



Kaiser Permanente Colorado Commercial Formulary

Colorado Marketplace (List of Covered Drugs)

Please Read: This document contains information about the drugs we cover when you participate in a Kaiser Permanente Colorado Commercial plan or a Kaiser Permanente plan being offered on or off the Colorado health insurance marketplace, *Connect for Health Colorado*. 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* or *Individual Membership Agreement*. If you have specific questions about your prescription benefits, please contact Member Services at **303-338-3800** (TTY **711**) or toll free at 1-800-632-9700.

What is the Kaiser Permanente Colorado Commercial 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

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.

prescription. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

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 day 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.

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.

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?

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.

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

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.

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

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 six 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* or *Individual Membership Agreement* for information on specific drug coverage for your plan.

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

AR = 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. Note: Not all maintenance medications can be mailed from our mail order pharmacy such as high cost drugs or drugs that require special handling.

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.

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

PREV = Preventive drugs with no copayment/coinsurance under the Affordable Care Act. Some drugs require certain clinical criteria to be met to receive at no copayment/coinsurance. Refer to your *Evidence of Coverage* or *Individual Membership Agreement* for information on specific drug coverage for your plan.

QL = A drug that has a quantity limit or is limited to a specific day 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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs 200 mg</i>	1	
<i>praziquantel tabs 600 mg</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate soln 1 gm/4ml</i>	1	
<i>amikacin sulfate soln 500 mg/2ml</i>	1	
<i>amoxicillin caps 250 mg</i>	1	
<i>amoxicillin caps 500 mg</i>	1	
<i>amoxicillin chew 125 mg</i>	2	
<i>amoxicillin chew 250 mg</i>	2	
<i>amoxicillin susr 125 mg/5ml</i>	1	
<i>amoxicillin susr 200 mg/5ml</i>	1	
<i>amoxicillin susr 250 mg/5ml</i>	1	
<i>amoxicillin susr 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg</i>	1	
<i>amoxicillin tabs 875 mg</i>	1	
<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	2	
<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	2	
<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	1	
<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	1	
<i>ampicillin cap 250mg</i>	1	
<i>ampicillin caps 500 mg</i>	2	
<i>ampicillin sodium solr 1 gm</i>	1	
<i>ampicillin sodium solr 10 gm</i>	1	
<i>ampicillin sodium solr 2 gm</i>	1	
<i>ampicillin sodium solr 500 mg</i>	1	
<i>ampicillin susr 125 mg/5ml</i>	2	
<i>ampicillin susr 250 mg/5ml</i>	2	
<i>ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm</i>	1, 2	
<i>ampicillin-sulbactam sodium solr 3 (2-1) gm</i>	1, 2	
AUGMENTIN SUSR 125-31.25 MG/5ML [<i>amoxicillin & pot clavulanate</i>]	2	
AZITHROMYCIN PACK 1 GM [<i>azithromycin</i>]	2	MO
<i>azithromycin solr 500 mg</i>	1	MO
<i>azithromycin susr 100 mg/5ml</i>	1	MO
<i>azithromycin susr 200 mg/5ml</i>	1	MO
<i>azithromycin tabs 250 mg</i>	1	MO
<i>azithromycin tabs 500 mg</i>	1	MO
<i>azithromycin tabs 600 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>aztreonam solr 1 gm</i>	1	
<i>aztreonam solr 2 gm</i>	1	
BICILLIN L-A SUSP 1200000 UNIT/2ML [<i>penicillin g benzathine</i>]	2	
BICILLIN L-A SUSP 2400000 UNIT/4ML [<i>penicillin g benzathine</i>]	2	
BICILLIN L-A SUSP 600000 UNIT/ML [<i>penicillin g benzathine</i>]	2	
<i>cefazolin sodium solr 1 gm</i>	1	
<i>cefazolin sodium solr 10 gm</i>	1	
<i>cefazolin sodium solr 500 mg</i>	1	
<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	2	
<i>cefdinir caps 300 mg</i>	1	
<i>cefdinir susr 125 mg/5ml</i>	1	
<i>cefdinir susr 250 mg/5ml</i>	1	
<i>cefepime hcl solr 1 gm</i>	1	
<i>cefepime hcl solr 2 gm</i>	1	
<i>cefixime caps 400 mg</i>	1	
<i>cefixime susr 100 mg/5ml</i>	1	
<i>cefotaxime sodium solr 2 gm</i>	2	
<i>cefotaxime sodium solr 500 mg</i>	2	
<i>cefotetan disodium solr 1 gm</i>	1	
<i>cefotetan disodium solr 2 gm</i>	1	
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	2	
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) <i>[cefotetan disodium and dextrose]</i>	2	
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	2	
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	2	
<i>ceftriaxone sodium solr 1 gm</i>	1	
<i>ceftriaxone sodium solr 10 gm</i>	1	
<i>ceftriaxone sodium solr 2 gm</i>	1	
<i>ceftriaxone sodium solr 250 mg</i>	1	
<i>ceftriaxone sodium solr 500 mg</i>	1	
<i>cefuroxime axetil tabs 250 mg</i>	1	
<i>cefuroxime axetil tabs 500 mg</i>	1	
<i>cefuroxime sodium solr 1.5 gm</i>	1	
<i>cefuroxime sodium solr 750 mg</i>	1	
<i>cephalexin caps 250 mg</i>	1	
<i>cephalexin caps 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml</i>	1	
<i>cephalexin susr 250 mg/5ml</i>	1	
CIPRO SUSR 250 MG/5ML (5%) [<i>ciprofloxacin</i>]	2	
<i>ciprofloxacin hcl tabs 100 mg</i>	2	
<i>ciprofloxacin hcl tabs 250 mg</i>	1	
<i>ciprofloxacin hcl tabs 500 mg</i>	1	
<i>ciprofloxacin hcl tabs 750 mg</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	1	
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	1	
<i>ciprofloxacin soln 200 mg/20ml</i>	2	
<i>ciprofloxacin soln 400 mg/40ml</i>	2	
<i>ciprofloxacin susr 500 mg/5ml (10%)</i>	1	
[Cefotaxime Sodium] CLAFORAN SOLR 1 GM	2	
[Cefotaxime Sodium] CLAFORAN SOLR 2 GM	2	
<i>clarithromycin susr 125 mg/5ml</i>	2	
<i>clarithromycin susr 250 mg/5ml</i>	2	
<i>clarithromycin tabs 250 mg</i>	1	
<i>clarithromycin tabs 500 mg</i>	1	
[Clindamycin Phosphate] CLEOCIN PHOSPHATE SOLN 600 MG/4ML	2	
<i>clindamycin hcl caps 150 mg</i>	1	
<i>clindamycin hcl caps 300 mg</i>	1	
<i>clindamycin hcl caps 75 mg</i>	1	
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	1	
CLINDAMYCIN PHOSPHATE SOLN 600 MG/4ML [<i>clindamycin phosphate</i>]	1	
<i>clindamycin phosphate soln 9 gm/60ml</i>	1	
<i>dicloxacillin sodium caps 250 mg</i>	1	
<i>dicloxacillin sodium caps 500 mg</i>	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MO
<i>doxycycline hyclate tabs 20 mg</i>	1	MO
<i>doxycycline monohydrate caps 100 mg</i>	1	MO
<i>doxycycline monohydrate caps 50 mg</i>	1	MO
<i>doxycycline monohydrate susr 25 mg/5ml</i>	1	MO
<i>doxycycline monohydrate tabs 100 mg</i>	1	MO
<i>doxycycline monohydrate tabs 50 mg</i>	1	MO
[Erythromycin Ethylsuccinate] E.E.S. 400 TABS 400 MG	2	
ERTAPENEM SODIUM SOLR 1 GM [<i>ertapenem sodium</i>]	4	QL - 30 day(s)
[Erythromycin Base] ERY-TAB TBEC 250 MG	1	
[Erythromycin Base] ERY-TAB TBEC 333 MG	1	
[Erythromycin Base] ERY-TAB TBEC 500 MG	1	
ERYPED 200 SUSR 200 MG/5ML [<i>erythromycin ethylsuccinate</i>]	2	
ERYPED 400 SUSR 400 MG/5ML [<i>erythromycin ethylsuccinate</i>]	2	
ERYTHROCIN LACTOBIONATE SOLR 500 MG [<i>erythromycin lactobionate</i>]	2	
<i>erythromycin base cpep 250 mg</i>	1	
FIRVANQ SOLR 25 MG/ML [<i>vancomycin hcl</i>]	2	
FIRVANQ SOLR 50 MG/ML [<i>vancomycin hcl</i>]	2	
<i>gentamicin sulfate soln 10 mg/ml</i>	1, 2	
<i>gentamicin sulfate soln 40 mg/ml</i>	1	
<i>imipenem-cilastatin solr 250 mg</i>	1	
<i>imipenem-cilastatin solr 500 mg</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>levofloxacin in d5w soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w soln 750 mg/150ml</i>	1	
<i>levofloxacin soln 25 mg/ml</i>	1	
<i>levofloxacin tabs 250 mg</i>	1	
<i>levofloxacin tabs 500 mg</i>	1	
<i>levofloxacin tabs 750 mg</i>	1	
<i>linezolid soln 600 mg/300ml</i>	4	QL - 30 day(s)
<i>linezolid susr 100 mg/5ml</i>	4	QL - 30 day(s)
<i>linezolid tabs 600 mg</i>	1	QL - 30 day(s)
MAXIPIME SOLR 1 GM [<i>cefepime hcl</i>]	2	
<i>minocycline hcl caps 100 mg</i>	1	MO
<i>minocycline hcl caps 50 mg</i>	1	MO
<i>minocycline hcl caps 75 mg</i>	1	MO
<i>minocycline hcl tabs 100 mg</i>	1	MO
<i>moxifloxacin hcl in nacl soln 400 mg/250ml</i>	2	
<i>moxifloxacin hcl tabs 400 mg</i>	1	
<i>neomycin sulfate tabs 500 mg</i>	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	2	
<i>penicillin g potassium solr 2000000 unit</i>	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
<i>penicillin g procaine susp 600000 unit/ml</i>	2	
<i>penicillin g sodium solr 5000000 unit</i>	2	
<i>penicillin v potassium solr 125 mg/5ml</i>	2	
<i>penicillin v potassium solr 250 mg/5ml</i>	2	
<i>penicillin v potassium tabs 250 mg</i>	1	
<i>penicillin v potassium tabs 500 mg</i>	1	
<i>piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm</i>	1	
<i>piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm</i>	1	
<i>piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm</i>	1	
<i>piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm</i>	1	
<i>streptomycin sulfate solr 1 gm</i>	2	
<i>sulfamethoxazole-trimethoprim soln 400-80 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim tabs 400-80 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim tabs 800-160 mg</i>	1	MO
<i>sulfasalazine tabs 500 mg</i>	1	MO
<i>sulfasalazine tbec 500 mg</i>	1	MO
SUPRAX TAB 400MG [<i>cefixime</i>]	2	
[Ceftazidime] TAZICEF SOLR 1 GM	2	
[Ceftazidime] TAZICEF SOLR 2 GM	1	
[Ceftazidime] TAZICEF SOLR 6 GM	1	
<i>tetracycline hcl caps 250 mg</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>tetracycline hcl caps 500 mg</i>	1	
<i>tobramycin sulfate soln 10 mg/ml</i>	2	
<i>tobramycin sulfate soln 2 gm/50ml</i>	2	
<i>vancomycin hcl caps 125 mg</i>	1	
<i>vancomycin hcl caps 250 mg</i>	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [<i>vancomycin hcl-dextrose</i>]	2	
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% [<i>vancomycin hcl-dextrose</i>]	2	
<i>vancomycin hcl solr 1 gm</i>	1	
<i>vancomycin hcl solr 10 gm</i>	1	
<i>vancomycin hcl solr 5 gm</i>	1	
<i>vancomycin hcl solr 500 mg</i>	1	
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	
ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	
ZOSYN SOLN 4-0.5 GM/100ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>]	2	
ZYVOX SOLN 200 MG/100ML [<i>linezolid</i>]	4	QL - 30 day(s)
ANTIFUNGALS		
AMBISOME SUSR 50 MG [<i>amphotericin b liposome</i>]	4	QL - 30 day(s)
<i>amphotericin b solr 50 mg</i>	4	QL - 30 day(s)
<i>caspofungin acetate solr 50 mg</i>	4	QL - 30 day(s)
<i>caspofungin acetate solr 70 mg</i>	4	QL - 30 day(s)
<i>fluconazole in nacl inj nacl 400</i>	1	
<i>fluconazole in sodium chloride soln 200-0.9 mg/100ml-%</i>	1	
<i>fluconazole in sodium chloride soln 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole susr 10 mg/ml</i>	1	
<i>fluconazole susr 40 mg/ml</i>	1	
<i>fluconazole tabs 100 mg</i>	1	
<i>fluconazole tabs 150 mg</i>	1	
<i>fluconazole tabs 200 mg</i>	1	
<i>fluconazole tabs 50 mg</i>	1	
<i>flucytosine caps 250 mg</i>	4	QL - 30 day(s)
<i>flucytosine caps 500 mg</i>	4	QL - 30 day(s)
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125 mg</i>	1	
<i>griseofulvin ultramicrosize tabs 250 mg</i>	1	
<i>ketoconazole tabs 200 mg</i>	1	PA
NYSTATIN POW [<i>nystatin</i>]	2	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tabs 500000 unit</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>terbinafine hcl tabs 250 mg</i>	1	
<i>voriconazole solr 200 mg</i>	4	QL - 30 day(s)
<i>voriconazole susr 40 mg/ml</i>	1	
<i>voriconazole tabs 200 mg</i>	1	
<i>voriconazole tabs 50 mg</i>	1	
ANTIMYCOBACTERIALS		
<i>dapsone tabs 100 mg</i>	1	MO
<i>dapsone tabs 25 mg</i>	1	MO
<i>ethambutol hcl tabs 100 mg</i>	1	
<i>ethambutol hcl tabs 400 mg</i>	1	
<i>isoniazid syrp 50 mg/5ml</i>	2	
<i>isoniazid tabs 100 mg</i>	2	
<i>isoniazid tabs 300 mg</i>	1	
<i>pyrazinamide tabs 500 mg</i>	1	
<i>rifampin caps 150 mg</i>	1	
<i>rifampin caps 300 mg</i>	1	
<i>rifampin solr 600 mg</i>	4	QL - 30 day(s)
ANTIPROTOZOALS		
<i>atovaquone susp 750 mg/5ml</i>	4	QL - 30 day(s)
<i>atovaquone-proguanil hcl tabs 250-100 mg</i>	1	
<i>atovaquone-proguanil hcl tabs 62.5-25 mg</i>	1	
<i>chloroquine phosphate tabs 250 mg</i>	1	MD
<i>chloroquine phosphate tabs 500 mg</i>	1	MD
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	4	QL - 30 day(s)
<i>hydroxychloroquine sulfate tabs 200 mg</i>	1	MD
<i>mefloquine hcl tabs 250 mg</i>	2	
<i>metronidazole caps 375 mg</i>	1	
METRONIDAZOLE IN NACL SOLN 500-0.74 MG/100ML-% [<i>metronidazole in nacl</i>]	2	
<i>metronidazole tabs 250 mg</i>	1	
<i>metronidazole tabs 500 mg</i>	1	
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	2	MO
<i>paromomycin sulfate caps 250 mg</i>	1	
<i>pentamidine isethionate solr 300 mg</i>	1	
PRIMAQUINE PHOSPHATE TABS 26.3 MG [<i>primaquine phosphate</i>]	2	
ANTIVIRALS		
<i>abacavir sulfate soln 20 mg/ml</i>	1	MO
<i>abacavir sulfate tabs 300 mg</i>	1	MO
<i>abacavir sulfate-lamivudine tabs 600-300 mg</i>	4	MO
<i>abacavir-lamivudine-zidovudine tabs 300-150-300 mg</i>	4	MO
<i>acyclovir caps 200 mg</i>	1	MO
<i>acyclovir sodium inj 1000mg</i>	2	
<i>acyclovir sodium soln 50 mg/ml</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
acyclovir tabs 400 mg	1	MO
acyclovir tabs 800 mg	1	MO
adefovir dipivoxil tabs 10 mg	1	QL - 30 day(s)
APTIVUS CAPS 250 MG [<i>tipranavir</i>]	2	
APTIVUS SOLN 100 MG/ML [<i>tipranavir</i>]	2	
atazanavir sulfate caps 150 mg	1	MO
atazanavir sulfate caps 200 mg	1	MO
atazanavir sulfate caps 300 mg	1	MO
BIKTARVY TABS 50-200-25 MG [<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>]	2	MO
CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	4	MO
COMPLERA TABS 200-25-300 MG [<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>]	4	MO
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	2	MO
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	2	MO
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	4	MO, PREV
didanosine cpdr 200 mg	2	MO
didanosine cpdr 250 mg	2	MO
didanosine cpdr 400 mg	2	MO
DOVATO TABS 50-300 MG [<i>dolutegravir sodium-lamivudine</i>]	4	
EDURANT TABS 25 MG [<i>rilpivirine hcl</i>]	4	MO
efavirenz caps 200 mg	1	MO
efavirenz caps 50 mg	1	MO
efavirenz tabs 600 mg	1	MO
EMTRIVA CAPS 200 MG [<i>emtricitabine</i>]	2	MO
entecavir tabs 0.5 mg	1	MO
entecavir tabs 1 mg	1	MO
EPCLUSA TABS 400-100 MG [<i>sofosbuvir-velpatasvir</i>]	4	PA, QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML [<i>lamivudine (hbv)</i>]	2	MO
famciclovir tabs 125 mg	1	MO
famciclovir tabs 250 mg	1	MO
famciclovir tabs 500 mg	1	MO
fosamprenavir calcium tabs 700 mg	1	MO
FOSCAVIR SOLN 6000 MG/250ML [<i>foscarnet sodium</i>]	2	
ganciclovir sodium solr 500 mg	4	
GENVOYA TABS 150-150-200-10 MG [<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>]	2	MO
HARVONI TABS 90-400 MG [<i>ledipasvir-sofosbuvir</i>]	4	PA, QL - 30 day(s)
INTELENCE TABS 100 MG [<i>etravirine</i>]	4	MO
INTELENCE TABS 200 MG [<i>etravirine</i>]	4	MO
INTELENCE TABS 25 MG [<i>etravirine</i>]	2	MO
INVIRASE CAPS 200 MG [<i>saquinavir mesylate</i>]	4	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	4	MO
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	4	MO
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	4	MO
KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	4	MO
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	4	MO
<i>lamivudine soln 10 mg/ml</i>	1	MO
<i>lamivudine tabs 100 mg</i>	1	MO
<i>lamivudine tabs 150 mg</i>	1	MO
<i>lamivudine tabs 300 mg</i>	1	MO
<i>lamivudine-zidovudine tabs 150-300 mg</i>	1	MO
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	4	MO
<i>nevirapine er tb24 400 mg</i>	1	MO
<i>nevirapine susp 50 mg/5ml</i>	1	MO
<i>nevirapine tabs 200 mg</i>	1	MO
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	2	MO
<i>oseltamivir phosphate caps 30 mg</i>	1	
<i>oseltamivir phosphate caps 45 mg</i>	1	
<i>oseltamivir phosphate caps 75 mg</i>	1	
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
PEGASYS SOLN 180 MCG/0.5ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML [<i>peginterferon alfa-2a</i>]	4	QL - 30 day(s)
PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	4	MO
PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	4	MO
PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	4	MO
PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	4	MO
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>]	2	MO
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>]	2	MO
<i>ribavirin caps 200 mg</i>	1	QL - 30 day(s)
<i>ribavirin tabs 200 mg</i>	1	QL - 30 day(s)
<i>rimantadine hcl tabs 100 mg</i>	2	
<i>ritonavir tabs 100 mg</i>	1	MO
SELZENTRY TABS 150 MG [<i>maraviroc</i>]	4	MO
SELZENTRY TABS 25 MG [<i>maraviroc</i>]	4	MO
SELZENTRY TABS 300 MG [<i>maraviroc</i>]	4	MO
SELZENTRY TABS 75 MG [<i>maraviroc</i>]	4	MO
SOVALDI TABS 400 MG [<i>sofosbuvir</i>]	2	QL - 30 day(s)
<i>stavudine caps 15 mg</i>	1	MO
<i>stavudine caps 20 mg</i>	1	MO
<i>stavudine caps 30 mg</i>	1	MO
<i>stavudine caps 40 mg</i>	1	MO
SYMFI LO TABS 400-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
SYMFI TABS 600-300-300 MG [<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>]	2	MO
SYNAGIS SOLN 100 MG/ML [<i>palivizumab</i>]	2	QL - 30 day(s)
SYNAGIS SOLN 50 MG/0.5ML [<i>palivizumab</i>]	2	QL - 30 day(s)
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	1	MO
TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	4	MO
TRUVADA TABS 200-300 MG [<i>emtricitabine-tenofovir disoproxil fumarate</i>]	4	MO, PREV
<i>valganciclovir hcl solr 50 mg/ml</i>	4	QL - 30 day(s)
<i>valganciclovir hcl tabs 450 mg</i>	4	QL - 30 day(s)
VIDEX EC CPDR 125 MG [<i>didanosine</i>]	2	MO
VIDEX SOLR 2 GM [<i>didanosine</i>]	2	MO
VIRACEPT TABS 250 MG [<i>nelfinavir mesylate</i>]	4	MO
VIRACEPT TABS 625 MG [<i>nelfinavir mesylate</i>]	4	MO
VOSEVI TABS 400-100-100 MG [<i>sofosbuvir-velpatasvir-voxilaprevir</i>]	2	PA, QL - 30 day(s)
ZERIT SOLR 1 MG/ML [<i>stavudine</i>]	2	MO
<i>zidovudine caps 100 mg</i>	1	MO
<i>zidovudine syrp 50 mg/5ml</i>	1	MO
<i>zidovudine tabs 300 mg</i>	1	MO
URINARY ANTI-INFECTIVES		
METHENAMINE HIPPURATE TABS 1 GM [<i>methenamine hippurate</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>]	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	1	
<i>nitrofurantoin macrocrystal caps 50 mg</i>	1	
NITROFURANTOIN MONOHD MACRO CAPS 100 MG [<i>nitrofurantoin monohyd macro</i>]	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim hcl</i>]	2	
<i>trimethoprim tabs 100 mg</i>	1	
UROQID #2 TAB [<i>methenamine mandelate-sodium phosphate monobasic</i>]	2	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tabs 4 mg</i>	1	
<i>diphenhydramine hcl soln 50 mg/ml</i>	1	
<i>promethazine hcl soln 25 mg/ml</i>	1	
<i>promethazine hcl tabs 12.5 mg</i>	1	
<i>promethazine hcl tabs 25 mg</i>	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>abiraterone acetate tabs 250 mg</i>	1	QL - 30 day(s)
ABRAXANE SUSR 100 MG [<i>paclitaxel protein-bound particles</i>]	2	
<i>doxorubicin hcl solr 10 mg</i>	2	
AFINITOR TABS 10 MG [<i>everolimus</i>]	4	QL - 30 day(s)
ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	2	QL - 30 day(s)
ALIQOPA SOLR 60 MG [<i>copanlisib hcl</i>]	2	
<i>anastrozole tabs 1 mg</i>	1	MO
<i>azacitidine susr 100 mg</i>	1	
BAVENCIO SOLN 200 MG/10ML [<i>avelumab</i>]	2	
BELEODAQ SOLR 500 MG [<i>belinostat</i>]	2	QL - 30 day(s)
<i>bicalutamide tabs 50 mg</i>	1	MO
<i>bleomycin sulfate solr 15 unit</i>	1	
<i>bleomycin sulfate solr 30 unit</i>	1	
BLINCYTO SOLR 35 MCG [<i>blinatumomab</i>]	2	QL - 30 day(s)
<i>capecitabine tabs 150 mg</i>	1	
<i>capecitabine tabs 500 mg</i>	1	MO
<i>carboplatin inj 150mg</i>	1	
<i>carboplatin soln 600 mg/60ml</i>	1	
<i>carmustine solr 100 mg</i>	1	
<i>cisplatin soln 100 mg/100ml</i>	1	
COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	2	QL - 30 day(s)
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	2	
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	2	
<i>cyclophosphamide solr 1 gm</i>	1	
<i>cyclophosphamide solr 2 gm</i>	1	
<i>cyclophosphamide solr 500 mg</i>	1	
<i>cytarabine (pf) soln 100 mg/ml</i>	1	
<i>cytarabine soln 20 mg/ml</i>	2	
<i>dacarbazine solr 100 mg</i>	2	
<i>dacarbazine solr 200 mg</i>	1	
<i>dactinomycin solr 0.5 mg</i>	4	QL - 30 day(s)
<i>daunorubicin hcl inj 20mg</i>	1	
<i>daunorubicin hcl soln 20 mg/4ml</i>	1	
DOCETAXEL CONC 80 MG/2ML [<i>docetaxel</i>]	2	
DOXORUBICIN HCL SOLN 2 MG/ML [<i>doxorubicin hcl</i>]	1	
<i>doxorubicin hcl solr 50 mg</i>	1	
EMCYT CAPS 140 MG [<i>estramustine phosphate sodium</i>]	4	QL - 30 day(s)
ERBITUX SOLN 100 MG/50ML [<i>cetuximab</i>]	2	
<i>erlotinib hcl tabs 100 mg</i>	1	QL - 30 day(s)
<i>erlotinib hcl tabs 150 mg</i>	1	QL - 30 day(s)
<i>erlotinib hcl tabs 25 mg</i>	1	QL - 30 day(s)
<i>etoposide caps 50 mg</i>	2	
<i>everolimus tabs 2.5 mg</i>	4	QL - 30 day(s)
<i>everolimus tabs 5 mg</i>	4	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>everolimus tabs 7.5 mg</i>	4	QL - 30 day(s)
<i>exemestane tabs 25 mg</i>	1	MO
<i>fludarabine phosphate soln 50 mg/2ml</i>	1	
<i>fludarabine phosphate solr 50 mg</i>	1	
<i>fluorouracil soln 1 gm/20ml</i>	1	
<i>fluorouracil soln 5 gm/100ml</i>	1	
<i>fluorouracil soln 500 mg/10ml</i>	1	
<i>flutamide caps 125 mg</i>	1	MO
<i>gemcitabine hcl solr 1 gm</i>	1	
<i>gemcitabine hcl solr 200 mg</i>	1	
GLEOSTINE CAPS 10 MG [<i>lomustine</i>]	2	
GLEOSTINE CAPS 100 MG [<i>lomustine</i>]	2	
GLEOSTINE CAPS 40 MG [<i>lomustine</i>]	2	
HEXALEN CAPS 50 MG [<i>altretamine</i>]	4	QL - 30 day(s)
<i>hydroxyurea caps 500 mg</i>	1	MO
IBRANCE CAPS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s)
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s)
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s)
IBRANCE TABS 100 MG [<i>palbociclib</i>]	4	QL - 30 day(s)
IBRANCE TABS 125 MG [<i>palbociclib</i>]	4	QL - 30 day(s)
IBRANCE TABS 75 MG [<i>palbociclib</i>]	4	QL - 30 day(s)
<i>idarubicin hcl soln 20 mg/20ml</i>	1	
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	1	
IFOSFAMIDE SOLR 3 GM [<i>ifosfamide</i>]	2	
<i>ifosfamide/mesna kit mesna</i>	2	
<i>imatinib mesylate tabs 100 mg</i>	1	QL - 30 day(s)
<i>imatinib mesylate tabs 400 mg</i>	1	QL - 30 day(s)
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s)
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	4	QL - 30 day(s)
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	4	QL - 30 day(s)
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	4	QL - 30 day(s)
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	4	QL - 30 day(s)
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	4	QL - 30 day(s)
IMFINZI SOLN 120 MG/2.4ML [<i>durvalumab</i>]	4	QL - 30 day(s)
IMFINZI SOLN 500 MG/10ML [<i>durvalumab</i>]	4	QL - 30 day(s)
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s)
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	2	QL - 30 day(s)
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s)
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s)
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	2	QL - 30 day(s)
IRESSA TABS 250 MG [<i>gefitinib</i>]	4	QL - 30 day(s)
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	2	
KEYTRUDA SOL 50MG [<i>pembrolizumab</i>]	2	QL - 30 day(s)
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	2	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
LARTRUVO SOLN 190 MG/19ML [<i>olaratumab</i>]	2	
LARTRUVO SOLN 500 MG/50ML [<i>olaratumab</i>]	2	
letrozole tabs 2.5 mg	1	MO
LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	2	
LYSODREN TABS 500 MG [<i>mitotane</i>]	2	QL - 30 day(s), LD
MATULANE CAPS 50 MG [<i>procarbazine hcl</i>]	4	QL - 30 day(s)
megestrol acetate susp 40 mg/ml	1	MO
megestrol acetate tabs 20 mg	1	MO
megestrol acetate tabs 40 mg	1	MO
melphalan hcl solr 50 mg	4	QL - 30 day(s)
melphalan tabs 2 mg	1	
mercaptopurine tabs 50 mg	1	MO
methotrexate sodium (pf) soln 50 mg/2ml	1	MO
methotrexate sodium soln 250 mg/10ml	2	MO
methotrexate tabs 2.5 mg	1	MO
mitomycin solr 20 mg	1	
mitomycin solr 40 mg	1	
mitomycin solr 5 mg	1	
mitoxantrone hcl conc 20 mg/10ml	1	MO
MUSTARGEN SOLR 10 MG [<i>mechlorethamine hcl</i>]	2	
MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	2	
MVASI SOLN 400 MG/16ML [<i>bevacizumab-awwb</i>]	2	
MYLERAN TABS 2 MG [<i>busulfan</i>]	2	
NIPENT SOLR 10 MG [<i>pentostatin</i>]	4	QL - 30 day(s)
paclitaxel conc 300 mg/50ml	1	
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>]	4	QL - 30 day(s)
REVLIMID CAPS 10 MG [<i>lenalidomide</i>]	4	QL - 30 day(s)
REVLIMID CAPS 15 MG [<i>lenalidomide</i>]	4	QL - 30 day(s)
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>]	4	QL - 30 day(s)
REVLIMID CAPS 20 MG [<i>lenalidomide</i>]	4	QL - 30 day(s)
REVLIMID CAPS 25 MG [<i>lenalidomide</i>]	4	QL - 30 day(s)
REVLIMID CAPS 5 MG [<i>lenalidomide</i>]	4	QL - 30 day(s)
SPRYCEL TABS 100 MG [<i>dasatinib</i>]	4	PA, QL - 30 day(s)
SPRYCEL TABS 140 MG [<i>dasatinib</i>]	4	PA, QL - 30 day(s)
SPRYCEL TABS 20 MG [<i>dasatinib</i>]	4	PA, QL - 30 day(s)
SPRYCEL TABS 50 MG [<i>dasatinib</i>]	4	PA, QL - 30 day(s)
SPRYCEL TABS 70 MG [<i>dasatinib</i>]	4	PA, QL - 30 day(s)
SPRYCEL TABS 80 MG [<i>dasatinib</i>]	4	PA, QL - 30 day(s)
SUTENT CAPS 12.5 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s)
SUTENT CAPS 25 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s)
SUTENT CAPS 37.5 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s)
SUTENT CAPS 50 MG [<i>sunitinib malate</i>]	4	QL - 30 day(s)
TABLOID TABS 40 MG [<i>thioguanine</i>]	2	MO
TAGRISSO TABS 40 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
TAGRISSE TABS 80 MG [<i>osimertinib mesylate</i>]	4	QL - 30 day(s)
<i>tamoxifen citrate tabs 10 mg</i>	1	MO
<i>tamoxifen citrate tabs 20 mg</i>	1	MO
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	4	PA, QL - 30 day(s)
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	4	PA, QL - 30 day(s)
TAXOTERE INJ 20/0.5ML [<i>docetaxel</i>]	2	
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	2	
<i>temozolomide caps 100 mg</i>	4	QL - 30 day(s)
<i>temozolomide caps 140 mg</i>	4	QL - 30 day(s)
<i>temozolomide caps 180 mg</i>	4	QL - 30 day(s)
<i>temozolomide caps 20 mg</i>	1	
<i>temozolomide caps 250 mg</i>	4	QL - 30 day(s)
<i>temozolomide caps 5 mg</i>	1	
<i>temsirolimus soln 25 mg/ml</i>	4	QL - 30 day(s)
THALOMID CAPS 100 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 150 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 200 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
THALOMID CAPS 50 MG [<i>thalidomide</i>]	2	QL - 30 day(s)
<i>thiotepa solr 15 mg</i>	4	QL - 30 day(s)
[Etoposide] TOPOSAR SOLN 1 GM/50ML	1	
<i>topotecan hcl solr 4 mg</i>	1	
<i>tretinoin caps 10 mg</i>	1	QL - 30 day(s)
TRUXIMA SOLN 100 MG/10ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s)
TRUXIMA SOLN 500 MG/50ML [<i>rituximab-abbs</i>]	4	QL - 30 day(s)
TYKERB TABS 250 MG [<i>lapatinib ditosylate</i>]	4	QL - 30 day(s)
<i>vinblastine sulfate soln 1 mg/ml</i>	2	
<i>vincristine sulfate soln 1 mg/ml</i>	2	
<i>vinorelbine tartrate soln 10 mg/ml</i>	1	
<i>vinorelbine tartrate soln 50 mg/5ml</i>	1	
VOTRIENT TABS 200 MG [<i>pazopanib hcl</i>]	4	QL - 30 day(s)
XTANDI CAPS 40 MG [<i>enzalutamide</i>]	4	QL - 30 day(s)
ZELBORAF TABS 240 MG [<i>vemurafenib</i>]	4	QL - 30 day(s)
ZYDELIG TABS 100 MG [<i>idelalisib</i>]	4	QL - 30 day(s)
ZYDELIG TABS 150 MG [<i>idelalisib</i>]	4	QL - 30 day(s)
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE SOLN 8 MG/20ML [<i>atropine sulfate</i>]	1	
ATROPINE SULFATE SOSY 0.25 MG/5ML [<i>atropine sulfate</i>]	2	
<i>dicyclomine hcl caps 10 mg</i>	1	MO
<i>dicyclomine hcl soln 10 mg/5ml</i>	1	MO
<i>dicyclomine hcl soln 10 mg/ml</i>	1	
<i>dicyclomine hcl tabs 20 mg</i>	1	MO
<i>glycopyrrolate soln 4 mg/20ml</i>	1	MO
<i>glycopyrrolate tabs 1 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>glycopyrrolate tabs 2 mg</i>	1	MO
<i>propantheline bromide tabs 15 mg</i>	2	
<i>scopolamine hydrobromide inj 0.4mg/ml</i>	2	
<i>trihexyphenidyl hcl tabs 2 mg</i>	1	MO
<i>trihexyphenidyl hcl tabs 5 mg</i>	1	MO
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	2	PREV
<i>finasteride tabs 5 mg</i>	1	MO
<i>phenoxybenzamine hcl caps 10 mg</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 10 mg</i>	1	
<i>bethanechol chloride tabs 25 mg</i>	1	
<i>bethanechol chloride tabs 5 mg</i>	1	
<i>bethanechol chloride tabs 50 mg</i>	1	
<i>donepezil hcl tabs 10 mg</i>	1	MO
<i>donepezil hcl tabs 5 mg</i>	1	MO
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	2	
<i>galantamine hydrobromide er cp24 16 mg</i>	1	MO
<i>galantamine hydrobromide er cp24 24 mg</i>	1	MO
<i>galantamine hydrobromide er cp24 8 mg</i>	1	MO
<i>galantamine hydrobromide tabs 12 mg</i>	1	MO
<i>galantamine hydrobromide tabs 4 mg</i>	1	MO
<i>galantamine hydrobromide tabs 8 mg</i>	1	MO
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	2	MO
<i>neostigmine methylsulfate soln 0.5 mg/ml</i>	1	
<i>neostigmine methylsulfate soln 1 mg/ml</i>	1	
<i>pilocarpine hcl tabs 5 mg</i>	1	MO
<i>pyridostigmine bromide er tbcr 180 mg</i>	1	MO
<i>pyridostigmine bromide soln 60 mg/5ml</i>	1	MO
<i>pyridostigmine bromide tabs 60 mg</i>	1	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen tabs 10 mg</i>	1	MO
<i>baclofen tabs 20 mg</i>	1	MO
<i>cyclobenzaprine hcl tabs 10 mg</i>	1	
<i>dantrolene sodium caps 100 mg</i>	1	MO
<i>dantrolene sodium caps 25 mg</i>	1	MO
<i>dantrolene sodium caps 50 mg</i>	1	MO
<i>methocarbamol tabs 500 mg</i>	1	
<i>methocarbamol tabs 750 mg</i>	1	
[Dantrolene Sodium] REVONTO SOLR 20 MG	1	
<i>tizanidine hcl tabs 2 mg</i>	1	MO
<i>tizanidine hcl tabs 4 mg</i>	1	MO
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>tamsulosin hcl caps 0.4 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADRENALIN SOLN 1 MG/ML [<i>epinephrine (anaphylaxis)</i>]	2	
<i>albuterol sulfate er tb12 4 mg</i>	2	MO
<i>albuterol sulfate er tb12 8 mg</i>	2	MO
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	1	MO
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	1	MO
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	1	MO
<i>ephedrine sulfate inj 50mg/ml</i>	1	
EPHEDRINE SULFATE SOLN 50 MG/ML [<i>ephedrine sulfate (pressors)</i>]	1	
EPINEPHRINE PF SOLN 1 MG/ML [<i>epinephrine</i>]	1	
<i>epinephrine soaj 0.15 mg/0.15ml</i>	2	QL - 2/day(s)
EPINEPHRINE SOLN 30 MG/30ML [<i>epinephrine</i>]	2	
EPINEPHRINE SOSY 1 MG/10ML [<i>epinephrine</i>]	1	
EPINEPHRINESNAP-V KIT 1 MG/ML [<i>epinephrine (anaphylaxis)</i>]	2	
EPIPEN 2-PAK SOAJ 0.3 MG/0.3ML [<i>epinephrine (anaphylaxis)</i>]	2	QL - 2/day(s)
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [<i>epinephrine (anaphylaxis)</i>]	2	QL - 2/day(s)
<i>ergoloid mesylates tabs 1 mg</i>	2	MO
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	1	MO
<i>metaproterenol sulfate syrp 10 mg/5ml</i>	2	MO
<i>metaproterenol sulfate tabs 10 mg</i>	2	MO
<i>metaproterenol sulfate tabs 20 mg</i>	2	MO
<i>midodrine hcl tabs 10 mg</i>	1	MO
<i>midodrine hcl tabs 2.5 mg</i>	1	MO
<i>midodrine hcl tabs 5 mg</i>	1	MO
<i>norepinephrine bitartrate soln 1 mg/ml</i>	1	
PROAIR DIGIHALER AEPB 108 MCG/ACT [<i>albuterol sulfate</i>]	2	MO
PROAIR RESPICLICK AEPB 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	2	MO
<i>terbutaline sulfate soln 1 mg/ml</i>	1	
<i>terbutaline sulfate tabs 2.5 mg</i>	1	MO
<i>terbutaline sulfate tabs 5 mg</i>	1	MO
XOPENEX CONCENTRATE NEBU 1.25 MG/0.5ML [<i>levalbuterol hcl</i>]	2	MO
XOPENEX HFA AERO 45 MCG/ACT [<i>levalbuterol tartrate</i>]	2	MO
XOPENEX NEBU 0.31 MG/3ML [<i>levalbuterol hcl</i>]	2	MO
XOPENEX NEBU 0.63 MG/3ML [<i>levalbuterol hcl</i>]	2	MO
XOPENEX NEBU 1.25 MG/3ML [<i>levalbuterol hcl</i>]	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
BERINERT KIT 500 UNIT [<i>c1 esterase inhibitor (human)</i>]	2	QL - 30 day(s)
<i>icatibant acetate soln 30 mg/3ml</i>	4	QL - 30 day(s)
COAGULANTS AND ANTICOAGULANTS		
ACTIVASE SOLR 100 MG [<i>alteplase</i>]	2	
ADVATE SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ADVATE SOLR 1500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
ADVATE SOLR 2000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
ADVATE SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
ADVATE SOLR 500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
AGGRENOX CP12 25-200 MG [<i>aspirin-dipyridamole</i>]	2	MO
ALPHANINE SD SOLR 500 UNIT [<i>coagulation factor ix</i>]	4	QL - 30 day(s)
AMICAR SOLN 0.25 GM/ML [<i>aminocaproic acid</i>]	2	
<i>aminocaproic acid soln 250 mg/ml</i>	1	
<i>aminocaproic acid tabs 1000 mg</i>	1	
<i>aminocaproic acid tabs 500 mg</i>	1	
<i>anagrelide hcl caps 0.5 mg</i>	1	MO
<i>anagrelide hcl caps 1 mg</i>	1	MO
<i>aspirin-dipyridamole er cp12 25-200 mg</i>	1	MO
BRILINTA TABS 60 MG [<i>ticagrelor</i>]	2	MO
BRILINTA TABS 90 MG [<i>ticagrelor</i>]	2	MO
CATHFLO ACTIVASE SOLR 2 MG [<i>alteplase</i>]	2	
<i>clopidogrel bisulfate tabs 75 mg</i>	1	MO
<i>dipyridamole tabs 25 mg</i>	1	MO
<i>dipyridamole tabs 50 mg</i>	1	MO
<i>dipyridamole tabs 75 mg</i>	1	MO
<i>enoxaparin sodium soln 100 mg/ml</i>	1	
<i>enoxaparin sodium soln 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium soln 150 mg/ml</i>	1	
<i>enoxaparin sodium soln 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium soln 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium soln 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium soln 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	QL - 30 day(s)
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	QL - 30 day(s)
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	QL - 30 day(s)
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	QL - 30 day(s)
HELIXATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
HELIXATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
HELIXATE FS KIT 3000 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
HELIXATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
HEMOFIL M SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	4	QL - 30 day(s)
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [<i>heparin sod (porcine) in d5w</i>]	2	
<i>heparin sodium (porcine) pf soln 5000 unit/0.5ml</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [<i>heparin sodium (porcine)</i>]	1	
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [<i>heparin sodium (porcine) lock flush</i>]	1	
<i>hetastarch-nacl soln 6-0.9 %</i>	1	
HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	4	QL - 30 day(s)
HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	4	QL - 30 day(s)
HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	4	QL - 30 day(s)
KOATE-DVI SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	4	QL - 30 day(s)
KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
KOGENATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
KOVALTRY SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
KOVALTRY SOLR 500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	4	QL - 30 day(s)
LOVENOX SOLN 100 MG/ML [<i>enoxaparin sodium</i>]	2	
LOVENOX SOLN 120 MG/0.8ML [<i>enoxaparin sodium</i>]	2	
LOVENOX SOLN 150 MG/ML [<i>enoxaparin sodium</i>]	2	
LOVENOX SOLN 30 MG/0.3ML [<i>enoxaparin sodium</i>]	2	
LOVENOX SOLN 40 MG/0.4ML [<i>enoxaparin sodium</i>]	2	
LOVENOX SOLN 60 MG/0.6ML [<i>enoxaparin sodium</i>]	2	
LOVENOX SOLN 80 MG/0.8ML [<i>enoxaparin sodium</i>]	2	
MONOCLATE-P KIT 1000 UNIT [<i>antihemophilic factor (human)</i>]	4	QL - 30 day(s)
MONONINE SOLR 1000 UNIT [<i>coagulation factor ix</i>]	4	QL - 30 day(s)
<i>pentoxifylline er tbc 400 mg</i>	1	MO
PLASMANATE SOLN 5 % [<i>plasma protein fraction</i>]	2	
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	2	MO
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	2	MO
<i>prasugrel hcl tabs 10 mg</i>	1	MO
<i>prasugrel hcl tabs 5 mg</i>	1	MO
PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	4	QL - 30 day(s)
PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	4	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>protamine sulfate soln 10 mg/ml</i>	2	
RECOMBINATE SOLR 220-400 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
RECOMBINATE SOLR 401-800 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
RECOMBINATE SOLR 801-1240 UNIT [<i>antihemophilic factor (recombinant)</i>]	4	QL - 30 day(s)
REFACTO INJ 250UNIT [<i>antihemophilic factor (recombinant)</i>]	2	
REFACTO INJ 500UNIT [<i>antihemophilic factor (recombinant)</i>]	2	
THROMBIN-JMI SOLR 20000 UNIT [<i>thrombin</i>]	2	
THROMBIN-JMI SOLR 5000 UNIT [<i>thrombin</i>]	2	
TNKASE KIT 50 MG [<i>tenecteplase</i>]	4	QL - 30 day(s)
<i>tranexamic acid soln 1000 mg/10ml</i>	1	
<i>warfarin sodium tabs 1 mg</i>	1	MO
<i>warfarin sodium tabs 10 mg</i>	1	MO
<i>warfarin sodium tabs 2 mg</i>	1	MO
<i>warfarin sodium tabs 2.5 mg</i>	1	MO
<i>warfarin sodium tabs 3 mg</i>	1	MO
<i>warfarin sodium tabs 4 mg</i>	1	MO
<i>warfarin sodium tabs 5 mg</i>	1	MO
<i>warfarin sodium tabs 6 mg</i>	1	MO
<i>warfarin sodium tabs 7.5 mg</i>	1	MO
HEMATOPOIETIC AGENTS		
PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	4	QL - 30 day(s)
PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	4	QL - 30 day(s)
PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	4	QL - 30 day(s)
PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	4	QL - 30 day(s)
PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	4	QL - 30 day(s)
PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	4	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML [<i>filgrastim-sndz</i>]	4	QL - 30 day(s)
ZARXIO SOSY 480 MCG/0.8ML [<i>filgrastim-sndz</i>]	4	QL - 30 day(s)
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>alfuzosin hcl er tb24 10 mg</i>	1	MO
<i>doxazosin mesylate tabs 1 mg</i>	1	MO
<i>doxazosin mesylate tabs 2 mg</i>	1	MO
<i>doxazosin mesylate tabs 4 mg</i>	1	MO
<i>doxazosin mesylate tabs 8 mg</i>	1	MO
<i>prazosin hcl caps 1 mg</i>	1	MO
<i>prazosin hcl caps 2 mg</i>	1	MO
<i>prazosin hcl caps 5 mg</i>	1	MO
<i>terazosin hcl caps 1 mg</i>	1	MO
<i>terazosin hcl caps 10 mg</i>	1	MO
<i>terazosin hcl caps 2 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>terazosin hcl caps 5 mg</i>	1	MO
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10 mg</i>	1	MO
<i>atorvastatin calcium tabs 20 mg</i>	1	MO
<i>atorvastatin calcium tabs 40 mg</i>	1	MO
<i>atorvastatin calcium tabs 80 mg</i>	1	MO
<i>cholestyramine light pack 4 gm</i>	1	MO
<i>cholestyramine light powd 4 gm/dose</i>	1	MO
<i>cholestyramine pack 4 gm</i>	1	MO
<i>cholestyramine powd 4 gm/dose</i>	1	MO
<i>colesevelam hcl tabs 625 mg</i>	1	MO
<i>colestipol hcl gran 5 gm</i>	1	MO
<i>colestipol hcl pack 5 gm</i>	1	MO
<i>colestipol hcl tabs 1 gm</i>	1	MO
<i>ezetimibe tabs 10 mg</i>	1	MO
<i>fenofibrate tabs 160 mg</i>	1	MO
<i>fenofibrate tabs 54 mg</i>	1	MO
<i>gemfibrozil tabs 600 mg</i>	1	MO
<i>lovastatin tabs 10 mg</i>	1	MO
<i>lovastatin tabs 20 mg</i>	1	MO
<i>lovastatin tabs 40 mg</i>	1	MO
<i>pravastatin sodium tabs 10 mg</i>	1	MO
<i>pravastatin sodium tabs 20 mg</i>	1	MO
<i>pravastatin sodium tabs 40 mg</i>	1	MO
<i>pravastatin sodium tabs 80 mg</i>	1	MO
<i>rosuvastatin calcium tabs 10 mg</i>	1	MO
<i>rosuvastatin calcium tabs 20 mg</i>	1	MO
<i>rosuvastatin calcium tabs 40 mg</i>	1	MO
<i>rosuvastatin calcium tabs 5 mg</i>	1	MO
<i>simvastatin tabs 10 mg</i>	1	MO
<i>simvastatin tabs 20 mg</i>	1	MO
<i>simvastatin tabs 40 mg</i>	1	MO
<i>simvastatin tabs 5 mg</i>	1	MO
<i>simvastatin tabs 80 mg</i>	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl caps 200 mg</i>	1	MO
<i>acebutolol hcl caps 400 mg</i>	1	MO
<i>atenolol tabs 100 mg</i>	1	MO
<i>atenolol tabs 25 mg</i>	1	MO
<i>atenolol tabs 50 mg</i>	1	MO
<i>atenolol-chlorthalidone tabs 100-25 mg</i>	1	MO
<i>atenolol-chlorthalidone tabs 50-25 mg</i>	1	MO
<i>bisoprolol fumarate tabs 10 mg</i>	1	MO
<i>bisoprolol fumarate tabs 5 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>bisoprolol-hydrochlorothiazide tabs 10-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs 5-6.25 mg</i>	1	MO
<i>carvedilol tabs 12.5 mg</i>	1	MO
<i>carvedilol tabs 25 mg</i>	1	MO
<i>carvedilol tabs 3.125 mg</i>	1	MO
<i>carvedilol tabs 6.25 mg</i>	1	MO
<i>labetalol hcl soln 5 mg/ml</i>	1	
<i>labetalol hcl tabs 100 mg</i>	1	MO
<i>labetalol hcl tabs 200 mg</i>	1	MO
<i>labetalol hcl tabs 300 mg</i>	1	MO
<i>metoprolol succinate er tb24 100 mg</i>	1	MO
<i>metoprolol succinate er tb24 200 mg</i>	1	MO
<i>metoprolol succinate er tb24 25 mg</i>	1	MO
<i>metoprolol succinate er tb24 50 mg</i>	1	MO
<i>metoprolol tartrate soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100 mg</i>	1	MO
<i>metoprolol tartrate tabs 25 mg</i>	1	MO
<i>metoprolol tartrate tabs 50 mg</i>	1	MO
<i>nadolol tabs 20 mg</i>	1	MO
<i>nadolol tabs 40 mg</i>	1	MO
<i>nadolol tabs 80 mg</i>	1	MO
<i>propranolol hcl er cp24 120 mg</i>	1	MO
<i>propranolol hcl er cp24 160 mg</i>	1	MO
<i>propranolol hcl er cp24 60 mg</i>	1	MO
<i>propranolol hcl er cp24 80 mg</i>	1	MO
<i>propranolol hcl soln 1 mg/ml</i>	1	
<i>propranolol hcl soln 20 mg/5ml</i>	2	MO
<i>propranolol hcl soln 40 mg/5ml</i>	2	MO
<i>propranolol hcl tabs 10 mg</i>	1	MO
<i>propranolol hcl tabs 20 mg</i>	1	MO
<i>propranolol hcl tabs 40 mg</i>	1	MO
<i>propranolol hcl tabs 60 mg</i>	1	MO
<i>propranolol hcl tabs 80 mg</i>	1	MO
<i>sotalol hcl tabs 120 mg</i>	1	MO
<i>sotalol hcl tabs 160 mg</i>	1	MO
<i>sotalol hcl tabs 240 mg</i>	1	MO
<i>sotalol hcl tabs 80 mg</i>	1	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate tabs 10 mg</i>	1	MO
<i>amlodipine besylate tabs 2.5 mg</i>	1	MO
<i>amlodipine besylate tabs 5 mg</i>	1	MO
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 180 MG	1	MO
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	MO
diltiazem hcl cp24 120 mg	1	MO
diltiazem hcl cp24 180 mg	1	MO
diltiazem hcl cp24 240 mg	1	MO
DILTIAZEM HCL POWD [diltiazem hcl (bulk)]	2	
diltiazem hcl soln 125 mg/25ml	1	
diltiazem hcl tabs 120 mg	1	MO
diltiazem hcl tabs 30 mg	1	MO
diltiazem hcl tabs 60 mg	1	MO
diltiazem hcl tabs 90 mg	1	MO
felodipine er tb24 10 mg	1	MO
felodipine er tb24 2.5 mg	1	MO
felodipine er tb24 5 mg	1	MO
KATERZIA SUSP 1 MG/ML [amlodipine benzoate]	2	AR, MO
nifedipine caps 10 mg	1	MO
nifedipine caps 20 mg	1	MO
nifedipine er osmotic release tb24 30 mg	1	MO
nifedipine er osmotic release tb24 60 mg	1	MO
nifedipine er osmotic release tb24 90 mg	1	MO
nimodipine caps 30 mg	1	
verapamil hcl er tbc 120 mg	1	MO
verapamil hcl er tbc 180 mg	1	MO
verapamil hcl er tbc 240 mg	1	MO
verapamil hcl soln 2.5 mg/ml	1	
verapamil hcl tabs 120 mg	1	MO
verapamil hcl tabs 40 mg	1	MO
verapamil hcl tabs 80 mg	1	MO
CARDIAC DRUGS		
adenosine soln 12 mg/4ml	1	
amiodarone hcl soln 150 mg/3ml	1	
amiodarone hcl tabs 200 mg	1	MO
DIGOXIN SOLN 0.05 MG/ML [digoxin]	2	MO
digoxin soln 0.25 mg/ml	1	
digoxin tabs 125 mcg	1	MO
digoxin tabs 250 mcg	1	MO
disopyramide phosphate caps 100 mg	1	MO
disopyramide phosphate caps 150 mg	1	MO
DOFETILIDE CAPS 125 MCG [dofetilide]	1	MO
DOFETILIDE CAPS 250 MCG [dofetilide]	1	MO
DOFETILIDE CAPS 500 MCG [dofetilide]	1	MO
DOPAMINE HCL SOLN 40 MG/ML [dopamine hcl]	1	
flecainide acetate tabs 100 mg	1	MO
flecainide acetate tabs 150 mg	1	MO
flecainide acetate tabs 50 mg	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	2	
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	2	
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in d5w</i>]	1	
<i>mexiletine hcl caps 150 mg</i>	1	MO
<i>mexiletine hcl caps 200 mg</i>	1	MO
<i>mexiletine hcl caps 250 mg</i>	1	MO
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	2	MO
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	2	MO
<i>procainamide hcl soln 100 mg/ml</i>	1	
<i>propafenone hcl tabs 150 mg</i>	1	MO
<i>propafenone hcl tabs 225 mg</i>	1	MO
<i>propafenone hcl tabs 300 mg</i>	1	MO
<i>quinidine gluconate er tbcr 324 mg</i>	1	MO
<i>quinidine sulfate er tab 300mg er</i>	2	MO
<i>quinidine sulfate tabs 200 mg</i>	2	MO
<i>quinidine sulfate tabs 300 mg</i>	2	MO
HYPOTENSIVE AGENTS		
<i>acetazolamide sodium solr 500 mg</i>	1	
<i>clonidine hcl tabs 0.1 mg</i>	1	MO
<i>clonidine hcl tabs 0.2 mg</i>	1	MO
<i>clonidine hcl tabs 0.3 mg</i>	1	MO
<i>guanfacine hcl tabs 1 mg</i>	1	MO
<i>guanfacine hcl tabs 2 mg</i>	1	MO
<i>hydralazine hcl tabs 10 mg</i>	1	MO
<i>hydralazine hcl tabs 100 mg</i>	1	MO
<i>hydralazine hcl tabs 25 mg</i>	1	MO
<i>hydralazine hcl tabs 50 mg</i>	1	MO
<i>methyldopa tabs 250 mg</i>	1	MO
<i>methyldopa tabs 500 mg</i>	1	MO
<i>minoxidil tabs 10 mg</i>	1	MO
<i>minoxidil tabs 2.5 mg</i>	1	MO
[Nitroprusside Sodium] NITROPRESS SOLN 25 MG/ML	2	
<i>nitroprusside sodium soln 25 mg/ml</i>	1	
<i>phentolamine mesylate solr 5 mg</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril hcl tabs 10 mg</i>	1	MO
<i>benazepril hcl tabs 20 mg</i>	1	MO
<i>benazepril hcl tabs 40 mg</i>	1	MO
<i>benazepril hcl tabs 5 mg</i>	1	MO
<i>captopril tabs 100 mg</i>	1	MO
<i>captopril tabs 12.5 mg</i>	1	MO
<i>captopril tabs 25 mg</i>	1	MO
<i>captopril tabs 50 mg</i>	1	MO
<i>lisinopril tabs 10 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>lisinopril tabs 2.5 mg</i>	1	MO
<i>lisinopril tabs 20 mg</i>	1	MO
<i>lisinopril tabs 30 mg</i>	1	MO
<i>lisinopril tabs 40 mg</i>	1	MO
<i>lisinopril tabs 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	1	MO
<i>losartan potassium tabs 100 mg</i>	1	MO
<i>losartan potassium tabs 25 mg</i>	1	MO
<i>losartan potassium tabs 50 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-12.5 mg</i>	1	MO
<i>losartan potassium-hctz tabs 100-25 mg</i>	1	MO
<i>losartan potassium-hctz tabs 50-12.5 mg</i>	1	MO
<i>spironolactone tabs 100 mg</i>	1	MO
<i>spironolactone tabs 25 mg</i>	1	MO
<i>spironolactone tabs 50 mg</i>	1	MO
<i>spironolactone-hctz tabs 25-25 mg</i>	1	MO
VASODILATING AGENTS		
ADCIRCA TABS 20 MG [<i>tadalafil (pulmonary hypertension)</i>]	4	QL - 30 day(s)
<i>bosentan tabs 125 mg</i>	1	
<i>bosentan tabs 62.5 mg</i>	1	
<i>epoprostenol sodium solr 0.5 mg</i>	4	QL - 30 day(s), LD
<i>epoprostenol sodium solr 1.5 mg</i>	4	QL - 30 day(s), LD
ISORDIL TITRADOSE TABS 40 MG [<i>isosorbide dinitrate</i>]	2	MO
<i>isosorbide dinitrate er tbcr 40 mg</i>	2	MO
<i>isosorbide dinitrate tabs 10 mg</i>	1	MO
<i>isosorbide dinitrate tabs 20 mg</i>	1	MO
<i>isosorbide dinitrate tabs 30 mg</i>	1	MO
<i>isosorbide dinitrate tabs 5 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 120 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30 mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60 mg</i>	1	MO
[Nitroglycerin] NITRO-BID OINT 2 %	2	MO
NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]	2	MO
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	2	MO
<i>nitroglycerin pt24 0.1 mg/hr</i>	1	MO
<i>nitroglycerin pt24 0.2 mg/hr</i>	1	MO
<i>nitroglycerin pt24 0.4 mg/hr</i>	1	MO
<i>nitroglycerin pt24 0.6 mg/hr</i>	1	MO
<i>nitroglycerin soln 0.4 mg/spray</i>	1	MO
<i>nitroglycerin soln 5 mg/ml</i>	2	
<i>nitroglycerin subl 0.3 mg</i>	1	MO
<i>nitroglycerin subl 0.4 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>nitroglycerin subl 0.6 mg</i>	1	MO
OPSUMIT TABS 10 MG [<i>macitentan</i>]	4	QL - 30 day(s)
<i>sildenafil citrate susr 10 mg/ml</i>	1	QL - 30 day(s), MD
<i>sildenafil citrate tabs 20 mg</i>	1	QL - 40/30/day(s), MO
VELETRI SOLR 0.5 MG [<i>epoprostenol sodium</i>]	4	QL - 30 day(s), LD
VELETRI SOLR 1.5 MG [<i>epoprostenol sodium</i>]	4	QL - 30 day(s), LD
VENTAVIS SOLN 10 MCG/ML [<i>iloprost</i>]	2	QL - 30 day(s), LD
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbec 333 mg</i>	1	MO
[Disulfiram] ANTABUSE TABS 500 MG	2	MO
<i>disulfiram tabs 250 mg</i>	1	MO
<i>disulfiram tabs 500 mg</i>	1	MO
ANALGESICS AND ANTIPIRETTICS		
<i>acetaminophen-codeine #2 tabs 300-15 mg</i>	1	QL - 30 day(s), AR
<i>acetaminophen-codeine #3 tabs 300-30 mg</i>	1	QL - 30 day(s), AR
<i>acetaminophen-codeine #4 tabs 300-60 mg</i>	1	QL - 30 day(s), AR
<i>acetaminophen-codeine soln 120-12 mg/5ml</i>	1	QL - 30 day(s), AR
<i>amphetamine-dextroamphetamine tabs 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	1	QL - 30 day(s)
<i>butorphanol tartrate soln 1 mg/ml</i>	2	QL - 30 day(s)
<i>butorphanol tartrate soln 2 mg/ml</i>	2	QL - 30 day(s)
<i>celecoxib caps 100 mg</i>	1	MO
<i>celecoxib caps 200 mg</i>	1	MO
<i>celecoxib caps 400 mg</i>	1	MO
<i>celecoxib caps 50 mg</i>	1	MO
CHOLINE-MAG TRISALICYLATE LIQD 500 MG/5ML [<i>choline & mag salicylate</i>]	1	
CODEINE SULFATE TABS 15 MG [<i>codeine sulfate</i>]	2	QL - 30 day(s), AR
CODEINE SULFATE TABS 30 MG [<i>codeine sulfate</i>]	2	QL - 30 day(s), AR
CODEINE SULFATE TABS 60 MG [<i>codeine sulfate</i>]	2	QL - 30 day(s), AR
<i>etodolac caps 200 mg</i>	1	MO
<i>etodolac caps 300 mg</i>	1	MO
<i>etodolac tabs 400 mg</i>	1	MO
<i>etodolac tabs 500 mg</i>	1	MO
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML [<i>fentanyl citrate</i>]	1	QL - 30 day(s)
<i>fentanyl pt72 100 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 12 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 25 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 50 mcg/hr</i>	1	QL - 30 day(s)
<i>fentanyl pt72 75 mcg/hr</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	1	QL - 30 day(s)
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	1	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
hydrocodone-acetaminophen tabs 7.5-325 mg	1	QL - 30 day(s)
hydromorphone hcl liqd 1 mg/ml	1	QL - 30 day(s)
hydromorphone hcl pf soln 10 mg/ml	1	QL - 30 day(s)
HYDROMORPHONE HCL SOLN 1 MG/ML [hydromorphone hcl]	1	QL - 30 day(s)
HYDROMORPHONE HCL SOLN 2 MG/ML [hydromorphone hcl]	1	QL - 30 day(s)
HYDROMORPHONE HCL SOLN 4 MG/ML [hydromorphone hcl]	2	QL - 30 day(s)
HYDROMORPHONE HCL SUPP 3 MG [hydromorphone hcl]	2	QL - 30 day(s)
hydromorphone hcl tabs 2 mg	1	QL - 30 day(s)
hydromorphone hcl tabs 4 mg	1	QL - 30 day(s)
[Ibuprofen] IBU TABS 400 MG	1	MO
[Ibuprofen] IBU TABS 600 MG	1	MO
[Ibuprofen] IBU TABS 800 MG	1	MO
[Indomethacin] INDOCIN SUPP 50 MG	2	
INDOMETHACIN CAPS 25 MG [indomethacin]	1	
indomethacin caps 50 mg	1	
indomethacin er cpcr 75 mg	1	
INDOMETHACIN SODIUM SOLR 1 MG [indomethacin sodium]	1	
ketoprofen caps 50 mg	2	
ketoprofen caps 75 mg	2	
ketorolac tromethamine soln 15 mg/ml	1	
ketorolac tromethamine soln 30 mg/ml	1	
ketorolac tromethamine soln 60 mg/2ml	1	
meloxicam tabs 15 mg	1	MO
meloxicam tabs 7.5 mg	1	MO
[Methadone Hcl] METHADONE HCL INTENSOL CONC 10 MG/ML	1	QL - 30 day(s)
methadone hcl soln 5 mg/5ml	2	QL - 30 day(s)
METHADONE HCL TABS 10 MG [methadone hcl]	1	QL - 30 day(s)
METHADONE HCL TABS 5 MG [methadone hcl]	1	QL - 30 day(s)
[Methadone Hcl] METHADOSE TBSO 40 MG	1	QL - 30 day(s)
morphine sulfate (concentrate) soln 100 mg/5ml	1	QL - 30 day(s)
morphine sulfate er tbcr 100 mg	1	QL - 30 day(s)
morphine sulfate er tbcr 15 mg	1	QL - 30 day(s)
morphine sulfate er tbcr 200 mg	1	QL - 30 day(s)
morphine sulfate er tbcr 30 mg	1	QL - 30 day(s)
morphine sulfate er tbcr 60 mg	1	QL - 30 day(s)
MORPHINE SULFATE SOLN 15 MG/ML [morphine sulfate]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 10 MG [morphine sulfate]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 20 MG [morphine sulfate]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 30 MG [morphine sulfate]	2	QL - 30 day(s)
MORPHINE SULFATE SUPP 5 MG [morphine sulfate]	2	QL - 30 day(s)
MORPHINE SULFATE TABS 15 MG [morphine sulfate]	2	QL - 30 day(s)
MORPHINE SULFATE TABS 30 MG [morphine sulfate]	2	QL - 30 day(s)
nabumetone tabs 500 mg	1	MO
nabumetone tabs 750 mg	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>naproxen tabs 250 mg</i>	1	MO
<i>naproxen tabs 375 mg</i>	1	MO
<i>naproxen tabs 500 mg</i>	1	MO
<i>oxycodone hcl caps 5 mg</i>	1	QL - 30 day(s)
<i>oxycodone hcl conc 100 mg/5ml</i>	1	QL - 30 day(s)
OXYCODONE HCL SOLN 5 MG/5ML [<i>oxycodone hcl</i>]	1	QL - 30 day(s)
<i>oxycodone hcl tabs 5 mg</i>	1	QL - 30 day(s)
<i>oxycodone-acetaminophen tabs 5-325 mg</i>	1	QL - 30 day(s)
SALSALATE TABS 500 MG [<i>salsalate</i>]	1	
SALSALATE TABS 750 MG [<i>salsalate</i>]	1	
<i>sufentanil citrate soln 50 mcg/ml</i>	1	QL - 30 day(s)
<i>sulindac tabs 150 mg</i>	1	
<i>sulindac tabs 200 mg</i>	1	
<i>tramadol hcl tabs 50 mg</i>	1	QL - 30 day(s), AR
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR CP24 10 MG [<i>amphetamine-dextroamphetamine</i>]	2	QL - 30 day(s)
ADDERALL XR CP24 15 MG [<i>amphetamine-dextroamphetamine</i>]	2	QL - 30 day(s)
ADDERALL XR CP24 20 MG [<i>amphetamine-dextroamphetamine</i>]	2	QL - 30 day(s)
ADDERALL XR CP24 25 MG [<i>amphetamine-dextroamphetamine</i>]	2	QL - 30 day(s)
ADDERALL XR CP24 30 MG [<i>amphetamine-dextroamphetamine</i>]	2	QL - 30 day(s)
ADDERALL XR CP24 5 MG [<i>amphetamine-dextroamphetamine</i>]	2	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 15 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 25 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphet er cp24 5 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 10 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 20 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 30 mg</i>	1	QL - 30 day(s)
<i>amphetamine-dextroamphetamine tabs 5 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 150 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 200 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 250 mg</i>	1	QL - 30 day(s)
<i>armodafinil tabs 50 mg</i>	1	QL - 30 day(s)
<i>atomoxetine hcl caps 10 mg</i>	1	MO
<i>atomoxetine hcl caps 100 mg</i>	1	MO
<i>atomoxetine hcl caps 18 mg</i>	1	MO
<i>atomoxetine hcl caps 25 mg</i>	1	MO
<i>atomoxetine hcl caps 40 mg</i>	1	MO
<i>atomoxetine hcl caps 60 mg</i>	1	MO
