KAISER PERMANENTE®

Effective October 2026

2026 Drug Formulary

For members covered through large employer groups with a 1-tier or 2-tier in-network pharmacy benefit and no out-of-network pharmacy benefit

Alliance

Core

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

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Drug Formulary

INTRODUCTION

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What is a formulary?

A formulary is a list of generic, brand, and specialty drugs. It is used by practitioners to identify drugs that offer the best overall value, considering effectiveness, safety, and cost.

How is the drug formulary developed?

The formulary is developed by the Kaiser Permanente Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is composed of physicians from various medical specialties, pharmacists, and a consumer member. The P&T Committee reviews and selects the most appropriate drugs in each class for the formulary based on safety, effectiveness, and cost. The P&T Committee meets quarterly to review new and existing drugs to ensure that the formulary remains responsive to the needs of members and providers.

How do I search the formulary?

Drugs on the formulary are listed by therapeutic class. An alphabetical index is included at the end of this document to assist in locating specific drugs.

Drugs are listed by generic name if a generic is available. If there is no generic available, drugs are listed by the brand name. Drugs are organized by class and drug formulary tier. Drugs administered in a provider's office or in a clinic (e.g., drugs given intravenously) may not be listed on the formulary. For coverage of these drugs, refer to your Benefit Booklet.

How do I use the formulary to understand my drug coverage?

Drug coverage is based on an individual's contracted benefit. Coverage for a specific drug is subject to each member's medical coverage agreement. Please consult your Benefit Booklet or call Member Service if you have questions about your drug coverage.

Kaiser Permanente will only cover FDA-approved drugs used for non-experimental therapies. Most plans exclude experimental and investigational drugs, over-the-counter drugs, drugs used in the treatment of sexual dysfunction disorders, drugs for anticipated illnesses while traveling, drugs for weight loss, and drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions, and plan specific benefit coverage.

Medications not listed in this document are not on the formulary at the time of publication. The most current information is online at www.kp.org/wa/ formulary. Non-formulary drugs are not covered unless approved by the health plan as a coverage exception. The prescriber must contact Kaiser Permanente to determine the medical necessity of the non-formulary medication. An alternative formulary medication will be recommended when clinically appropriate. If a coverage exception is not approved, the patient is responsible for the full price of the drug.

Prior authorization, step therapy and nonformulary requests are considered based on coverage criteria requirements approved by the P&T Committee. To request review of an exception to Kaiser Permanente requirements for coverage of prescription drugs, you or your prescriber may contact Kaiser Permanente Member Services at 1-888-630-4636 and request an exception. If the evidence your prescriber provides meets medical necessity, an exception may be approved. Exceptions to required therapy that may be approved include: contraindications, clinical factors associated with adverse reactions, clinical factors reducing effect, other risks of clinical harm, and barriers to compliance with clinical care. Your prescriber may also request temporary coverage while the exception request is being processed.

Generic drugs are substituted when available and allowed by your prescriber. When a generic is available, the brand-name drug is generally considered non-formulary and subject to a higher cost share.

The drug formulary is updated periodically and is subject to change. If a drug will be removed from the formulary, members who filled the drug in the prior three months will be notified by letter of the upcoming change. A formulary change notice will also be posted on the member website at least 60 days prior to the effective date.

Drug Formulary Tiers

Tier	Description
Tier 1	**Preferred generic:** Generic drugs are copies of brand name drugs in safety, effectiveness, and quality. They contain the same exact quantities of the same active ingredients and are more affordable than the brand name drug.
Tier 2	**Preferred brand:** Preferred brand drugs do not have a generic alternative, but were determined by the P&T Committee to have high value in their therapeutic class.

What are the methods that Kaiser Permanente uses to ensure appropriate and safe use of formulary drugs?

Prior Authorization (PA)

The P&T Committee determines that certain drugs should require prior authorization before they will be covered. These drugs most often have alternatives on the formulary, safety concerns, or a high potential for inappropriate use. To request coverage for prior authorization drugs, you or your prescriber must contact Kaiser Permanente. Drugs requiring prior authorization are indicated with a “PA” superscript next to the drug name.

