>flumazenil</i>	1	
<i>methylene blue (antidote)</i>	1, 2	
PHYSOSTIGMINE SALICYLATE	2	
SODIUM THIOSULFATE	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARISTOSPAN INTRA-ARTICULAR	2	
<i>betamethasone sod phosphate & acetate</i>	1	
<i>budesonide</i>	1	QL
CORTISONE ACETATE	2	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1, 2	
FLOVENT HFA	2	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone</i>	1	MO
KENALOG	2	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1, 2	
<i>methylprednisolone sod succ</i>	1, 2	
<i>prednisolone</i>	1, 2	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	MO
QVAR	2	MO
SOLU-CORTEF	2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANDROGENS		
ANADROL-50	2	
ANDRODERM	2	MO
<i>danazol</i>	1	MO
DEPO-TESTOSTERONE	2	MO
<i>methyltestosterone</i>	1, 2	MO
TESTOSTERONE PROPIONATE	2	
CONTRACEPTIVES		
BREVICON (28)	2	MO
<i>desogestrel & ethinyl estradiol</i>	1	MO
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	MO
<i>levonorgestrel & eth estradiol</i>	1	MO
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	MO
NECON 1/50 (28)	2	MO
<i>norethin acet & estrad-fe</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	MO
<i>norethindrone-eth estradiol (triphasic)</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	MO
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	MO
NUVARING	2	MO
DIABETIC AGENTS		
<i>acarbose</i>	1	MO
<i>glimepiride</i>	1	MO
<i>glipizide</i>	1	MO
GLUCAGON EMERGENCY	2	QL
<i>glyburide</i>	1	MO
HUMALOG	2	MO
HUMULIN 70/30	2	MO
HUMULIN N	2	MO
HUMULIN R	2	MO
LANTUS	2	PA, MO
<i>metformin hcl</i>	1, 2	MO
<i>pioglitazone hcl</i>	1	MO
TOLBUTAMIDE	2	MO
ESTROGENS AND ANTIESTROGENS		
DEPO-ESTRADIOL	2	
<i>esterified estrogens & methyltestosterone</i>	1	MO
<i>estradiol</i>	1, 2	MO
<i>estradiol vaginal</i>	1, 2	MO

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<i>estradiol valerate</i>	1	
ESTROPIPATE	2	MO
PREMARIN INJ	2	
PREMARIN VAG CRM	2	MO
<i>raloxifene hcl</i>	1	MO
GONADOTROPINS		
BRAVELLE	4	QL, RB
CLOMIPHENE CITRATE	2	RB
MENOPUR	4	QL, RB
PREGNYL	4	QL, RB
SYNAREL	2	
PARATHYROID		
<i>calcitonin (salmon)</i>	1, 4	QL, MO
PITUITARY		
<i>desmopressin acetate</i>	1, 2	MO
<i>desmopressin acetate spray</i>	1	MO
<i>desmopressin acetate spray refrigerated</i>	1	MO
HP ACTHAR	4	PA, QL, LD
<i>vasopressin</i>	1	
PROGESTINS		
DEPO-PROVERA	2	MO
<i>medroxyprogesterone acetate</i>	1	MO
<i>medroxyprogesterone acetate (contraceptive)</i>	1, 2	MO
<i>norethindrone acetate</i>	1	MO
<i>progesterone</i>	1	
PROGESTERONE WETTABLE	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
OMNITROPE	2	PA, MO
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	MO
<i>liothyronine sodium</i>	1	MO
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
CONTRACEPTIVES		
ORTHO DIAPHRAGM ALL-FLEX KIT	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acitretin</i>	1	
ADCIRCA	4	QL
<i>alendronate sodium</i>	1, 2	MO
<i>allopurinol</i>	1	MO
<i>amino acid infusion</i>	1, 2	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMPHADASE	4	QL
ARALAST NP	4	QL
AVONEX	4	PA, QL
<i>azathioprine</i>	1	MO
<i>benztropine mesylate</i>	1	
<i>bicalutamide</i>	1	MO
BORIC ACID TOPICAL	2	
BOTOX	2	
BREVITAL SODIUM	2	
<i>bromocriptine mesylate</i>	1	MO
<i>bupivacaine hcl</i>	1	
<i>bupivacaine w/ epinephrine</i>	1	
<i>cabergoline</i>	1	MO
<i>calcium acetate (phosphate binder)</i>	1, 2	MO
CARNITOR	2	MO
<i>cyclosporine modified (for microemulsion)</i>	1, 2	MO
CYSTAGON	2	MO
DILTIAZEM HCL	2	
<i>disulfiram</i>	1, 2	MO
ELMIRON	2	
ENBREL	4	QL
ETHYOL	4	QL
ETIDRONATE DISODIUM	2	MO
EXTAVIA	2	QL
<i>finasteride</i>	1	MO
FIRAZYR	4	QL
GELFILM	2	
GILENYA	4	PA, QL
<i>glatiramer acetate</i>	1	QL
HUMIRA	4	QL
HYPERTET S/D	2	
INFLECTRA	4	QL
<i>isoflurane</i>	1, 2	
<i>ketamine hcl</i>	1	
KINERET	4	QL
<i>leflunomide</i>	1	MO
<i>leucovorin calcium</i>	1	
<i>lidocaine hcl (local anesth.)</i>	1	
<i>lidocaine in d5w</i>	1	
<i>lidocaine w/ epinephrine</i>	1	
<i>lidocaine-prilocaine</i>	1	MO
<i>mesna</i>	1, 2	