<i>atomoxetine hcl caps 80 mg</i>	1	MO
<i>dextroamphetamine sulfate er cp24 10 mg</i>	1	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>dextroamphetamine sulfate er cp24 15 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate er cp24 5 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate tabs 10 mg</i>	1	QL - 30 day(s)
<i>dextroamphetamine sulfate tabs 5 mg</i>	1	QL - 30 day(s)
<i>guanfacine hcl er tb24 1 mg</i>	1	MO
<i>guanfacine hcl er tb24 2 mg</i>	1	MO
<i>guanfacine hcl er tb24 3 mg</i>	1	MO
<i>guanfacine hcl er tb24 4 mg</i>	1	MO
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 18 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 27 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 36 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl er tbcr 54 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl tabs 10 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl tabs 20 mg</i>	1	QL - 30 day(s)
<i>methylphenidate hcl tabs 5 mg</i>	1	QL - 30 day(s)
<i>modafinil tabs 100 mg</i>	1	QL - 30 day(s)
<i>modafinil tabs 200 mg</i>	1	QL - 30 day(s)
ANTICONVULSANTS		
<i>carbamazepine chew 100 mg</i>	1	MO
<i>carbamazepine er cp12 100 mg</i>	1	MO
<i>carbamazepine er cp12 200 mg</i>	1	MO
<i>carbamazepine er cp12 300 mg</i>	1	MO
<i>carbamazepine er tb12 400 mg</i>	1	MO
<i>carbamazepine susp 100 mg/5ml</i>	1	MO
<i>carbamazepine tabs 200 mg</i>	1	MO
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	2	MO
<i>clonazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 0.125 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 0.25 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 0.5 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 1 mg</i>	1	QL - 30 day(s)
<i>clonazepam tbdp 2 mg</i>	1	QL - 30 day(s)
DIASTAT ACUDIAL GEL 10 MG [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
DIASTAT ACUDIAL GEL 20 MG [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
DIASTAT PEDIATRIC GEL 2.5 MG [<i>diazepam (anticonvulsant)</i>]	2	QL - 30 day(s)
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	MO
<i>divalproex sodium csdr 125 mg</i>	1	MO
<i>divalproex sodium tbec 125 mg</i>	1	MO
<i>divalproex sodium tbec 250 mg</i>	1	MO
<i>divalproex sodium tbec 500 mg</i>	1	MO
<i>ethosuximide caps 250 mg</i>	1	MO
<i>ethosuximide soln 250 mg/5ml</i>	1	MO
<i>felbamate susp 600 mg/5ml</i>	1	MO
<i>felbamate tabs 400 mg</i>	1	MO
<i>felbamate tabs 600 mg</i>	1	MO
<i>gabapentin caps 100 mg</i>	1	MO
<i>gabapentin caps 300 mg</i>	1	MO
<i>gabapentin caps 400 mg</i>	1	MO
<i>gabapentin tabs 600 mg</i>	1	MO
<i>gabapentin tabs 800 mg</i>	1	MO
<i>lamotrigine chew 25 mg</i>	1	MO
<i>lamotrigine chew 5 mg</i>	1	MO
<i>lamotrigine er tb24 200 mg</i>	1	PA, MO
<i>lamotrigine er tb24 300 mg</i>	1	PA, MO
<i>lamotrigine tabs 100 mg</i>	1	MO
<i>lamotrigine tabs 150 mg</i>	1	MO
<i>lamotrigine tabs 200 mg</i>	1	MO
<i>lamotrigine tabs 25 mg</i>	1	MO
<i>levetiracetam er tb24 500 mg</i>	1	MO
<i>levetiracetam er tb24 750 mg</i>	1	MO
<i>levetiracetam soln 100 mg/ml</i>	1	MO
<i>levetiracetam tabs 1000 mg</i>	1	MO
<i>levetiracetam tabs 250 mg</i>	1	MO
<i>levetiracetam tabs 500 mg</i>	1	MO
<i>levetiracetam tabs 750 mg</i>	1	MO
<i>magnesium sulfate soln 50 %</i>	1	
<i>oxcarbazepine susp 300 mg/5ml</i>	1	MO
<i>oxcarbazepine tabs 150 mg</i>	1	MO
<i>oxcarbazepine tabs 300 mg</i>	1	MO
<i>oxcarbazepine tabs 600 mg</i>	1	MO
[Phenytoin] PHENYTOIN INFATABS CHEW 50 MG	1	MO
<i>phenytoin sodium extended caps 100 mg</i>	1	MO
<i>phenytoin sodium soln 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	MO
<i>primidone tabs 250 mg</i>	1	MO
<i>primidone tabs 50 mg</i>	1	MO
<i>topiramate cpsp 15 mg</i>	1	MO
<i>topiramate cpsp 25 mg</i>	1	MO
<i>topiramate tabs 100 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>topiramate tabs 200 mg</i>	1	MO
<i>topiramate tabs 25 mg</i>	1	MO
<i>topiramate tabs 50 mg</i>	1	MO
<i>valproic acid caps 250 mg</i>	1	MO
<i>valproic acid soln 250 mg/5ml</i>	1	MO
<i>zonisamide caps 100 mg</i>	1	MO
<i>zonisamide caps 25 mg</i>	1	MO
<i>zonisamide caps 50 mg</i>	1	MO
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	QL - 24/day(s)
<i>dihydroergotamine mesylate soln 1 mg/ml</i>	1	QL - 8/day(s)
<i>dihydroergotamine mesylate soln 4 mg/ml</i>	4	PA, QL - 8/day(s)
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	2	QL - 12/day(s)
<i>ergotamine-caffeine tabs 1-100 mg</i>	1	QL - 24/day(s)
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	QL - 12/day(s)
<i>naratriptan hcl tabs 1 mg</i>	1	QL - 18/day(s)
<i>naratriptan hcl tabs 2.5 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tabs 10 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tbdp 10 mg</i>	1	QL - 18/day(s)
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL - 18/day(s)
<i>sumatriptan soln 20 mg/act</i>	1	QL - 3/day(s)
<i>sumatriptan soln 5 mg/act</i>	1	QL - 3/day(s)
<i>sumatriptan succinate refill soct 6 mg/0.5ml</i>	1	QL - 4/day(s)
<i>sumatriptan succinate soaj 6 mg/0.5ml</i>	1	QL - 4/day(s)
<i>sumatriptan succinate soln 6 mg/0.5ml</i>	1	QL - 2/day(s)
<i>sumatriptan succinate tabs 100 mg</i>	1	QL - 18/day(s)
<i>sumatriptan succinate tabs 25 mg</i>	1	QL - 18/day(s)
<i>sumatriptan succinate tabs 50 mg</i>	1	QL - 18/day(s)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps 100 mg</i>	1	MO
<i>amantadine hcl syrp 50 mg/5ml</i>	1	MO
<i>amantadine hcl tabs 100 mg</i>	1	MO
<i>benztropine mesylate soln 1 mg/ml</i>	1	
<i>benztropine mesylate tabs 0.5 mg</i>	1	MO
<i>benztropine mesylate tabs 1 mg</i>	1	MO
<i>benztropine mesylate tabs 2 mg</i>	1	MO
<i>bromocriptine mesylate caps 5 mg</i>	1	MO
<i>bromocriptine mesylate tabs 2.5 mg</i>	1	MO
<i>cabergoline tabs 0.5 mg</i>	1	MO
<i>carbidopa-levodopa er tbcr 25-100 mg</i>	1	MO
<i>carbidopa-levodopa er tbcr 50-200 mg</i>	1	MO
<i>carbidopa-levodopa tabs 10-100 mg</i>	1	MO
<i>carbidopa-levodopa tabs 25-100 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>carbidopa-levodopa tabs 25-250 mg</i>	1	MO
ENTACAPONE TABS 200 MG [<i>entacapone</i>]	1	MO
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1 mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	1	MO
<i>ropinirole hcl tabs 0.25 mg</i>	1	MO
<i>ropinirole hcl tabs 0.5 mg</i>	1	MO
<i>ropinirole hcl tabs 1 mg</i>	1	MO
<i>ropinirole hcl tabs 2 mg</i>	1	MO
<i>ropinirole hcl tabs 3 mg</i>	1	MO
<i>ropinirole hcl tabs 4 mg</i>	1	MO
<i>ropinirole hcl tabs 5 mg</i>	1	MO
<i>selegiline hcl caps 5 mg</i>	1	MO
<i>selegiline hcl tabs 5 mg</i>	2	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 1 mg</i>	1	QL - 30 day(s)
<i>alprazolam tabs 2 mg</i>	1	QL - 30 day(s)
<i>buspirone hcl tabs 10 mg</i>	1	MO
<i>buspirone hcl tabs 15 mg</i>	1	MO
<i>buspirone hcl tabs 5 mg</i>	1	MO
<i>buspirone hcl tabs 7.5 mg</i>	1	MO
<i>chlordiazepoxide hcl caps 10 mg</i>	1	QL - 30 day(s)
<i>chlordiazepoxide hcl caps 25 mg</i>	1	QL - 30 day(s)
<i>chlordiazepoxide hcl caps 5 mg</i>	1	QL - 30 day(s)
<i>clonazepam tabs 1 mg</i>	1	QL - 30 day(s)
<i>clonazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>diazepam soln 5 mg/ml</i>	1	QL - 30 day(s)
<i>diazepam tabs 10 mg</i>	1	QL - 30 day(s)
<i>diazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>diazepam tabs 5 mg</i>	1	QL - 30 day(s)
<i>droperidol soln 2.5 mg/ml</i>	1, 2	
<i>hydroxyzine hcl soln 50 mg/ml</i>	2	
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	1	MO
<i>hydroxyzine hcl tabs 10 mg</i>	1	MO
<i>hydroxyzine hcl tabs 25 mg</i>	1	MO
<i>hydroxyzine hcl tabs 50 mg</i>	1	MO
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
<i>lorazepam tabs 0.5 mg</i>	1	QL - 30 day(s)
<i>lorazepam tabs 1 mg</i>	1	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>lorazepam tabs 2 mg</i>	1	QL - 30 day(s)
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	1	QL - 30 day(s)
<i>midazolam hcl (pf) soln 5 mg/ml</i>	1	QL - 30 day(s)
<i>midazolam hcl soln 10 mg/2ml</i>	1	QL - 30 day(s)
<i>midazolam hcl soln 5 mg/ml</i>	1	QL - 30 day(s)
<i>oxazepam caps 10 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>oxazepam caps 30 mg</i>	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 100 MG [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 16.2 MG [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 30 MG [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 32.4 MG [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 60 MG [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 64.8 MG [<i>phenobarbital</i>]	1	MO
PHENOBARBITAL TABS 97.2 MG [<i>phenobarbital</i>]	1	MO
[Secobarbital Sodium] SECONAL CAPS 100 MG	2	PA
<i>temazepam caps 15 mg</i>	1	QL - 30 day(s)
<i>temazepam caps 30 mg</i>	1	QL - 30 day(s)
<i>triazolam tabs 0.125 mg</i>	1	QL - 30 day(s)
<i>triazolam tabs 0.25 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 10 mg</i>	1	QL - 30 day(s)
<i>zolpidem tartrate tabs 5 mg</i>	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atracurium besylate soln 50 mg/5ml</i>	1	
<i>dalfampridine er tb12 10 mg</i>	1	MO
<i>memantine hcl tabs 10 mg</i>	1	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	1	
<i>memantine hcl tabs 5 mg</i>	1	MO
<i>riluzole tabs 50 mg</i>	1	MO
<i>rocuronium bromide soln 50 mg/5ml</i>	1	
SAVELLA TABS 100 MG [<i>milnacipran hcl</i>]	2	PA, QL - 2/day, MO
SAVELLA TABS 12.5 MG [<i>milnacipran hcl</i>]	2	PA, QL - 2/day, MO
SAVELLA TABS 25 MG [<i>milnacipran hcl</i>]	2	PA, QL - 2/day, MO
SAVELLA TABS 50 MG [<i>milnacipran hcl</i>]	2	PA, QL - 2/day, MO
<i>tetrabenazine tabs 12.5 mg</i>	4	QL - 30 day(s)
<i>tetrabenazine tabs 25 mg</i>	4	QL - 30 day(s)
<i>vecuronium bromide solr 10 mg</i>	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30 MCG [<i>interferon beta-1a</i>]	4	PA, QL - 30 day(s)
AVONEX PEN AJKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	4	PA, QL - 30 day(s)
AVONEX PREFILLED PSKT 30 MCG/0.5ML [<i>interferon beta-1a</i>]	4	PA, QL - 30 day(s)
EXTAVIA KIT 0.3 MG [<i>interferon beta-1b</i>]	2	QL - 30 day(s)
GILENYA CAPS 0.5 MG [<i>fingolimod hcl</i>]	4	PA, QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
OPIATE ANTAGONISTS		
<i>buprenorphine hcl-naloxone hcl subl 2-0.5 mg</i>	1	QL - 30 day(s)
<i>buprenorphine hcl-naloxone hcl subl 8-2 mg</i>	1	QL - 30 day(s)
<i>naloxone hcl soln 0.4 mg/ml</i>	1	
<i>naloxone hcl sosy 2 mg/2ml</i>	1	
<i>naltrexone hcl tabs 50 mg</i>	1	
NARCAN LIQD 4 MG/0.1ML [<i>naloxone hcl</i>]	2	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl tabs 10 mg</i>	1	MO
<i>amitriptyline hcl tabs 100 mg</i>	1	MO
<i>amitriptyline hcl tabs 150 mg</i>	1	MO
<i>amitriptyline hcl tabs 25 mg</i>	1	MO
<i>amitriptyline hcl tabs 50 mg</i>	1	MO
<i>amitriptyline hcl tabs 75 mg</i>	1	MO
<i>aripiprazole tabs 10 mg</i>	1	MO
<i>aripiprazole tabs 15 mg</i>	1	MO
<i>aripiprazole tabs 2 mg</i>	1	MO
<i>aripiprazole tabs 20 mg</i>	1	MO
<i>aripiprazole tabs 30 mg</i>	1	MO
<i>aripiprazole tabs 5 mg</i>	1	MO
<i>bupropion hcl er (smoking det) tb12 150 mg</i>	1	PREV
<i>bupropion hcl er (xl) tb24 150 mg</i>	1	MO, PREV
<i>bupropion hcl er (xl) tb24 300 mg</i>	1	MO, PREV
<i>bupropion hcl tabs 75 mg</i>	1	MO
<i>chlorpromazine hcl soln 25 mg/ml</i>	1	
<i>chlorpromazine hcl tabs 10 mg</i>	1	MO
<i>chlorpromazine hcl tabs 100 mg</i>	1	MO
<i>chlorpromazine hcl tabs 25 mg</i>	1	MO
<i>chlorpromazine hcl tabs 50 mg</i>	1	MO
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	MO
<i>citalopram hydrobromide tabs 10 mg</i>	1	MO
<i>citalopram hydrobromide tabs 20 mg</i>	1	MO
<i>citalopram hydrobromide tabs 40 mg</i>	1	MO
<i>clomipramine hcl caps 25 mg</i>	1	MO
<i>clomipramine hcl caps 50 mg</i>	1	MO
<i>clomipramine hcl caps 75 mg</i>	1	MO
<i>clozapine tabs 100 mg</i>	1	QL - 30 day(s)
<i>clozapine tabs 200 mg</i>	1	QL - 30 day(s)
<i>clozapine tabs 25 mg</i>	1	QL - 30 day(s)
<i>clozapine tabs 50 mg</i>	1	QL - 30 day(s)
<i>desipramine hcl tabs 10 mg</i>	1	MO
<i>desipramine hcl tabs 100 mg</i>	1	MO
<i>desipramine hcl tabs 150 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>desipramine hcl tabs 25 mg</i>	1	MO
<i>desipramine hcl tabs 50 mg</i>	1	MO
<i>desipramine hcl tabs 75 mg</i>	1	MO
<i>doxepin hcl caps 10 mg</i>	1	MO
<i>doxepin hcl caps 100 mg</i>	1	MO
<i>doxepin hcl caps 150 mg</i>	2	MO
<i>doxepin hcl caps 25 mg</i>	1	MO
<i>doxepin hcl caps 50 mg</i>	1	MO
<i>doxepin hcl caps 75 mg</i>	1	MO
<i>doxepin hcl conc 10 mg/ml</i>	1	MO
<i>duloxetine hcl cpep 20 mg</i>	1	MO
<i>duloxetine hcl cpep 30 mg</i>	1	MO
<i>duloxetine hcl cpep 60 mg</i>	1	MO
<i>escitalopram oxalate tabs 10 mg</i>	1	MO
<i>escitalopram oxalate tabs 20 mg</i>	1	MO
<i>escitalopram oxalate tabs 5 mg</i>	1	MO
<i>fluoxetine hcl caps 10 mg</i>	1	MO
<i>fluoxetine hcl caps 20 mg</i>	1	MO
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	MO
<i>fluphenazine decanoate soln 25 mg/ml</i>	1	MO
<i>fluphenazine hcl conc 5 mg/ml</i>	2	
<i>fluphenazine hcl elix 2.5 mg/5ml</i>	2	MO
<i>fluphenazine hcl tabs 1 mg</i>	1	MO
<i>fluphenazine hcl tabs 10 mg</i>	1	MO
<i>fluphenazine hcl tabs 2.5 mg</i>	1	MO
<i>fluphenazine hcl tabs 5 mg</i>	1	MO
<i>fluvoxamine maleate tabs 100 mg</i>	1	MO
<i>fluvoxamine maleate tabs 25 mg</i>	1	MO
<i>fluvoxamine maleate tabs 50 mg</i>	1	MO
<i>haloperidol decanoate soln 100 mg/ml</i>	1	MO
<i>haloperidol decanoate soln 50 mg/ml</i>	1	MO
<i>haloperidol lactate conc 2 mg/ml</i>	1	MO
<i>haloperidol lactate soln 5 mg/ml</i>	1	
<i>haloperidol tabs 0.5 mg</i>	1	MO
<i>haloperidol tabs 1 mg</i>	1	MO
<i>haloperidol tabs 10 mg</i>	1	MO
<i>haloperidol tabs 2 mg</i>	1	MO
<i>haloperidol tabs 20 mg</i>	1	MO
<i>haloperidol tabs 5 mg</i>	1	MO
<i>imipramine hcl tabs 10 mg</i>	1	MO
<i>imipramine hcl tabs 25 mg</i>	1	MO
<i>imipramine hcl tabs 50 mg</i>	1	MO
LITHIUM CARBONATE CAPS 150 MG [<i>lithium carbonate</i>]	2	MO
LITHIUM CARBONATE CAPS 300 MG [<i>lithium carbonate</i>]	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>lithium carbonate er tbc</i> 300 mg	1	MO
<i>lithium carbonate er tbc</i> 450 mg	1	MO
LITHIUM CARBONATE TABS 300 MG [<i>lithium carbonate</i>]	1	MO
LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	2	MO
<i>loxapine succinate caps</i> 10 mg	1	MO
<i>loxapine succinate caps</i> 25 mg	1	MO
<i>loxapine succinate caps</i> 5 mg	1	MO
<i>loxapine succinate caps</i> 50 mg	1	MO
<i>mirtazapine tabs</i> 15 mg	1	MO
<i>mirtazapine tabs</i> 30 mg	1	MO
<i>mirtazapine tabs</i> 45 mg	1	MO
<i>mirtazapine tabs</i> 7.5 mg	1	MO
<i>nefazodone hcl tabs</i> 100 mg	2	MO
<i>nefazodone hcl tabs</i> 150 mg	2	MO
<i>nefazodone hcl tabs</i> 200 mg	2	MO
<i>nefazodone hcl tabs</i> 250 mg	2	MO
<i>nefazodone hcl tabs</i> 50 mg	2	MO
<i>nortriptyline hcl caps</i> 10 mg	1	MO
<i>nortriptyline hcl caps</i> 25 mg	1	MO
<i>nortriptyline hcl caps</i> 50 mg	1	MO
<i>nortriptyline hcl caps</i> 75 mg	1	MO
<i>nortriptyline hcl soln</i> 10 mg/5ml	2	MO
<i>olanzapine tabs</i> 10 mg	1	MO
<i>olanzapine tabs</i> 15 mg	1	MO
<i>olanzapine tabs</i> 2.5 mg	1	MO
<i>olanzapine tabs</i> 20 mg	1	MO
<i>olanzapine tabs</i> 5 mg	1	MO
<i>olanzapine tabs</i> 7.5 mg	1	MO
<i>paroxetine hcl tabs</i> 10 mg	1	MO
<i>paroxetine hcl tabs</i> 20 mg	1	MO
<i>paroxetine hcl tabs</i> 30 mg	1	MO
<i>paroxetine hcl tabs</i> 40 mg	1	MO
<i>perphenazine tabs</i> 16 mg	1	MO
<i>perphenazine tabs</i> 2 mg	1	MO
<i>perphenazine tabs</i> 4 mg	1	MO
<i>perphenazine tabs</i> 8 mg	1	MO
<i>phenelzine sulfate tabs</i> 15 mg	1	MO
<i>pimozide tabs</i> 2 mg	2	MO
<i>prochlorperazine edisylate soln</i> 10 mg/2ml	1	
<i>prochlorperazine maleate tabs</i> 10 mg	1	
<i>prochlorperazine maleate tabs</i> 5 mg	1	
<i>quetiapine fumarate tabs</i> 100 mg	1	MO
<i>quetiapine fumarate tabs</i> 200 mg	1	MO
<i>quetiapine fumarate tabs</i> 25 mg	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>quetiapine fumarate tabs 300 mg</i>	1	MO
<i>quetiapine fumarate tabs 400 mg</i>	1	MO
<i>quetiapine fumarate tabs 50 mg</i>	1	MO
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>]	1	MO
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>]	1	MO
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>]	1	MO
RISPERIDONE TABS 1 MG [<i>risperidone</i>]	1	MO
RISPERIDONE TABS 2 MG [<i>risperidone</i>]	1	MO
RISPERIDONE TABS 3 MG [<i>risperidone</i>]	1	MO
RISPERIDONE TABS 4 MG [<i>risperidone</i>]	1	MO
<i>sertraline hcl tabs 100 mg</i>	1	MO
<i>sertraline hcl tabs 25 mg</i>	1	MO
<i>sertraline hcl tabs 50 mg</i>	1	MO
<i>thioridazine hcl tabs 10 mg</i>	1	MO
<i>thioridazine hcl tabs 100 mg</i>	1	MO
<i>thioridazine hcl tabs 25 mg</i>	1	MO
<i>thioridazine hcl tabs 50 mg</i>	1	MO
<i>thiothixene caps 1 mg</i>	1	MO
<i>thiothixene caps 10 mg</i>	1	MO
<i>thiothixene caps 2 mg</i>	1	MO
<i>thiothixene caps 5 mg</i>	1	MO
<i>tranylcypromine sulfate tabs 10 mg</i>	1	MO
<i>trazodone hcl tabs 100 mg</i>	1	MO
<i>trazodone hcl tabs 150 mg</i>	1	MO
<i>trazodone hcl tabs 50 mg</i>	1	MO
<i>trifluoperazine hcl tabs 1 mg</i>	1	MO
<i>trifluoperazine hcl tabs 10 mg</i>	1	MO
<i>trifluoperazine hcl tabs 2 mg</i>	1	MO
<i>trifluoperazine hcl tabs 5 mg</i>	1	MO
<i>venlafaxine hcl er cp24 150 mg</i>	1	MO
<i>venlafaxine hcl er cp24 37.5 mg</i>	1	MO
<i>venlafaxine hcl er cp24 75 mg</i>	1	MO
<i>venlafaxine hcl tabs 100 mg</i>	1	MO
<i>venlafaxine hcl tabs 50 mg</i>	1	MO
<i>venlafaxine hcl tabs 75 mg</i>	1	MO
<i>ziprasidone hcl caps 20 mg</i>	1	MO
<i>ziprasidone hcl caps 40 mg</i>	1	MO
<i>ziprasidone hcl caps 60 mg</i>	1	MO
<i>ziprasidone hcl caps 80 mg</i>	1	MO
RESPIRATORY AGENTS, MISCELLANEOUS		
CHERATUSSIN AC SYRP 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	1	QL - 30 day(s), AR
<i>hydrocod polst-cpm polst er suer 10-8 mg/5ml</i>	1	QL - 30 day(s), AR
<i>hydrocodone w/ homatropine syrpf 5-1.5 mg/5ml</i>	1	QL - 30 day(s), AR
<i>succinylcholine chloride soln 20 mg/ml</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK COMPACT PLUS CARE KIT <i>[blood glucose monitoring supplies]</i>	2	MO
ACCU-CHEK COMPACT PLUS STRP <i>[glucose blood]</i>	2	QL, MO
ACETEST TAB TABLETS <i>[acetone (urine) test]</i>	2	MO
ACTI-LANCE LITE LANCETS 28G MISC <i>[lancets]</i>	2	QL, MO
ACTI-LANCE UNIVERSAL 23G MISC <i>[lancets]</i>	2	QL, MO
ADVOCATE DUO DEVI <i>[blood glucose monitor & blood pressure monitor]</i>	2	
ADVOCATE DUO KIT <i>[blood glucose monitor & blood pressure monitor]</i>	2	MO
ADVOCATE SAFETY LANCETS MISC <i>[lancets]</i>	2	QL, MO
ASSURE HAEMOLANCE PLUS HIGH MISC <i>[lancets]</i>	2	QL, MO
BAYER BREEZE 2 SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	MO
BD AUTOSHIELD DUO MISC 30G X 5 MM <i>[insulin pen needle]</i>	2	MO
BD AUTOSHIELD MISC 29G X 5MM <i>[insulin pen needle]</i>	2	MO
BD AUTOSHIELD MISC 29G X 8MM <i>[insulin pen needle]</i>	2	MO
BD DISP NEEDLES MISC 30G X 1/2" <i>[needle (disp) 30 g]</i>	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MISC 25G X 1" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MISC 25G X 5/8" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MISC 26G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	MO
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM <i>[insulin pen needle]</i>	2	MO
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM <i>[insulin pen needle]</i>	2	MO
BD SAFE CLIP NEEDLE CLIPPER MISC <i>[misc. devices]</i>	2	MO
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
BREEZE 2 TEST DISK <i>[glucose blood]</i>	2	QL, MO
CHEMSTRIP 2 STRP <i>[ph test]</i>	2	
CHEMSTRIP K STRP <i>[acetone (urine) test]</i>	2	MO
CHEMSTRIP MICRAL STRP <i>[albumin (urine) test]</i>	2	
CHEMSTRIP UGK STRP <i>[urine glucose-ketones test]</i>	2	MO
CLINITEST TAB CHLD RES <i>[glucose urine test-(copper sulfate)]</i>	2	MO
CONTOUR NEXT CONTROL SOLN LOW <i>[blood glucose calibration]</i>	2	MO
DIASTIX STRP <i>[glucose urine test-(glucose oxidase)]</i>	2	MO
EASY TOUCH INSULIN SYRINGE MISC 27G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
EASY TOUCH PEN NEEDLES MISC 32G X 5 MM <i>[insulin pen needle]</i>	2	MO
FORA D15G 2-IN-1 MONITOR DEVI <i>[blood glucose monitor & blood pressure monitor]</i>	2	MO
FREESTYLE CONTROL SOLUTION LIQD <i>[blood glucose calibration]</i>	2	MO
FREESTYLE PRECISION INS SYR MISC 30G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
FREESTYLE PRECISION INS SYR MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
GNP ULTRA COM INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
HEALTHY ACCENTS UNIFINE PENTIP MISC 29G X 12MM <i>[insulin pen needle]</i>	2	MO
INPEN 100-BLUE-LILLY DEVI <i>[injection device for insulin]</i>	2	MO
INSULIN SYRINGE MISC 29G X 1" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
INSULIN SYRINGE MISC 30G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
INSULIN SYRINGE MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
INSUPEN SENSITIVE MISC 32G X 8 MM <i>[insulin pen needle]</i>	2	MO
LANCING DEVICE MISC <i>[lancet devices]</i>	2	MO
LITETOUCH INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
LITETOUCH INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
MEDISENSE HI/MID/LOW CONTROL LIQD <i>[blood glucose calibration]</i>	2	MO
MICRO-BUMINTEST KIT <i>[albumin (urine) test]</i>	2	
MINILINK-REAL-TIME STARTER KIT <i>[insulin infusion pump accessories]</i>	2	MO
MINIMED RESERVOIR 1.8ML MISC <i>[insulin infusion pump supplies]</i>	2	MO
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
MONOJECT INSULIN SYRINGE MISC U-100 1 ML <i>[insulin syringes (disposable)]</i>	2	MO
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
NITRATEST PAPER TEST <i>[ph test]</i>	2	
NOVA MAX PLUS GLU/KET CONTROL LIQD <i>[blood glucose calibration]</i>	2	MO
NOVOFINE AUTOCOVER MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	MO
NOVOFINE MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	MO
NOVOTWIST MISC 32G X 5 MM <i>[insulin pen needle]</i>	2	MO
ON CALL EXPRESS GLUCOSE CONTR SOLN <i>[blood glucose calibration]</i>	2	MO
ONETOUCH DELICA LANCETS 30G MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH DELICA LANCETS 33G MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH DELICA LANCING DEV MISC <i>[lancet devices]</i>	2	MO
ONETOUCH FINEPOINT LANCETS MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH ULTRA STRP <i>[glucose blood]</i>	2	QL, MO
ONETOUCH ULTRASOFT LANCETS MISC <i>[lancets]</i>	2	QL, MO
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	MO
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE <i>[blood glucose monitoring supplies]</i>	2	MO
ONETOUCH VERIO SOLN <i>[blood glucose calibration]</i>	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH VERIO SOLN HIGH <i>[blood glucose calibration]</i>	2	MO
OPTUMRX GLUCOSE CONTROL SOLN <i>[blood glucose calibration]</i>	2	MO
PEN NEEDLES 5/16" MISC 30G X 8 MM <i>[insulin pen needle]</i>	2	MO
PHARMACIST CHOICE LANCETS MISC <i>[lancets]</i>	2	QL, MO
PRECISION XTRA KETONE STRP <i>[ketone blood test]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 28G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SAFESNAP INSULIN SYRINGE MISC 30G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SIDEKICK BLOOD GLUCOSE SYSTEM DEVI <i>[blood glucose meter disposable with test strips]</i>	2	MO
STERILANCE TL MISC <i>[lancets]</i>	2	QL, MO
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
SURE COMFORT PEN NEEDLES MISC 31G X 5 MM <i>[insulin pen needle]</i>	2	MO
[Insulin Syringe/needle U-100] TERUMO INSULIN SYRINGE MISC 30G X 3/8" 0.3 ML	2	MO
TERUMO INSULIN SYRINGE/1ML/30G X 3/8" MIS 1ML/30G <i>[insulin syringe/needle u-100]</i>	2	MO
[Insulin Syringe/needle U-100] THINPRO INSULIN SYRINGE MISC 30G X 3/8" 0.5 ML	2	MO
THINPRO INSULIN SYRINGE/0.3ML/31G X 3/8" MIS 0.3/31G <i>[insulin syringe/needle u-100]</i>	2	MO
THINPRO INSULIN SYRINGE/0.5ML/31G X 3/8" MIS 0.5/31G <i>[insulin syringe/needle u-100]</i>	2	MO
THINPRO INSULIN SYRINGE/1ML/31G X 3/8" MIS 1ML/31G <i>[insulin syringe/needle u-100]</i>	2	MO
ULTICARE INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
ULTICARE INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
ULTICARE INSULIN SYRINGE MISC 29G X 1/2" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO
ULTICARE INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML <i>[insulin syringe/needle u-100]</i>	2	MO
ULTICARE INSULIN SYRINGE MISC 30G X 5/16" 0.5 ML <i>[insulin syringe/needle u-100]</i>	2	MO
ULTICARE INSULIN SYRINGE MISC 30G X 5/16" 1 ML <i>[insulin syringe/needle u-100]</i>	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ULTRA COMFORT INSULIN SYRINGE MISC 30G X 5/16" 0.3 ML [<i>insulin syringe/needle u-100</i>]	2	MO
UNIFINE PENTIPS MISC 29G X 12MM [<i>insulin pen needle</i>]	2	MO
UNIFINE PENTIPS PLUS MISC 29G X 12MM [<i>insulin pen needle</i>]	2	MO
UNIFINE PENTIPS PLUS MISC 31G X 6 MM [<i>insulin pen needle</i>]	2	MO
UNISTIK 3 EXTRA MISC [<i>lancets misc.</i>]	2	QL, MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
NEUT SOLN 4 % [<i>sodium bicarbonate</i>]	2	
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	1	MO
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	1	MO
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>]	2	
SODIUM BICARBONATE SOLN 4.2 % [<i>sodium bicarbonate</i>]	1	
SODIUM BICARBONATE SOLN 7.5 % [<i>sodium bicarbonate</i>]	2	
AMMONIA DETOXICANTS		
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	1	MO
<i>lactulose soln 10 gm/15ml</i>	1	MO
CALORIC AGENTS		
[Amino Acid Infusion] CLINISOL SF SOLN 15 %	1	
DEXTROSE SOLN 10 % [<i>dextrose</i>]	1	
DEXTROSE SOLN 5 % [<i>dextrose</i>]	1	
NUTRILIPID EMUL 20 % [<i>fat emulsion plant based</i>]	2	
PROSOL SOLN 20 % [<i>amino acid infusion</i>]	2	
TRAVASOL SOLN 10 % [<i>amino acid infusion</i>]	2	
TROPHAMINE SOLN 10 % [<i>amino acid infusion</i>]	2	
DIURETICS		
<i>amiloride hcl tabs 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide tabs 5-50 mg</i>	1	MO
<i>bumetanide tabs 0.5 mg</i>	1	MO
<i>bumetanide tabs 1 mg</i>	1	MO
<i>bumetanide tabs 2 mg</i>	1	MO
<i>chlorothiazide tabs 250 mg</i>	2	MO
<i>chlorothiazide tabs 500 mg</i>	2	MO
<i>chlorthalidone tabs 25 mg</i>	1	MO
<i>chlorthalidone tabs 50 mg</i>	1	MO
DYRENIUM CAPS 100 MG [<i>triamterene</i>]	2	MO
DYRENIUM CAPS 50 MG [<i>triamterene</i>]	2	MO
<i>ethacrynate sodium solr 50 mg</i>	4	QL - 30 day(s)
FUROSEMIDE SOLN 10 MG/ML [<i>furosemide</i>]	1	
<i>furosemide soln 10 mg/ml</i>	1	MO
<i>furosemide tabs 20 mg</i>	1	MO
<i>furosemide tabs 40 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>furosemide tabs 80 mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 12.5 mg</i>	1	MO
<i>hydrochlorothiazide tabs 25 mg</i>	1	MO
<i>hydrochlorothiazide tabs 50 mg</i>	1	MO
<i>metolazone tabs 10 mg</i>	1	MO
<i>metolazone tabs 2.5 mg</i>	1	MO
<i>metolazone tabs 5 mg</i>	1	MO
<i>toremide tabs 10 mg</i>	1	MO
<i>toremide tabs 100 mg</i>	1	MO
<i>toremide tabs 20 mg</i>	1	MO
<i>toremide tabs 5 mg</i>	1	MO
<i>triamterene-hctz caps 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 37.5-25 mg</i>	1	MO
<i>triamterene-hctz tabs 75-50 mg</i>	1	MO
ION-REMOVING AGENTS		
[Sodium Polystyrene Sulfonate] KIONEX SUSP 15 GM/60ML	1	
<i>sevelamer carbonate pack 2.4 gm</i>	1	MO
<i>sevelamer carbonate tabs 800 mg</i>	1	MO
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	1	
IRRIGATING SOLUTIONS		
LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	1	
RINGERS IRRIGATION SOLN [<i>ringer's irrigation</i>]	1	
SODIUM CHLORIDE FLUSH SOLN 0.9 % [<i>sodium chloride flush</i>]	1	
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>]	1	
STERILE WATER FOR IRRIGATION SOLN [<i>water for irrigation, sterile</i>]	1	
REPLACEMENT PREPARATIONS		
ADDAMEL N SOLN [<i>trace minerals (cr-cu-f-fe-i-mn-mo-se-zn)</i>]	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN [<i>water for inject, bacteriostatic benzyl alcohol</i>]	2	
<i>calcium acetate (phos binder) caps 667 mg</i>	1	MO
<i>calcium acetate (phos binder) tabs 667 mg</i>	1	MO
CALCIUM CHLORIDE SOLN 10 % [<i>calcium chloride (dihydrate)</i>]	1	
CALCIUM GLUCONATE SOLN 10 % [<i>calcium gluconate</i>]	2	
CAROSPIR SUSP 25 MG/5ML [<i>spironolactone</i>]	2	PA, MO
CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	2	
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	2	
DEXTROSE IN LACTATED RINGERS SOLN 5 % [<i>dextrose in lactated ringers</i>]	1	
DEXTROSE-NACL SOLN 5-0.2 % [<i>dextrose w/ sodium chloride</i>]	1	
DEXTROSE-NACL SOLN 5-0.45 % [<i>dextrose w/ sodium chloride</i>]	1	
DEXTROSE-NACL SOLN 5-0.9 % [<i>dextrose w/ sodium chloride</i>]	1	
K-PHOS TABS 500 MG [<i>potassium phosphate monobasic</i>]	2	
K-TAB TBCR 10 MEQ [<i>potassium chloride</i>]	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% <i>[potassium chloride in dextrose & sodium chloride]</i>	1	
[Potassium Chloride Microencapsulated Crystals Er] KLOR-CON M20 TBCR 20 MEQ	1	MO
LACTATED RINGERS SOLN <i>[lactated ringer's]</i>	2	
MANGANESE CHLORIDE SOLN 0.1 MG/ML <i>[manganese chloride]</i>	2	
MANGANESE SULFATE SOLN 0.1 MG/ML <i>[manganese sulfate]</i>	2	
POTASSIUM ACETATE SOLN 2 MEQ/ML <i>[potassium acetate]</i>	1	
<i>potassium chloride crys er tbc 10 meq</i>	1	MO
<i>potassium chloride er cpcr 10 meq</i>	1	MO
<i>potassium chloride er cpcr 8 meq</i>	1	MO
<i>potassium chloride er tbc 20 meq</i>	1	MO
POTASSIUM CHLORIDE ER TBCR 8 MEQ <i>[potassium chloride]</i>	1	MO
<i>potassium chloride soln 2 meq/ml</i>	1	
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML <i>[potassium phosphates]</i>	1	
RINGERS SOLN <i>[ringer's]</i>	1	
SELENIUM SOLN 40 MCG/ML <i>[selenious acid]</i>	2	
SODIUM BICARBONATE SOLN 8.4 % <i>[sodium bicarbonate]</i>	1	
SODIUM CHLORIDE (PF) SOLN 0.9 % <i>[sodium chloride]</i>	1	
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % <i>[bacteriostatic sodium chloride]</i>	1	
SODIUM CHLORIDE SOLN 0.45 % <i>[sodium chloride]</i>	1	
SODIUM CHLORIDE SOLN 0.9 % <i>[sodium chloride]</i>	1	
SODIUM CHLORIDE SOLN 4 MEQ/ML <i>[sodium chloride]</i>	1	
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML <i>[sodium phosphates (sodium phosphate dibasic & monobasic)]</i>	1	
SSKI SOLN 1 GM/ML <i>[potassium iodide (expectorant)]</i>	2	
STERILE WATER FOR INJECTION SOLN <i>[water for injection, sterile]</i>	1	
ZINC CHLORIDE SOLN 1 MG/ML <i>[zinc chloride]</i>	2	
ZINC SULFATE CAPS 50 MG <i>[zinc sulfate]</i>	2	
ZINC SULFATE SOLN 1 MG/ML <i>[zinc sulfate]</i>	2	
ZINC SULFATE SOLN 5 MG/ML <i>[zinc sulfate]</i>	2	
URICOSURIC AGENTS		
<i>probenecid tabs 500 mg</i>	1	MO
ENZYMES		
ENZYMES		
ADAGEN SOLN 250 UNIT/ML <i>[pegademase bovine]</i>	4	QL - 30 day(s), LD
CEREZYME SOLR 400 UNIT <i>[imiglucerase]</i>	2	QL - 30 day(s)
CREON CPEP 12000 UNIT <i>[pancrelipase (lipase-protease-amylase)]</i>	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
CREON CPEP 36000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
CREON CPEP 6000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
VPRIV SOLR 400 UNIT [<i>velaglucerase alfa</i>]	2	QL - 30 day(s)
ZENPEP CPEP 25000-79000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
ZENPEP CPEP 40000-126000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b oint 500-10000 unit/gm</i>	1	
<i>chlorhexidine gluconate soln 0.12 %</i>	1	
CILOXAN OINT 0.3 % [<i>ciprofloxacin hcl (ophth)</i>]	2	
<i>ciprofloxacin hcl soln 0.3 %</i>	1	
<i>erythromycin oint 5 mg/gm</i>	1	
<i>gatifloxacin soln 0.5 %</i>	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	2	
<i>gentamicin sulfate soln 0.3 %</i>	1	
<i>moxifloxacin hcl soln 0.5 %</i>	1	
<i>ofloxacin soln 0.3 %</i>	1	
<i>polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium soln 10 %</i>	1	
<i>tobramycin soln 0.3 %</i>	1	
TOBEX OINT 0.3 % [<i>tobramycin (ophth)</i>]	2	
<i>trifluridine soln 1 %</i>	2	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	2	
BLEPHAMIDE SUSP 10-0.2 % [<i>sulfacetamide sod-prednisolone</i>]	2	
CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	2	QL - 30 day(s)
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	1	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-colistin-hc-thonzonium</i>]	2	
<i>dexamethasone sodium phosphate soln 0.1 %</i>	2	MO
<i>diclofenac sodium soln 0.1 %</i>	1	
<i>fluorometholone susp 0.1 %</i>	1	MO
<i>flurbiprofen sodium soln 0.03 %</i>	2	
FML FORTE SUSP 0.25 % [<i>fluorometholone (ophth)</i>]	2	MO
FML OINT 0.1 % [<i>fluorometholone (ophth)</i>]	2	MO
HYDROCORTISONE-ACETIC ACID SOLN 1-2 % [<i>hydrocortisone w/ acetic acid</i>]	1	
<i>ketorolac tromethamine soln 0.5 %</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc soln 1 %</i>	1	
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	1, 2	
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	2	MO
PRED-G S.O.P. OINT 0.3-0.6 % [<i>gentamicin-prednisolone acetate</i>]	2	
PRED-G SUSP 0.3-1 % [<i>gentamicin-prednisolone acetate</i>]	2	
<i>prednisolone acetate susp 1 %</i>	2	MO
<i>prednisolone sodium phosphate soln 1 %</i>	2	MO
<i>sulfacetamide-prednisolone soln 10-0.23 %</i>	2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1 %</i>	1	MO
<i>cromolyn sodium soln 4 %</i>	1	MO
ANTIGLAUCOMA AGENTS		
<i>levobunolol hcl soln 0.5 %</i>	1	MO
<i>methazolamide tabs 25 mg</i>	1	MO
<i>methazolamide tabs 50 mg</i>	1	MO
<i>pilocarpine hcl soln 1 %</i>	1	MO
<i>pilocarpine hcl soln 2 %</i>	1	MO
<i>pilocarpine hcl soln 4 %</i>	1	MO
<i>timolol maleate soln 0.25 %</i>	1	MO
<i>timolol maleate soln 0.5 %</i>	1	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetazolamide er cp12 500 mg</i>	1	MO
<i>acetazolamide tabs 125 mg</i>	1	MO
<i>acetazolamide tabs 250 mg</i>	1	MO
<i>acetic acid soln 2 %</i>	1	MO
<i>acetic acid-aluminum acetate soln 2 %</i>	2	
ALTAFLUOR SOLN 0.25-0.4 % [<i>fluorescein w/ benoxinate</i>]	1	
<i>ophthalmic irrigation solution - intraocular soln</i>	1	
<i>betaxolol hcl soln 0.5 %</i>	1	MO
BIO GLO STRP 1 MG [<i>fluorescein sodium topical</i>]	1	
<i>brimonidine tartrate soln 0.2 %</i>	1	MO
<i>dorzolamide hcl soln 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml</i>	1	MO
EYLEA SOLN 2 MG/0.05ML [<i>aflibercept</i>]	2	MO
FLUCAINE SOLN 0.25-0.5 % [<i>fluorescein w/ proparacaine</i>]	1	
HEALON GV SOLN 14 MG/ML [<i>sodium hyaluronate</i>]	2	
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	2	MO
<i>latanoprost soln 0.005 %</i>	1	MO
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	2	MO
PHOSPHOLINE IODIDE SOLR 0.125 % [<i>echothiophate iodide</i>]	2	MO
LOCAL ANESTHETICS		
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	2	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
COCAINE HCL SOLN 10 % [<i>cocaine hcl</i>]	2	
<i>lidocaine viscous hcl soln 2 %</i>	1	MO
<i>proparacaine hcl soln 0.5 %</i>	1	
PROVISC SOLN 10 MG/ML [<i>sodium hyaluronate</i>]	2	
TETRACAINE HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	1	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % [<i>atropine sulfate (ophthalmic)</i>]	2	MO
ATROPINE SULFATE SOLN 1 % [<i>atropine sulfate (ophthalmic)</i>]	2	MO
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate Hcl] CYCLOGYL SOLN 2 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
<i>cyclopentolate hcl soln 0.5 %</i>	1	
<i>cyclopentolate hcl soln 1 %</i>	1	
<i>cyclopentolate hcl soln 2 %</i>	1	
HOMATROPINE HBR SOLN 5 % [<i>homatropine hbr</i>]	1	MO
<i>tropicamide soln 0.5 %</i>	1	
<i>tropicamide soln 1 %</i>	1	
VASOCONSTRICTORS		
ADRENALIN SOLN 0.1 % [<i>epinephrine hcl (nasal)</i>]	2	
PHENYLEPHRINE HCL SOLN 10 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
PHENYLEPHRINE HCL SOLN 2.5 % [<i>phenylephrine hcl (mydriatic)</i>]	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium caps 750 mg</i>	1	MO
LIALDA TBEC 1.2 GM [<i>mesalamine</i>]	2	MO
<i>mesalamine enem 4 gm</i>	1	MO
MESALAMINE SUPP 1000 MG [<i>mesalamine</i>]	1	MO
PENTASA CPCR 250 MG [<i>mesalamine</i>]	2	MO
PENTASA CPCR 500 MG [<i>mesalamine</i>]	2	MO
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	4	QL - 30 day(s)
<i>dimenhydrinate soln 50 mg/ml</i>	2	
<i>dronabinol caps 10 mg</i>	1	
<i>dronabinol caps 2.5 mg</i>	1	
<i>dronabinol caps 5 mg</i>	1	
<i>ondansetron hcl soln 4 mg/2ml</i>	1	
<i>ondansetron hcl soln 4 mg/5ml</i>	1	
<i>ondansetron hcl soln 40 mg/20ml</i>	1	
<i>ondansetron hcl tabs 4 mg</i>	1	
<i>ondansetron hcl tabs 8 mg</i>	1	
<i>ondansetron tbdp 4 mg</i>	1	
<i>ondansetron tbdp 8 mg</i>	1	
<i>prochlorperazine supp 25 mg</i>	1	
<i>scopolamine pt72 1 mg/3days</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [<i>scopolamine</i>]	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine hcl soln 300 mg/5ml</i>	2	MO
<i>famotidine premixed soln 20-0.9 mg/50ml-%</i>	2	
<i>famotidine soln 20 mg/2ml</i>	1	
<i>famotidine soln 40 mg/4ml</i>	1	
<i>famotidine susr 40 mg/5ml</i>	1	MO
<i>misoprostol tabs 100 mcg</i>	1	MO
<i>misoprostol tabs 200 mcg</i>	1	MO
<i>nizatidine soln 15 mg/ml</i>	2	MO
<i>omeprazole cpdr 10 mg</i>	1	MO
<i>omeprazole cpdr 20 mg</i>	1	MO
<i>omeprazole cpdr 40 mg</i>	1	MO
<i>pantoprazole sodium tbec 20 mg</i>	1	MO
<i>pantoprazole sodium tbec 40 mg</i>	1	MO
<i>ranitidine hcl soln 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp 15 mg/ml</i>	1	MO
<i>sucralfate tabs 1 gm</i>	1	MO
CATHARTICS AND LAXATIVES		
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-C SOLR 240 GM	2	PREV
[Peg 3350-kcl-sod Bicarb-sod Chloride-sod Sulfate] GAVILYTE-G SOLR 236 GM	1	PREV
GOLYTELY SOLR 236 GM [<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>]	2	PREV
DIGESTANTS		
ZENPEP CPEP 10000-32000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
ZENPEP CPEP 15000-47000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
ZENPEP CPEP 20000-63000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
ZENPEP CPEP 5000-24000 UNIT [<i>pancrelipase (lipase-protease-amylase)</i>]	2	MO
GI DRUGS, MISCELLANEOUS		
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG [<i>chlordiazepoxide hcl-clidinium bromide</i>]	1	QL - 30 day(s)
<i>diphenoxylate-atropine liqd 2.5-0.025 mg/5ml</i>	2	
<i>diphenoxylate-atropine tabs 2.5-0.025 mg</i>	1	
LINZESS CAPS 145 MCG [<i>linaclotide</i>]	2	PA, MO
LINZESS CAPS 290 MCG [<i>linaclotide</i>]	2	PA, MO
LINZESS CAPS 72 MCG [<i>linaclotide</i>]	2	PA, MO
<i>metoclopramide hcl soln 10 mg/10ml</i>	1	
<i>metoclopramide hcl soln 5 mg/ml</i>	1	
<i>metoclopramide hcl tabs 10 mg</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>metoclopramide hcl tabs 5 mg</i>	1	
PAREGORIC TINC 2 MG/5ML [<i>paregoric</i>]	2	QL - 30 day(s)
<i>ursodiol tabs 250 mg</i>	1	MO
<i>ursodiol tabs 500 mg</i>	1	MO
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG [<i>auranofin</i>]	2	MO
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
BAL IN OIL SOLN 100 MG/ML [<i>dimercaprol</i>]	4	QL - 30 day(s)
CHEMET CAPS 100 MG [<i>succimer</i>]	2	
<i>deferasirox tabs 360 mg</i>	4	QL - 30 day(s)
<i>deferasirox tabs 90 mg</i>	4	QL - 30 day(s)
<i>deferoxamine mesylate solr 500 mg</i>	4	QL - 30 day(s)
DEPEN TITRATABS TABS 250 MG [<i>penicillamine</i>]	4	QL - 30 day(s)
<i>flumazenil soln 0.5 mg/5ml</i>	1	
JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
JADENU TABS 180 MG [<i>deferasirox</i>]	4	QL - 30 day(s)
<i>methylene blue inj 1%</i>	1	
METHYLENE BLUE SOLN 1 % [<i>methylene blue (antidote)</i>]	2	
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [<i>physostigmine salicylate</i>]	2	
SODIUM THIOSULFATE SOLN 25 % [<i>sodium thiosulfate</i>]	2	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ARISTOSPAN INTRA-ARTICULAR INJ 20MG/ML [<i>triamcinolone hexacetonide</i>]	2	
ARISTOSPAN INTRALESIONAL INJ 5MG/ML [<i>triamcinolone hexacetonide</i>]	2	
<i>betamethasone sod phos & acet susp 6 (3-3) mg/ml</i>	1	
<i>budesonide cpep 3 mg</i>	1	QL - 30 day(s)
<i>cortisone acetate tabs 25 mg</i>	2	
DEPO-MEDROL SUSP 20 MG/ML [<i>methylprednisolone acetate</i>]	2	
DEPO-MEDROL SUSP 80 MG/ML [<i>methylprednisolone acetate</i>]	2	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	1	
<i>dexamethasone tabs 0.5 mg</i>	1	
<i>dexamethasone tabs 0.75 mg</i>	1	
<i>dexamethasone tabs 1 mg</i>	2	
<i>dexamethasone tabs 1.5 mg</i>	1	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>dexamethasone tabs 2 mg</i>	2	
<i>dexamethasone tabs 4 mg</i>	1	
<i>dexamethasone tabs 6 mg</i>	1	
<i>fludrocortisone acetate tabs 0.1 mg</i>	1	MO
<i>hydrocortisone tabs 10 mg</i>	1	MO
<i>hydrocortisone tabs 20 mg</i>	1	MO
<i>hydrocortisone tabs 5 mg</i>	1	MO
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	2	
MEDROL TABS 2 MG [<i>methylprednisolone</i>]	2	
<i>methylprednisolone acetate susp 40 mg/ml</i>	1	
<i>methylprednisolone acetate susp 80 mg/ml</i>	1	
<i>methylprednisolone sodium succ solr 1000 mg</i>	1	
<i>methylprednisolone sodium succ solr 125 mg</i>	1	
<i>methylprednisolone sodium succ solr 40 mg</i>	1	
<i>methylprednisolone tabs 16 mg</i>	1	
<i>methylprednisolone tabs 4 mg</i>	1	
<i>methylprednisolone tbpk 4 mg</i>	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	2	
<i>prednisone soln 5 mg/5ml</i>	2	MO
<i>prednisone tabs 1 mg</i>	1	MO
<i>prednisone tabs 10 mg</i>	1	MO
<i>prednisone tabs 2.5 mg</i>	1	MO
<i>prednisone tabs 20 mg</i>	1	MO
<i>prednisone tabs 5 mg</i>	1	MO
<i>prednisone tabs 50 mg</i>	1	MO
<i>prednisone tbpk 5 mg (21)</i>	1	MO
SOLU-CORTEF SOLR 100 MG [<i>hydrocortisone sod succinate</i>]	2	
SOLU-CORTEF SOLR 1000 MG [<i>hydrocortisone sod succinate</i>]	2	
SOLU-CORTEF SOLR 250 MG [<i>hydrocortisone sod succinate</i>]	2	
SOLU-CORTEF SOLR 500 MG [<i>hydrocortisone sod succinate</i>]	2	
SOLU-MEDROL SOLR 1000 MG [<i>methylprednisolone sod succ</i>]	2	
SOLU-MEDROL SOLR 125 MG [<i>methylprednisolone sod succ</i>]	2	
SOLU-MEDROL SOLR 2 GM [<i>methylprednisolone sod succ</i>]	2	
SOLU-MEDROL SOLR 40 MG [<i>methylprednisolone sod succ</i>]	2	
SOLU-MEDROL SOLR 500 MG [<i>methylprednisolone sod succ</i>]	2	
<i>triamcinolone acetonide susp 40 mg/ml</i>	1	
ANDROGENS		
ANADROL-50 TABS 50 MG [<i>oxymetholone</i>]	4	QL - 30 day(s)
<i>danazol caps 100 mg</i>	1	MO
<i>danazol caps 200 mg</i>	1	MO
<i>danazol caps 50 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	2	QL - 30 day(s)
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	2	QL - 30 day(s)
<i>methyltestosterone tabs 10 mg</i>	2	MO
<i>methyltestosterone caps 10 mg</i>	2	MO
<i>testosterone cypionate soln 100 mg/ml</i>	1	QL - 30 day(s)
<i>testosterone cypionate soln 200 mg/ml</i>	1	QL - 30 day(s)
<i>testosterone gel 25 mg/2.5gm (1%)</i>	1	QL - 30 day(s)
<i>testosterone gel 50 mg/5gm (1%)</i>	1	QL - 30 day(s)
TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	2	QL - 30 day(s)
CONTRACEPTIVES		
[Desogestrel & Ethinyl Estradiol] APRI TABS 0.15-30 MG-MCG	1	MO, PREV
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	MO, PREV
[Levonorgestrel & Eth Estradiol] AVIANE TABS 0.1-20 MG-MCG	1	MO, PREV
ELLA TABS 30 MG [<i>ulipristal acetate</i>]	2	PREV
<i>ethynodiol diac-eth estradiol tabs 1-50 mg-mcg</i>	1	MO, PREV
<i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr</i>	1	MO, PREV
[Norethindrone Acet & Eth Estra] JUNEL 1.5/30 TABS 1.5-30 MG-MCG	1	MO, PREV
[Norethindrone Acet & Eth Estra] JUNEL 1/20 TABS 1-20 MG-MCG	1	MO, PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	MO, PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	MO, PREV
[Ethinodiol Diacet & Eth Estrad] KELNOR 1/35 TABS 1-35 MG-MCG	1	MO, PREV
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	MO, PREV
NECON 1/50 (28) TABS 1-50 MG-MCG [<i>norethindrone & mestranol</i>]	2	MO, PREV
[Norethindrone (contraceptive)] NORA-BE TABS 0.35 MG	1	MO, PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (21) TABS 1-35 MG-MCG	1	MO, PREV
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	MO, PREV
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	MO, PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	MO, PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	MO, PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	MO, PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	MO, PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	MO, PREV
DIABETIC AGENTS		
<i>acarbose tabs 100 mg</i>	1	MO
<i>acarbose tabs 25 mg</i>	1	MO
<i>acarbose tabs 50 mg</i>	1	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE [<i>glucagon</i>]	2	
<i>glimepiride tabs 1 mg</i>	1	MO
<i>glimepiride tabs 2 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>glimepiride tabs 4 mg</i>	1	MO
<i>glipizide tabs 10 mg</i>	1	MO
<i>glipizide tabs 5 mg</i>	1	MO
GLUCAGON EMERGENCY KIT 1 MG [<i>glucagon (rdna)</i>]	2	QL - 2/day(s)
<i>glyburide tabs 1.25 mg</i>	1	MO
<i>glyburide tabs 2.5 mg</i>	1	MO
<i>glyburide tabs 5 mg</i>	1	MO
HUMALOG JUNIOR KWIKPEN SOPN 100 UNIT/ML [<i>insulin lispro</i>]	2	PA, MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML [<i>insulin lispro</i>]	2	PA, MO
HUMALOG SOCT 100 UNIT/ML [<i>insulin lispro</i>]	2	PA, MO
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	2	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	2	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	PA, MO
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	2	MO
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	2	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	2	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	2	MO
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	2	PA, MO
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	2	PA, MO
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	2	PA, MO
LANTUS SOLOSTAR SOPN 100 UNIT/ML [<i>insulin glargine</i>]	2	PA, MO
<i>metformin hcl er tb24 500 mg</i>	1	MO
<i>metformin hcl er tb24 750 mg</i>	1	MO
<i>metformin hcl tabs 1000 mg</i>	1	MO
<i>metformin hcl tabs 500 mg</i>	1	MO
<i>metformin hcl tabs 850 mg</i>	1	MO
<i>pioglitazone hcl tabs 15 mg</i>	1	MO
<i>pioglitazone hcl tabs 30 mg</i>	1	MO
<i>pioglitazone hcl tabs 45 mg</i>	1	MO
RIOMET SOLN 500 MG/5ML [<i>metformin hcl</i>]	2	MO
<i>tolbutamide tabs 500 mg</i>	2	MO
ESTROGENS AND ANTIESTROGENS		
CLIMARA PTWK 0.025 MG/24HR [<i>estradiol</i>]	2	MO
CLIMARA PTWK 0.0375 MG/24HR [<i>estradiol</i>]	2	MO
CLIMARA PTWK 0.05 MG/24HR [<i>estradiol</i>]	2	MO
CLIMARA PTWK 0.06 MG/24HR [<i>estradiol</i>]	2	MO
CLIMARA PTWK 0.075 MG/24HR [<i>estradiol</i>]	2	MO
CLIMARA PTWK 0.1 MG/24HR [<i>estradiol</i>]	2	MO
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	2	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
EEMT HS TABS 0.625-1.25 MG [<i>esterified estrogens & methyltestosterone</i>]	1	MO
EEMT TABS 1.25-2.5 MG [<i>esterified estrogens & methyltestosterone</i>]	1	MO
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	MO
estradiol crea 0.1 mg/gm	1	MO
estradiol ptwk 0.025 mg/24hr	1	MO
estradiol ptwk 0.0375 mg/24hr	1	MO
estradiol ptwk 0.05 mg/24hr	1	MO
estradiol ptwk 0.06 mg/24hr	1	MO
estradiol ptwk 0.075 mg/24hr	1	MO
estradiol ptwk 0.1 mg/24hr	1	MO
estradiol tabs 0.5 mg	1	MO
estradiol tabs 1 mg	1	MO
estradiol tabs 2 mg	1	MO
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
estropipate tabs 0.75 mg	2	MO
estropipate tabs 1.5 mg	2	MO
estropipate tabs 3 mg	2	MO
OSPHENA TABS 60 MG [<i>ospemifene</i>]	2	QL - 30 day(s), RB
PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	2	
raloxifene hcl tabs 60 mg	1	MO
GONADOTROPINS		
BRAVELLE SOLR 75 UNIT [<i>urofollitropin purified</i>]	4	QL - 30 day(s), RB
clomiphene citrate tabs 50 mg	2	RB
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML [<i>follitropin alfa</i>]	4	QL - 30 day(s)
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [<i>follitropin alfa</i>]	4	QL - 30 day(s)
GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML [<i>follitropin alfa</i>]	4	QL - 30 day(s)
GONAL-F RFF SOLR 75 UNIT [<i>follitropin alfa</i>]	4	QL - 30 day(s)
GONAL-F SOLR 1050 UNIT [<i>follitropin alfa</i>]	4	QL - 30 day(s)
GONAL-F SOLR 450 UNIT [<i>follitropin alfa</i>]	4	QL - 30 day(s)
MENOPUR SOLR 75 UNIT [<i>menotropins</i>]	4	QL - 30 day(s), RB
ORLISSA TABS 150 MG [<i>elagolix sodium</i>]	4	PA, QL - 30 day(s)
ORLISSA TABS 200 MG [<i>elagolix sodium</i>]	4	PA, QL - 30 day(s)
PREGNYL SOLR 10000 UNIT [<i>chorionic gonadotropin</i>]	4	QL - 30 day(s), RB
SYNAREL SOLN 2 MG/ML [<i>nafarelin acetate</i>]	2	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	1	MO
cinacalcet hcl tabs 30 mg	4	QL - 30 day(s)
cinacalcet hcl tabs 60 mg	4	QL - 30 day(s)
cinacalcet hcl tabs 90 mg	4	QL - 30 day(s)
PITUITARY		
ACTHAR GEL 80 UNIT/ML [<i>corticotropin</i>]	4	PA, QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>desmopressin ace spray refrig soln 0.01 %</i>	1	
DESMOPRESSIN ACETATE SOLN 4 MCG/ML [<i>desmopressin acetate</i>]	1	
<i>desmopressin acetate spray soln 0.01 %</i>	1	MO
DESMOPRESSIN ACETATE TABS 0.1 MG [<i>desmopressin acetate</i>]	1	MO
DESMOPRESSIN ACETATE TABS 0.2 MG [<i>desmopressin acetate</i>]	1	MO
STIMATE SOLN 1.5 MG/ML [<i>desmopressin acetate</i>]	2	MO
<i>vasopressin inj 20unt/ml</i>	1	
PROGESTINS		
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML [<i>medroxyprogesterone acetate (contraceptive)</i>]	2	MO, PREV
<i>medroxyprogesterone acetate tabs 10 mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 5 mg</i>	1	MO
<i>norethindrone acetate tabs 5 mg</i>	1	MO
<i>progesterone oil 50 mg/ml</i>	1	
PROGESTERONE WETTABLE POWD [<i>progesterone (bulk)</i>]	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
<i>octreotide acetate soln 100 mcg/ml</i>	1	MO
<i>octreotide acetate soln 1000 mcg/ml</i>	1	MO
<i>octreotide acetate soln 200 mcg/ml</i>	1	MO
<i>octreotide acetate soln 50 mcg/ml</i>	1	MO
<i>octreotide acetate soln 500 mcg/ml</i>	1	MO
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	2	PA, QL - 30 day(s)
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	2	PA, QL - 30 day(s)
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s)
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s)
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>]	4	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium tabs 100 mcg</i>	1	MO
<i>levothyroxine sodium tabs 112 mcg</i>	1	MO
<i>levothyroxine sodium tabs 125 mcg</i>	1	MO
<i>levothyroxine sodium tabs 137 mcg</i>	1	MO
<i>levothyroxine sodium tabs 150 mcg</i>	1	MO
<i>levothyroxine sodium tabs 175 mcg</i>	1	MO
<i>levothyroxine sodium tabs 200 mcg</i>	1	MO
<i>levothyroxine sodium tabs 25 mcg</i>	1	MO
<i>levothyroxine sodium tabs 300 mcg</i>	1	MO
<i>levothyroxine sodium tabs 50 mcg</i>	1	MO
<i>levothyroxine sodium tabs 75 mcg</i>	1	MO
<i>levothyroxine sodium tabs 88 mcg</i>	1	MO
<i>liothyronine sodium tabs 25 mcg</i>	1	MO
<i>liothyronine sodium tabs 5 mcg</i>	1	MO
<i>liothyronine sodium tabs 50 mcg</i>	1	MO
<i>methimazole tabs 10 mg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>methimazole tabs 5 mg</i>	1	MO
<i>propylthiouracil tabs 50 mg</i>	1	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ANTIDOTES		
<i>leucovorin calcium solr 50 mg</i>	1	
<i>leucovorin calcium tabs 25 mg</i>	1	
<i>leucovorin calcium tabs 5 mg</i>	1	MO
ANTIGOUT AGENTS		
<i>allopurinol tabs 100 mg</i>	1	MO
<i>allopurinol tabs 300 mg</i>	1	MO
COLCHICINE CAPS 0.6 MG [<i>colchicine</i>]	2	MO
<i>colchicine tabs 0.6 mg</i>	1	MO
<i>febuxostat tabs 40 mg</i>	1	MO
<i>febuxostat tabs 80 mg</i>	1	MO
BONE RESORPTION INHIBITORS		
<i>alendronate sodium tabs 35 mg</i>	1	MO
<i>alendronate sodium tabs 70 mg</i>	1	MO
<i>etidronate disodium tabs 200 mg</i>	2	MO
<i>etidronate disodium tabs 400 mg</i>	2	MO
<i>pamidronate disodium solr 90 mg</i>	2	
CONTRACEPTIVES		
ORTHO DIAPHRAGM ALL-FLEX KIT 65 DPR 65MM [<i>diaphragm arc-spring</i>]	2	RB
ORTHO DIAPHRAGM ALL-FLEX KIT 70 DPR 70MM [<i>diaphragm arc-spring</i>]	2	RB
ORTHO DIAPHRAGM ALL-FLEX KIT 75 DPR 75MM [<i>diaphragm arc-spring</i>]	2	RB
ORTHO DIAPHRAGM ALL-FLEX KIT 80 DPR 80MM [<i>diaphragm arc-spring</i>]	2	RB
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SOAJ 162 MG/0.9ML [<i>tocilizumab</i>]	4	QL - 30 day(s)
ACTEMRA SOSY 162 MG/0.9ML [<i>tocilizumab</i>]	4	QL - 30 day(s)
ENBREL SOLR 25 MG [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SOSY 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML [<i>etanercept</i>]	4	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.4ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)
HUMIRA PEN-PS/UV/ADOL HS START PNKT 40 MG/0.8ML [<i>adalimumab</i>]	4	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [adalimumab]	4	QL - 30 day(s)
HUMIRA PSKT 10 MG/0.1ML [adalimumab]	4	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.2ML [adalimumab]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.4ML [adalimumab]	4	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML [adalimumab]	4	QL - 30 day(s)
INFLECTRA SOLR 100 MG [infliximab-dyyb]	2	QL - 30 day(s)
KINERET SOSY 100 MG/0.67ML [anakinra]	4	QL - 30 day(s), LD
leflunomide tabs 10 mg	1	MO
leflunomide tabs 20 mg	1	MO
ORENCIA CLICKJECT SOAJ 125 MG/ML [abatacept]	4	QL - 30 day(s)
ORENCIA SOLR 250 MG [abatacept]	4	QL - 30 day(s)
ORENCIA SOSY 125 MG/ML [abatacept]	4	QL - 30 day(s)
OTEZLA TABS 30 MG [apremilast]	4	QL - 30 day(s)
OTEZLA TBP 10 & 20 & 30 MG [apremilast]	4	QL - 30 day(s)
XELJANZ TABS 10 MG [tofacitinib citrate]	2	QL - 30 day(s)
XELJANZ TABS 5 MG [tofacitinib citrate]	4	PA, QL - 30 day(s)
XELJANZ XR TB24 11 MG [tofacitinib citrate]	4	PA, QL - 30 day(s)
IMMUNE SUPPRESSANTS		
azathioprine tabs 50 mg	1	MO
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	MO
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	MO
[Cyclosporine Modified (for Microemulsion)] GENGRAF SOLN 100 MG/ML	1	MO
mycophenolate mofetil caps 250 mg	1	MO
mycophenolate mofetil susr 200 mg/ml	1	MO
mycophenolate mofetil tabs 500 mg	1	MO
NEORAL SOLN 100 MG/ML [cyclosporine modified (for microemulsion)]	2	MO
NULOJIX SOLR 250 MG [belatacept]	2	
PROGRAF SOLN 5 MG/ML [tacrolimus]	2	
SANDIMMUNE CAPS 100 MG [cyclosporine]	2	MO
SANDIMMUNE CAPS 25 MG [cyclosporine]	2	MO
SANDIMMUNE SOLN 100 MG/ML [cyclosporine]	2	MO
SIMULECT SOLR 10 MG [basiliximab]	2	
SIMULECT SOLR 20 MG [basiliximab]	2	
sirolimus soln 1 mg/ml	4	MO
sirolimus tabs 0.5 mg	1	MO
sirolimus tabs 1 mg	1	MO
sirolimus tabs 2 mg	1	MO
tacrolimus caps 0.5 mg	1	
tacrolimus caps 1 mg	1	
tacrolimus caps 5 mg	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
AMPHADASE SOLN 150 UNIT/ML [hyaluronidase bovine]	4	QL - 30 day(s)