Step Therapy (ST)

Step therapy requires you to try certain preferred drugs before receiving coverage for the drug you were prescribed. Step therapy is added by the P&T Committee. Step therapy automatically looks at your prescription history when you fill the drug you were prescribed. If you have tried the preferred drugs required by step therapy, the drug you were prescribed will automatically be covered. To request step therapy exceptions, you or your prescriber must contact Kaiser Permanente. Drugs requiring step therapy are indicated with a “ST” superscript next to the drug name**.**

Quantity Limit (QL)
A quantity limit defines how much of a particular drug you can get during a specific time period or the maximum days supply that you can get at once. The P&T Committee determines if a drug should have a quantity limit. To request exceptions to quantity limits, your prescriber must contact Kaiser Permanente. Drugs with quantity limits are indicated with "QL" superscript next to the drug name.

High Dose Pain Medicine Prescriber Review
Members on high doses of certain pain medicines will need their prescriber to confirm safety standards are in place annually to continue coverage of therapy.

Drugs Limited to Select Pharmacies
Some drugs are required to be dispensed from a preferred specialty pharmacy vendor. Members with an out-of-network benefit may use other pharmacies; however, they may pay a higher cost share.
Please consult your Benefit Booklet for limitations and exclusions. Drugs limited to select pharmacies are listed on the www.kp.org/wa/formulary webpage.

Covered Diabetic Supplies
Some diabetic supplies may be covered at a Tier 1 cost share if they are filled as a prescription. These items are:

- Preferred blood glucose strips:
  - One Touch Verio
  - One Touch Ultra
  - Prodigy – prior authorization required
  - Contour Next
  - Freestyle – prior authorization required
- Disposable insulin syringes and needles
- Lancing devices and lancets

Preferred blood glucose meters are covered only when filled through mail order pharmacy.

Mail Order Pharmacy Service
Mail order is convenient and efficiently utilizes Kaiser Permanente's resources. This service works best for drugs that must be taken on regular basis, such as birth control pills and drugs for high blood pressure, high cholesterol, or other chronic conditions.

To begin using mail order, ask your prescriber to send your prescription directly to the Mail Order Pharmacy. To transfer an existing prescription from a retail pharmacy, contact the Mail Order Pharmacy.

Address: Kaiser Permanente Mail Order Pharmacy
PO Box 34383
Seattle, WA 98124-1383

Phone: 800-245-RXRX (1-800-245-7979)

Fax: 206-630-7950, or toll-free 1-800-350-1683

Copay and Coinsurance Caps

State mandated copay and coinsurance caps for eligible plans apply to the following products: insulin, ciclesonide inhaled corticosteroid, fluticasone/salmeterol inhaled corticosteroid combination (generic Advair Diskus), and epinephrine autoinjector 0.3 mg and 0.15 mg (generic and Auvi-Q). Please call Member Service if you have questions about your coverage for these drugs.

Preventative Medications and Preferred Contraceptives

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most plans cover preventative care medicines and contraceptives in full. ACA preventive coverage in full may not apply if your plan is grandfathered or able to opt out. If your plan offers ACA benefits, all prescribed FDA approved contraceptive methods from the Kaiser Permanente formulary list will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost-share. The list of the ACA preventative medications that may be covered in full for applicable scenarios is available on the www.kp.org/wa/formulary webpage and is indicated with "++" next to the drug name in this document. ACA statin coverage in full is an age specific benefit only for members 40-75 years old. ACA HIV pre-exposure prophylaxis coverage is an indication specific benefit specific only for PrEP.

Please consult your Benefit Booklet under "Preventive Services" or call Member Service if you have questions about your coverage for these drugs.

If you request coverage for a non-preferred contraceptive, we will contact your provider to recommend a preferred generic or therapeutically equivalent product. If you and your provider determine that the preferred contraceptive(s) would be medically inappropriate, your provider must request a contraceptive waiver. If waiver is completed, the requested non-preferred contraceptive will be covered in full.

Excluded Prescription Products for Medications that have Over-The-Counter (OTC) Alternatives

There are certain prescription products that have the same or similar products available over-the- counter (OTC) without a prescription. In certain cases, Kaiser Permanente will not cover the prescription product. The following prescription drug products are excluded from coverage: esomeprazole magnesium (Nexium), omeprazole/sodium bicarbonate (Zegerid), budesonide nasal spray (Rhinocort Aqua), triamcinolone nasal spray (Nasacort), and fluticasone propionate nasal spray (Flonase).