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CO Commercial Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methotrexate sodium</i>	1	MO
METOPIRONE	2	
<i>mycophenolate mofetil</i>	1	MO
NESACAINE	2	
<i>octreotide acetate</i>	1, 4	QL, MO
ORENCIA	4	QL
OTEZLA	4	QL
<i>pamidronate disodium</i>	1	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1	
<i>phentermine hcl</i>	1	RB
<i>pot & sod citrates w/citric ac</i>	1	MO
PREDNISONE	2	MO
<i>propofol</i>	1	
QSYMIA	2	PA, MO, RB
REMICADE	4	QL
REVLIMID	4	QL, LD
RIMSO-50	2	
SANDIMMUNE	2	MO
SENSIPAR	4	QL
<i>sevoflurane</i>	1, 2	
<i>sirolimus</i>	1, 4	MO
<i>sodium polystyrene sulfonate</i>	1	
SUPRANE	2	
<i>tacrolimus</i>	1, 2	MO
<i>tamsulosin hcl</i>	1	MO
THALOMID	4	QL
THIOLA	2	
<i>ursodiol</i>	1, 2	MO
<i>water for injection, sterile</i>	1	
XELJANZ	4	QL
XGEVA	4	PA, QL
<i>zoledronic acid</i>	1	MO
OXYTOCICS		
OXYTOCICS		
HEMABATE	4	QL
<i>methylergonovine maleate</i>	1, 2	
<i>oxytocin</i>	1	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ASMANEX 120 METERED DOSES	2	MO
<i>budesonide (inhalation)</i>	1	MO
CROMOLYN SODIUM	2	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>montelukast sodium</i>	1	MO
RESPIRATORY AGENTS, MISCELLANEOUS		
<i>acetylcysteine</i>	1	
<i>albuterol sulfate</i>	1	MO
<i>benzonatate</i>	1	
<i>ipratropium bromide (nasal)</i>	1	MO
LETAIRIS	4	QL, LD
PULMOZYME	4	QL
<i>sodium chloride (inhalant)</i>	1	
<i>theophylline</i>	1, 2	MO
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF	4	MO
GAMUNEX-C	4	QL
HIZENTRA	4	QL
HYPERRHO S/D	2	
HYQVIA	4	PA, QL
IMOGAM RABIES-HT	4	
NABI-HB	4	
VARIZIG	4	
SEXUAL DYSFUNCTION		
MISCELLANEOUS THERAPEUTIC AGENTS		
CAVERJECT	2	QL, RB
CIALIS	2	QL, RB
OSPHENA	2	QL, RB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
BACTROBAN NASAL	2	
BENZOIC ACID	2	
<i>benzoyl peroxide-erythromycin</i>	1, 2	MO
<i>clindamycin phosphate (topical)</i>	1	MO
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	MO
<i>gentamicin sulfate (topical)</i>	1, 2	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>metronidazole vaginal</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium (topical)</i>	1	
<i>nystatin (topical)</i>	1	

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CO Commercial Formulary Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	MO
<i>terbinafine hcl</i>	1	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate</i>	1	MO
<i>betamethasone dipropionate (topical)</i>	1	MO
<i>betamethasone dipropionate augmented</i>	1, 2	MO
<i>betamethasone valerate</i>	1	MO
<i>ciclopirox olamine</i>	1	
<i>clobetasol propionate</i>	1, 2	MO
<i>clobetasol propionate emollient base</i>	1	MO
<i>clotrimazole w/ betamethasone</i>	1	
CORDRAN	2	MO
<i>desonide</i>	1, 2	MO
<i>desoximetasone</i>	1	MO
<i>fluocinolone acetonide</i>	1	MO
<i>fluocinonide</i>	1	MO
<i>fluocinonide emulsified base</i>	1	MO
<i>halobetasol propionate</i>	1	MO
<i>hydrocortisone (intrarectal)</i>	1	MO
<i>hydrocortisone (rectal)</i>	1	MO
<i>hydrocortisone (topical)</i>	1	MO
<i>hydrocortisone acetate (rectal)</i>	1	MO
<i>hydrocortisone butyrate</i>	1	MO
<i>hydrocortisone butyrate hydrophilic lipo base</i>	1	MO
HYDROCORTISONE MICRONIZED	2	MO
<i>mometasone furoate</i>	1	MO
<i>nystatin-triamcinolone</i>	1	
PROCTOFOAM HC	2	MO
<i>triamcinolone acetonide (mouth)</i>	1	MO
<i>triamcinolone acetonide (topical)</i>	1, 2	MO
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin</i>	1, 2	MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>adapalene</i>	1, 2	MO
AZELEX	2	MO

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcipotriene</i>	1	MO
DRITHO-CREME HP	2	MO
DRYSOL	2	MO
ETHYL CHLORIDE	2	
FINACEA	2	MO
<i>fluorouracil (topical)</i>	1, 2	
GLYCOPYRROLATE	2	
GRANULEX	2	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>lidocaine hcl</i>	1	MO
<i>methoxsalen rapid</i>	1	
<i>permethrin</i>	1	
<i>podofilox</i>	1, 2	MO
SANTYL	2	
<i>tacrolimus (topical)</i>	1	MO
TAZORAC	2	MO
VECTICAL	2	MO
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride</i>	1	MO
OXYTROL	2	MO
<i>theophylline</i>	1	MO
<i>trospium chloride</i>	1	MO
VITAMINS		
VITAMINS		
AQUASOL A	4	QL
<i>calcitriol</i>	1, 2	MO
<i>cholecalciferol</i>	1	
<i>cyanocobalamin</i>	1	MO
<i>ergocalciferol</i>	1	MO
<i>folic acid</i>	1, 2	MO
INFED	2	
INFUVITE	2	
MEPHYTON	2, 4	QL
POTABA	2	MO
<i>pyridoxine hcl</i>	1	
<i>thiamine hcl</i>	1	
VENOFER	2	

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