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ATGAM INJ 50 MG/ML [<i>lymphocyte immune globulin, anti-thymocyte globulin (equine)</i>]	2	
BORIC ACID TOPICAL POWD [<i>boric acid (bulk)</i>]	2	
BOTOX SOLR 100 UNIT [<i>onabotulinumtoxinA</i>]	2	
BREVITAL SODIUM SOLR 500 MG [<i>methohexital sodium</i>]	2	
<i>bupivacaine hcl (pf) soln 0.25 %</i>	1	
<i>bupivacaine hcl (pf) soln 0.5 %</i>	1	
<i>bupivacaine hcl (pf) soln 0.75 %</i>	1	
<i>bupivacaine hcl soln 0.25 %</i>	1	
<i>bupivacaine hcl soln 0.5 %</i>	1	
<i>bupivacaine-epinephrine (pf) soln 0.25% -1:200000</i>	1	
BUPIVACAINE-EPINEPHRINE (PF) SOLN 0.5% -1:200000 [<i>bupivacaine w/ epinephrine</i>]	1	
<i>bupivacaine-epinephrine soln 0.25% -1:200000</i>	1	
<i>bupivacaine-epinephrine soln 0.5% -1:200000</i>	1	
CARNITOR SF SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	2	MO
CARNITOR SOLN 1 GM/10ML [<i>levocarnitine (metabolic modifiers)</i>]	2	MO
CARNITOR SOLN 200 MG/ML [<i>levocarnitine (metabolic modifiers)</i>]	2	
CARNITOR TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	2	MO
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	2	MO, LD
CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	2	MO, LD
<i>desflurane soln</i>	1	
ELMIRON CAPS 100 MG [<i>pentosan polysulfate sodium</i>]	2	
ETHYOL SOLR 500 MG [<i>amifostine</i>]	4	QL - 30 day(s)
GELFILM FILM [<i>gelatin absorbable</i>]	2	
GELFOAM COMPRESSED SIZE 100 MISC [<i>gelatin absorbable</i>]	2	
GELFOAM SPONGE MISC 12-7 MM [<i>gelatin absorbable</i>]	2	
GELFOAM SPONGE SIZE 100 MISC [<i>gelatin absorbable</i>]	2	
GELFOAM SPONGE SIZE 50 MISC [<i>gelatin absorbable</i>]	2	
HYPERTET S/D INJ 250 UNIT/ML [<i>tetanus immune globulin (human)</i>]	2	
<i>isoflurane soln</i>	1	
<i>ketamine hcl soln 100 mg/ml</i>	1	
<i>levocarnitine soln 1 gm/10ml</i>	1	MO
LEVOCARNITINE TABS 330 MG [<i>levocarnitine (metabolic modifiers)</i>]	1	MO
<i>lidocaine hcl soln 1 %</i>	1	
<i>lidocaine hcl soln 2 %</i>	1	
<i>lidocaine-epinephrine soln 0.5 %-1:200000</i>	1	
<i>lidocaine-epinephrine soln 1 %-1:100000</i>	1	
<i>lidocaine-epinephrine soln 2 %-1:100000</i>	1	
<i>mesna soln 100 mg/ml</i>	1	
MESNEX TABS 400 MG [<i>mesna</i>]	2	
METOPIRONE CAPS 250 MG [<i>metyrapone</i>]	2	LD
NESACAINE SOLN 1 % [<i>chloroprocaine hcl</i>]	2	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
NESACAINE SOLN 2 % [<i>chloroprocaine hcl</i>]	2	
<i>phentermine hcl tabs 37.5 mg</i>	1	RB
<i>propofol emul 200 mg/20ml</i>	1	
QSYMIA CP24 11.25-69 MG [<i>phentermine hcl-topiramate</i>]	2	PA, MO, RB
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>]	2	PA, MO, RB
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>]	2	PA, MO, RB
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>]	2	PA, MO, RB
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>]	2	
<i>sevoflurane soln</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sterile water for injection soln</i>	1	
THIOLA TABS 100 MG [<i>tiopronin</i>]	4	QL - 30 day(s)
XYLOCAINE-MPF SOLN 1 % [<i>lidocaine hcl (local anesth.)</i>]	2	
<i>zoledronic acid conc 4 mg/5ml</i>	1	MO
OXYTOCICS		
OXYTOCICS		
HEMABATE SOLN 250 MCG/ML [<i>carboprost tromethamine</i>]	4	QL - 30 day(s)
[Methylergonovine Maleate] METHERGINE TABS 0.2 MG	1	
<i>methylergonovine maleate soln 0.2 mg/ml</i>	1	
OXYTOCIN SOLN 10 UNIT/ML [<i>oxytocin</i>]	1	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	2	MO
ADVAIR DISKUS AEPB 250-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	2	MO
ADVAIR DISKUS AEPB 500-50 MCG/DOSE [<i>fluticasone-salmeterol</i>]	2	MO
ADVAIR HFA AERO 115-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	ST, MO
ADVAIR HFA AERO 230-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	ST, MO
ADVAIR HFA AERO 45-21 MCG/ACT [<i>fluticasone-salmeterol</i>]	2	ST, MO
ALVESCO AERS 160 MCG/ACT [<i>ciclesonide</i>]	2	MO
ALVESCO AERS 80 MCG/ACT [<i>ciclesonide</i>]	2	MO
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	MO
ASMANEX (14 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	MO
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	MO
ASMANEX (30 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	MO
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [<i>mometasone furoate (inhalation)</i>]	2	MO
ASMANEX HFA AERO 100 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	MO
ASMANEX HFA AERO 200 MCG/ACT [<i>mometasone furoate (inhalation)</i>]	2	MO
<i>budesonide susp 0.25 mg/2ml</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
budesonide susp 0.5 mg/2ml	1	MO
FLOVENT HFA AERO 44 MCG/ACT [<i>fluticasone propionate hfa</i>]	2	AR
ANTITUSSIVES		
benzonatate caps 100 mg	1	
benzonatate caps 200 mg	1	
CYSTIC FIBROSIS		
CAYSTON SOLR 75 MG [<i>aztreonam lysine</i>]	4	QL - 30 day(s), LD
tobramycin nebu 300 mg/5ml	1	QL - 30 day(s)
PULMONARY FIBROSIS		
ESBRIET CAPS 267 MG [<i>pirfenidone</i>]	2	PA, QL - 30 day(s)
ESBRIET TABS 267 MG [<i>pirfenidone</i>]	2	PA, QL - 30 day(s)
ESBRIET TABS 801 MG [<i>pirfenidone</i>]	2	PA, QL - 30 day(s)
RESPIRATORY AGENTS, MISCELLANEOUS		
acetylcysteine soln 10 %	1	
acetylcysteine soln 20 %	1	
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	1	MO
albuterol sulfate nebu 2.5 mg/0.5ml	1	MO
albuterol sulfate syrp 2 mg/5ml	1	MO
albuterol sulfate tabs 2 mg	1	MO
albuterol sulfate tabs 4 mg	1	MO
ambrisentan tabs 10 mg	1	
ambrisentan tabs 5 mg	1	
ARALAST NP SOLR 1000 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s)
ARALAST NP SOLR 500 MG [<i>alpha1-proteinase inhibitor (human)</i>]	2	QL - 30 day(s)
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT [<i>ipratropium-albuterol</i>]	2	MO
cromolyn sodium nebu 20 mg/2ml	1	MO
[Theophylline] ELIXOPHYLLIN ELIX 80 MG/15ML	2	MO
FASENRA PEN SOAJ 30 MG/ML [<i>benralizumab</i>]	4	PA, QL - 30 day(s)
ipratropium bromide soln 0.02 %	1	MO
ipratropium bromide soln 0.03 %	1	ST, MO
montelukast sodium chew 4 mg	1	MO
montelukast sodium chew 5 mg	1	MO
montelukast sodium tabs 10 mg	1	MO
PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>]	4	QL - 30 day(s)
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>]	2	QL - 30 day(s), LD
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>]	2	QL - 30 day(s), LD
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>]	2	QL - 30 day(s), LD
REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>]	2	QL - 30 day(s), LD
SODIUM CHLORIDE NEBU 0.9 % [<i>sodium chloride (inhalant)</i>]	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [<i>tiotropium bromide monohydrate</i>]	2	MO
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [<i>tiotropium bromide-olodaterol hcl</i>]	2	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [<i>olodaterol hcl</i>]	2	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Theophylline] THEO-24 CP24 300 MG	2	MO
<i>theophylline er tb12 100 mg</i>	1	MO
<i>theophylline er tb12 200 mg</i>	1	MO
<i>theophylline er tb12 300 mg</i>	1	MO
<i>theophylline er tb12 450 mg</i>	1	MO
<i>theophylline er tb24 400 mg</i>	1	MO
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	2	MO
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF SOLR 12 GM [<i>immune globulin (human) iv</i>]	2	MO
CARIMUNE NF SOLR 6 GM [<i>immune globulin (human) iv</i>]	2	MO
GAMUNEX-C SOLN 1 GM/10ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	QL - 30 day(s)
GAMUNEX-C SOLN 10 GM/100ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	QL - 30 day(s)
GAMUNEX-C SOLN 2.5 GM/25ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	QL - 30 day(s)
GAMUNEX-C SOLN 20 GM/200ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	QL - 30 day(s)
GAMUNEX-C SOLN 5 GM/50ML [<i>immune globulin (human) iv or subcutaneous</i>]	2	QL - 30 day(s)
HIZENTRA SOLN 1 GM/5ML [<i>immune globulin (human) subcutaneous</i>]	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML [<i>immune globulin (human) subcutaneous</i>]	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML [<i>immune globulin (human) subcutaneous</i>]	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML [<i>immune globulin (human) subcutaneous</i>]	2	QL - 30 day(s)
HYPERRHO S/D SOSY 1500 UNIT [<i>rho d immune globulin (human)</i>]	2	
HYQVIA KIT 10 GM/100ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	PA, QL - 30 day(s)
HYQVIA KIT 2.5 GM/25ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	PA, QL - 30 day(s)
HYQVIA KIT 20 GM/200ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	PA, QL - 30 day(s)
HYQVIA KIT 30 GM/300ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	PA, QL - 30 day(s)
HYQVIA KIT 5 GM/50ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	4	PA, QL - 30 day(s)
IMOGAM RABIES-HT SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	2	
NABI-HB SOLN [<i>hepatitis b immune globulin (human)</i>]	2	
OCTAGAM SOLN 5 GM/100ML [<i>immune globulin (human) iv</i>]	2	MO
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>]	2	