Medical Benefit Injectable Drugs

Some drugs are given in a non-hospital setting such as home infusion, a medical office, a physician's office, or an infusion suite. These drugs are covered under the medical benefit but may require prior authorization or a non-hospital setting. The list of medical benefit injectable drugs is available on the www.kp.org/wa/formulary webpage.

How do I get additional information?

Please contact Member Service at 1-888-630-4636 with any questions or concerns regarding the information contained in this document.

The most current drug formulary is available at www.kp.org/wa/formulary.

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Analgesics - Drugs for Pain and Inflammation		
aspirin 81		++
aspirin adult low dose		++
aspirin adult low strength		++
aspirin childrens		++
aspirin ec adult low dose		++
aspirin ec adult low strength oral tablet delayed release 81 mg		++
aspirin ec low dose		++
aspirin ec low strength		++
aspirin ec oral tablet delayed release 325 mg		++
aspirin low dose		++
aspirin oral		++
aspirin regimen		++
BAYER ADVANCED ASPIRIN REG ST		++
BAYER ASPIRIN		++
BAYER ASPIRIN EC LOW DOSE		++
BAYER LOW DOSE		++
celecoxib oral	1	
childrens aspirin		++
cvs aspirin		++
cvs aspirin adult low dose		++
cvs aspirin adult low strength		++
cvs aspirin ec		++
cvs aspirin low dose		++
cvs aspirin low strength		++
cvs genuine aspirin		++
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external solution 1.5 %	1	
diclofenac sodium oral	1	
diflunisal oral	1	
ECOTRIN		++
ECOTRIN ARTHRTIS PAIN		++
ECOTRIN LOW STRENGTH		++
eq adult aspirin low strength oral tablet delayed release 81 mg		++
eq aspirin		++
eq aspirin adult low dose		++
eq aspirin low dose		++
eq aspirin low dose oral tablet 81 mg		++
eql aspirin ec		++
eql aspirin low dose		++
eql childrens aspirin oral tablet chewable 81 mg		++
etodolac	1	
flurbiprofen oral	1	
ft aspirin		++
ft aspirin adult low dose		++
ft aspirin low dose		++
ft enteric coated aspirin		++
genuine aspirin		++
gnp adult aspirin low strength		++
gnp aspirin		++
gnp aspirin low dose		++
goodsense aspirin		++
goodsense aspirin adult low st oral tablet chewable 81 mg		++
goodsense aspirin low dose		++
h-e-b aspirin		++
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	

Drug Name	Drug Tier	Notes
ketorolac tromethamine +rfid	1	
ketorolac tromethamine injection	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
kls aspirin low dose		++
kp aspirin		++
meclofenamate sodium oral	1	
medi-first aspirin		++
medique aspirin		++
meijer aspirin ec		++
meloxicam oral tablet	1	
mm aspirin		++
nabumetone oral	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
piroxicam oral	1	
qc aspirin		++
qc aspirin low dose		++
qc enteric aspirin		++
salsalate oral	1	
sb aspirin		++
sb aspirin ec		++
sb childrens aspirin		++
sb low dose asa ec		++
sm aspirin ec		++
ST JOSEPH ASPIRIN		++
ST JOSEPH LOW DOSE		++
sulindac oral	1	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet 200 mg	1	
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	QL
bac (butalbital-acetamin-caff)	1	
butalbital-apap-caffeine oral tablet	1	
butalbital-aspirin-caffeine	1	
codeine sulfate	1	QL
diskets	1	QL
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral liquid 1 mg/ml	1	QL
hydromorphone hcl oral tablet	1	QL
hydromorphone hcl rectal	1	QL
levorphanol tartrate oral	1	PA; QL
methadone hcl intensol	1	QL
methadone hcl oral	1	QL
methadose oral tablet soluble	1	QL
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL
morphine sulfate er	1	ST; QL
morphine sulfate oral	1	QL
morphine sulfate rectal	1	QL
oxycodone hcl oral concentrate	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL