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
VARIZIG SOLR 125 UNIT [<i>varicella-zoster immune globulin (human)</i>]	2	
SEXUAL DYSFUNCTION		
VASODILATING AGENTS		
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
EDEX KIT 10 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
EDEX KIT 20 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
EDEX KIT 40 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
MUSE PLLT 1000 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
MUSE PLLT 125 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
MUSE PLLT 250 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
MUSE PLLT 500 MCG [<i>alprostadil (vasodilator)</i>]	2	QL - 8/30/day(s), RB
tadalafil tabs 10 mg	1	QL - 8/30/day(s), RB
tadalafil tabs 2.5 mg	1	QL - 8/30/day(s), RB
tadalafil tabs 20 mg	1	QL - 8/30/day(s), RB
tadalafil tabs 5 mg	1	QL - 8/30/day(s), RB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
AKTIPAK PACK 5-3 % [<i>benzoyl peroxide-erythromycin</i>]	2	MO
BACTROBAN NASAL OINT 2 % [<i>mupirocin calcium</i>]	2	
BENZOIC ACID POWD [<i>benzoic acid</i>]	2	
benzoyl peroxide-erythromycin gel 5-3 %	1	MO
clindamycin phosphate crea 2 %	1	
clindamycin phosphate lotn 1 %	1	ST, MO
clindamycin phosphate soln 1 %	1	MO
clotrimazole troc 10 mg	1	
erythromycin gel 2 %	1	MO
erythromycin soln 2 %	1	MO
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	1	
ketoconazole crea 2 %	1	
ketoconazole sham 2 %	1	
metronidazole crea 0.75 %	1	
metronidazole gel 0.75 %	1	
mupirocin calcium crea 2 %	1	
mupirocin oint 2 %	1	
nystatin crea 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
selenium sulfide lotn 2.5 %	1	
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>]	1	
sulfacetamide sodium (acne) lotn 10 %	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate oint 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug crea 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug gel 0.05 %</i>	2	MO
<i>betamethasone dipropionate aug lotn 0.05 %</i>	1	MO
<i>betamethasone dipropionate aug oint 0.05 %</i>	1	MO
<i>betamethasone dipropionate lotn 0.05 %</i>	1	MO
BETAMETHASONE DIPROPIONATE OINT 0.05 % [<i>betamethasone dipropionate (topical)</i>]	1	MO
BETAMETHASONE VALERATE CREA 0.1 % [<i>betamethasone valerate</i>]	1	MO
BETAMETHASONE VALERATE LOTN 0.1 % [<i>betamethasone valerate</i>]	1	MO
<i>betamethasone valerate oint 0.1 %</i>	1	MO
<i>ciclopirox olamine crea 0.77 %</i>	1	
<i>clobetasol propionate crea 0.05 %</i>	1	MO
<i>clobetasol propionate emollient base crea 0.05 %</i>	1	MO
<i>clobetasol propionate gel 0.05 %</i>	1	MO
<i>clobetasol propionate oint 0.05 %</i>	1	MO
CLOBETASOL PROPIONATE POWD [<i>clobetasol propionate</i>]	2	
<i>clobetasol propionate sham 0.05 %</i>	1	MO
<i>clobetasol propionate soln 0.05 %</i>	1	MO
CLOBEX SHAM 0.05 % [<i>clobetasol propionate</i>]	2	MO
<i>clotrimazole-betamethasone crea 1-0.05 %</i>	1	
[Hydrocortisone (intrarectal)] COLOCORT ENEM 100 MG/60ML	1	MO
CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	2	MO
<i>desonide crea 0.05 %</i>	1	MO
<i>desonide oint 0.05 %</i>	1	MO
<i>desoximetasone crea 0.25 %</i>	1	MO
<i>diclofenac sodium gel 1 %</i>	1	MO
DUPIXENT SOSY 200 MG/1.14ML [<i>dupilumab</i>]	4	PA, QL - 30 day(s)
<i>fluocinolone acetonide body oil 0.01 %</i>	1	MO
<i>fluocinolone acetonide crea 0.01 %</i>	1	MO
<i>fluocinolone acetonide crea 0.025 %</i>	1	MO
<i>fluocinolone acetonide oint 0.025 %</i>	1	MO
<i>fluocinolone acetonide scalp oil 0.01 %</i>	1	MO
<i>fluocinolone acetonide soln 0.01 %</i>	1	MO
FLUOCINONIDE CREA 0.05 % [<i>fluocinonide</i>]	1	MO
<i>fluocinonide emulsified base crea 0.05 %</i>	1	MO
<i>fluocinonide gel 0.05 %</i>	1	MO
<i>fluocinonide oint 0.05 %</i>	1	MO
<i>fluocinonide soln 0.05 %</i>	1	MO
<i>halobetasol propionate crea 0.05 %</i>	1	MO
<i>halobetasol propionate oint 0.05 %</i>	1	MO
HYDROCORTISONE ACETATE SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone butyr lipo base crea 0.1 %</i>	1	MO
<i>hydrocortisone butyrate crea 0.1 %</i>	1	MO
<i>hydrocortisone butyrate oint 0.1 %</i>	1	MO
<i>hydrocortisone butyrate soln 0.1 %</i>	2	MO
<i>hydrocortisone crea 2.5 %</i>	1	MO
<i>hydrocortisone lotn 2.5 %</i>	1	MO
HYDROCORTISONE MICRONIZED POWD [<i>hydrocortisone micronized</i>]	2	
<i>hydrocortisone oint 2.5 %</i>	1	MO
<i>mometasone furoate crea 0.1 %</i>	1	MO
<i>mometasone furoate oint 0.1 %</i>	1	MO
<i>mometasone furoate soln 0.1 %</i>	1	MO
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	MO
<i>triamcinolone acetonide aers 0.147 mg/gm</i>	1	MO
<i>triamcinolone acetonide crea 0.025 %</i>	1	MO
<i>triamcinolone acetonide crea 0.1 %</i>	1	MO
<i>triamcinolone acetonide crea 0.5 %</i>	1	MO
<i>triamcinolone acetonide oint 0.025 %</i>	1	MO
<i>triamcinolone acetonide oint 0.1 %</i>	1	MO
<i>triamcinolone acetonide oint 0.5 %</i>	1	MO
TRIAMCINOLONE ACETONIDE POWD [<i>triamcinolone acetonide (topical)</i>]	2	
<i>triamcinolone acetonide pste 0.1 %</i>	1	MO
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>lidocaine hcl soln 4 %</i>	1	MO
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	2	MO
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	1	MO
CELL STIMULANTS AND PROLIFERANTS		
RETIN-A CREA 0.025 % [<i>tretinoin</i>]	2	AR, MO
RETIN-A CREA 0.05 % [<i>tretinoin</i>]	2	AR, MO
RETIN-A CREA 0.1 % [<i>tretinoin</i>]	2	AR, MO
RETIN-A GEL 0.01 % [<i>tretinoin</i>]	2	AR, MO
RETIN-A GEL 0.025 % [<i>tretinoin</i>]	2	AR, MO
<i>tretinoin crea 0.025 %</i>	1	AR, MO
<i>tretinoin crea 0.05 %</i>	1	AR, MO
<i>tretinoin crea 0.1 %</i>	1	AR, MO
<i>tretinoin gel 0.01 %</i>	1	AR, MO
<i>tretinoin gel 0.025 %</i>	1	AR, MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin caps 10 mg</i>	1	
<i>acitretin caps 25 mg</i>	1	
<i>adapalene gel 0.3 %</i>	1	MO
<i>calcipotriene soln 0.005 %</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
[Isotretinoin] CLARAVIS CAPS 10 MG	1	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML [<i>secukinumab</i>]	4	QL - 30 day(s)
DIFFERIN GEL 0.3 % [<i>adapalene</i>]	2	MO
DRITHO-CREME HP CREA 1 % [<i>anthralin</i>]	2	MO
DRYSOL SOLN 20 % [<i>aluminum chloride</i>]	2	MO
DUPIXENT SOPN 300 MG/2ML [<i>dupilumab</i>]	4	PA, QL - 30 day(s)
DUPIXENT SOSY 300 MG/2ML [<i>dupilumab</i>]	4	PA, QL - 30 day(s)
ETHYL CHLORIDE AERO [<i>ethyl chloride</i>]	2	
<i>fluorouracil crea 5 %</i>	1	
<i>fluorouracil soln 2 %</i>	2	
<i>fluorouracil soln 5 %</i>	2	
GLYCOPYRROLATE POWD [<i>glycopyrrolate (bulk)</i>]	2	
GRANULEX AER [<i>trypsin w/ castor oil & peruvian balsam</i>]	2	
<i>imiquimod crea 5 %</i>	1	
<i>isotretinoin caps 20 mg</i>	1	
<i>isotretinoin caps 30 mg</i>	1	
<i>isotretinoin caps 40 mg</i>	1	
<i>methoxsalen rapid caps 10 mg</i>	1	
<i>permethrin crea 5 %</i>	1	
<i>podofilox soln 0.5 %</i>	1	MO
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>]	2	
TACROLIMUS OINT 0.03 % [<i>tacrolimus (topical)</i>]	1	MO
TACROLIMUS OINT 0.1 % [<i>tacrolimus (topical)</i>]	1	MO
<i>tazarotene crea 0.1 %</i>	1	MO
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	2	MO
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	2	MO
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	2	MO
VECTICAL OINT 3 MCG/GM [<i>calcitriol (topical)</i>]	2	MO
XERAC AC SOLN 6.25 % [<i>aluminum chloride in alcohol</i>]	2	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>oxybutynin chloride er tb24 10 mg</i>	1	MO
<i>oxybutynin chloride er tb24 15 mg</i>	1	MO
<i>oxybutynin chloride er tb24 5 mg</i>	1	MO
<i>oxybutynin chloride syrp 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride tabs 5 mg</i>	1	MO
<i>solifenacin succinate tabs 10 mg</i>	1	QL - 1/day, MO
<i>solifenacin succinate tabs 5 mg</i>	1	QL - 1/day, MO
<i>tropium chloride tabs 20 mg</i>	1	MO
VITAMINS		
VITAMINS		
AQUASOL A SOLN 15 MG/ML [<i>vitamin a</i>]	4	QL - 30 day(s)
<i>calcitriol caps 0.25 mcg</i>	1	MO

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

Drug Name	Tier Level	Necessary Actions, Restrictions, or Limits on Use
<i>calcitriol caps 0.5 mcg</i>	1	MO
<i>cyanocobalamin soln 1000 mcg/ml</i>	1	MO
DECARA CAPS 1.25 MG (50000 UT) [<i>cholecalciferol</i>]	1	
<i>folic acid soln 5 mg/ml</i>	1	
<i>folic acid tabs 1 mg</i>	1	MO
INFED SOLN 50 MG/ML [<i>iron dextran</i>]	2	
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	2	
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	2	
<i>phytonadione tabs 5 mg</i>	1	
POTABA CAPS 500 MG [<i>potassium aminobenzoate</i>]	2	MO
POTABA TAB 500MG [<i>potassium aminobenzoate</i>]	2	
<i>pyridoxine hcl soln 100 mg/ml</i>	2	
<i>thiamine hcl soln 100 mg/ml</i>	1	
VENOFER SOLN 20 MG/ML [<i>iron sucrose</i>]	2	
<i>vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)</i>	1	MO
<i>vitamin k1 soln 10 mg/ml</i>	4	QL - 30 day(s)

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.

INDEX

A

abacavir sulfate soln 20 mg/ml	11	ADAGEN SOLN 250 UNIT/ML [pegademase bovine]	47
abacavir sulfate tabs 300 mg	11	adapalene gel 0.3 %	66
abacavir sulfate-lamivudine tabs 600-300 mg	11	ADCIRCA TABS 20 MG [tadalafil (pulmonary hypertension)]	28
abacavir-lamivudine-zidovudine tabs 300-150-300 mg	11	ADDAMEL N SOLN [trace minerals (cr-cu-f-fe-i-mn-mo-se-zn)]	46
abiraterone acetate tabs 250 mg	15	ADDERALL XR CP24 10 MG [amphetamine-dextroamphetamine]	31
ABRAXANE SUSR 100 MG [paclitaxel protein-bound particles]	15	ADDERALL XR CP24 15 MG [amphetamine-dextroamphetamine]	31
acamprosate calcium tbec 333 mg	29	ADDERALL XR CP24 20 MG [amphetamine-dextroamphetamine]	31
acarbose tabs 100 mg	54	ADDERALL XR CP24 25 MG [amphetamine-dextroamphetamine]	31
acarbose tabs 25 mg	54	ADDERALL XR CP24 30 MG [amphetamine-dextroamphetamine]	31
acarbose tabs 50 mg	54	ADDERALL XR CP24 5 MG [amphetamine-dextroamphetamine]	31
ACCU-CHEK COMPACT PLUS CARE KIT [blood glucose monitoring supplies]	41	adefovir dipivoxil tabs 10 mg	12
ACCU-CHEK COMPACT PLUS STRP [glucose blood]	41	adenosine soln 12 mg/4ml	26
acebutolol hcl caps 200 mg	24	ADRENALIN SOLN 0.1 % [epinephrine hcl (nasal)]	50
acebutolol hcl caps 400 mg	24	ADRENALIN SOLN 1 MG/ML [epinephrine (anaphylaxis)]	20
acetaminophen-codeine #2 tabs 300-15 mg	29	ADVAIR DISKUS AEPB 100-50 MCG/DOSE [fluticasone-salmeterol]	61
acetaminophen-codeine #3 tabs 300-30 mg	29	ADVAIR DISKUS AEPB 250-50 MCG/DOSE [fluticasone-salmeterol]	61
acetaminophen-codeine #4 tabs 300-60 mg	29	ADVAIR DISKUS AEPB 500-50 MCG/DOSE [fluticasone-salmeterol]	61
acetaminophen-codeine soln 120-12 mg/5ml	29	ADVAIR HFA AERO 115-21 MCG/ACT [fluticasone-salmeterol]	61
acetazolamide er cp12 500 mg	49	ADVAIR HFA AERO 230-21 MCG/ACT [fluticasone-salmeterol]	61
acetazolamide sodium solr 500 mg	27	ADVAIR HFA AERO 45-21 MCG/ACT [fluticasone-salmeterol]	61
acetazolamide tabs 125 mg	49	ADVATE SOLR 1000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	20
acetazolamide tabs 250 mg	49	ADVATE SOLR 1500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	21
ACETEST TAB TABLETS [acetone (urine) test]	41	ADVATE SOLR 2000 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	21
acetic acid soln 2 %	49	ADVATE SOLR 250 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	21
acetic acid-aluminum acetate soln 2 %	49	ADVATE SOLR 500 UNIT [antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)]	21
acetylcysteine soln 10 %	62	ADVOCATE DUO DEVI [blood glucose monitor & blood pressure monitor]	41
acetylcysteine soln 20 %	62	ADVOCATE DUO KIT [blood glucose monitor & blood pressure monitor]	41
acitretin caps 10 mg	66		
acitretin caps 25 mg	66		
ACTEMRA ACTPEN SOAJ 162 MG/0.9ML [tocilizumab]	58		
ACTEMRA SOSY 162 MG/0.9ML [tocilizumab]	58		
ACTHAR GEL 80 UNIT/ML [corticotropin]	56		
ACTI-LANCE LITE LANCETS 28G MISC [lancets]	41		
ACTI-LANCE UNIVERSAL 23G MISC [lancets]	41		
ACTIVASE SOLR 100 MG [alteplase]	20		
acyclovir caps 200 mg	11		
acyclovir sodium inj 1000mg	11		
acyclovir sodium soln 50 mg/ml	11		
acyclovir susp 200 mg/5ml	11		
acyclovir tabs 400 mg	12		
acyclovir tabs 800 mg	12		

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.

INDEX

ADVOCATE SAFETY LANCETS MISC [<i>lancets</i>]	41	<i>aminocaproic acid tabs 1000 mg</i>	21
AFINITOR TABS 10 MG [<i>everolimus</i>]	15	<i>aminocaproic acid tabs 500 mg</i>	21
AGGRENOX CP12 25-200 MG [<i>aspirin-dipyridamole</i>]	21	<i>amiodarone hcl soln 150 mg/3ml</i>	26
AKTIPAK PACK 5-3 % [<i>benzoyl peroxide-erythromycin</i>]	64	<i>amiodarone hcl tabs 200 mg</i>	26
AKYNZEO CAPS 300-0.5 MG [<i>netupitant-palonosetron</i>]	50	<i>amitriptyline hcl tabs 10 mg</i>	37
<i>albendazole tabs 200 mg</i>	6	<i>amitriptyline hcl tabs 100 mg</i>	37
<i>albuterol sulfate er tb12 4 mg</i>	20	<i>amitriptyline hcl tabs 150 mg</i>	37
<i>albuterol sulfate er tb12 8 mg</i>	20	<i>amitriptyline hcl tabs 25 mg</i>	37
<i>albuterol sulfate nebu (2.5 mg/3ml) 0.083%</i>	62	<i>amitriptyline hcl tabs 50 mg</i>	37
<i>albuterol sulfate nebu (5 mg/ml) 0.5%</i>	20	<i>amitriptyline hcl tabs 75 mg</i>	37
<i>albuterol sulfate nebu 0.63 mg/3ml</i>	20	<i>amlodipine besylate tabs 10 mg</i>	25
<i>albuterol sulfate nebu 1.25 mg/3ml</i>	20	<i>amlodipine besylate tabs 2.5 mg</i>	25
<i>albuterol sulfate nebu 2.5 mg/0.5ml</i>	62	<i>amlodipine besylate tabs 5 mg</i>	25
<i>albuterol sulfate syr 2 mg/5ml</i>	62	<i>amoxicillin</i>	4
<i>albuterol sulfate tabs 2 mg</i>	62	<i>amoxicillin caps 250 mg</i>	6
<i>albuterol sulfate tabs 4 mg</i>	62	<i>amoxicillin caps 500 mg</i>	6
<i>alclometasone dipropionate oint 0.05 %</i>	65	<i>amoxicillin chew 125 mg</i>	6
ALECENSA CAPS 150 MG [<i>alectinib hcl</i>]	15	<i>amoxicillin chew 250 mg</i>	6
<i>alendronate sodium tabs 35 mg</i>	58	<i>amoxicillin susr 125 mg/5ml</i>	6
<i>alendronate sodium tabs 70 mg</i>	58	<i>amoxicillin susr 200 mg/5ml</i>	6
<i>alfuzosin hcl er tb24 10 mg</i>	23	<i>amoxicillin susr 250 mg/5ml</i>	6
ALIQOPA SOLR 60 MG [<i>copanlisib hcl</i>]	15	<i>amoxicillin susr 400 mg/5ml</i>	6
<i>allopurinol tabs 100 mg</i>	58	<i>amoxicillin tabs 500 mg</i>	6
<i>allopurinol tabs 300 mg</i>	58	<i>amoxicillin tabs 875 mg</i>	6
ALPHANINE SD SOLR 500 UNIT [<i>coagulation factor ix</i>]	21	<i>amoxicillin-pot clavulanate chew 200-28.5 mg</i>	6
<i>alprazolam tabs 0.25 mg</i>	35	<i>amoxicillin-pot clavulanate chew 400-57 mg</i>	6
<i>alprazolam tabs 0.5 mg</i>	35	<i>amoxicillin-pot clavulanate susr 200-28.5 mg/5ml</i>	6
<i>alprazolam tabs 1 mg</i>	35	<i>amoxicillin-pot clavulanate susr 250-62.5 mg/5ml</i>	6
<i>alprazolam tabs 2 mg</i>	35	<i>amoxicillin-pot clavulanate susr 400-57 mg/5ml</i>	6
ALTAFLUOR SOLN 0.25-0.4 % [<i>fluorescein w/benoxinate</i>]	49	<i>amoxicillin-pot clavulanate susr 600-42.9 mg/5ml</i>	6
ALVESCO AERS 160 MCG/ACT [<i>ciclesonide</i>]	61	<i>amoxicillin-pot clavulanate tabs 250-125 mg</i>	6
ALVESCO AERS 80 MCG/ACT [<i>ciclesonide</i>]	61	<i>amoxicillin-pot clavulanate tabs 500-125 mg</i>	6
<i>amantadine hcl caps 100 mg</i>	34	<i>amoxicillin-pot clavulanate tabs 875-125 mg</i>	6
<i>amantadine hcl syr 50 mg/5ml</i>	34	AMPHADASE SOLN 150 UNIT/ML [<i>hyaluronidase bovine</i>]	59
<i>amantadine hcl tabs 100 mg</i>	34	<i>amphetamine-dextroamphet er cp24 10 mg</i>	31
AMBISOME SUSR 50 MG [<i>amphotericin b liposome</i>]	10	<i>amphetamine-dextroamphet er cp24 15 mg</i>	31
<i>ambrisentan tabs 10 mg</i>	62	<i>amphetamine-dextroamphet er cp24 20 mg</i>	31
<i>ambrisentan tabs 5 mg</i>	62	<i>amphetamine-dextroamphet er cp24 25 mg</i>	31
AMICAR SOLN 0.25 GM/ML [<i>aminocaproic acid</i>]	21	<i>amphetamine-dextroamphet er cp24 30 mg</i>	31
<i>amikacin sulfate soln 1 gm/4ml</i>	6	<i>amphetamine-dextroamphet er cp24 5 mg</i>	31
<i>amikacin sulfate soln 500 mg/2ml</i>	6	<i>amphetamine-dextroamphetamine tabs 10 mg</i>	31
<i>amiloride hcl tabs 5 mg</i>	45	<i>amphetamine-dextroamphetamine tabs 15 mg</i>	29
<i>amiloride-hydrochlorothiazide tabs 5-50 mg</i>	45	<i>amphetamine-dextroamphetamine tabs 20 mg</i>	31
<i>aminocaproic acid soln 250 mg/ml</i>	21	<i>amphetamine-dextroamphetamine tabs 30 mg</i>	31
		<i>amphetamine-dextroamphetamine tabs 5 mg</i>	31
		<i>amphetamine-dextroamphetamine tabs 7.5 mg</i>	29
		<i>amphotericin b solr 50 mg</i>	10

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.

INDEX

ampicillin cap 250mg	6	ASMANEX HFA AERO 200 MCG/ACT [mometasone furoate (inhalation)]	61
ampicillin caps 500 mg	6	aspirin-dipyridamole er cp12 25-200 mg	21
ampicillin sodium solr 1 gm	6	ASSURE HAEMOLANCE PLUS HIGH MISC [lancets]	41
ampicillin sodium solr 10 gm	6	atazanavir sulfate caps 150 mg	12
ampicillin sodium solr 2 gm	6	atazanavir sulfate caps 200 mg	12
ampicillin sodium solr 500 mg	6	atazanavir sulfate caps 300 mg	12
ampicillin susr 125 mg/5ml	6	atenolol tabs 100 mg	24
ampicillin susr 250 mg/5ml	6	atenolol tabs 25 mg	24
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	6	atenolol tabs 50 mg	24
ampicillin-sulbactam sodium solr 3 (2-1) gm	6	atenolol-chlorthalidone tabs 100-25 mg	24
ANADROL-50 TABS 50 MG [oxymetholone]	53	atenolol-chlorthalidone tabs 50-25 mg	24
anagrelide hcl caps 0.5 mg	21	ATGAM INJ 50 MG/ML [lymphocyte immune globulin,anti-thymocyte globulin (equine)]	60
anagrelide hcl caps 1 mg	21	atomoxetine hcl caps 10 mg	31
anastrozole tabs 1 mg	15	atomoxetine hcl caps 100 mg	31
APTIVUS CAPS 250 MG [tipranavir]	12	atomoxetine hcl caps 18 mg	31
APTIVUS SOLN 100 MG/ML [tipranavir]	12	atomoxetine hcl caps 25 mg	31
AQUASOL A SOLN 15 MG/ML [vitamin a]	67	atomoxetine hcl caps 40 mg	31
ARALAST NP SOLR 1000 MG [alpha1-proteinase inhibitor (human)]	62	atomoxetine hcl caps 60 mg	31
ARALAST NP SOLR 500 MG [alpha1-proteinase inhibitor (human)]	62	atomoxetine hcl caps 80 mg	31
aripiprazole tabs 10 mg	37	atorvastatin calcium tabs 10 mg	24
aripiprazole tabs 15 mg	37	atorvastatin calcium tabs 20 mg	24
aripiprazole tabs 2 mg	37	atorvastatin calcium tabs 40 mg	24
aripiprazole tabs 20 mg	37	atorvastatin calcium tabs 80 mg	24
aripiprazole tabs 30 mg	37	atovaquone susp 750 mg/5ml	11
aripiprazole tabs 5 mg	37	atovaquone-proguanil hcl tabs 250-100 mg	11
ARISTOSPAN INTRA-ARTICULAR INJ 20MG/ML [triamcinolone hexacetonide]	52	atovaquone-proguanil hcl tabs 62.5-25 mg	11
ARISTOSPAN INTRALESIONAL INJ 5MG/ML [triamcinolone hexacetonide]	52	atracurium besylate soln 50 mg/5ml	36
armodafinil tabs 150 mg	31	ATROPINE SULFATE OINT 1 % [atropine sulfate (ophthalmic)]	50
armodafinil tabs 200 mg	31	ATROPINE SULFATE SOLN 1 % [atropine sulfate (ophthalmic)]	50
armodafinil tabs 250 mg	31	ATROPINE SULFATE SOLN 8 MG/20ML [atropine sulfate]	18
armodafinil tabs 50 mg	31	ATROPINE SULFATE SOSY 0.25 MG/5ML [atropine sulfate]	18
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)]	61	AUGMENTIN SUSR 125-31.25 MG/5ML [amoxicillin & pot clavulanate]	6
ASMANEX (14 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)]	61	AVONEX KIT 30 MCG [interferon beta-1a]	36
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH [mometasone furoate (inhalation)]	61	AVONEX PEN AJKT 30 MCG/0.5ML [interferon beta-1a]	36
ASMANEX (30 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)]	61	AVONEX PREFILLED PSKT 30 MCG/0.5ML [interferon beta-1a]	36
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH [mometasone furoate (inhalation)]	61	azacitidine susr 100 mg	15
ASMANEX HFA AERO 100 MCG/ACT [mometasone furoate (inhalation)]	61	azathioprine tabs 50 mg	59
		azelastine hcl soln 0.1 %	49
		AZITHROMYCIN PACK 1 GM [azithromycin]	6

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.

INDEX

azithromycin solr 500 mg	6
azithromycin susr 100 mg/5ml	6
azithromycin susr 200 mg/5ml	6
azithromycin tabs 250 mg	6
azithromycin tabs 500 mg	6
azithromycin tabs 600 mg	6
aztreonam solr 1 gm	7
aztreonam solr 2 gm	7

B

bacitracin oint 500 unit/gm	48
bacitracin-polymyxin b oint 500-10000 unit/gm	48
baclofen tabs 10 mg	19
baclofen tabs 20 mg	19
BACTERIOSTATIC WATER(BENZ ALC) SOLN [water for inject, bacteriostatic benzyl alcohol].....	46
BACTROBAN NASAL OINT 2 % [mupirocin calcium].....	64
BAL IN OIL SOLN 100 MG/ML [dimercaprol].....	52
balsalazide disodium caps 750 mg	50
BAQSIMI ONE PACK POWD 3 MG/DOSE [glucagon].....	54
BAVENCIO SOLN 200 MG/10ML [avelumab].....	15
BAYER BREEZE 2 SYSTEM KIT W/DEVICE [blood glucose monitoring supplies].....	41
BD AUTOSHIELD DUO MISC 30G X 5 MM [insulin pen needle].....	41
BD AUTOSHIELD MISC 29G X 5MM [insulin pen needle].....	41
BD AUTOSHIELD MISC 29G X 8MM [insulin pen needle].....	41
BD DISP NEEDLES MISC 30G X 1/2.....	41
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8.....	41
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2.....	41
BD INSULIN SYRINGE MISC 25G X 1.....	41
BD INSULIN SYRINGE MISC 25G X 5/8.....	41
BD INSULIN SYRINGE MISC 26G X 1/2.....	41
BD INSULIN SYRINGE MISC U-100 1 ML [insulin syringes (disposable)].....	41
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16.....	41
BD INSULIN SYRINGE U/F MISC 30G X 1/2.....	41
BD INSULIN SYRINGE U/F MISC 31G X 5/16.....	41, 42
BD INSULIN SYRINGE ULTRAFINE MISC 29G X 1/2.....	42
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM [insulin pen needle].....	42
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM [insulin pen needle].....	42
BD SAFE CLIP NEEDLE CLIPPER MISC [misc. devices].....	42
BD VEO INSULIN SYR U/F 1/2UNIT MISC 31G X 15/64.....	42
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64.....	42

BELEODAQ SOLR 500 MG [belinostat].....	15
benazepril hcl tabs 10 mg	27
benazepril hcl tabs 20 mg	27
benazepril hcl tabs 40 mg	27
benazepril hcl tabs 5 mg	27
BENZOIC ACID POWD [benzoic acid].....	64
benzonatate caps 100 mg	62
benzonatate caps 200 mg	62
benzoyl peroxide-erythromycin gel 5-3 %	64
benztropine mesylate soln 1 mg/ml	34
benztropine mesylate tabs 0.5 mg	34
benztropine mesylate tabs 1 mg	34
benztropine mesylate tabs 2 mg	34
BERINERT KIT 500 UNIT [c1 esterase inhibitor (human)].....	20
betamethasone dipropionate aug crea 0.05 %	65
betamethasone dipropionate aug gel 0.05 %	65
betamethasone dipropionate aug lotn 0.05 %	65
betamethasone dipropionate aug oint 0.05 %	65
betamethasone dipropionate lotn 0.05 %	65
BETAMETHASONE DIPROPIONATE OINT 0.05 % [betamethasone dipropionate (topical)].....	65
betamethasone sod phos & acet susp 6 (3-3) mg/ml	52
BETAMETHASONE VALERATE CREA 0.1 % [betamethasone valerate].....	65
BETAMETHASONE VALERATE LOTN 0.1 % [betamethasone valerate].....	65
betamethasone valerate oint 0.1 %	65
betaxolol hcl soln 0.5 %	49
bethanechol chloride tabs 10 mg	19
bethanechol chloride tabs 25 mg	19
bethanechol chloride tabs 5 mg	19
bethanechol chloride tabs 50 mg	19
bicalutamide tabs 50 mg	15
BICILLIN L-A SUSP 1200000 UNIT/2ML [penicillin g benzathine].....	7
BICILLIN L-A SUSP 2400000 UNIT/4ML [penicillin g benzathine].....	7
BICILLIN L-A SUSP 600000 UNIT/ML [penicillin g benzathine].....	7
BIKTARVY TABS 50-200-25 MG [bictegravir-emtricitabine-tenofovir alafenamide fumarate].....	12
BIO GLO STRP 1 MG [fluorescein sodium topical].....	49
bisoprolol fumarate tabs 10 mg	24
bisoprolol fumarate tabs 5 mg	24
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	25
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	25

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.

INDEX

bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	25
bleomycin sulfate solr 15 unit	15
bleomycin sulfate solr 30 unit	15
BLEPHAMIDE SUSP 10-0.2 % [sulfacetamide sod- prednisolone]	48
BLINCYTO SOLR 35 MCG [blinatumomab]	15
BORIC ACID TOPICAL POWD [boric acid (bulk)]	60
bosentan tabs 125 mg	28
bosentan tabs 62.5 mg	28
BOTOX SOLR 100 UNIT [onabotulinumtoxinA]	60
BRAVELLE SOLR 75 UNIT [urofollitropin purified]	56
BREEZE 2 TEST DISK [glucose blood]	42
BREVITAL SODIUM SOLR 500 MG [methohexital sodium]	60
BRILINTA TABS 60 MG [ticagrelor]	21
BRILINTA TABS 90 MG [ticagrelor]	21
brimonidine tartrate soln 0.2 %	49
bromocriptine mesylate caps 5 mg	34
bromocriptine mesylate tabs 2.5 mg	34
budesonide cpep 3 mg	52
budesonide susp 0.25 mg/2ml	61
budesonide susp 0.5 mg/2ml	62
bumetanide tabs 0.5 mg	45
bumetanide tabs 1 mg	45
bumetanide tabs 2 mg	45
bupivacaine hcl (pf) soln 0.25 %	60
bupivacaine hcl (pf) soln 0.5 %	60
bupivacaine hcl (pf) soln 0.75 %	60
bupivacaine hcl soln 0.25 %	60
bupivacaine hcl soln 0.5 %	60
bupivacaine-epinephrine (pf) soln 0.25% -1 200000	60
BUPIVACAINE-EPINEPHRINE (PF) SOLN 0.5% -1 200000 [bupivacaine w/ epinephrine]	60
bupivacaine-epinephrine soln 0.25% -1 200000	60
bupivacaine-epinephrine soln 0.5% -1 200000	60
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	37
buprenorphine hcl-naloxone hcl subl 8-2 mg	37
bupropion hcl er (smoking det) tb12 150 mg	37
bupropion hcl er (xl) tb24 150 mg	37
bupropion hcl er (xl) tb24 300 mg	37
bupropion hcl tabs 75 mg	37
buspiron hcl tabs 10 mg	35
buspiron hcl tabs 15 mg	35
buspiron hcl tabs 5 mg	35
buspiron hcl tabs 7.5 mg	35

butorphanol tartrate soln 1 mg/ml	29
butorphanol tartrate soln 2 mg/ml	29

C

cabergoline tabs 0.5 mg	34
calcipotriene soln 0.005 %	66
calcitonin (salmon) soln 200 unit/act	56
calcitriol caps 0.25 mcg	67
calcitriol caps 0.5 mcg	68
calcium acetate (phos binder) caps 667 mg	46
calcium acetate (phos binder) tabs 667 mg	46
CALCIUM CHLORIDE SOLN 10 % [calcium chloride (dihydrate)]	46
CALCIUM GLUCONATE SOLN 10 % [calcium gluconate]	46
capecitabine tabs 150 mg	15
capecitabine tabs 500 mg	15
captopril tabs 100 mg	27
captopril tabs 12.5 mg	27
captopril tabs 25 mg	27
captopril tabs 50 mg	27
carbamazepine chew 100 mg	32
carbamazepine er cp12 100 mg	32
carbamazepine er cp12 200 mg	32
carbamazepine er cp12 300 mg	32
carbamazepine er tb12 400 mg	32
carbamazepine susp 100 mg/5ml	32
carbamazepine tabs 200 mg	32
carbidopa-levodopa er tbcr 25-100 mg	34
carbidopa-levodopa er tbcr 50-200 mg	34
carbidopa-levodopa tabs 10-100 mg	34
carbidopa-levodopa tabs 25-100 mg	34
carbidopa-levodopa tabs 25-250 mg	35
carboplatin inj 150mg	15
carboplatin soln 600 mg/60ml	15
CARIMUNE NF SOLR 12 GM [immune globulin (human) iv]	63
CARIMUNE NF SOLR 6 GM [immune globulin (human) iv]	63
carmustine solr 100 mg	15
CARNITOR SF SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	60
CARNITOR SOLN 1 GM/10ML [levocarnitine (metabolic modifiers)]	60
CARNITOR SOLN 200 MG/ML [levocarnitine (metabolic modifiers)]	60
CARNITOR TABS 330 MG [levocarnitine (metabolic modifiers)]	60

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.

INDEX

CAROSPIR SUSP 25 MG/5ML [<i>spironolactone</i>]	46	<i>cephalexin susr 125 mg/5ml</i>	7
<i>carvedilol tabs 12.5 mg</i>	25	<i>cephalexin susr 250 mg/5ml</i>	7
<i>carvedilol tabs 25 mg</i>	25	CEQUA SOLN 0.09 % [<i>cyclosporine (ophth)</i>]	48
<i>carvedilol tabs 3.125 mg</i>	25	CEREZYME SOLR 400 UNIT [<i>imiglucerase</i>]	47
<i>carvedilol tabs 6.25 mg</i>	25	CHANTIX TABS 1 MG [<i>varenicline tartrate</i>]	19
<i>casprofungin acetate solr 50 mg</i>	10	CHEMET CAPS 100 MG [<i>succimer</i>]	52
<i>casprofungin acetate solr 70 mg</i>	10	CHEMSTRIP 2 STRP [<i>ph test</i>]	42
CATHFLO ACTIVASE SOLR 2 MG [<i>alteplase</i>]	21	CHEMSTRIP K STRP [<i>acetone (urine) test</i>]	42
CAVERJECT SOLR 20 MCG [<i>alprostadil (vasodilator)</i>]	64	CHEMSTRIP MICRAL STRP [<i>albumin (urine) test</i>]	42
CAVERJECT SOLR 40 MCG [<i>alprostadil (vasodilator)</i>]	64	CHEMSTRIP UGK STRP [<i>urine glucose-ketones test</i>]	42
CAYSTON SOLR 75 MG [<i>aztreonam lysine</i>]	62	CHERATUSSIN AC SYRP 100-10 MG/5ML [<i>guaifenesin-codeine</i>]	40
<i>cefazolin sodium solr 1 gm</i>	7	<i>chlordiazepoxide hcl caps 10 mg</i>	35
<i>cefazolin sodium solr 10 gm</i>	7	<i>chlordiazepoxide hcl caps 25 mg</i>	35
<i>cefazolin sodium solr 500 mg</i>	7	<i>chlordiazepoxide hcl caps 5 mg</i>	35
<i>cefazolin sodium-dextrose soln 1-4 gm/50ml-%</i>	7	CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG	
<i>cefdinir caps 300 mg</i>	7	[<i>chlordiazepoxide hcl-clidinium bromide</i>]	51
<i>cefdinir susr 125 mg/5ml</i>	7	<i>chlorhexidine gluconate soln 0.12 %</i>	48
<i>cefdinir susr 250 mg/5ml</i>	7	<i>chloroquine phosphate tabs 250 mg</i>	11
<i>cefepime hcl solr 1 gm</i>	7	<i>chloroquine phosphate tabs 500 mg</i>	11
<i>cefepime hcl solr 2 gm</i>	7	<i>chlorothiazide tabs 250 mg</i>	45
<i>cefixime caps 400 mg</i>	7	<i>chlorothiazide tabs 500 mg</i>	45
<i>cefixime susr 100 mg/5ml</i>	7	<i>chlorpromazine hcl soln 25 mg/ml</i>	37
<i>cefotaxime sodium solr 2 gm</i>	7	<i>chlorpromazine hcl tabs 10 mg</i>	37
<i>cefotaxime sodium solr 500 mg</i>	7	<i>chlorpromazine hcl tabs 100 mg</i>	37
<i>cefotetan disodium solr 1 gm</i>	7	<i>chlorpromazine hcl tabs 25 mg</i>	37
<i>cefotetan disodium solr 2 gm</i>	7	<i>chlorpromazine hcl tabs 50 mg</i>	37
CEFOTETAN DISODIUM-DEXTROSE SOLR 1-3.58 GM- %(50ML) [<i>cefotetan disodium and dextrose</i>]	7	<i>chlorthalidone tabs 25 mg</i>	45
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM- %(50ML) [<i>cefotetan disodium and dextrose</i>]	7	<i>chlorthalidone tabs 50 mg</i>	45
<i>ceftriaxone sodium in dextrose soln 20 mg/ml</i>	7	<i>cholestyramine light pack 4 gm</i>	24
<i>ceftriaxone sodium in dextrose soln 40 mg/ml</i>	7	<i>cholestyramine light powd 4 gm/dose</i>	24
<i>ceftriaxone sodium solr 1 gm</i>	7	<i>cholestyramine pack 4 gm</i>	24
<i>ceftriaxone sodium solr 10 gm</i>	7	<i>cholestyramine powd 4 gm/dose</i>	24
<i>ceftriaxone sodium solr 2 gm</i>	7	CHOLINE-MAG TRISALICYLATE LIQD 500 MG/5ML	
<i>ceftriaxone sodium solr 250 mg</i>	7	[<i>choline & mag salicylate</i>]	29
<i>ceftriaxone sodium solr 500 mg</i>	7	CHROMIC CHLORIDE SOLN 40 MCG/10ML [<i>chromic chloride</i>]	46
<i>cefuroxime axetil tabs 250 mg</i>	7	<i>ciclopirox olamine crea 0.77 %</i>	65
<i>cefuroxime axetil tabs 500 mg</i>	7	CILOXAN OINT 0.3 % [<i>ciprofloxacin hcl (ophth)</i>]	48
<i>cefuroxime sodium solr 1.5 gm</i>	7	CIMDUO TABS 300-300 MG [<i>lamivudine-tenofovir disoproxil fumarate</i>]	12
<i>cefuroxime sodium solr 750 mg</i>	7	<i>cimetidine hcl soln 300 mg/5ml</i>	51
<i>celecoxib caps 100 mg</i>	29	<i>cinacalcet hcl tabs 30 mg</i>	56
<i>celecoxib caps 200 mg</i>	29	<i>cinacalcet hcl tabs 60 mg</i>	56
<i>celecoxib caps 400 mg</i>	29	<i>cinacalcet hcl tabs 90 mg</i>	56
<i>celecoxib caps 50 mg</i>	29	CIPRO SUSR 250 MG/5ML (5%) [<i>ciprofloxacin</i>]	7
CELONTIN CAPS 300 MG [<i>methsuximide</i>]	32	<i>ciprofloxacin hcl soln 0.3 %</i>	48
<i>cephalexin caps 250 mg</i>	7		
<i>cephalexin caps 500 mg</i>	7		

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.

INDEX

<i>ciprofloxacin hcl tabs 100 mg</i>	7	<i>clomipramine hcl caps 25 mg</i>	37
<i>ciprofloxacin hcl tabs 250 mg</i>	7	<i>clomipramine hcl caps 50 mg</i>	37
<i>ciprofloxacin hcl tabs 500 mg</i>	7	<i>clomipramine hcl caps 75 mg</i>	37
<i>ciprofloxacin hcl tabs 750 mg</i>	7	<i>clonazepam tabs 0.5 mg</i>	32
<i>ciprofloxacin in d5w soln 200 mg/100ml</i>	8	<i>clonazepam tabs 1 mg</i>	35
<i>ciprofloxacin in d5w soln 400 mg/200ml</i>	8	<i>clonazepam tabs 2 mg</i>	35
<i>ciprofloxacin soln 200 mg/20ml</i>	8	<i>clonazepam tbdp 0.125 mg</i>	32
<i>ciprofloxacin soln 400 mg/40ml</i>	8	<i>clonazepam tbdp 0.25 mg</i>	32
<i>ciprofloxacin susr 500 mg/5ml (10%)</i>	8	<i>clonazepam tbdp 0.5 mg</i>	32
<i>ciprofloxacin-dexamethasone susp 0.3-0.1 %</i>	48	<i>clonazepam tbdp 1 mg</i>	32
<i>cisplatin soln 100 mg/100ml</i>	15	<i>clonazepam tbdp 2 mg</i>	32
<i>citalopram hydrobromide soln 10 mg/5ml</i>	37	<i>clonidine hcl tabs 0.1 mg</i>	27
<i>citalopram hydrobromide tabs 10 mg</i>	37	<i>clonidine hcl tabs 0.2 mg</i>	27
<i>citalopram hydrobromide tabs 20 mg</i>	37	<i>clonidine hcl tabs 0.3 mg</i>	27
<i>citalopram hydrobromide tabs 40 mg</i>	37	<i>clopidogrel bisulfate tabs 75 mg</i>	21
<i>clarithromycin susr 125 mg/5ml</i>	8	<i>clotrimazole troc 10 mg</i>	64
<i>clarithromycin susr 250 mg/5ml</i>	8	<i>clotrimazole-betamethasone crea 1-0.05 %</i>	65
<i>clarithromycin tabs 250 mg</i>	8	<i>clozapine tabs 100 mg</i>	37
<i>clarithromycin tabs 500 mg</i>	8	<i>clozapine tabs 200 mg</i>	37
CLIMARA PTWK 0.025 MG/24HR [<i>estradiol</i>]	55	<i>clozapine tabs 25 mg</i>	37
CLIMARA PTWK 0.0375 MG/24HR [<i>estradiol</i>]	55	<i>clozapine tabs 50 mg</i>	37
CLIMARA PTWK 0.05 MG/24HR [<i>estradiol</i>]	55	COCAINE HCL SOLN 10 % [<i>cocaine hcl</i>]	50
CLIMARA PTWK 0.06 MG/24HR [<i>estradiol</i>]	55	CODEINE SULFATE TABS 15 MG [<i>codeine sulfate</i>]	29
CLIMARA PTWK 0.075 MG/24HR [<i>estradiol</i>]	55	CODEINE SULFATE TABS 30 MG [<i>codeine sulfate</i>]	29
CLIMARA PTWK 0.1 MG/24HR [<i>estradiol</i>]	55	CODEINE SULFATE TABS 60 MG [<i>codeine sulfate</i>]	29
<i>clindamycin hcl caps 150 mg</i>	8	COLCHICINE CAPS 0.6 MG [<i>colchicine</i>]	58
<i>clindamycin hcl caps 300 mg</i>	8	<i>colchicine tabs 0.6 mg</i>	58
<i>clindamycin hcl caps 75 mg</i>	8	<i>colesevelam hcl tabs 625 mg</i>	24
<i>clindamycin palmitate hcl solr 75 mg/5ml</i>	8	<i>colestipol hcl gran 5 gm</i>	24
<i>clindamycin phosphate crea 2 %</i>	64	<i>colestipol hcl pack 5 gm</i>	24
<i>clindamycin phosphate lotn 1 %</i>	64	<i>colestipol hcl tabs 1 gm</i>	24
<i>clindamycin phosphate soln 1 %</i>	64	COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML [<i>neomycin-</i> <i>colistin-hc-thonzonium</i>]	48
CLINDAMYCIN PHOSPHATE SOLN 600 MG/4ML		COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	
[<i>clindamycin phosphate</i>]	8	[<i>ipratropium-albuterol</i>]	62
<i>clindamycin phosphate soln 9 gm/60ml</i>	8	COMPLERA TABS 200-25-300 MG [<i>emtricitabine-</i> <i>rilpivirine-tenofovir disoproxil fumarate</i>]	12
CLINITEST TAB CHLD RES [<i>glucose urine test-(copper</i> <i>sulfate)</i>]	42	CONTOUR NEXT CONTROL SOLN LOW [<i>blood glucose</i> <i>calibration</i>]	42
<i>clobetasol propionate crea 0.05 %</i>	65	CORDRAN TAPE 4 MCG/SQCM [<i>flurandrenolide</i>]	65
<i>clobetasol propionate emollient base crea 0.05 %</i>	65	<i>cortisone acetate tabs 25 mg</i>	52
<i>clobetasol propionate gel 0.05 %</i>	65	COSENTYX (300 MG DOSE) SOSY 150 MG/ML	
<i>clobetasol propionate oint 0.05 %</i>	65	[<i>secukinumab</i>]	67
CLOBETASOL PROPIONATE POWD [<i>clobetasol</i> <i>propionate</i>]	65	COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	
<i>clobetasol propionate sham 0.05 %</i>	65	[<i>secukinumab</i>]	67
<i>clobetasol propionate soln 0.05 %</i>	65	COTELLIC TABS 20 MG [<i>cobimetinib fumarate</i>]	15
CLOBEX SHAM 0.05 % [<i>clobetasol propionate</i>]	65	CREON CPEP 12000 UNIT [<i>pancrelipase (lipase-</i> <i>protease-amylase)</i>]	47
<i>clomiphene citrate tabs 50 mg</i>	56		

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.