Drug Name	Drug Tier	Notes
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	2	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	ST; QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol-acetaminophen	1	QL
xyvona	1	PA; QL
Anesthetics		
glydo	1	
lidocaine external patch 5 %	1	
lidocaine hcl (pf) injection solution 1 %, 2 %	1	
lidocaine hcl injection solution	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	++
CHANTIX	2	++
CHANTIX CONTINUING MONTH PAK	2	++
CHANTIX STARTING MONTH PAK	2	++
disulfiram oral	1	
ft naloxone hcl	1	
ft nicotine mini	2	++
ft nicotine mouth/throat	2	++
ft nicotine transdermal	1	++
goodsense nicotine mouth/throat gum	2	++
goodsense nicotine mouth/throat lozenge 4 mg	2	++
goodsense nicotine policrilex	2	++
habitrol	1	++
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NICORETTE MINI	2	++
NICORETTE MOUTH/THROAT GUM 2 MG	2	++
NICORETTE MOUTH/THROAT LOZENGE	2	++
nicotine mini	2	++
nicotine polacrilex mini	2	++
nicotine polacrilex mouth/throat	2	++
nicotine step 1	1	++
nicotine step 2	1	++
nicotine step 3	1	++
nicotine transdermal kit	1	++
nicotine transdermal patch 24 hour 21 mg/24hr	1	++
NICOTROL NS		++
varenicline tartrate	1	++
varenicline tartrate (starter)	1	++
varenicline tartrate(continue)	1	++
VIVITROL	2	QL
Antibacterials		
amoxicillin	1	
amoxicillin trihydrate oral	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	

Drug Name	Drug Tier	Notes
ampicillin sodium injection solution reconstituted 1 gm, 250 mg, 500 mg	1	
avidoxy	1	
azithromycin oral	1	
BICILLIN L-A	2	
cefadroxil	1	
cefazolin sodium injection solution reconstituted 1 gm	1	
cefdinir	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
CEFIXIME ORAL TABLET	2	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
cefuroxime axetil	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	1	
ciprofloxacin hcl oral	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate injection solution 300 mg/2ml	1	
clindamycin phosphate vaginal	1	
dicloxacillin sodium	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
FIRVANQ	2	
gentamicin sulfate external	1	
levofloxacin oral	1	
linezolid oral	1	QL
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
penicillin v potassium	1	
silver sulfadiazine external	1	
SIVEXTRO ORAL	2	QL
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
tazicef injection	1	

Drug Name	Drug Tier	Notes
tetracycline hcl oral capsule	1	
trimethoprim oral	1	
vancomycin hcl oral capsule	1	QL
vancomycin hcl oral solution reconstituted	1	
Anticoagulants		
dabigatran etexilate mesylate	1	
enoxaparin sodium	1	
fondaparinux sodium	1	QL
heparin sodium (porcine) +rfid	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) pf	1	
rivaroxaban oral tablet	1	PA
warfarin sodium oral	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	PA
XARELTO STARTER PACK	2	PA
Anticonvulsants - Drugs for Seizures		
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	1	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
diazepam rectal	1	QL
DILANTIN ORAL CAPSULE 30 MG	2	
divalproex sodium er	1	
divalproex sodium oral	1	
ethosuximide oral	1	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet 600 mg, 800 mg	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
methsuximide	2	
NAYZILAM	2	PA; QL
oxcarbazepine	1	
phenobarbital oral	1	
phenobarbital sodium injection solution 130 mg/ml	1	
phenytek oral capsule 200 mg	1	
phenytoin infatabs	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg	1	
phenytoin sodium injection	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
subvenite oral tablet	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
valproic acid oral	1	
VALTOCO 10 MG DOSE	2	PA; QL