INDEX

CREON CPEP 24000-76000 UNIT [<i>pancrelipase (lipase- protease-amylase)</i>]	48
CREON CPEP 3000-9500 UNIT [<i>pancrelipase (lipase- protease-amylase)</i>]	48
CREON CPEP 36000 UNIT [<i>pancrelipase (lipase- protease-amylase)</i>]	48
CREON CPEP 6000 UNIT [<i>pancrelipase (lipase- protease-amylase)</i>]	48
CRIXIVAN CAPS 200 MG [<i>indinavir sulfate</i>]	12
CRIXIVAN CAPS 400 MG [<i>indinavir sulfate</i>]	12
<i>cromolyn sodium nebu 20 mg/2ml</i>	62
<i>cromolyn sodium soln 4 %</i>	49
C-TOPICAL SOLN 4 % [<i>cocaine hcl</i>]	49
CUPRIC CHLORIDE SOLN 0.4 MG/ML [<i>cupric chloride</i>]	46
<i>cyanocobalamin soln 1000 mcg/ml</i>	68
<i>cyclobenzaprine hcl tabs 10 mg</i>	19
<i>cyclopentolate hcl soln 0.5 %</i>	50
<i>cyclopentolate hcl soln 1 %</i>	50
<i>cyclopentolate hcl soln 2 %</i>	50
CYCLOPHOSPHAMIDE CAPS 25 MG [<i>cyclophosphamide</i>]	15
CYCLOPHOSPHAMIDE CAPS 50 MG [<i>cyclophosphamide</i>]	15
<i>cyclophosphamide solr 1 gm</i>	15
<i>cyclophosphamide solr 2 gm</i>	15
<i>cyclophosphamide solr 500 mg</i>	15
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	14
<i>cyproheptadine hcl tabs 4 mg</i>	14
CYSTAGON CAPS 150 MG [<i>cysteamine bitartrate</i>]	60
CYSTAGON CAPS 50 MG [<i>cysteamine bitartrate</i>]	60
<i>cytarabine (pf) soln 100 mg/ml</i>	15
<i>cytarabine soln 20 mg/ml</i>	15

D

<i>dacarbazine solr 100 mg</i>	15
<i>dacarbazine solr 200 mg</i>	15
<i>dactinomycin solr 0.5 mg</i>	15
<i>dalfampridine er tb12 10 mg</i>	36
<i>danzol caps 100 mg</i>	53
<i>danzol caps 200 mg</i>	53
<i>danzol caps 50 mg</i>	53
<i>dantrolene sodium caps 100 mg</i>	19
<i>dantrolene sodium caps 25 mg</i>	19
<i>dantrolene sodium caps 50 mg</i>	19
<i>dapsone tabs 100 mg</i>	11
<i>dapsone tabs 25 mg</i>	11
DARAPRIM TABS 25 MG [<i>pyrimethamine</i>]	11
<i>daunorubicin hcl inj 20mg</i>	15

<i>daunorubicin hcl soln 20 mg/4ml</i>	15
DECARA CAPS 1.25 MG (50000 UT) [<i>cholecalciferol</i>]	68
<i>deferasirox tabs 360 mg</i>	52
<i>deferasirox tabs 90 mg</i>	52
<i>deferoxamine mesylate solr 500 mg</i>	52
DEPEN TITRATABS TABS 250 MG [<i>penicillamine</i>]	52
DEPO-MEDROL SUSP 20 MG/ML [<i>methylprednisolone acetate</i>]	52
DEPO-MEDROL SUSP 80 MG/ML [<i>methylprednisolone acetate</i>]	52
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML [<i>medroxyprogesterone acetate (contraceptive)</i>]	57
DESCOVY TABS 200-25 MG [<i>emtricitabine-tenofovir alafenamide fumarate</i>]	12
<i>desflurane soln</i>	60
<i>desipramine hcl tabs 10 mg</i>	37
<i>desipramine hcl tabs 100 mg</i>	37
<i>desipramine hcl tabs 150 mg</i>	37
<i>desipramine hcl tabs 25 mg</i>	38
<i>desipramine hcl tabs 50 mg</i>	38
<i>desipramine hcl tabs 75 mg</i>	38
<i>desmopressin ace spray refrig soln 0.01 %</i>	57
DESMOPRESSIN ACETATE SOLN 4 MCG/ML [<i>desmopressin acetate</i>]	57
<i>desmopressin acetate spray soln 0.01 %</i>	57
DESMOPRESSIN ACETATE TABS 0.1 MG [<i>desmopressin acetate</i>]	57
DESMOPRESSIN ACETATE TABS 0.2 MG [<i>desmopressin acetate</i>]	57
<i>desonide crea 0.05 %</i>	65
<i>desonide oint 0.05 %</i>	65
<i>desoximetasone crea 0.25 %</i>	65
<i>dexamethasone elix 0.5 mg/5ml</i>	52
<i>dexamethasone sodium phosphate soln 0.1 %</i>	48
<i>dexamethasone sodium phosphate soln 10 mg/ml</i>	52
<i>dexamethasone sodium phosphate soln 20 mg/5ml</i>	52
<i>dexamethasone tabs 0.5 mg</i>	52
<i>dexamethasone tabs 0.75 mg</i>	52
<i>dexamethasone tabs 1 mg</i>	52
<i>dexamethasone tabs 1.5 mg</i>	52
<i>dexamethasone tabs 2 mg</i>	53
<i>dexamethasone tabs 4 mg</i>	53
<i>dexamethasone tabs 6 mg</i>	53
<i>dextroamphetamine sulfate er cp24 10 mg</i>	31
<i>dextroamphetamine sulfate er cp24 15 mg</i>	32

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.

INDEX

dextroamphetamine sulfate er cp24 5 mg	32	diltiazem hcl tabs 120 mg	26
dextroamphetamine sulfate tabs 10 mg	32	diltiazem hcl tabs 30 mg	26
dextroamphetamine sulfate tabs 5 mg	32	diltiazem hcl tabs 60 mg	26
DEXTROSE IN LACTATED RINGERS SOLN 5 % [dextrose in lactated ringers].....	46	diltiazem hcl tabs 90 mg	26
DEXTROSE SOLN 10 % [dextrose].....	45	dimenhydrinate soln 50 mg/ml	50
DEXTROSE SOLN 5 % [dextrose].....	45	diphenhydramine hcl soln 50 mg/ml	14
DEXTROSE-NACL SOLN 5-0.2 % [dextrose w/ sodium chloride].....	46	diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	51
DEXTROSE-NACL SOLN 5-0.45 % [dextrose w/ sodium chloride].....	46	diphenoxylate-atropine tabs 2.5-0.025 mg	51
DEXTROSE-NACL SOLN 5-0.9 % [dextrose w/ sodium chloride].....	46	dipyridamole tabs 25 mg	21
DIASSTAT ACUDIAL GEL 10 MG [diazepam (anticonvulsant)].....	32	dipyridamole tabs 50 mg	21
DIASSTAT ACUDIAL GEL 20 MG [diazepam (anticonvulsant)].....	32	dipyridamole tabs 75 mg	21
DIASSTAT PEDIATRIC GEL 2.5 MG [diazepam (anticonvulsant)].....	32	disopyramide phosphate caps 100 mg	26
DIASSTIX STRP [glucose urine test-(glucose oxidase)].....	42	disopyramide phosphate caps 150 mg	26
diazepam soln 5 mg/ml	35	disulfiram tabs 250 mg	29
diazepam tabs 10 mg	35	disulfiram tabs 500 mg	29
diazepam tabs 2 mg	35	divalproex sodium csdr 125 mg	33
diazepam tabs 5 mg	35	divalproex sodium tbec 125 mg	33
diclofenac sodium gel 1 %	65	divalproex sodium tbec 250 mg	33
diclofenac sodium soln 0.1 %	48	divalproex sodium tbec 500 mg	33
dicloxacillin sodium caps 250 mg	8	DOCETAXEL CONC 80 MG/2ML [docetaxel].....	15
dicloxacillin sodium caps 500 mg	8	DOFETILIDE CAPS 125 MCG [dofetilide].....	26
dicyclomine hcl caps 10 mg	18	DOFETILIDE CAPS 250 MCG [dofetilide].....	26
dicyclomine hcl soln 10 mg/5ml	18	DOFETILIDE CAPS 500 MCG [dofetilide].....	26
dicyclomine hcl soln 10 mg/ml	18	donepezil hcl tabs 10 mg	19
dicyclomine hcl tabs 20 mg	18	donepezil hcl tabs 5 mg	19
didanosine cpdr 200 mg	12	DOPAMINE HCL SOLN 40 MG/ML [dopamine hcl].....	26
didanosine cpdr 250 mg	12	dorzolamide hcl soln 2 %	49
didanosine cpdr 400 mg	12	dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	49
DIFFERIN GEL 0.3 % [adapalene].....	67	DOVATO TABS 50-300 MG [dolutegravir sodium-lamivudine].....	12
DIGOXIN SOLN 0.05 MG/ML [digoxin].....	26	doxazosin mesylate tabs 1 mg	23
digoxin soln 0.25 mg/ml	26	doxazosin mesylate tabs 2 mg	23
digoxin tabs 125 mcg	26	doxazosin mesylate tabs 4 mg	23
digoxin tabs 250 mcg	26	doxazosin mesylate tabs 8 mg	23
dihydroergotamine mesylate soln 1 mg/ml	34	doxepin hcl caps 10 mg	38
dihydroergotamine mesylate soln 4 mg/ml	34	doxepin hcl caps 100 mg	38
diltiazem hcl cp24 120 mg	26	doxepin hcl caps 150 mg	38
diltiazem hcl cp24 180 mg	26	doxepin hcl caps 25 mg	38
diltiazem hcl cp24 240 mg	26	doxepin hcl caps 50 mg	38
DILTIAZEM HCL POWD [diltiazem hcl (bulk)].....	26	doxepin hcl caps 75 mg	38
diltiazem hcl soln 125 mg/25ml	26	doxepin hcl conc 10 mg/ml	38
		DOXORUBICIN HCL SOLN 2 MG/ML [doxorubicin hcl].....	15
		doxorubicin hcl solr 10 mg	15
		doxorubicin hcl solr 50 mg	15
		doxycycline hyclate tabs 20 mg	8
		doxycycline monohydrate caps 100 mg	8
		doxycycline monohydrate caps 50 mg	8
		doxycycline monohydrate susr 25 mg/5ml	8

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.

INDEX

doxycycline monohydrate tabs 100 mg	8
doxycycline monohydrate tabs 50 mg	8
DRITHO-CREME HP CREA 1 % [anthralin].....	67
dronabinol caps 10 mg	50
dronabinol caps 2.5 mg	50
dronabinol caps 5 mg	50
droperidol soln 2.5 mg/ml	35
DRYSOL SOLN 20 % [aluminum chloride].....	67
duloxetine hcl cpep 20 mg	38
duloxetine hcl cpep 30 mg	38
duloxetine hcl cpep 60 mg	38
DUPIXENT SOPN 300 MG/2ML [dupilumab].....	67
DUPIXENT SOSY 200 MG/1.14ML [dupilumab].....	65
DUPIXENT SOSY 300 MG/2ML [dupilumab].....	67
DYRENIUM CAPS 100 MG [triamterene].....	45
DYRENIUM CAPS 50 MG [triamterene].....	45

E

EASY TOUCH INSULIN SYRINGE MISC 27G X 1/2	42
EASY TOUCH PEN NEEDLES MISC 32G X 5 MM [insulin pen needle].....	42
EDEX KIT 10 MCG [alprostadil (vasodilator)].....	64
EDEX KIT 20 MCG [alprostadil (vasodilator)].....	64
EDEX KIT 40 MCG [alprostadil (vasodilator)].....	64
EDURANT TABS 25 MG [rilpivirine hcl].....	12
EEMT HS TABS 0.625-1.25 MG [esterified estrogens & methyltestosterone].....	56
EEMT TABS 1.25-2.5 MG [esterified estrogens & methyltestosterone].....	56
efavirenz caps 200 mg	12
efavirenz caps 50 mg	12
efavirenz tabs 600 mg	12
ELLA TABS 30 MG [ulipristal acetate].....	54
ELMIRON CAPS 100 MG [pentosan polysulfate sodium].....	60
EMCYT CAPS 140 MG [estramustine phosphate sodium].....	15
EMTRIVA CAPS 200 MG [emtricitabine].....	12
ENBREL SOLR 25 MG [etanercept].....	58
ENBREL SOSY 25 MG/0.5ML [etanercept].....	58
ENBREL SOSY 50 MG/ML [etanercept].....	58
ENBREL SURECLICK SOAJ 50 MG/ML [etanercept].....	58
enoxaparin sodium soln 100 mg/ml	21
enoxaparin sodium soln 120 mg/0.8ml	21
enoxaparin sodium soln 150 mg/ml	21
enoxaparin sodium soln 30 mg/0.3ml	21
enoxaparin sodium soln 40 mg/0.4ml	21

enoxaparin sodium soln 60 mg/0.6ml	21
enoxaparin sodium soln 80 mg/0.8ml	21
ENTACAPONE TABS 200 MG [entacapone].....	35
entecavir tabs 0.5 mg	12
entecavir tabs 1 mg	12
EPCLUSA TABS 400-100 MG [sofosbuvir-velpatasvir].....	12
ephedrine sulfate inj 50mg/ml	20
EPHEDRINE SULFATE SOLN 50 MG/ML [ephedrine sulfate (pressors)].....	20
EPINEPHRINE PF SOLN 1 MG/ML [epinephrine].....	20
epinephrine soaj 0.15 mg/0.15ml	20
EPINEPHRINE SOLN 30 MG/30ML [epinephrine].....	20
EPINEPHRINE SOSY 1 MG/10ML [epinephrine].....	20
EPINEPHRINESNAP-V KIT 1 MG/ML [epinephrine (anaphylaxis)].....	20
EPIPEN 2-PAK SOAJ 0.3 MG/0.3ML [epinephrine (anaphylaxis)].....	20
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML [epinephrine (anaphylaxis)].....	20
EPIVIR HBV SOLN 5 MG/ML [lamivudine (hbv)].....	12
epoprostenol sodium solr 0.5 mg	28
epoprostenol sodium solr 1.5 mg	28
ERBITUX SOLN 100 MG/50ML [cetuximab].....	15
ergoloid mesylates tabs 1 mg	20
ergotamine-caffeine tabs 1-100 mg	34
erlotinib hcl tabs 100 mg	15
erlotinib hcl tabs 150 mg	15
erlotinib hcl tabs 25 mg	15
ERTAPENEM SODIUM SOLR 1 GM [ertapenem sodium] ⁸	
ERYPED 200 SUSR 200 MG/5ML [erythromycin ethylsuccinate].....	8
ERYPED 400 SUSR 400 MG/5ML [erythromycin ethylsuccinate].....	8
ERYTHROCIN LACTOBIONATE SOLR 500 MG [erythromycin lactobionate].....	8
erythromycin base cpep 250 mg	8
erythromycin gel 2 %	64
erythromycin oint 5 mg/gm	48
erythromycin soln 2 %	64
ESBRIET CAPS 267 MG [pirfenidone].....	62
ESBRIET TABS 267 MG [pirfenidone].....	62
ESBRIET TABS 801 MG [pirfenidone].....	62
escitalopram oxalate tabs 10 mg	38
escitalopram oxalate tabs 20 mg	38
escitalopram oxalate tabs 5 mg	38
estradiol crea 0.1 mg/gm	56
estradiol ptwk 0.025 mg/24hr	56
estradiol ptwk 0.0375 mg/24hr	56

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.

INDEX

<i>estradiol ptwk 0.05 mg/24hr</i>	56	<i>febuxostat tabs 80 mg</i>	58
<i>estradiol ptwk 0.06 mg/24hr</i>	56	<i>felbamate susp 600 mg/5ml</i>	33
<i>estradiol ptwk 0.075 mg/24hr</i>	56	<i>felbamate tabs 400 mg</i>	33
<i>estradiol ptwk 0.1 mg/24hr</i>	56	<i>felbamate tabs 600 mg</i>	33
<i>estradiol tabs 0.5 mg</i>	56	<i>felodipine er tb24 10 mg</i>	26
<i>estradiol tabs 1 mg</i>	56	<i>felodipine er tb24 2.5 mg</i>	26
<i>estradiol tabs 2 mg</i>	56	<i>felodipine er tb24 5 mg</i>	26
<i>estradiol valerate oil 20 mg/ml</i>	56	<i>fenofibrate tabs 160 mg</i>	24
<i>estradiol valerate oil 40 mg/ml</i>	56	<i>fenofibrate tabs 54 mg</i>	24
<i>estropipate tabs 0.75 mg</i>	56	FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	
<i>estropipate tabs 1.5 mg</i>	56	<i>[fentanyl citrate]</i>	29
<i>estropipate tabs 3 mg</i>	56	<i>fentanyl pt72 100 mcg/hr</i>	29
<i>ethacrynate sodium solr 50 mg</i>	45	<i>fentanyl pt72 12 mcg/hr</i>	29
<i>ethambutol hcl tabs 100 mg</i>	11	<i>fentanyl pt72 25 mcg/hr</i>	29
<i>ethambutol hcl tabs 400 mg</i>	11	<i>fentanyl pt72 50 mcg/hr</i>	29
<i>ethosuximide caps 250 mg</i>	33	<i>fentanyl pt72 75 mcg/hr</i>	29
<i>ethosuximide soln 250 mg/5ml</i>	33	<i>finasteride tabs 5 mg</i>	19
ETHYL CHLORIDE AERO <i>[ethyl chloride]</i>	67	FIRVANQ SOLR 25 MG/ML <i>[vancomycin hcl]</i>	8
<i>ethynodiol diac-eth estradiol tabs 1-50 mg-mcg</i>	54	FIRVANQ SOLR 50 MG/ML <i>[vancomycin hcl]</i>	8
ETHYOL SOLR 500 MG <i>[amifostine]</i>	60	<i>flecainide acetate tabs 100 mg</i>	26
<i>etidronate disodium tabs 200 mg</i>	58	<i>flecainide acetate tabs 150 mg</i>	26
<i>etidronate disodium tabs 400 mg</i>	58	<i>flecainide acetate tabs 50 mg</i>	26
<i>etodolac caps 200 mg</i>	29	FLOVENT HFA AERO 44 MCG/ACT <i>[fluticasone</i>	
<i>etodolac caps 300 mg</i>	29	<i>propionate hfa]</i>	62
<i>etodolac tabs 400 mg</i>	29	FLUCAINE SOLN 0.25-0.5 % <i>[fluorescein w/</i>	
<i>etodolac tabs 500 mg</i>	29	<i>proparacaine]</i>	49
<i>etonogestrel-ethinyl estradiol ring 0.12-0.015</i>		<i>fluconazole in nacl inj nacl 400</i>	10
<i>mg/24hr</i>	54	<i>fluconazole in sodium chloride soln 200-0.9</i>	
<i>etoposide caps 50 mg</i>	15	<i>mg/100ml-%</i>	10
<i>everolimus tabs 2.5 mg</i>	15	<i>fluconazole in sodium chloride soln 400-0.9</i>	
<i>everolimus tabs 5 mg</i>	15	<i>mg/200ml-%</i>	10
<i>everolimus tabs 7.5 mg</i>	16	<i>fluconazole susr 10 mg/ml</i>	10
<i>exemestane tabs 25 mg</i>	16	<i>fluconazole susr 40 mg/ml</i>	10
EXTAVIA KIT 0.3 MG <i>[interferon beta-1b]</i>	36	<i>fluconazole tabs 100 mg</i>	10
EYLEA SOLN 2 MG/0.05ML <i>[aflibercept]</i>	49	<i>fluconazole tabs 150 mg</i>	10
<i>ezetimibe tabs 10 mg</i>	24	<i>fluconazole tabs 200 mg</i>	10
		<i>fluconazole tabs 50 mg</i>	10
		<i>flucytosine caps 250 mg</i>	10
		<i>flucytosine caps 500 mg</i>	10
		<i>fludarabine phosphate soln 50 mg/2ml</i>	16
		<i>fludarabine phosphate solr 50 mg</i>	16
		<i>fludrocortisone acetate tabs 0.1 mg</i>	53
		<i>flumazenil soln 0.5 mg/5ml</i>	52
		<i>fluocinolone acetonide body oil 0.01 %</i>	65
		<i>fluocinolone acetonide crea 0.01 %</i>	65
		<i>fluocinolone acetonide crea 0.025 %</i>	65
		<i>fluocinolone acetonide oint 0.025 %</i>	65
		<i>fluocinolone acetonide scalp oil 0.01 %</i>	65

F

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.

INDEX

fluocinolone acetonide soln 0.01 %	65
FLUOCINONIDE CREA 0.05 % [fluocinonide].....	65
fluocinonide emulsified base crea 0.05 %	65
fluocinonide gel 0.05 %	65
fluocinonide oint 0.05 %	65
fluocinonide soln 0.05 %	65
fluorometholone susp 0.1 %	48
fluorouracil crea 5 %	67
fluorouracil soln 1 gm/20ml	16
fluorouracil soln 2 %	67
fluorouracil soln 5 %	67
fluorouracil soln 5 gm/100ml	16
fluorouracil soln 500 mg/10ml	16
fluoxetine hcl caps 10 mg	38
fluoxetine hcl caps 20 mg	38
fluoxetine hcl soln 20 mg/5ml	38
fluphenazine decanoate soln 25 mg/ml	38
fluphenazine hcl conc 5 mg/ml	38
fluphenazine hcl elix 2.5 mg/5ml	38
fluphenazine hcl tabs 1 mg	38
fluphenazine hcl tabs 10 mg	38
fluphenazine hcl tabs 2.5 mg	38
fluphenazine hcl tabs 5 mg	38
flurbiprofen sodium soln 0.03 %	48
flutamide caps 125 mg	16
fluvoxamine maleate tabs 100 mg	38
fluvoxamine maleate tabs 25 mg	38
fluvoxamine maleate tabs 50 mg	38
FML FORTE SUSP 0.25 % [fluorometholone (ophth)]	48
FML OINT 0.1 % [fluorometholone (ophth)]	48
folic acid soln 5 mg/ml	68
folic acid tabs 1 mg	68
fondaparinux sodium soln 10 mg/0.8ml	21
fondaparinux sodium soln 2.5 mg/0.5ml	21
fondaparinux sodium soln 5 mg/0.4ml	21
fondaparinux sodium soln 7.5 mg/0.6ml	21
FORA D15G 2-IN-1 MONITOR DEVI [blood glucose monitor & blood pressure monitor].....	42
fosamprenavir calcium tabs 700 mg	12
FOSCAVIR SOLN 6000 MG/250ML [foscarnet sodium]	12
FREESTYLE CONTROL SOLUTION LIQD [blood glucose calibration].....	42
FREESTYLE PRECISION INS SYR MISC 30G X 5/16.....	42
furosemide soln 10 mg/ml	45
FUROSEMIDE SOLN 10 MG/ML [furosemide].....	45
furosemide tabs 20 mg	45
furosemide tabs 40 mg	45
furosemide tabs 80 mg	46

G

gabapentin caps 100 mg	33
gabapentin caps 300 mg	33
gabapentin caps 400 mg	33
gabapentin tabs 600 mg	33
gabapentin tabs 800 mg	33
galantamine hydrobromide er cp24 16 mg	19
galantamine hydrobromide er cp24 24 mg	19
galantamine hydrobromide er cp24 8 mg	19
galantamine hydrobromide tabs 12 mg	19
galantamine hydrobromide tabs 4 mg	19
galantamine hydrobromide tabs 8 mg	19
GAMUNEX-C SOLN 1 GM/10ML [immune globulin (human) iv or subcutaneous].....	63
GAMUNEX-C SOLN 10 GM/100ML [immune globulin (human) iv or subcutaneous].....	63
GAMUNEX-C SOLN 2.5 GM/25ML [immune globulin (human) iv or subcutaneous].....	63
GAMUNEX-C SOLN 20 GM/200ML [immune globulin (human) iv or subcutaneous].....	63
GAMUNEX-C SOLN 5 GM/50ML [immune globulin (human) iv or subcutaneous].....	63
ganciclovir sodium solr 500 mg	12
gatifloxacin soln 0.5 %	48
GELFILM FILM [gelatin absorbable].....	60
GELFOAM COMPRESSED SIZE 100 MISC [gelatin absorbable].....	60
GELFOAM SPONGE MISC 12-7 MM [gelatin absorbable].....	60
GELFOAM SPONGE SIZE 100 MISC [gelatin absorbable].....	60
GELFOAM SPONGE SIZE 50 MISC [gelatin absorbable].....	60
gemcitabine hcl solr 1 gm	16
gemcitabine hcl solr 200 mg	16
gemfibrozil tabs 600 mg	24
gentamicin sulfate crea 0.1 %	64
gentamicin sulfate oint 0.1 %	64
gentamicin sulfate soln 0.3 %	48
gentamicin sulfate soln 10 mg/ml	8
gentamicin sulfate soln 40 mg/ml	8
GENVOYA TABS 150-150-200-10 MG [elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide].....	12
GILENYA CAPS 0.5 MG [fingolimod hcl].....	36
GLEOSTINE CAPS 10 MG [lomustine].....	16
GLEOSTINE CAPS 100 MG [lomustine].....	16
GLEOSTINE CAPS 40 MG [lomustine].....	16

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.

INDEX

glimepiride tabs 1 mg	54
glimepiride tabs 2 mg	54
glimepiride tabs 4 mg	55
glipizide tabs 10 mg	55
glipizide tabs 5 mg	55
GLUCAGON EMERGENCY KIT 1 MG [glucagon (rdna)]	55
glyburide tabs 1.25 mg	55
glyburide tabs 2.5 mg	55
glyburide tabs 5 mg	55
GLYCOPYRROLATE POWD [glycopyrrolate (bulk)]	67
glycopyrrolate soln 4 mg/20ml	18
glycopyrrolate tabs 1 mg	18
glycopyrrolate tabs 2 mg	19
GNP ULTRA COM INSULIN SYRINGE MISC 29G X 1/2	42
GOLYTELY SOLR 236 GM [peg 3350-kcl-sod bicarb-sod chloride-sod sulfate]	51
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML [follitropin alfa]	56
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML [follitropin alfa]	56
GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML [follitropin alfa]	56
GONAL-F RFF SOLR 75 UNIT [follitropin alfa]	56
GONAL-F SOLR 1050 UNIT [follitropin alfa]	56
GONAL-F SOLR 450 UNIT [follitropin alfa]	56
GRANULEX AER [trypsin w/ castor oil & peruvian balsam]	67
griseofulvin microsize susp 125 mg/5ml	10
griseofulvin microsize tabs 500 mg	10
griseofulvin ultramicrosize tabs 125 mg	10
griseofulvin ultramicrosize tabs 250 mg	10
guanfacine hcl er tb24 1 mg	32
guanfacine hcl er tb24 2 mg	32
guanfacine hcl er tb24 3 mg	32
guanfacine hcl er tb24 4 mg	32
guanfacine hcl tabs 1 mg	27
guanfacine hcl tabs 2 mg	27

H

halobetasol propionate crea 0.05 %	65
halobetasol propionate oint 0.05 %	65
haloperidol decanoate soln 100 mg/ml	38
haloperidol decanoate soln 50 mg/ml	38
haloperidol lactate conc 2 mg/ml	38
haloperidol lactate soln 5 mg/ml	38
haloperidol tabs 0.5 mg	38
haloperidol tabs 1 mg	38

haloperidol tabs 10 mg	38
haloperidol tabs 2 mg	38
haloperidol tabs 20 mg	38
haloperidol tabs 5 mg	38
HARVONI TABS 90-400 MG [ledipasvir-sofosbuvir]	12
HEALON GV SOLN 14 MG/ML [sodium hyaluronate]	49
HEALTHY ACCENTS UNIFINE PENTIP MISC 29G X 12MM [insulin pen needle]	42
HELIXATE FS KIT 1000 UNIT [antihemophilic factor (recombinant)]	21
HELIXATE FS KIT 250 UNIT [antihemophilic factor (recombinant)]	21
HELIXATE FS KIT 3000 UNIT [antihemophilic factor (recombinant)]	21
HELIXATE FS KIT 500 UNIT [antihemophilic factor (recombinant)]	21
HEMABATE SOLN 250 MCG/ML [carboprost tromethamine]	61
HEMOFIL M SOLR 1000 UNIT [antihemophilic factor (human)]	21
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML [heparin sodium (porcine) lock flush]	21
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% [heparin sod (porcine) in d5w]	21
heparin sodium (porcine) pf soln 5000 unit/0.5ml	21
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML [heparin sodium (porcine)]	22
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML [heparin sodium (porcine)]	22
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML [heparin sodium (porcine)]	22
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML [heparin sodium (porcine)]	22
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML [heparin sodium (porcine) lock flush]	22
hetastarch-nacl soln 6-0.9 %	22
HEXALEN CAPS 50 MG [altretamine]	16
HIZENTRA SOLN 1 GM/5ML [immune globulin (human) subcutaneous]	63
HIZENTRA SOLN 10 GM/50ML [immune globulin (human) subcutaneous]	63
HIZENTRA SOLN 2 GM/10ML [immune globulin (human) subcutaneous]	63
HIZENTRA SOLN 4 GM/20ML [immune globulin (human) subcutaneous]	63
HOMATROPINE HBR SOLN 5 % [homatropine hbr]	50
HUMALOG JUNIOR KWIKPEN SOPN 100 UNIT/ML [insulin lispro]	55

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.

INDEX

HUMALOG KWIKPEN SOPN 100 UNIT/ML [<i>insulin lispro</i>]	46
.....	55
HUMALOG SOCT 100 UNIT/ML [<i>insulin lispro</i>]	46
.....	55
HUMALOG SOLN 100 UNIT/ML [<i>insulin lispro</i>]	40
.....	55
HUMATE-P SOLR 1000-2400 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	40
.....	22
HUMATE-P SOLR 250-600 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	40
.....	22
HUMATE-P SOLR 500-1200 UNIT [<i>antihemophilic factor/von willebrand factor complex (human)</i>]	40
.....	22
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEN PNKT 40 MG/0.4ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEN PNKT 40 MG/0.8ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEN-CD/UC/HS STARTER PNKT 40 MG/0.8ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEN-CD/UC/HS STARTER PNKT 80 MG/0.8ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEN-PS/UV/ADOL HS START PNKT 40 MG/0.8ML [<i>adalimumab</i>]	66
.....	58
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML & 40MG/0.4ML [<i>adalimumab</i>]	66
.....	59
HUMIRA PSKT 10 MG/0.1ML [<i>adalimumab</i>]	66
.....	59
HUMIRA PSKT 20 MG/0.2ML [<i>adalimumab</i>]	66
.....	59
HUMIRA PSKT 40 MG/0.4ML [<i>adalimumab</i>]	66
.....	59
HUMIRA PSKT 40 MG/0.8ML [<i>adalimumab</i>]	66
.....	59
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML [<i>insulin nph isophane & reg (human)</i>]	63
.....	55
HUMULIN N KWIKPEN SUPN 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	63
.....	55
HUMULIN N SUSP 100 UNIT/ML [<i>insulin nph (human) (isophane)</i>]	63
.....	55
HUMULIN R SOLN 100 UNIT/ML [<i>insulin regular (human)</i>]	63
.....	55
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML [<i>insulin regular (human)</i>]	63
.....	55
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML [<i>insulin regular (human)</i>]	63
.....	55
<i>hydralazine hcl tabs 10 mg</i>	27
<i>hydralazine hcl tabs 100 mg</i>	27
<i>hydralazine hcl tabs 25 mg</i>	27
<i>hydralazine hcl tabs 50 mg</i>	27
<i>hydrochlorothiazide caps 12.5 mg</i>	46
<i>hydrochlorothiazide tabs 12.5 mg</i>	46
<i>hydrochlorothiazide tabs 25 mg</i>	46
<i>hydrochlorothiazide tabs 50 mg</i>	46
<i>hydrocod polst-cpm polst er suer 10-8 mg/5ml</i>	40
<i>hydrocodone w/ homatropine syrp 5-1.5 mg/5ml</i>	40
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	29
<i>hydrocodone-acetaminophen tabs 10-325 mg</i>	29
<i>hydrocodone-acetaminophen tabs 5-325 mg</i>	29
<i>hydrocodone-acetaminophen tabs 7.5-325 mg</i>	30
HYDROCORTISONE ACETATE SUPP 25 MG [<i>hydrocortisone acetate (rectal)</i>]	65
<i>hydrocortisone butyr lipo base crea 0.1 %</i>	66
<i>hydrocortisone butyrate crea 0.1 %</i>	66
<i>hydrocortisone butyrate oint 0.1 %</i>	66
<i>hydrocortisone butyrate soln 0.1 %</i>	66
<i>hydrocortisone crea 2.5 %</i>	66
<i>hydrocortisone lotn 2.5 %</i>	66
HYDROCORTISONE MICRONIZED POWD [<i>hydrocortisone micronized</i>]	66
<i>hydrocortisone oint 2.5 %</i>	66
<i>hydrocortisone tabs 10 mg</i>	53
<i>hydrocortisone tabs 20 mg</i>	53
<i>hydrocortisone tabs 5 mg</i>	53
HYDROCORTISONE-ACETIC ACID SOLN 1-2 % [<i>hydrocortisone w/ acetic acid</i>]	48
HYDROCORTISONE-IODOQUINOL CREA 1-1 % [<i>iodoquinol-hc</i>]	64
<i>hydromorphone hcl liqd 1 mg/ml</i>	30
<i>hydromorphone hcl pf soln 10 mg/ml</i>	30
HYDROMORPHONE HCL SOLN 1 MG/ML [<i>hydromorphone hcl</i>]	30
HYDROMORPHONE HCL SOLN 2 MG/ML [<i>hydromorphone hcl</i>]	30
HYDROMORPHONE HCL SOLN 4 MG/ML [<i>hydromorphone hcl</i>]	30
HYDROMORPHONE HCL SUPP 3 MG [<i>hydromorphone hcl</i>]	30
<i>hydromorphone hcl tabs 2 mg</i>	30
<i>hydromorphone hcl tabs 4 mg</i>	30
<i>hydroxychloroquine sulfate tabs 200 mg</i>	11
<i>hydroxyurea caps 500 mg</i>	16
<i>hydroxyzine hcl soln 50 mg/ml</i>	35
<i>hydroxyzine hcl syrp 10 mg/5ml</i>	35
<i>hydroxyzine hcl tabs 10 mg</i>	35
<i>hydroxyzine hcl tabs 25 mg</i>	35
<i>hydroxyzine hcl tabs 50 mg</i>	35
HYPERRHO S/D SOSY 1500 UNIT [<i>rho d immune globulin (human)</i>]	63

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.

INDEX

HYPERTET S/D INJ 250 UNIT/ML [<i>tetanus immune globulin (human)</i>]	60
HYQVIA KIT 10 GM/100ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	63
HYQVIA KIT 2.5 GM/25ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	63
HYQVIA KIT 20 GM/200ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	63
HYQVIA KIT 30 GM/300ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	63
HYQVIA KIT 5 GM/50ML [<i>immune globulin (human)-hyaluronidase (human recombinant)</i>]	63

I

IBRANCE CAPS 100 MG [<i>palbociclib</i>]	16
IBRANCE CAPS 125 MG [<i>palbociclib</i>]	16
IBRANCE CAPS 75 MG [<i>palbociclib</i>]	16
IBRANCE TABS 100 MG [<i>palbociclib</i>]	16
IBRANCE TABS 125 MG [<i>palbociclib</i>]	16
IBRANCE TABS 75 MG [<i>palbociclib</i>]	16
<i>icatibant acetate soln 30 mg/3ml</i>	20
<i>idarubicin hcl soln 20 mg/20ml</i>	16
IFOSFAMIDE SOLR 1 GM [<i>ifosfamide</i>]	16
IFOSFAMIDE SOLR 3 GM [<i>ifosfamide</i>]	16
<i>ifosfamide/mesna kit mesna</i>	16
<i>imatinib mesylate tabs 100 mg</i>	16
<i>imatinib mesylate tabs 400 mg</i>	16
IMBRUVICA CAPS 140 MG [<i>ibrutinib</i>]	16
IMBRUVICA CAPS 70 MG [<i>ibrutinib</i>]	16
IMBRUVICA TABS 140 MG [<i>ibrutinib</i>]	16
IMBRUVICA TABS 280 MG [<i>ibrutinib</i>]	16
IMBRUVICA TABS 420 MG [<i>ibrutinib</i>]	16
IMBRUVICA TABS 560 MG [<i>ibrutinib</i>]	16
IMFINZI SOLN 120 MG/2.4ML [<i>durvalumab</i>]	16
IMFINZI SOLN 500 MG/10ML [<i>durvalumab</i>]	16
<i>imipenem-cilastatin solr 250 mg</i>	8
<i>imipenem-cilastatin solr 500 mg</i>	8
<i>imipramine hcl tabs 10 mg</i>	38
<i>imipramine hcl tabs 25 mg</i>	38
<i>imipramine hcl tabs 50 mg</i>	38
<i>imiquimod crea 5 %</i>	67
IMOGAM RABIES-HT SOLN 300 UNIT/2ML [<i>rabies immune globulin (human)</i>]	63
INDOMETHACIN CAPS 25 MG [<i>indomethacin</i>]	30
<i>indomethacin caps 50 mg</i>	30
<i>indomethacin er cpcr 75 mg</i>	30
INDOMETHACIN SODIUM SOLR 1 MG [<i>indomethacin sodium</i>]	30

INFED SOLN 50 MG/ML [<i>iron dextran</i>]	68
INFLECTRA SOLR 100 MG [<i>infliximab-dyyb</i>]	59
INFUVITE ADULT INJ [<i>multiple vitamin</i>]	68
INPEN 100-BLUE-LILLY DEVI [<i>injection device for insulin</i>]	42
INSULIN SYRINGE MISC 29G X 1	42
INSULIN SYRINGE MISC 29G X 1/2	42, 43
INSULIN SYRINGE MISC 30G X 5/16	43
INSUPEN SENSITIVE MISC 32G X 8 MM [<i>insulin pen needle</i>]	43
INTELENCE TABS 100 MG [<i>etravirine</i>]	12
INTELENCE TABS 200 MG [<i>etravirine</i>]	12
INTELENCE TABS 25 MG [<i>etravirine</i>]	12
INTRON A SOLN 10000000 UNIT/ML [<i>interferon alfa-2b</i>]	16
INTRON A SOLN 6000000 UNIT/ML [<i>interferon alfa-2b</i>]	16
INTRON A SOLR 10000000 UNIT [<i>interferon alfa-2b</i>]	16
INTRON A SOLR 18000000 UNIT [<i>interferon alfa-2b</i>]	16
INTRON A SOLR 50000000 UNIT [<i>interferon alfa-2b</i>]	16
INVIRASE CAPS 200 MG [<i>saquinavir mesylate</i>]	12
INVIRASE TABS 500 MG [<i>saquinavir mesylate</i>]	13
<i>ipratropium bromide soln 0.02 %</i>	62
<i>ipratropium bromide soln 0.03 %</i>	62
<i>ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml</i>	20
IRESSA TABS 250 MG [<i>gefitinib</i>]	16
ISENTRESS TABS 400 MG [<i>raltegravir potassium</i>]	13
<i>isoflurane soln</i>	60
<i>isoniazid syr 50 mg/5ml</i>	11
<i>isoniazid tabs 100 mg</i>	11
<i>isoniazid tabs 300 mg</i>	11
ISORDIL TITRADOSE TABS 40 MG [<i>isosorbide dinitrate</i>]	28
<i>isosorbide dinitrate er tbcr 40 mg</i>	28
<i>isosorbide dinitrate tabs 10 mg</i>	28
<i>isosorbide dinitrate tabs 20 mg</i>	28
<i>isosorbide dinitrate tabs 30 mg</i>	28
<i>isosorbide dinitrate tabs 5 mg</i>	28
<i>isosorbide mononitrate er tb24 120 mg</i>	28
<i>isosorbide mononitrate er tb24 30 mg</i>	28
<i>isosorbide mononitrate er tb24 60 mg</i>	28
<i>isotretinoin caps 20 mg</i>	67
<i>isotretinoin caps 30 mg</i>	67
<i>isotretinoin caps 40 mg</i>	67

J

JADENU SPRINKLE PACK 180 MG [<i>deferasirox</i>]	52
--	----

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.