Drug Name	Drug Tier	Notes
VALTOCO 15 MG DOSE	2	PA; QL
VALTOCO 20 MG DOSE	2	PA; QL
VALTOCO 5 MG DOSE	2	PA; QL
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl	1	
galantamine hydrobromide	1	
galantamine hydrobromide er	1	
memantine hcl er	1	
memantine hcl oral tablet 10 mg, 5 mg	1	
rivastigmine tartrate	1	
Antidepressants		
amitriptyline hcl oral	1	
amoxapine	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
imipramine hcl oral	1	
mirtazapine oral	1	
nortriptyline hcl oral	1	
paroxetine hcl	1	
paroxetine hcl er	1	
perphenazine-amitriptyline	1	
phenelzine sulfate oral	1	
protriptyline hcl	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
tranylcypromine sulfate	1	
trazodone hcl oral	1	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 80 mg	1	
aprepitant oral capsule therapy pack	1	
compro	1	
dimenhydrinate injection	1	
dronabinol oral capsule	1	
granisetron hcl oral	1	
metoclopramide hcl +rfid	1	
metoclopramide hcl injection	1	
metoclopramide hcl oral	1	
ondansetron hcl +rfid	1	
ondansetron hcl injection	1	

Drug Name	Drug Tier	Notes
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine edisylate injection	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
promethegan	1	
Antifungals		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone	1	
CRESEMBA ORAL	2	PA; QL
fluconazole oral	1	
flucytosine oral	2	QL
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral	1	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
terbinafine hcl oral	1	
terconazole vaginal cream	1	
voriconazole oral	1	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
probenecid	1	
Antimigraine Agents		
AJOVY	2	PA
dihydroergotamine mesylate injection	1	QL
dihydroergotamine mesylate nasal	1	
eletriptan hydrobromide	1	
ERGOMAR	2	
ergotamine-caffeine	1	
MIGERGOT	2	
naratriptan hcl	1	
rizatriptan benzoate	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous	1	
zolmitriptan oral	1	
Antimyasthenic Agents		
MESTINON ORAL SOLUTION	2	
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral	1	
Antimycobacterials		

Drug Name	Drug Tier	Notes
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral	1	
PRIFTIN	2	
pyrazinamide oral	1	
rifabutin	1	
rifampin oral	1	
rifapentine	2	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	QL
abirtega	1	QL
anastrozole oral	1	++
bicalutamide	1	
BRUKINSA	2	PA; QL
CALQUENCE	2	PA; QL
capecitabine	1	QL
COTELLIC	2	PA; QL
cyclophosphamide oral capsule	1	
dasatinib	1	PA; QL
DROXIA	2	
erlotinib hcl	1	PA; QL
etoposide oral	1	QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL
everolimus oral tablet soluble	1	PA; QL
exemestane	1	++
gefitinib	2	PA; QL
GILOTRIF	2	PA; QL
hydroxyurea oral	1	
imatinib mesylate oral	1	QL
IMBRUVICA ORAL CAPSULE	2	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 420 MG	2	PA; QL
lapatinib ditosylate	1	PA; QL
lederle leucovorin	1	
lenalidomide	1	PA; QL
letrozole oral	1	
leucovorin calcium oral	1	
LEUKERAN	2	
lomustine	1	
MATULANE	2	QL
MEKINIST	2	PA; QL
mercaptopurine oral tablet	1	
mesna	1	
MESNEX ORAL	2	
MYLERAN	2	QL
NUBEQA	2	PA; QL
pazopanib hcl	1	PA; QL
PHYRAGO ORAL TABLET 80 MG	2	PA; QL
ROZLYTREK	2	PA; QL
RYDAPT	2	PA; QL
sorafenib tosylate	1	PA; QL
STIVARGA	2	PA; QL
sunitinib malate	1	PA; QL
TABLOID	2	
TAFINLAR	2	PA; QL
TAGRISSO	2	PA; QL
tamoxifen citrate oral	1	++
temozolomide	1	QL
THALOMID	2	PA; QL
torpenz	1	PA; QL
tretinoin oral	1	QL
VENCLEXTA	2	PA; QL
VENCLEXTA STARTING PACK	2	PA; QL
XTANDI ORAL CAPSULE	2	PA; QL
yulithira	1	PA; QL
ZELBORAF	2	PA; QL
ZYDELIG	2	PA; QL
Antiparasitics		
albendazole oral	1	
atovaquone	1	QL