INDEX

JADENU SPRINKLE PACK 360 MG [<i>deferasirox</i>]	52
JADENU SPRINKLE PACK 90 MG [<i>deferasirox</i>]	52
JADENU TABS 180 MG [<i>deferasirox</i>]	52
JARDIANCE TABS 10 MG [<i>empagliflozin</i>]	55
JARDIANCE TABS 25 MG [<i>empagliflozin</i>]	55
JULUCA TABS 50-25 MG [<i>dolutegravir sodium-rilpivirine hcl</i>]	13

K

KALETRA TABS 100-25 MG [<i>lopinavir-ritonavir</i>]	13
KALETRA TABS 200-50 MG [<i>lopinavir-ritonavir</i>]	13
KANJINTI SOLR 420 MG [<i>trastuzumab-anns</i>]	16
KATERZIA SUSP 1 MG/ML [<i>amlodipine benzoate</i>]	26
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	47
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	47
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% [<i>potassium chloride in dextrose & sodium chloride</i>]	47
KENALOG SUSP 10 MG/ML [<i>triamcinolone acetonide</i>]	53
<i>ketamine hcl soln 100 mg/ml</i>	60
<i>ketoconazole crea 2 %</i>	64
<i>ketoconazole sham 2 %</i>	64
<i>ketoconazole tabs 200 mg</i>	10
<i>ketoprofen caps 50 mg</i>	30
<i>ketoprofen caps 75 mg</i>	30
<i>ketorolac tromethamine soln 0.5 %</i>	48
<i>ketorolac tromethamine soln 15 mg/ml</i>	30
<i>ketorolac tromethamine soln 30 mg/ml</i>	30
<i>ketorolac tromethamine soln 60 mg/2ml</i>	30
KEYTRUDA SOL 50MG [<i>pembrolizumab</i>]	16
KEYTRUDA SOLN 100 MG/4ML [<i>pembrolizumab</i>]	16
KINERET SOSY 100 MG/0.67ML [<i>anakinra</i>]	59
KOATE-DVI SOLR 1000 UNIT [<i>antihemophilic factor (human)</i>]	22
KOGENATE FS KIT 1000 UNIT [<i>antihemophilic factor (recombinant)</i>]	22
KOGENATE FS KIT 2000 UNIT [<i>antihemophilic factor (recombinant)</i>]	22
KOGENATE FS KIT 250 UNIT [<i>antihemophilic factor (recombinant)</i>]	22
KOGENATE FS KIT 500 UNIT [<i>antihemophilic factor (recombinant)</i>]	22

KOVALTRY SOLR 1000 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	22
KOVALTRY SOLR 250 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	22
KOVALTRY SOLR 500 UNIT [<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>]	22
K-PHOS TABS 500 MG [<i>potassium phosphate monobasic</i>]	46
K-TAB TBCR 10 MEQ [<i>potassium chloride</i>]	46

L

<i>labetalol hcl soln 5 mg/ml</i>	25
<i>labetalol hcl tabs 100 mg</i>	25
<i>labetalol hcl tabs 200 mg</i>	25
<i>labetalol hcl tabs 300 mg</i>	25
LACRISERT INST 5 MG [<i>artificial tear insert</i>]	49
LACTATED RINGERS SOLN [<i>lactated ringer's (irrigation)</i>]	46
LACTATED RINGERS SOLN [<i>lactated ringer's</i>]	47
<i>lactulose (encephalopathy) soln 10 gm/15ml</i>	45
<i>lactulose soln 10 gm/15ml</i>	45
<i>lamivudine soln 10 mg/ml</i>	13
<i>lamivudine tabs 100 mg</i>	13
<i>lamivudine tabs 150 mg</i>	13
<i>lamivudine tabs 300 mg</i>	13
<i>lamivudine-zidovudine tabs 150-300 mg</i>	13
<i>lamotrigine chew 25 mg</i>	33
<i>lamotrigine chew 5 mg</i>	33
<i>lamotrigine er tb24 200 mg</i>	33
<i>lamotrigine er tb24 300 mg</i>	33
<i>lamotrigine tabs 100 mg</i>	33
<i>lamotrigine tabs 150 mg</i>	33
<i>lamotrigine tabs 200 mg</i>	33
<i>lamotrigine tabs 25 mg</i>	33
LANCING DEVICE MISC [<i>lancet devices</i>]	43
LANTUS SOLN 100 UNIT/ML [<i>insulin glargine</i>]	55
LANTUS SOLOSTAR SOPN 100 UNIT/ML [<i>insulin glargine</i>]	55
LARTRUVO SOLN 190 MG/19ML [<i>olaratumab</i>]	17
LARTRUVO SOLN 500 MG/50ML [<i>olaratumab</i>]	17
<i>latanoprost soln 0.005 %</i>	49
<i>leflunomide tabs 10 mg</i>	59
<i>leflunomide tabs 20 mg</i>	59
<i>letrozole tabs 2.5 mg</i>	17
<i>leucovorin calcium solr 50 mg</i>	58
<i>leucovorin calcium tabs 25 mg</i>	58
<i>leucovorin calcium tabs 5 mg</i>	58

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.

INDEX

LEUKERAN TABS 2 MG [<i>chlorambucil</i>]	17	<i>linezolid soln 600 mg/300ml</i>	9
<i>levetiracetam er tb24 500 mg</i>	33	<i>linezolid susr 100 mg/5ml</i>	9
<i>levetiracetam er tb24 750 mg</i>	33	<i>linezolid tabs 600 mg</i>	9
<i>levetiracetam soln 100 mg/ml</i>	33	LINZESS CAPS 145 MCG [<i>linaclotide</i>]	51
<i>levetiracetam tabs 1000 mg</i>	33	LINZESS CAPS 290 MCG [<i>linaclotide</i>]	51
<i>levetiracetam tabs 250 mg</i>	33	LINZESS CAPS 72 MCG [<i>linaclotide</i>]	51
<i>levetiracetam tabs 500 mg</i>	33	<i>liothyronine sodium tabs 25 mcg</i>	57
<i>levetiracetam tabs 750 mg</i>	33	<i>liothyronine sodium tabs 5 mcg</i>	57
<i>levobunolol hcl soln 0.5 %</i>	49	<i>liothyronine sodium tabs 50 mcg</i>	57
<i>levocarnitine soln 1 gm/10ml</i>	60	<i>lisinopril tabs 10 mg</i>	27
LEVOCARNITINE TABS 330 MG [<i>levocarnitine</i>		<i>lisinopril tabs 2.5 mg</i>	28
(<i>metabolic modifiers</i>)	60	<i>lisinopril tabs 20 mg</i>	28
<i>levofloxacin in d5w soln 250 mg/50ml</i>	9	<i>lisinopril tabs 30 mg</i>	28
<i>levofloxacin in d5w soln 500 mg/100ml</i>	9	<i>lisinopril tabs 40 mg</i>	28
<i>levofloxacin in d5w soln 750 mg/150ml</i>	9	<i>lisinopril tabs 5 mg</i>	28
<i>levofloxacin soln 25 mg/ml</i>	9	<i>lisinopril-hydrochlorothiazide tabs 10-12.5 mg</i>	28
<i>levofloxacin tabs 250 mg</i>	9	<i>lisinopril-hydrochlorothiazide tabs 20-12.5 mg</i>	28
<i>levofloxacin tabs 500 mg</i>	9	<i>lisinopril-hydrochlorothiazide tabs 20-25 mg</i>	28
<i>levofloxacin tabs 750 mg</i>	9	LITETOUCH INSULIN SYRINGE MISC 28G X 1/2	43
<i>levothyroxine sodium tabs 100 mcg</i>	57	LITETOUCH INSULIN SYRINGE MISC 29G X 1/2	43
<i>levothyroxine sodium tabs 112 mcg</i>	57	LITHIUM CARBONATE CAPS 150 MG [<i>lithium</i>	
<i>levothyroxine sodium tabs 125 mcg</i>	57	<i>carbonate</i>]	38
<i>levothyroxine sodium tabs 137 mcg</i>	57	LITHIUM CARBONATE CAPS 300 MG [<i>lithium</i>	
<i>levothyroxine sodium tabs 150 mcg</i>	57	<i>carbonate</i>]	38
<i>levothyroxine sodium tabs 175 mcg</i>	57	<i>lithium carbonate er tbc 300 mg</i>	39
<i>levothyroxine sodium tabs 200 mcg</i>	57	<i>lithium carbonate er tbc 450 mg</i>	39
<i>levothyroxine sodium tabs 25 mcg</i>	57	LITHIUM CARBONATE TABS 300 MG [<i>lithium</i>	
<i>levothyroxine sodium tabs 300 mcg</i>	57	<i>carbonate</i>]	39
<i>levothyroxine sodium tabs 50 mcg</i>	57	LITHIUM SOLN 8 MEQ/5ML [<i>lithium</i>]	39
<i>levothyroxine sodium tabs 75 mcg</i>	57	<i>lopinavir-ritonavir soln 400-100 mg/5ml</i>	13
<i>levothyroxine sodium tabs 88 mcg</i>	57	<i>lorazepam tabs 0.5 mg</i>	35
LIALDA TBEC 1.2 GM [<i>mesalamine</i>]	50	<i>lorazepam tabs 1 mg</i>	35
<i>lidocaine hcl (cardiac) pf sosy 100 mg/5ml</i>	27	<i>lorazepam tabs 2 mg</i>	36
<i>lidocaine hcl (cardiac) pf sosy 50 mg/5ml</i>	27	<i>losartan potassium tabs 100 mg</i>	28
<i>lidocaine hcl soln 1 %</i>	60	<i>losartan potassium tabs 25 mg</i>	28
<i>lidocaine hcl soln 2 %</i>	60	<i>losartan potassium tabs 50 mg</i>	28
<i>lidocaine hcl soln 4 %</i>	66	<i>losartan potassium-hctz tabs 100-12.5 mg</i>	28
<i>lidocaine hcl urethral/mucosal gel 2 %</i>	66	<i>losartan potassium-hctz tabs 100-25 mg</i>	28
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% [<i>lidocaine in</i>		<i>losartan potassium-hctz tabs 50-12.5 mg</i>	28
<i>d5w</i>]	27	<i>lovastatin tabs 10 mg</i>	24
<i>lidocaine viscous hcl soln 2 %</i>	50	<i>lovastatin tabs 20 mg</i>	24
<i>lidocaine-epinephrine soln 0.5 %-1</i>		<i>lovastatin tabs 40 mg</i>	24
<i>200000</i>	60	LOVENOX SOLN 100 MG/ML [<i>enoxaparin sodium</i>]	22
<i>lidocaine-epinephrine soln 1 %-1</i>		LOVENOX SOLN 120 MG/0.8ML [<i>enoxaparin sodium</i>]	22
<i>100000</i>	60	LOVENOX SOLN 150 MG/ML [<i>enoxaparin sodium</i>]	22
<i>lidocaine-epinephrine soln 2 %-1</i>		LOVENOX SOLN 30 MG/0.3ML [<i>enoxaparin sodium</i>]	22
<i>100000</i>	60	LOVENOX SOLN 40 MG/0.4ML [<i>enoxaparin sodium</i>]	22
<i>lidocaine-prilocaine crea 2.5-2.5 %</i>	66	LOVENOX SOLN 60 MG/0.6ML [<i>enoxaparin sodium</i>]	22

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.

INDEX

LOVENOX SOLN 80 MG/0.8ML [<i>enoxaparin sodium</i>]	22
<i>loxapine succinate caps 10 mg</i>	39
<i>loxapine succinate caps 25 mg</i>	39
<i>loxapine succinate caps 5 mg</i>	39
<i>loxapine succinate caps 50 mg</i>	39
LUCENTIS SOLN 0.5 MG/0.05ML [<i>ranibizumab</i>]	49
LYSODREN TABS 500 MG [<i>mitotane</i>]	17

M

<i>magnesium sulfate soln 50 %</i>	33
MANGANESE CHLORIDE SOLN 0.1 MG/ML [<i>manganese chloride</i>]	47
MANGANESE SULFATE SOLN 0.1 MG/ML [<i>manganese sulfate</i>]	47
MATULANE CAPS 50 MG [<i>procarbazine hcl</i>]	17
MAXIPIME SOLR 1 GM [<i>cefepime hcl</i>]	9
MEDISENSE HI/MID/LOW CONTROL LIQD [<i>blood glucose calibration</i>]	43
MEDROL TABS 2 MG [<i>methylprednisolone</i>]	53
<i>medroxyprogesterone acetate tabs 10 mg</i>	57
<i>medroxyprogesterone acetate tabs 2.5 mg</i>	57
<i>medroxyprogesterone acetate tabs 5 mg</i>	57
<i>mefloquine hcl tabs 250 mg</i>	11
<i>megestrol acetate susp 40 mg/ml</i>	17
<i>megestrol acetate tabs 20 mg</i>	17
<i>megestrol acetate tabs 40 mg</i>	17
<i>meloxicam tabs 15 mg</i>	30
<i>meloxicam tabs 7.5 mg</i>	30
<i>melphalan hcl solr 50 mg</i>	17
<i>melphalan tabs 2 mg</i>	17
<i>memantine hcl tabs 10 mg</i>	36
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG [<i>memantine hcl</i>]	36
<i>memantine hcl tabs 5 mg</i>	36
MENOPUR SOLR 75 UNIT [<i>menotropins</i>]	56
MEPHYTON TABS 5 MG [<i>phytonadione</i>]	68
<i>mercaptopurine tabs 50 mg</i>	17
<i>mesalamine enem 4 gm</i>	50
MESALAMINE SUPP 1000 MG [<i>mesalamine</i>]	50
<i>mesna soln 100 mg/ml</i>	60
MESNEX TABS 400 MG [<i>mesna</i>]	60
MESTINON SOLN 60 MG/5ML [<i>pyridostigmine bromide</i>]	19
<i>metaproterenol sulfate syr 10 mg/5ml</i>	20
<i>metaproterenol sulfate tabs 10 mg</i>	20
<i>metaproterenol sulfate tabs 20 mg</i>	20
<i>metformin hcl er tb24 500 mg</i>	55

<i>metformin hcl er tb24 750 mg</i>	55
<i>metformin hcl tabs 1000 mg</i>	55
<i>metformin hcl tabs 500 mg</i>	55
<i>metformin hcl tabs 850 mg</i>	55
<i>methadone hcl soln 5 mg/5ml</i>	30
METHADONE HCL TABS 10 MG [<i>methadone hcl</i>]	30
METHADONE HCL TABS 5 MG [<i>methadone hcl</i>]	30
<i>methazolamide tabs 25 mg</i>	49
<i>methazolamide tabs 50 mg</i>	49
METHENAMINE HIPPURATE TABS 1 GM [<i>methenamine hippurate</i>]	14
<i>methimazole tabs 10 mg</i>	57
<i>methimazole tabs 5 mg</i>	58
<i>methocarbamol tabs 500 mg</i>	19
<i>methocarbamol tabs 750 mg</i>	19
<i>methotrexate sodium (pf) soln 50 mg/2ml</i>	17
<i>methotrexate sodium soln 250 mg/10ml</i>	17
<i>methotrexate tabs 2.5 mg</i>	17
<i>methoxsalen rapid caps 10 mg</i>	67
<i>methyl dopa tabs 250 mg</i>	27
<i>methyl dopa tabs 500 mg</i>	27
<i>methylene blue inj 1%</i>	52
METHYLENE BLUE SOLN 1 % [<i>methylene blue (antidote)</i>]	52
<i>methylergonovine maleate soln 0.2 mg/ml</i>	61
<i>methylphenidate hcl er (cd) cpcr 10 mg</i>	32
<i>methylphenidate hcl er (cd) cpcr 20 mg</i>	32
<i>methylphenidate hcl er (cd) cpcr 30 mg</i>	32
<i>methylphenidate hcl er (cd) cpcr 40 mg</i>	32
<i>methylphenidate hcl er (cd) cpcr 50 mg</i>	32
<i>methylphenidate hcl er (cd) cpcr 60 mg</i>	32
<i>methylphenidate hcl er tbc 10 mg</i>	32
<i>methylphenidate hcl er tbc 18 mg</i>	32
<i>methylphenidate hcl er tbc 20 mg</i>	32
<i>methylphenidate hcl er tbc 27 mg</i>	32
<i>methylphenidate hcl er tbc 36 mg</i>	32
<i>methylphenidate hcl er tbc 54 mg</i>	32
<i>methylphenidate hcl tabs 10 mg</i>	32
<i>methylphenidate hcl tabs 20 mg</i>	32
<i>methylphenidate hcl tabs 5 mg</i>	32
<i>methylprednisolone acetate susp 40 mg/ml</i>	53
<i>methylprednisolone acetate susp 80 mg/ml</i>	53
<i>methylprednisolone sodium succ solr 1000 mg</i>	53
<i>methylprednisolone sodium succ solr 125 mg</i>	53
<i>methylprednisolone sodium succ solr 40 mg</i>	53
<i>methylprednisolone tabs 16 mg</i>	53
<i>methylprednisolone tabs 4 mg</i>	53
<i>methylprednisolone tbpk 4 mg</i>	53

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.

INDEX

<i>methyltestosterone caps 10 mg</i>	54	<i>mirtazapine tabs 45 mg</i>	39
<i>methyltestosterone tabs 10 mg</i>	54	<i>mirtazapine tabs 7.5 mg</i>	39
<i>metoclopramide hcl soln 10 mg/10ml</i>	51	<i>misoprostol tabs 100 mcg</i>	51
<i>metoclopramide hcl soln 5 mg/ml</i>	51	<i>misoprostol tabs 200 mcg</i>	51
<i>metoclopramide hcl tabs 10 mg</i>	51	<i>mitomycin solr 20 mg</i>	17
<i>metoclopramide hcl tabs 5 mg</i>	52	<i>mitomycin solr 40 mg</i>	17
<i>metolazone tabs 10 mg</i>	46	<i>mitomycin solr 5 mg</i>	17
<i>metolazone tabs 2.5 mg</i>	46	<i>mitoxantrone hcl conc 20 mg/10ml</i>	17
<i>metolazone tabs 5 mg</i>	46	<i>modafinil tabs 100 mg</i>	32
METOPIRONE CAPS 250 MG [<i>metyrapone</i>].....	60	<i>modafinil tabs 200 mg</i>	32
<i>metoprolol succinate er tb24 100 mg</i>	25	<i>mometasone furoate crea 0.1 %</i>	66
<i>metoprolol succinate er tb24 200 mg</i>	25	<i>mometasone furoate oint 0.1 %</i>	66
<i>metoprolol succinate er tb24 25 mg</i>	25	<i>mometasone furoate soln 0.1 %</i>	66
<i>metoprolol succinate er tb24 50 mg</i>	25	MONOCLATE-P KIT 1000 UNIT [<i>antihemophilic factor</i>	
<i>metoprolol tartrate soln 5 mg/5ml</i>	25	(<i>human</i>)].....	22
<i>metoprolol tartrate tabs 100 mg</i>	25	MONOJECT INSULIN SYRINGE MISC 27G X 1/2.....	43
<i>metoprolol tartrate tabs 25 mg</i>	25	MONOJECT INSULIN SYRINGE MISC 29G X 1/2.....	43
<i>metoprolol tartrate tabs 50 mg</i>	25	MONOJECT INSULIN SYRINGE MISC U-100 1 ML [<i>insulin</i>	
<i>metronidazole caps 375 mg</i>	11	<i>syringes (disposable)</i>].....	43
<i>metronidazole crea 0.75 %</i>	64	MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2.....	43
<i>metronidazole gel 0.75 %</i>	64	MONONINE SOLR 1000 UNIT [<i>coagulation factor ix</i>].....	22
METRONIDAZOLE IN NACL SOLN 500-0.74 MG/100ML-%		<i>montelukast sodium chew 4 mg</i>	62
[<i>metronidazole in nacl</i>].....	11	<i>montelukast sodium chew 5 mg</i>	62
<i>metronidazole tabs 250 mg</i>	11	<i>montelukast sodium tabs 10 mg</i>	62
<i>metronidazole tabs 500 mg</i>	11	<i>morphine sulfate (concentrate) soln 100 mg/5ml</i>	30
<i>mexiletine hcl caps 150 mg</i>	27	<i>morphine sulfate er tbcr 100 mg</i>	30
<i>mexiletine hcl caps 200 mg</i>	27	<i>morphine sulfate er tbcr 15 mg</i>	30
<i>mexiletine hcl caps 250 mg</i>	27	<i>morphine sulfate er tbcr 200 mg</i>	30
MICRO-BUMINTEST KIT [<i>albumin (urine) test</i>].....	43	<i>morphine sulfate er tbcr 30 mg</i>	30
<i>midazolam hcl (pf) soln 10 mg/2ml</i>	36	<i>morphine sulfate er tbcr 60 mg</i>	30
<i>midazolam hcl (pf) soln 5 mg/ml</i>	36	MORPHINE SULFATE SOLN 15 MG/ML [<i>morphine</i>	
<i>midazolam hcl soln 10 mg/2ml</i>	36	<i>sulfate</i>].....	30
<i>midazolam hcl soln 5 mg/ml</i>	36	MORPHINE SULFATE SUPP 10 MG [<i>morphine sulfate</i>].....	30
<i>midodrine hcl tabs 10 mg</i>	20	MORPHINE SULFATE SUPP 20 MG [<i>morphine sulfate</i>].....	30
<i>midodrine hcl tabs 2.5 mg</i>	20	MORPHINE SULFATE SUPP 30 MG [<i>morphine sulfate</i>].....	30
<i>midodrine hcl tabs 5 mg</i>	20	MORPHINE SULFATE SUPP 5 MG [<i>morphine sulfate</i>].....	30
MINILINK-REAL-TIME STARTER KIT [<i>insulin infusion</i>		MORPHINE SULFATE TABS 15 MG [<i>morphine sulfate</i>].....	30
<i>pump accessories</i>].....	43	MORPHINE SULFATE TABS 30 MG [<i>morphine sulfate</i>].....	30
MINIMED RESERVOIR 1.8ML MISC [<i>insulin infusion</i>		<i>moxifloxacin hcl in nacl soln 400 mg/250ml</i>	9
<i>pump supplies</i>].....	43	<i>moxifloxacin hcl soln 0.5 %</i>	48
<i>minocycline hcl caps 100 mg</i>	9	<i>moxifloxacin hcl tabs 400 mg</i>	9
<i>minocycline hcl caps 50 mg</i>	9	<i>mupirocin calcium crea 2 %</i>	64
<i>minocycline hcl caps 75 mg</i>	9	<i>mupirocin oint 2 %</i>	64
<i>minocycline hcl tabs 100 mg</i>	9	MUSE PLLT 1000 MCG [<i>alprostadil (vasodilator)</i>].....	64
<i>minoxidil tabs 10 mg</i>	27	MUSE PLLT 125 MCG [<i>alprostadil (vasodilator)</i>].....	64
<i>minoxidil tabs 2.5 mg</i>	27	MUSE PLLT 250 MCG [<i>alprostadil (vasodilator)</i>].....	64
<i>mirtazapine tabs 15 mg</i>	39	MUSE PLLT 500 MCG [<i>alprostadil (vasodilator)</i>].....	64
<i>mirtazapine tabs 30 mg</i>	39	MUSTARGEN SOLR 10 MG [<i>mechlorethamine hcl</i>].....	17

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.

INDEX

MVASI SOLN 100 MG/4ML [<i>bevacizumab-awwb</i>]	17
MVASI SOLN 400 MG/16ML [<i>bevacizumab-awwb</i>]	17
<i>mycophenolate mofetil caps 250 mg</i>	59
<i>mycophenolate mofetil susr 200 mg/ml</i>	59
<i>mycophenolate mofetil tabs 500 mg</i>	59
MYLERAN TABS 2 MG [<i>busulfan</i>]	17

N

NABI-HB SOLN [<i>hepatitis b immune globulin (human)</i>]	63
<i>nabumetone tabs 500 mg</i>	30
<i>nabumetone tabs 750 mg</i>	30
<i>nadolol tabs 20 mg</i>	25
<i>nadolol tabs 40 mg</i>	25
<i>nadolol tabs 80 mg</i>	25
<i>naloxone hcl soln 0.4 mg/ml</i>	37
<i>naloxone hcl sosy 2 mg/2ml</i>	37
<i>naltrexone hcl tabs 50 mg</i>	37
<i>naproxen tabs 250 mg</i>	31
<i>naproxen tabs 375 mg</i>	31
<i>naproxen tabs 500 mg</i>	31
<i>naratriptan hcl tabs 1 mg</i>	34
<i>naratriptan hcl tabs 2.5 mg</i>	34
NARCAN LIQD 4 MG/0.1ML [<i>naloxone hcl</i>]	37
NEBUPENT SOLR 300 MG [<i>pentamidine isethionate</i>]	11
NECON 1/50 (28) TABS 1-50 MG-MCG [<i>norethindrone & mestranol</i>]	54
<i>nefazodone hcl tabs 100 mg</i>	39
<i>nefazodone hcl tabs 150 mg</i>	39
<i>nefazodone hcl tabs 200 mg</i>	39
<i>nefazodone hcl tabs 250 mg</i>	39
<i>nefazodone hcl tabs 50 mg</i>	39
<i>neomycin sulfate tabs 500 mg</i>	9
<i>neomycin-polymyxin-dexameth oint 3.5-10000-0.1</i>	49
<i>neomycin-polymyxin-dexameth susp 3.5-10000-0.1</i>	49
<i>neomycin-polymyxin-hc soln 1 %</i>	49
<i>neomycin-polymyxin-hc susp 3.5-10000-1</i>	49
NEORAL SOLN 100 MG/ML [<i>cyclosporine modified (for microemulsion)</i>]	59
<i>neostigmine methylsulfate soln 0.5 mg/ml</i>	19
<i>neostigmine methylsulfate soln 1 mg/ml</i>	19
NESACAINE SOLN 1 % [<i>chlorprocaine hcl</i>]	60
NESACAINE SOLN 2 % [<i>chlorprocaine hcl</i>]	61
NEUT SOLN 4 % [<i>sodium bicarbonate</i>]	45
<i>nevirapine er tb24 400 mg</i>	13

<i>nevirapine susp 50 mg/5ml</i>	13
<i>nevirapine tabs 200 mg</i>	13
<i>nifedipine caps 10 mg</i>	26
<i>nifedipine caps 20 mg</i>	26
<i>nifedipine er osmotic release tb24 30 mg</i>	26
<i>nifedipine er osmotic release tb24 60 mg</i>	26
<i>nifedipine er osmotic release tb24 90 mg</i>	26
<i>nimodipine caps 30 mg</i>	26
NIPENT SOLR 10 MG [<i>pentostatin</i>]	17
NITRATEST PAPER TEST [<i>ph test</i>]	43
NITRO-DUR PT24 0.3 MG/HR [<i>nitroglycerin</i>]	28
NITRO-DUR PT24 0.8 MG/HR [<i>nitroglycerin</i>]	28
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG [<i>nitrofurantoin macrocrystal</i>]	14
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG [<i>nitrofurantoin macrocrystal</i>]	14
<i>nitrofurantoin macrocrystal caps 50 mg</i>	14
NITROFURANTOIN MONOHYD MACRO CAPS 100 MG [<i>nitrofurantoin monohyd macro</i>]	14
<i>nitrofurantoin susp 25 mg/5ml</i>	14
<i>nitroglycerin pt24 0.1 mg/hr</i>	28
<i>nitroglycerin pt24 0.2 mg/hr</i>	28
<i>nitroglycerin pt24 0.4 mg/hr</i>	28
<i>nitroglycerin pt24 0.6 mg/hr</i>	28
<i>nitroglycerin soln 0.4 mg/spray</i>	28
<i>nitroglycerin soln 5 mg/ml</i>	28
<i>nitroglycerin subl 0.3 mg</i>	28
<i>nitroglycerin subl 0.4 mg</i>	28
<i>nitroglycerin subl 0.6 mg</i>	29
<i>nitroprusside sodium soln 25 mg/ml</i>	27
<i>nizatidine soln 15 mg/ml</i>	51
<i>norepinephrine bitartrate soln 1 mg/ml</i>	20
<i>norethindrone acetate tabs 5 mg</i>	57
NORPACE CR CP12 100 MG [<i>disopyramide phosphate</i>]	27
NORPACE CR CP12 150 MG [<i>disopyramide phosphate</i>]	27
<i>nortriptyline hcl caps 10 mg</i>	39
<i>nortriptyline hcl caps 25 mg</i>	39
<i>nortriptyline hcl caps 50 mg</i>	39
<i>nortriptyline hcl caps 75 mg</i>	39
<i>nortriptyline hcl soln 10 mg/5ml</i>	39
NOVA MAX PLUS GLU/KET CONTROL LIQD [<i>blood glucose calibration</i>]	43
NOVOFINE AUTOCOVER MISC 30G X 8 MM [<i>insulin pen needle</i>]	43
NOVOFINE MISC 30G X 8 MM [<i>insulin pen needle</i>]	43
NOVOTWIST MISC 32G X 5 MM [<i>insulin pen needle</i>]	43

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.

INDEX

NULOJIX SOLR 250 MG [<i>belatacept</i>]	59	ONETOUCH DELICA LANCING DEV MISC [<i>lancet devices</i>]	43
NUTRILIPID EMUL 20 % [<i>fat emulsion plant based</i>]	45	ONETOUCH FINEPOINT LANCETS MISC [<i>lancets</i>]	43
<i>nystatin crea 100000 unit/gm</i>	64	ONETOUCH ULTRA STRP [<i>glucose blood</i>]	43
<i>nystatin oint 100000 unit/gm</i>	64	ONETOUCH ULTRASOFT LANCETS MISC [<i>lancets</i>]	43
NYSTATIN POW [<i>nystatin</i>]	10	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE [<i>blood glucose monitoring supplies</i>]	43
<i>nystatin susp 100000 unit/ml</i>	10	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE [<i>blood glucose monitoring supplies</i>]	43
<i>nystatin tabs 500000 unit</i>	10	ONETOUCH VERIO SOLN [<i>blood glucose calibration</i>]	43
<i>nystatin-triamcinolone crea 100000-0.1 unit/gm-%</i>	66	ONETOUCH VERIO SOLN HIGH [<i>blood glucose calibration</i>]	44
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	66	<i>ophthalmic irrigation solution - intraocular soln</i>	49
O			
OCTAGAM SOLN 5 GM/100ML [<i>immune globulin (human) iv</i>]	63	OPSUMIT TABS 10 MG [<i>macitentan</i>]	29
<i>octreotide acetate soln 100 mcg/ml</i>	57	OPTUMRX GLUCOSE CONTROL SOLN [<i>blood glucose calibration</i>]	44
<i>octreotide acetate soln 1000 mcg/ml</i>	57	ORENCIA CLICKJECT SOAJ 125 MG/ML [<i>abatacept</i>]	59
<i>octreotide acetate soln 200 mcg/ml</i>	57	ORENCIA SOLR 250 MG [<i>abatacept</i>]	59
<i>octreotide acetate soln 50 mcg/ml</i>	57	ORENCIA SOSY 125 MG/ML [<i>abatacept</i>]	59
<i>octreotide acetate soln 500 mcg/ml</i>	57	ORILISSA TABS 150 MG [<i>elagolix sodium</i>]	56
ODEFSEY TABS 200-25-25 MG [<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>]	13	ORILISSA TABS 200 MG [<i>elagolix sodium</i>]	56
<i>ofloxacin soln 0.3 %</i>	48	ORTHO DIAPHRAGM ALL-FLEX KIT 65 DPR 65MM [<i>diaphragm arc-spring</i>]	58
<i>olanzapine tabs 10 mg</i>	39	ORTHO DIAPHRAGM ALL-FLEX KIT 70 DPR 70MM [<i>diaphragm arc-spring</i>]	58
<i>olanzapine tabs 15 mg</i>	39	ORTHO DIAPHRAGM ALL-FLEX KIT 75 DPR 75MM [<i>diaphragm arc-spring</i>]	58
<i>olanzapine tabs 2.5 mg</i>	39	ORTHO DIAPHRAGM ALL-FLEX KIT 80 DPR 80MM [<i>diaphragm arc-spring</i>]	58
<i>olanzapine tabs 20 mg</i>	39	<i>oseltamivir phosphate caps 30 mg</i>	13
<i>olanzapine tabs 5 mg</i>	39	<i>oseltamivir phosphate caps 45 mg</i>	13
<i>olanzapine tabs 7.5 mg</i>	39	<i>oseltamivir phosphate caps 75 mg</i>	13
<i>omeprazole</i>	2	<i>oseltamivir phosphate susr 6 mg/ml</i>	13
<i>omeprazole cpdr 10 mg</i>	51	OSPHENA TABS 60 MG [<i>ospemifene</i>]	56
<i>omeprazole cpdr 20 mg</i>	51	OTEZLA TABS 30 MG [<i>apremilast</i>]	59
<i>omeprazole cpdr 40 mg</i>	51	OTEZLA TBPK 10 & 20 & 30 MG [<i>apremilast</i>]	59
OMNITROPE SOCT 10 MG/1.5ML [<i>somatropin</i>]	57	OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML [<i>oxacillin sodium in dextrose</i>]	9
OMNITROPE SOCT 5 MG/1.5ML [<i>somatropin</i>]	57	<i>oxazepam caps 10 mg</i>	36
ON CALL EXPRESS GLUCOSE CONTR SOLN [<i>blood glucose calibration</i>]	43	<i>oxazepam caps 15 mg</i>	36
<i>ondansetron hcl soln 4 mg/2ml</i>	50	<i>oxazepam caps 30 mg</i>	36
<i>ondansetron hcl soln 4 mg/5ml</i>	50	<i>oxcarbazepine susp 300 mg/5ml</i>	33
<i>ondansetron hcl soln 40 mg/20ml</i>	50	<i>oxcarbazepine tabs 150 mg</i>	33
<i>ondansetron hcl tabs 4 mg</i>	50	<i>oxcarbazepine tabs 300 mg</i>	33
<i>ondansetron hcl tabs 8 mg</i>	50	<i>oxcarbazepine tabs 600 mg</i>	33
<i>ondansetron tbdp 4 mg</i>	50	<i>oxybutynin chloride er tb24 10 mg</i>	67
<i>ondansetron tbdp 8 mg</i>	50	<i>oxybutynin chloride er tb24 15 mg</i>	67
ONETOUCH DELICA LANCETS 30G MISC [<i>lancets</i>]	43		
ONETOUCH DELICA LANCETS 33G MISC [<i>lancets</i>]	43		

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.

INDEX

oxybutynin chloride er tb24 5 mg	67
oxybutynin chloride syr 5 mg/5ml	67
oxybutynin chloride tabs 5 mg	67
oxycodone hcl caps 5 mg	31
oxycodone hcl conc 100 mg/5ml	31
OXYCODONE HCL SOLN 5 MG/5ML [oxycodone hcl]	31
oxycodone hcl tabs 5 mg	31
oxycodone-acetaminophen tabs 5-325 mg	31
OXYTOCIN SOLN 10 UNIT/ML [oxytocin]	61

P

paclitaxel conc 300 mg/50ml	17
pamidronate disodium solr 90 mg	58
pantoprazole sodium tbec 20 mg	51
pantoprazole sodium tbec 40 mg	51
PAREGORIC TINC 2 MG/5ML [paregoric]	52
paromomycin sulfate caps 250 mg	11
paroxetine hcl tabs 10 mg	39
paroxetine hcl tabs 20 mg	39
paroxetine hcl tabs 30 mg	39
paroxetine hcl tabs 40 mg	39
PEGASYS SOLN 180 MCG/0.5ML [peginterferon alfa-2a]	13
PEGASYS SOLN 180 MCG/ML [peginterferon alfa-2a]	13
PEN NEEDLES 5/16	44
penicillin g potassium solr 2000000 unit	9
penicillin g potassium solr 5000000 unit	9
penicillin g procaine susp 600000 unit/ml	9
penicillin g sodium solr 5000000 unit	9
penicillin v potassium solr 125 mg/5ml	9
penicillin v potassium solr 250 mg/5ml	9
penicillin v potassium tabs 250 mg	9
penicillin v potassium tabs 500 mg	9
pentamidine isethionate solr 300 mg	11
PENTASA CPR 250 MG [mesalamine]	50
PENTASA CPR 500 MG [mesalamine]	50
pentoxifylline er tbc 400 mg	22
permethrin crea 5 %	67
perphenazine tabs 16 mg	39
perphenazine tabs 2 mg	39
perphenazine tabs 4 mg	39
perphenazine tabs 8 mg	39
PHARMACIST CHOICE LANCETS MISC [lancets]	44
phenelzine sulfate tabs 15 mg	39
PHENOBARBITAL ELIX 20 MG/5ML [phenobarbital]	36
PHENOBARBITAL TABS 100 MG [phenobarbital]	36
PHENOBARBITAL TABS 16.2 MG [phenobarbital]	36

PHENOBARBITAL TABS 30 MG [phenobarbital]	36
PHENOBARBITAL TABS 32.4 MG [phenobarbital]	36
PHENOBARBITAL TABS 60 MG [phenobarbital]	36
PHENOBARBITAL TABS 64.8 MG [phenobarbital]	36
PHENOBARBITAL TABS 97.2 MG [phenobarbital]	36
phenoxybenzamine hcl caps 10 mg	19
phentermine hcl tabs 37.5 mg	61
phentolamine mesylate solr 5 mg	27
PHENYLEPHRINE HCL SOLN 10 % [phenylephrine hcl (mydriatic)]	50
PHENYLEPHRINE HCL SOLN 2.5 % [phenylephrine hcl (mydriatic)]	50
phenytoin sodium extended caps 100 mg	33
phenytoin sodium soln 50 mg/ml	33
phenytoin susp 125 mg/5ml	33
PHOSPHOLINE IODIDE SOLR 0.125 % [echothiophate iodide]	49
PHYSOSTIGMINE SALICYLATE SOLN 1 MG/ML [physostigmine salicylate]	52
phytonadione tabs 5 mg	68
pilocarpine hcl soln 1 %	49
pilocarpine hcl soln 2 %	49
pilocarpine hcl soln 4 %	49
pilocarpine hcl tabs 5 mg	19
pimozide tabs 2 mg	39
pioglitazone hcl tabs 15 mg	55
pioglitazone hcl tabs 30 mg	55
pioglitazone hcl tabs 45 mg	55
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	9
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	9
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	9
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	9
PLASMANATE SOLN 5 % [plasma protein fraction]	22
podofilox soln 0.5 %	67
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	48
POTABA CAPS 500 MG [potassium aminobenzoate]	68
POTABA TAB 500MG [potassium aminobenzoate]	68
POTASSIUM ACETATE SOLN 2 MEQ/ML [potassium acetate]	47
potassium chloride crys er tbc 10 meq	47
potassium chloride er cpcr 10 meq	47
potassium chloride er cpcr 8 meq	47
potassium chloride er tbc 20 meq	47

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.