Drug Name	Drug Tier	Notes
BILTRICIDE	2	
chloroquine phosphate oral	1	
CROTAN	2	
EURAX	2	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	2	
nitazoxanide oral	2	
permethrin external	1	
praziquantel oral	1	
primaquine phosphate	1	
PRURADIK	2	
pyrimethamine oral	1	PA; QL
quinine sulfate	1	
Antiparkinson Agents		
amantadine hcl oral	1	
benztropine mesylate	1	
bromocriptine mesylate oral	1	
carbidopa oral	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1	
carbidopa-levodopa-entacapone	1	
DUOPA	2	PA; QL
entacapone	1	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
selegiline hcl oral	1	
trihexyphenidyl hcl	1	

Drug Name	Drug Tier	Notes
Antiplatelets		
aspirin-dipyridamole er	1	
cilostazol	1	
clopidogrel bisulfate oral	1	
dipyridamole oral	1	
prasugrel hcl	1	
ticagrelor	1	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
ARISTADA	2	
ARISTADA INITIO	2	
chlorpromazine hcl injection	1	
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
ERZOFRI	2	
fluphenazine decanoate injection	1	
fluphenazine hcl	1	
haloperidol decanoate intramuscular	1	
haloperidol lactate injection	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral	1	
INVEGA HAFYERA	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
loxapine succinate	1	
lurasidone hcl	1	
olanzapine	1	
paliperidone er	1	
PERSERIS	2	

Drug Name	Drug Tier	Notes
pimozide	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	2	
risperidone microspheres er	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet	1	
RYKINDO	2	
thioridazine hcl oral	1	
thiothixene	1	
trifluoperazine hcl	1	
UZEDY	2	
ziprasidone hcl	1	
ZYPREXA RELPREVV	2	
Antivirals		
abacavir sulfate	1	
abacavir sulfate-lamivudine	1	
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	1	
acyclovir oral tablet	1	
adefovir dipivoxil	1	QL
APTIVUS	2	
atazanavir sulfate	1	
BARACLUDE ORAL SOLUTION	2	QL
BIKTARVY	2	
CIMDUO	2	
darunavir	1	
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	2	++
DOVATO	2	
EDURANT PED	2	PA
efavirenz	1	
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	1	
emtricitabine	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	++

Drug Name	Drug Tier	Notes
emtricitab-rilpivir-tenofov df	1	PA
EMTRIVA ORAL SOLUTION	2	
entecavir	1	
EPCLUSA	2	QL
etravirine	1	
famciclovir oral	1	
fosamprenavir calcium	1	
GENVOYA	2	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
ISENTRESS ORAL TABLET CHEWABLE	2	
JULUCA	2	
KALETRA ORAL SOLUTION	2	
LAGEVRIO	2	QL
lamivudine	1	
lamivudine-zidovudine	1	
lopinavir-ritonavir	1	
maraviroc	2	
nevirapine er	1	
nevirapine oral tablet	1	
NORVIR ORAL PACKET	2	
ODEFSEY	2	
oseltamivir phosphate oral	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PEGASYS	2	QL
PREVYMIS ORAL	2	PA; QL
PREZCOBIX	2	
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER	2	
REYATAZ ORAL PACKET	2	
ribavirin oral	1	QL
rilpivirine hcl	1	
rimantadine hcl	1	
ritonavir	1	
SOFOSBUVIR-VELPATASVIR	2	QL
STRIBILD	2	PA
SYMFI	1	
SYMTUZA	2	
TAMIFLU	2	
tenofovir disoproxil fumarate	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
valacyclovir hcl oral	1	
valganciclovir hcl	1	QL
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA; QL
YEZTUGO ORAL	2	
zidovudine	1	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam oral tablet	1	QL
alprazolam xr	1	QL
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	QL

Drug Name	Drug Tier	Notes
clonazepam oral	1	QL
clorazepate dipotassium	1	QL
diazepam injection	1	QL
diazepam oral solution	1	QL
diazepam oral tablet	1	QL
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	QL
lorazepam oral concentrate 2 mg/ml	1	QL
lorazepam oral tablet	1	QL
lorazepam solution 2 mg/ml injection	1	QL
midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	1	QL
midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	1	QL
oxazepam	1	QL
triazolam	1	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium	1	
lithium carbonate er	1	
lithium carbonate oral	1	
Blood Products and Modifiers - Drugs for Blood Disorders		
ALVAIZ	2	PA; QL
anagrelide hcl	1	
eltrombopag olamine oral tablet	1	
EPOGEN	2	PA
FILKRI	2	QL
GRANIX	2	QL
HEMLIBRA	2	PA; QL
LEUKINE	2	
NIVESTYM	2	PA; QL
PROCRIT	2	PA