INDEX

POTASSIUM CHLORIDE ER TBCR 8 MEQ [<i>potassium chloride</i>]	47	<i>prednisone tabs 50 mg</i>	53
<i>potassium chloride soln 2 meq/ml</i>	47	<i>prednisone tbpk 5 mg (21)</i>	53
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) [<i>potassium citrate (alkalinizer)</i>]	45	PREGNYL SOLR 10000 UNIT [<i>chorionic gonadotropin</i>]	56
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) [<i>potassium citrate (alkalinizer)</i>]	45	PREMARIN SOLR 25 MG [<i>estrogens, conjugated</i>]	56
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>potassium phosphates</i>]	47	PREZISTA TABS 150 MG [<i>darunavir ethanolate</i>]	13
PRADAXA CAPS 110 MG [<i>dabigatran etexilate mesylate</i>]	22	PREZISTA TABS 600 MG [<i>darunavir ethanolate</i>]	13
PRADAXA CAPS 150 MG [<i>dabigatran etexilate mesylate</i>]	22	PREZISTA TABS 75 MG [<i>darunavir ethanolate</i>]	13
<i>pramipexole dihydrochloride tabs 0.125 mg</i>	35	PREZISTA TABS 800 MG [<i>darunavir ethanolate</i>]	13
<i>pramipexole dihydrochloride tabs 0.25 mg</i>	35	PRIMAQUINE PHOSPHATE TABS 26.3 MG [<i>primaquine phosphate</i>]	11
<i>pramipexole dihydrochloride tabs 0.5 mg</i>	35	<i>primidone tabs 250 mg</i>	33
<i>pramipexole dihydrochloride tabs 0.75 mg</i>	35	<i>primidone tabs 50 mg</i>	33
<i>pramipexole dihydrochloride tabs 1 mg</i>	35	PRIMSOL SOLN 50 MG/5ML [<i>trimethoprim hcl</i>]	14
<i>pramipexole dihydrochloride tabs 1.5 mg</i>	35	PROAIR DIGIHALER AEPB 108 MCG/ACT [<i>albuterol sulfate</i>]	20
<i>prasugrel hcl tabs 10 mg</i>	22	PROAIR RESPICLICK AEPB 108 (90 Base) MCG/ACT [<i>albuterol sulfate</i>]	20
<i>prasugrel hcl tabs 5 mg</i>	22	<i>probenecid tabs 500 mg</i>	47
<i>pravastatin sodium tabs 10 mg</i>	24	<i>procainamide hcl soln 100 mg/ml</i>	27
<i>pravastatin sodium tabs 20 mg</i>	24	<i>prochlorperazine edisylate soln 10 mg/2ml</i>	39
<i>pravastatin sodium tabs 40 mg</i>	24	<i>prochlorperazine maleate tabs 10 mg</i>	39
<i>pravastatin sodium tabs 80 mg</i>	24	<i>prochlorperazine maleate tabs 5 mg</i>	39
<i>praziquantel tabs 600 mg</i>	6	<i>prochlorperazine supp 25 mg</i>	50
<i>prazosin hcl caps 1 mg</i>	23	PROCRIT SOLN 10000 UNIT/ML [<i>epoetin alfa</i>]	23
<i>prazosin hcl caps 2 mg</i>	23	PROCRIT SOLN 2000 UNIT/ML [<i>epoetin alfa</i>]	23
<i>prazosin hcl caps 5 mg</i>	23	PROCRIT SOLN 20000 UNIT/ML [<i>epoetin alfa</i>]	23
PRECISION XTRA KETONE STRP [<i>ketone blood test</i>]	44	PROCRIT SOLN 3000 UNIT/ML [<i>epoetin alfa</i>]	23
PRED MILD SUSP 0.12 % [<i>prednisolone acetate (ophth)</i>]	49	PROCRIT SOLN 4000 UNIT/ML [<i>epoetin alfa</i>]	23
PRED-G S.O.P. OINT 0.3-0.6 % [<i>gentamicin-prednisolone acetate</i>]	49	PROCRIT SOLN 40000 UNIT/ML [<i>epoetin alfa</i>]	23
PRED-G SUSP 0.3-1 % [<i>gentamicin-prednisolone acetate</i>]	49	PROFILNINE SOLR 1000 UNIT [<i>factor ix complex</i>]	22
<i>prednisolone acetate susp 1 %</i>	49	PROFILNINE SOLR 500 UNIT [<i>factor ix complex</i>]	22
<i>prednisolone sodium phosphate soln 1 %</i>	49	<i>progesterone oil 50 mg/ml</i>	57
<i>prednisolone sodium phosphate soln 15 mg/5ml</i>	53	PROGESTERONE WETTABLE POWD [<i>progesterone (bulk)</i>]	57
<i>prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml</i>	53	PROGRAF SOLN 5 MG/ML [<i>tacrolimus</i>]	59
<i>prednisolone soln 15 mg/5ml</i>	53	<i>promethazine hcl soln 25 mg/ml</i>	14
<i>prednisone soln 5 mg/5ml</i>	53	<i>promethazine hcl tabs 12.5 mg</i>	14
<i>prednisone tabs 1 mg</i>	53	<i>promethazine hcl tabs 25 mg</i>	14
<i>prednisone tabs 10 mg</i>	53	<i>propafenone hcl tabs 150 mg</i>	27
<i>prednisone tabs 2.5 mg</i>	53	<i>propafenone hcl tabs 225 mg</i>	27
<i>prednisone tabs 20 mg</i>	53	<i>propafenone hcl tabs 300 mg</i>	27
<i>prednisone tabs 5 mg</i>	53	<i>propantheline bromide tabs 15 mg</i>	19
		<i>proparacaine hcl soln 0.5 %</i>	50
		<i>propofol emul 200 mg/20ml</i>	61
		<i>propranolol hcl er cp24 120 mg</i>	25
		<i>propranolol hcl er cp24 160 mg</i>	25
		<i>propranolol hcl er cp24 60 mg</i>	25

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.

INDEX

<i>propranolol hcl er cp24 80 mg</i>	25
<i>propranolol hcl soln 1 mg/ml</i>	25
<i>propranolol hcl soln 20 mg/5ml</i>	25
<i>propranolol hcl soln 40 mg/5ml</i>	25
<i>propranolol hcl tabs 10 mg</i>	25
<i>propranolol hcl tabs 20 mg</i>	25
<i>propranolol hcl tabs 40 mg</i>	25
<i>propranolol hcl tabs 60 mg</i>	25
<i>propranolol hcl tabs 80 mg</i>	25
<i>propylthiouracil tabs 50 mg</i>	58
PROSOL SOLN 20 % [<i>amino acid infusion</i>].....	45
<i>protamine sulfate soln 10 mg/ml</i>	23
PROVISC SOLN 10 MG/ML [<i>sodium hyaluronate</i>].....	50
PULMOZYME SOLN 1 MG/ML [<i>dornase alfa</i>].....	62
PURIXAN SUSP 2000 MG/100ML [<i>mercaptopurine</i>].....	17
<i>pyrazinamide tabs 500 mg</i>	11
<i>pyridostigmine bromide er tbc 180 mg</i>	19
<i>pyridostigmine bromide soln 60 mg/5ml</i>	19
<i>pyridostigmine bromide tabs 60 mg</i>	19
<i>pyridoxine hcl soln 100 mg/ml</i>	68

Q

QSYMIA CP24 11.25-69 MG [<i>phentermine hcl-topiramate</i>].....	61
QSYMIA CP24 15-92 MG [<i>phentermine hcl-topiramate</i>].....	61
QSYMIA CP24 3.75-23 MG [<i>phentermine hcl-topiramate</i>].....	61
QSYMIA CP24 7.5-46 MG [<i>phentermine hcl-topiramate</i>].....	61
<i>quetiapine fumarate tabs 100 mg</i>	39
<i>quetiapine fumarate tabs 200 mg</i>	39
<i>quetiapine fumarate tabs 25 mg</i>	39
<i>quetiapine fumarate tabs 300 mg</i>	40
<i>quetiapine fumarate tabs 400 mg</i>	40
<i>quetiapine fumarate tabs 50 mg</i>	40
<i>quinidine gluconate er tbc 324 mg</i>	27
<i>quinidine sulfate er tab 300mg er</i>	27
<i>quinidine sulfate tabs 200 mg</i>	27
<i>quinidine sulfate tabs 300 mg</i>	27

R

<i>raloxifene hcl tabs 60 mg</i>	56
<i>ranitidine hcl soln 150 mg/6ml</i>	51
<i>ranitidine hcl syrp 15 mg/ml</i>	51
RECOMBINATE SOLR 220-400 UNIT [<i>antihemophilic factor (recombinant)</i>].....	23

RECOMBINATE SOLR 401-800 UNIT [<i>antihemophilic factor (recombinant)</i>].....	23
RECOMBINATE SOLR 801-1240 UNIT [<i>antihemophilic factor (recombinant)</i>].....	23
REFACTO INJ 250UNIT [<i>antihemophilic factor (recombinant)</i>].....	23
REFACTO INJ 500UNIT [<i>antihemophilic factor (recombinant)</i>].....	23
REMODULIN SOLN 100 MG/20ML [<i>treprostinil</i>].....	62
REMODULIN SOLN 20 MG/20ML [<i>treprostinil</i>].....	62
REMODULIN SOLN 200 MG/20ML [<i>treprostinil</i>].....	62
REMODULIN SOLN 50 MG/20ML [<i>treprostinil</i>].....	62
RESCRIPTOR TABS 100 MG [<i>delavirdine mesylate</i>].....	13
RESCRIPTOR TABS 200 MG [<i>delavirdine mesylate</i>].....	13
RETIN-A CREA 0.025 % [<i>tretinoin</i>].....	66
RETIN-A CREA 0.05 % [<i>tretinoin</i>].....	66
RETIN-A CREA 0.1 % [<i>tretinoin</i>].....	66
RETIN-A GEL 0.01 % [<i>tretinoin</i>].....	66
RETIN-A GEL 0.025 % [<i>tretinoin</i>].....	66
REVLIMID CAPS 10 MG [<i>lenalidomide</i>].....	17
REVLIMID CAPS 15 MG [<i>lenalidomide</i>].....	17
REVLIMID CAPS 2.5 MG [<i>lenalidomide</i>].....	17
REVLIMID CAPS 20 MG [<i>lenalidomide</i>].....	17
REVLIMID CAPS 25 MG [<i>lenalidomide</i>].....	17
REVLIMID CAPS 5 MG [<i>lenalidomide</i>].....	17
RHOPHYLAC SOSY 1500 UNIT/2ML [<i>rho d immune globulin (human)</i>].....	63
<i>ribavirin caps 200 mg</i>	13
<i>ribavirin tabs 200 mg</i>	13
RIDAURA CAPS 3 MG [<i>auranofin</i>].....	52
<i>rifampin caps 150 mg</i>	11
<i>rifampin caps 300 mg</i>	11
<i>rifampin solr 600 mg</i>	11
<i>riluzole tabs 50 mg</i>	36
<i>rimantadine hcl tabs 100 mg</i>	13
RIMSO-50 SOLN 50 % [<i>dimethyl sulfoxide</i>].....	61
RINGERS IRRIGATION SOLN [<i>ringer's irrigation</i>].....	46
RINGERS SOLN [<i>ringer's</i>].....	47
RIOMET SOLN 500 MG/5ML [<i>metformin hcl</i>].....	55
RISPERIDONE SOLN 1 MG/ML [<i>risperidone</i>].....	40
RISPERIDONE TABS 0.25 MG [<i>risperidone</i>].....	40
RISPERIDONE TABS 0.5 MG [<i>risperidone</i>].....	40
RISPERIDONE TABS 1 MG [<i>risperidone</i>].....	40
RISPERIDONE TABS 2 MG [<i>risperidone</i>].....	40
RISPERIDONE TABS 3 MG [<i>risperidone</i>].....	40
RISPERIDONE TABS 4 MG [<i>risperidone</i>].....	40
<i>ritonavir tabs 100 mg</i>	13
<i>rizatriptan benzoate tabs 10 mg</i>	34

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.

INDEX

<i>rizatriptan benzoate tabs 5 mg</i>	34
<i>rizatriptan benzoate tbdp 10 mg</i>	34
<i>rizatriptan benzoate tbdp 5 mg</i>	34
<i>rocuronium bromide soln 50 mg/5ml</i>	36
<i>ropinirole hcl tabs 0.25 mg</i>	35
<i>ropinirole hcl tabs 0.5 mg</i>	35
<i>ropinirole hcl tabs 1 mg</i>	35
<i>ropinirole hcl tabs 2 mg</i>	35
<i>ropinirole hcl tabs 3 mg</i>	35
<i>ropinirole hcl tabs 4 mg</i>	35
<i>ropinirole hcl tabs 5 mg</i>	35
<i>rosuvastatin calcium tabs 10 mg</i>	24
<i>rosuvastatin calcium tabs 20 mg</i>	24
<i>rosuvastatin calcium tabs 40 mg</i>	24
<i>rosuvastatin calcium tabs 5 mg</i>	24

S

SAFESNAP INSULIN SYRINGE MISC 28G X 1/2	44
SAFESNAP INSULIN SYRINGE MISC 29G X 1/2	44
SAFESNAP INSULIN SYRINGE MISC 30G X 5/16	44
SALSALATE TABS 500 MG [<i>salsalate</i>].....	31
SALSALATE TABS 750 MG [<i>salsalate</i>].....	31
SANDIMMUNE CAPS 100 MG [<i>cyclosporine</i>].....	59
SANDIMMUNE CAPS 25 MG [<i>cyclosporine</i>].....	59
SANDIMMUNE SOLN 100 MG/ML [<i>cyclosporine</i>].....	59
SANDOSTATIN LAR DEPOT KIT 10 MG [<i>octreotide acetate</i>].....	57
SANDOSTATIN LAR DEPOT KIT 20 MG [<i>octreotide acetate</i>].....	57
SANDOSTATIN LAR DEPOT KIT 30 MG [<i>octreotide acetate</i>].....	57
SANTYL OINT 250 UNIT/GM [<i>collagenase</i>].....	67
SAVELLA TABS 100 MG [<i>milnacipran hcl</i>].....	36
SAVELLA TABS 12.5 MG [<i>milnacipran hcl</i>].....	36
SAVELLA TABS 25 MG [<i>milnacipran hcl</i>].....	36
SAVELLA TABS 50 MG [<i>milnacipran hcl</i>].....	36
<i>scopolamine hydrobromide inj 0.4mg/ml</i>	19
<i>scopolamine pt72 1 mg/3days</i>	50
<i>selegiline hcl caps 5 mg</i>	35
<i>selegiline hcl tabs 5 mg</i>	35
SELENIUM SOLN 40 MCG/ML [<i>selenious acid</i>].....	47
<i>selenium sulfide lotn 2.5 %</i>	64
SELZENTRY TABS 150 MG [<i>maraviroc</i>].....	13
SELZENTRY TABS 25 MG [<i>maraviroc</i>].....	13
SELZENTRY TABS 300 MG [<i>maraviroc</i>].....	13
SELZENTRY TABS 75 MG [<i>maraviroc</i>].....	13
<i>sertraline hcl tabs 100 mg</i>	40

<i>sertraline hcl tabs 25 mg</i>	40
<i>sertraline hcl tabs 50 mg</i>	40
<i>sevelamer carbonate pack 2.4 gm</i>	46
<i>sevelamer carbonate tabs 800 mg</i>	46
<i>sevoflurane soln</i>	61
SIDEKICK BLOOD GLUCOSE SYSTEM DEVI [<i>blood glucose meter disposable with test strips</i>].....	44
<i>sildenafil citrate susr 10 mg/ml</i>	29
<i>sildenafil citrate tabs 20 mg</i>	29
SILVER SULFADIAZINE CREA 1 % [<i>silver sulfadiazine</i>].....	64
SIMULECT SOLR 10 MG [<i>basiliximab</i>].....	59
SIMULECT SOLR 20 MG [<i>basiliximab</i>].....	59
<i>simvastatin tabs 10 mg</i>	24
<i>simvastatin tabs 20 mg</i>	24
<i>simvastatin tabs 40 mg</i>	24
<i>simvastatin tabs 5 mg</i>	24
<i>simvastatin tabs 80 mg</i>	24
<i>sirolimus soln 1 mg/ml</i>	59
<i>sirolimus tabs 0.5 mg</i>	59
<i>sirolimus tabs 1 mg</i>	59
<i>sirolimus tabs 2 mg</i>	59
SODIUM ACETATE SOLN 2 MEQ/ML [<i>sodium acetate</i>].....	45
SODIUM BICARBONATE SOLN 4.2 % [<i>sodium bicarbonate</i>].....	45
SODIUM BICARBONATE SOLN 7.5 % [<i>sodium bicarbonate</i>].....	45
SODIUM BICARBONATE SOLN 8.4 % [<i>sodium bicarbonate</i>].....	47
SODIUM CHLORIDE (PF) SOLN 0.9 % [<i>sodium chloride</i>].....	47
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % [<i>bacteriostatic sodium chloride</i>].....	47
SODIUM CHLORIDE FLUSH SOLN 0.9 % [<i>sodium chloride flush</i>].....	46
SODIUM CHLORIDE NEBU 0.9 % [<i>sodium chloride (inhalant)</i>].....	62
SODIUM CHLORIDE SOLN 0.45 % [<i>sodium chloride</i>].....	47
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride (gu irrigant)</i>].....	46
SODIUM CHLORIDE SOLN 0.9 % [<i>sodium chloride</i>].....	47
SODIUM CHLORIDE SOLN 4 MEQ/ML [<i>sodium chloride</i>].....	47
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML [<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>].....	47
<i>sodium polystyrene sulfonate powd</i>	61
SODIUM THIOSULFATE SOLN 25 % [<i>sodium thiosulfate</i>].....	52

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.

INDEX

solifenacin succinate tabs 10 mg	67	STIMATE SOLN 1.5 MG/ML [desmopressin acetate] ..	57
solifenacin succinate tabs 5 mg	67	STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT [tiotropium bromide-olodaterol hcl]	62
SOLU-CORTEF SOLR 100 MG [hydrocortisone sod succinate].....	53	streptomycin sulfate solr 1 gm	9
SOLU-CORTEF SOLR 1000 MG [hydrocortisone sod succinate].....	53	STRIVERDI RESPIMAT AERS 2.5 MCG/ACT [olodaterol hcl].....	62
SOLU-CORTEF SOLR 250 MG [hydrocortisone sod succinate].....	53	succinylcholine chloride soln 20 mg/ml	40
SOLU-CORTEF SOLR 500 MG [hydrocortisone sod succinate].....	53	sucralfate tabs 1 gm	51
SOLU-MEDROL SOLR 1000 MG [methylprednisolone sod succ].....	53	sufentanil citrate soln 50 mcg/ml	31
SOLU-MEDROL SOLR 125 MG [methylprednisolone sod succ].....	53	sulfacetamide sodium (acne) lotn 10 %	64
SOLU-MEDROL SOLR 2 GM [methylprednisolone sod succ].....	53	sulfacetamide sodium soln 10 %	48
SOLU-MEDROL SOLR 40 MG [methylprednisolone sod succ].....	53	sulfacetamide-prednisolone soln 10-0.23 %	49
SOLU-MEDROL SOLR 500 MG [methylprednisolone sod succ].....	53	sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	9
sotalol hcl tabs 120 mg	25	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	9
sotalol hcl tabs 160 mg	25	sulfamethoxazole-trimethoprim tabs 400-80 mg ...9	
sotalol hcl tabs 240 mg	25	sulfamethoxazole-trimethoprim tabs 800-160 mg .9	
sotalol hcl tabs 80 mg	25	sulfasalazine tabs 500 mg	9
SOVALDI TABS 400 MG [sofosbuvir].....	13	sulfasalazine tbec 500 mg	9
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT [tiotropium bromide monohydrate].....	62	sulindac tabs 150 mg	31
spironolactone tabs 100 mg	28	sulindac tabs 200 mg	31
spironolactone tabs 25 mg	28	sumatriptan soln 20 mg/act	34
spironolactone tabs 50 mg	28	sumatriptan soln 5 mg/act	34
spironolactone-hctz tabs 25-25 mg	28	sumatriptan succinate refill soct 6 mg/0.5ml	34
SPRYCEL TABS 100 MG [dasatinib].....	17	sumatriptan succinate soaj 6 mg/0.5ml	34
SPRYCEL TABS 140 MG [dasatinib].....	17	sumatriptan succinate soln 6 mg/0.5ml	34
SPRYCEL TABS 20 MG [dasatinib].....	17	sumatriptan succinate tabs 100 mg	34
SPRYCEL TABS 50 MG [dasatinib].....	17	sumatriptan succinate tabs 25 mg	34
SPRYCEL TABS 70 MG [dasatinib].....	17	sumatriptan succinate tabs 50 mg	34
SPRYCEL TABS 80 MG [dasatinib].....	17	SUPRAX TAB 400MG [cefixime].....	9
SSKI SOLN 1 GM/ML [potassium iodide (expectorant)].....	47	SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2.....	44
stavudine caps 15 mg	13	SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16	44
stavudine caps 20 mg	13	SURE COMFORT PEN NEEDLES MISC 31G X 5 MM [insulin pen needle].....	44
stavudine caps 30 mg	13	SUTENT CAPS 12.5 MG [sunitinib malate].....	17
stavudine caps 40 mg	13	SUTENT CAPS 25 MG [sunitinib malate].....	17
STERILANCE TL MISC [lancets].....	44	SUTENT CAPS 37.5 MG [sunitinib malate].....	17
sterile water for injection soln	61	SUTENT CAPS 50 MG [sunitinib malate].....	17
STERILE WATER FOR INJECTION SOLN [water for injection, sterile].....	47	SYMFI LO TABS 400-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate].....	13
STERILE WATER FOR IRRIGATION SOLN [water for irrigation, sterile].....	46	SYMFI TABS 600-300-300 MG [efavirenz-lamivudine-tenofovir disoproxil fumarate].....	14
		SYNAGIS SOLN 100 MG/ML [palivizumab].....	14
		SYNAGIS SOLN 50 MG/0.5ML [palivizumab].....	14
		SYNAREL SOLN 2 MG/ML [nafarelin acetate].....	56

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.

INDEX

T

TABLOID TABS 40 MG [<i>thioguanine</i>]	17	TESTOSTERONE PROPIONATE POWD [<i>testosterone propionate (bulk)</i>]	54
<i>tacrolimus caps 0.5 mg</i>	59	<i>tetrabenazine tabs 12.5 mg</i>	36
<i>tacrolimus caps 1 mg</i>	59	<i>tetrabenazine tabs 25 mg</i>	36
<i>tacrolimus caps 5 mg</i>	59	TETRACAINE HCL SOLN 0.5 % [<i>tetracaine hcl (ophth)</i>]	50
TACROLIMUS OINT 0.03 % [<i>tacrolimus (topical)</i>]	67	<i>tetracycline hcl caps 250 mg</i>	9
TACROLIMUS OINT 0.1 % [<i>tacrolimus (topical)</i>]	67	<i>tetracycline hcl caps 500 mg</i>	10
<i>tadalafil tabs 10 mg</i>	64	THALOMID CAPS 100 MG [<i>thalidomide</i>]	18
<i>tadalafil tabs 2.5 mg</i>	64	THALOMID CAPS 150 MG [<i>thalidomide</i>]	18
<i>tadalafil tabs 20 mg</i>	64	THALOMID CAPS 200 MG [<i>thalidomide</i>]	18
<i>tadalafil tabs 5 mg</i>	64	THALOMID CAPS 50 MG [<i>thalidomide</i>]	18
TAGRISSO TABS 40 MG [<i>osimertinib mesylate</i>]	17	<i>theophylline er tb12 100 mg</i>	63
TAGRISSO TABS 80 MG [<i>osimertinib mesylate</i>]	18	<i>theophylline er tb12 200 mg</i>	63
<i>tamoxifen citrate tabs 10 mg</i>	18	<i>theophylline er tb12 300 mg</i>	63
<i>tamoxifen citrate tabs 20 mg</i>	18	<i>theophylline er tb12 450 mg</i>	63
<i>tamsulosin hcl caps 0.4 mg</i>	19	<i>theophylline er tb24 400 mg</i>	63
TASIGNA CAPS 150 MG [<i>nilotinib hcl</i>]	18	<i>thiamine hcl soln 100 mg/ml</i>	68
TASIGNA CAPS 200 MG [<i>nilotinib hcl</i>]	18	THINPRO INSULIN SYRINGE/0.3ML/31G X 3/8	44
TAXOTERE INJ 20/0.5ML [<i>docetaxel</i>]	18	THINPRO INSULIN SYRINGE/0.5ML/31G X 3/8	44
TAXOTERE INJ 80MG/2ML [<i>docetaxel</i>]	18	THINPRO INSULIN SYRINGE/1ML/31G X 3/8	44
<i>tazarotene crea 0.1 %</i>	67	THIOLA TABS 100 MG [<i>tiopronin</i>]	61
TAZORAC CREA 0.05 % [<i>tazarotene</i>]	67	<i>thioridazine hcl tabs 10 mg</i>	40
TAZORAC GEL 0.05 % [<i>tazarotene</i>]	67	<i>thioridazine hcl tabs 100 mg</i>	40
TAZORAC GEL 0.1 % [<i>tazarotene</i>]	67	<i>thioridazine hcl tabs 25 mg</i>	40
<i>temazepam caps 15 mg</i>	36	<i>thioridazine hcl tabs 50 mg</i>	40
<i>temazepam caps 30 mg</i>	36	<i>thiotepa solr 15 mg</i>	18
<i>temozolomide caps 100 mg</i>	18	<i>thiothixene caps 1 mg</i>	40
<i>temozolomide caps 140 mg</i>	18	<i>thiothixene caps 10 mg</i>	40
<i>temozolomide caps 180 mg</i>	18	<i>thiothixene caps 2 mg</i>	40
<i>temozolomide caps 20 mg</i>	18	<i>thiothixene caps 5 mg</i>	40
<i>temozolomide caps 250 mg</i>	18	THROMBIN-JMI SOLR 20000 UNIT [<i>thrombin</i>]	23
<i>temozolomide caps 5 mg</i>	18	THROMBIN-JMI SOLR 5000 UNIT [<i>thrombin</i>]	23
<i>temsrolimus soln 25 mg/ml</i>	18	<i>timolol maleate soln 0.25 %</i>	49
<i>tenofovir disoproxil fumarate tabs 300 mg</i>	14	<i>timolol maleate soln 0.5 %</i>	49
<i>terazosin hcl caps 1 mg</i>	23	TIVICAY TABS 50 MG [<i>dolutegravir sodium</i>]	14
<i>terazosin hcl caps 10 mg</i>	23	<i>tizanidine hcl tabs 2 mg</i>	19
<i>terazosin hcl caps 2 mg</i>	23	<i>tizanidine hcl tabs 4 mg</i>	19
<i>terazosin hcl caps 5 mg</i>	24	TNKASE KIT 50 MG [<i>tenecteplase</i>]	23
<i>terbinafine hcl tabs 250 mg</i>	11	<i>tobramycin nebu 300 mg/5ml</i>	62
<i>terbutaline sulfate soln 1 mg/ml</i>	20	<i>tobramycin soln 0.3 %</i>	48
<i>terbutaline sulfate tabs 2.5 mg</i>	20	<i>tobramycin sulfate soln 10 mg/ml</i>	10
<i>terbutaline sulfate tabs 5 mg</i>	20	<i>tobramycin sulfate soln 2 gm/50ml</i>	10
TERUMO INSULIN SYRINGE/1ML/30G X 3/8	44	TOBEX OINT 0.3 % [<i>tobramycin (ophth)</i>]	48
<i>testosterone cypionate soln 100 mg/ml</i>	54	<i>tolbutamide tabs 500 mg</i>	55
<i>testosterone cypionate soln 200 mg/ml</i>	54	<i>topiramate cpsp 15 mg</i>	33
<i>testosterone gel 25 mg/2.5gm (1%)</i>	54	<i>topiramate cpsp 25 mg</i>	33
<i>testosterone gel 50 mg/5gm (1%)</i>	54	<i>topiramate tabs 100 mg</i>	33

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.

INDEX

topiramate tabs 200 mg	34
topiramate tabs 25 mg	34
topiramate tabs 50 mg	34
topotecan hcl solr 4 mg	18
toremide tabs 10 mg	46
toremide tabs 100 mg	46
toremide tabs 20 mg	46
toremide tabs 5 mg	46
tramadol hcl tabs 50 mg	31
tranexamic acid soln 1000 mg/10ml	23
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS [scopolamine]	51
tranylcypromine sulfate tabs 10 mg	40
TRAVASOL SOLN 10 % [amino acid infusion]	45
trazodone hcl tabs 100 mg	40
trazodone hcl tabs 150 mg	40
trazodone hcl tabs 50 mg	40
tretinoin caps 10 mg	18
tretinoin crea 0.025 %	66
tretinoin crea 0.05 %	66
tretinoin crea 0.1 %	66
tretinoin gel 0.01 %	66
tretinoin gel 0.025 %	66
triamcinolone acetonide aers 0.147 mg/gm	66
triamcinolone acetonide crea 0.025 %	66
triamcinolone acetonide crea 0.1 %	66
triamcinolone acetonide crea 0.5 %	66
triamcinolone acetonide oint 0.025 %	66
triamcinolone acetonide oint 0.1 %	66
triamcinolone acetonide oint 0.5 %	66
TRIAMCINOLONE ACETONIDE POWD [triamcinolone acetonide (topical)]	66
triamcinolone acetonide pste 0.1 %	66
triamcinolone acetonide susp 40 mg/ml	53
triamterene-hctz caps 37.5-25 mg	46
triamterene-hctz tabs 37.5-25 mg	46
triamterene-hctz tabs 75-50 mg	46
triazolam tabs 0.125 mg	36
triazolam tabs 0.25 mg	36
trifluoperazine hcl tabs 1 mg	40
trifluoperazine hcl tabs 10 mg	40
trifluoperazine hcl tabs 2 mg	40
trifluoperazine hcl tabs 5 mg	40
trifluridine soln 1 %	48
trihexyphenidyl hcl tabs 2 mg	19
trihexyphenidyl hcl tabs 5 mg	19
trimethoprim tabs 100 mg	14
TROPHAMINE SOLN 10 % [amino acid infusion]	45

tropicamide soln 0.5 %	50
tropicamide soln 1 %	50
tropium chloride tabs 20 mg	67
TRUVADA TABS 200-300 MG [emtricitabine-tenofovir disoproxil fumarate]	14
TRUXIMA SOLN 100 MG/10ML [rituximab-abbs]	18
TRUXIMA SOLN 500 MG/50ML [rituximab-abbs]	18
TYKERB TABS 250 MG [lapatinib ditosylate]	18

U

ULTICARE INSULIN SYRINGE MISC 29G X 1/2	44
ULTICARE INSULIN SYRINGE MISC 30G X 5/16	44
ULTRA COMFORT INSULIN SYRINGE MISC 30G X 5/16 ..	45
UNIFINE PENTIPS MISC 29G X 12MM [insulin pen needle]	45
UNIFINE PENTIPS PLUS MISC 29G X 12MM [insulin pen needle]	45
UNIFINE PENTIPS PLUS MISC 31G X 6 MM [insulin pen needle]	45
UNISTIK 3 EXTRA MISC [lancets misc.]	45
UROQID #2 TAB [methenamine mandelate- sodium phosphate monobasic]	14
ursodiol tabs 250 mg	52
ursodiol tabs 500 mg	52

V

valganciclovir hcl solr 50 mg/ml	14
valganciclovir hcl tabs 450 mg	14
valproic acid caps 250 mg	34
valproic acid soln 250 mg/5ml	34
vancomycin hcl caps 125 mg	10
vancomycin hcl caps 250 mg	10
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% [vancomycin hcl-dextrose]	10
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML- % [vancomycin hcl-dextrose]	10
vancomycin hcl solr 1 gm	10
vancomycin hcl solr 10 gm	10
vancomycin hcl solr 5 gm	10
vancomycin hcl solr 500 mg	10
VARIZIG SOLR 125 UNIT [varicella-zoster immune globulin (human)]	64
vasopressin inj 20unt/ml	57
VECTICAL OINT 3 MCG/GM [calcitriol (topical)]	67
vecuronium bromide solr 10 mg	36
VELETRI SOLR 0.5 MG [epoprostenol sodium]	29
VELETRI SOLR 1.5 MG [epoprostenol sodium]	29

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.

INDEX

venlafaxine hcl er cp24 150 mg	40
venlafaxine hcl er cp24 37.5 mg	40
venlafaxine hcl er cp24 75 mg	40
venlafaxine hcl tabs 100 mg	40
venlafaxine hcl tabs 50 mg	40
venlafaxine hcl tabs 75 mg	40
VENOFER SOLN 20 MG/ML [iron sucrose].....	68
VENTAVIS SOLN 10 MCG/ML [iloprost].....	29
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT [albuterol sulfate].....	63
verapamil hcl er tbc 120 mg	26
verapamil hcl er tbc 180 mg	26
verapamil hcl er tbc 240 mg	26
verapamil hcl soln 2.5 mg/ml	26
verapamil hcl tabs 120 mg	26
verapamil hcl tabs 40 mg	26
verapamil hcl tabs 80 mg	26
VIDEX EC CPDR 125 MG [didanosine].....	14
VIDEX SOLR 2 GM [didanosine].....	14
vinblastine sulfate soln 1 mg/ml	18
vincristine sulfate soln 1 mg/ml	18
vinorelbine tartrate soln 10 mg/ml	18
vinorelbine tartrate soln 50 mg/5ml	18
VIRACEPT TABS 250 MG [nelfinavir mesylate].....	14
VIRACEPT TABS 625 MG [nelfinavir mesylate].....	14
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	68
vitamin k1 soln 10 mg/ml	68
voriconazole solr 200 mg	11
voriconazole susr 40 mg/ml	11
voriconazole tabs 200 mg	11
voriconazole tabs 50 mg	11
VOSEVI TABS 400-100-100 MG [sofosbuvir-velpatasvir-voxilaprevir].....	14
VOTRIENT TABS 200 MG [pazopanib hcl].....	18
VPRIV SOLR 400 UNIT [velaglucerase alfa].....	48

W

warfarin sodium tabs 1 mg	23
warfarin sodium tabs 10 mg	23
warfarin sodium tabs 2 mg	23
warfarin sodium tabs 2.5 mg	23
warfarin sodium tabs 3 mg	23
warfarin sodium tabs 4 mg	23
warfarin sodium tabs 5 mg	23
warfarin sodium tabs 6 mg	23
warfarin sodium tabs 7.5 mg	23

X

XELJANZ TABS 10 MG [tofacitinib citrate].....	59
XELJANZ TABS 5 MG [tofacitinib citrate].....	59
XELJANZ XR TB24 11 MG [tofacitinib citrate].....	59
XERAC AC SOLN 6.25 % [aluminum chloride in alcohol].....	67
XOPENEX CONCENTRATE NEBU 1.25 MG/0.5ML [levalbuterol hcl].....	20
XOPENEX HFA AERO 45 MCG/ACT [levalbuterol tartrate].....	20
XOPENEX NEBU 0.31 MG/3ML [levalbuterol hcl].....	20
XOPENEX NEBU 0.63 MG/3ML [levalbuterol hcl].....	20
XOPENEX NEBU 1.25 MG/3ML [levalbuterol hcl].....	20
XTANDI CAPS 40 MG [enzalutamide].....	18
XYLOCAINE-MPF SOLN 1 % [lidocaine hcl (local anesth.)].....	61

Z

ZARXIO SOSY 300 MCG/0.5ML [filgrastim-sndz].....	23
ZARXIO SOSY 480 MCG/0.8ML [filgrastim-sndz].....	23
ZELBORAF TABS 240 MG [vemurafenib].....	18
ZENPEP CPEP 10000-32000 UNIT [pancrelipase (lipase-protease-amylase)].....	51
ZENPEP CPEP 15000-47000 UNIT [pancrelipase (lipase-protease-amylase)].....	51
ZENPEP CPEP 20000-63000 UNIT [pancrelipase (lipase-protease-amylase)].....	51
ZENPEP CPEP 25000-79000 UNIT [pancrelipase (lipase-protease-amylase)].....	48
ZENPEP CPEP 40000-126000 UNIT [pancrelipase (lipase-protease-amylase)].....	48
ZENPEP CPEP 5000-24000 UNIT [pancrelipase (lipase-protease-amylase)].....	51
ZERIT SOLR 1 MG/ML [stavudine].....	14
zidovudine caps 100 mg	14
zidovudine syrp 50 mg/5ml	14
zidovudine tabs 300 mg	14
ZINC CHLORIDE SOLN 1 MG/ML [zinc chloride].....	47
ZINC SULFATE CAPS 50 MG [zinc sulfate].....	47
ZINC SULFATE SOLN 1 MG/ML [zinc sulfate].....	47
ZINC SULFATE SOLN 5 MG/ML [zinc sulfate].....	47
ziprasidone hcl caps 20 mg	40
ziprasidone hcl caps 40 mg	40
ziprasidone hcl caps 60 mg	40
ziprasidone hcl caps 80 mg	40
zoledronic acid conc 4 mg/5ml	61
zolpidem tartrate tabs 10 mg	36

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.

INDEX

<i>zolpidem tartrate tabs 5 mg</i>	36	ZOSYN SOLN 3-0.375 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>].....	10
<i>zonisamide caps 100 mg</i>	34	ZOSYN SOLN 4-0.5 GM/100ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>].....	10
<i>zonisamide caps 25 mg</i>	34	ZYDELIG TABS 100 MG [<i>idelalisib</i>].....	18
<i>zonisamide caps 50 mg</i>	34	ZYDELIG TABS 150 MG [<i>idelalisib</i>].....	18
ZOSYN SOLN 2-0.25 GM/50ML [<i>piperacillin sodium-tazobactam sodium in dextrose</i>].....	10	ZYVOX SOLN 200 MG/100ML [<i>linezolid</i>].....	10

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.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**) .

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ñ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**) 。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: 711).

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kóji' hódíilnih **1-800-632-9700** (TTY: 711).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).