Drug Name	Drug Tier	Notes
tranexamic acid oral	1	QL
ZARXIO	2	PA; QL
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
alprostadil injection	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	++
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
betaxolol hcl oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
captopril oral	1	
captopril-hydrochlorothiazide	1	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	

Drug Name	Drug Tier	Notes
clonidine	1	
clonidine hcl oral	1	
colestipol hcl	1	
digoxin injection	1	
digoxin oral solution	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
diltiazem hcl er beads (generic Tiazac)	1	
diltiazem hcl er coated beads (generic Cardizem CD)	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl oral	1	
dilt-xr	1	
disopyramide phosphate	1	
dofetilide	1	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
epinephrine injection solution	1	
epinephrine pf	1	
eplerenone	1	
ethacrynic acid	1	PA
ezetimibe oral	1	
ezetimibe-simvastatin	1	
felodipine er	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	1	
flecainide acetate	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
furosemide injection	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
isradipine	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	++
methyldopa oral tablet 250 mg	1	
metolazone	1	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
moexipril hcl	1	
nadolol oral	1	

Drug Name	Drug Tier	Notes
nebivolol hcl	1	
nicardipine hcl oral	1	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nimodipine oral capsule	1	
nitro-bid	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
nitroglycerin rectal	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal ointment	2	
nitroglycerin transdermal patch 24 hour	1	
nitro-time oral capsule extended release 9 mg	1	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
olmesartan-amlodipine-hctz	1	
pacerone	1	
papaverine hcl injection	1	
pentoxifylline er	1	
perindopril erbumine	1	
phenoxybenzamine hcl oral	1	QL
phentolamine mesylate injection	1	
pindolol	1	
pravastatin sodium	1	++
prazosin hcl oral	1	
prevalite	1	
procainamide hcl injection	1	
propafenone hcl	1	
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
quinapril hcl	1	
quinapril-hydrochlorothiazide	1	
quinidine gluconate er	1	
quinidine sulfate	1	
ramipril	1	
ranolazine er	1	
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	++
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
sacubitril-valsartan	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	++
simvastatin oral tablet 80 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
telmisartan	1	
tiadylt er	1	
timolol maleate oral	1	
torsemide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	2	
ADDERALL XR	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
atomoxetine hcl oral capsule	1	
clonidine hcl er	1	
CONCERTA	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
guanfacine hcl er	1	
methylphenidate hcl er (cd) (generic Metadate)	1	
methylphenidate hcl er (la) (Generic Ritalin LA, generic Methylin LA)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1	
methylphenidate hcl er oral tablet extended release (generic Methylin)	1	
methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL
methylphenidate hcl oral tablet (generic Ritalin)	1	
relexxii oral tablet extended release 72 mg	1	PA
zenzedi oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	2	PA; QL
AVONEX PREFILLED	2	PA; QL
BETASERON	1	QL
dalfampridine er	1	
dimethyl fumarate oral	1	
dimethyl fumarate starter pack	1	
fingolimod hcl	1	QL
GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL
glatiramer acetate	1	QL
glatopa	1	QL
REBIF	2	PA; QL
REBIF REBIDOSE	2	PA; QL
REBIF REBIDOSE TITRATION PACK	2	PA; QL
REBIF TITRATION PACK	2	PA; QL
teriflunomide	1	QL
Central Nervous System Agents - Miscellaneous		
caffeine citrate oral	1	
pregabalin oral	1	QL
riluzole	1	QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
kourzeq	1	
lidocaine viscous hcl	1	
oralone	1	
periogard	1	
pilocarpine hcl oral	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
accutane	1	
acitretin	1	QL

Drug Name	Drug Tier	Notes
adapalene external cream	1	
adapalene external gel	1	
adapalene treatment	1	
adapalene-benzoyl peroxide external gel	1	
alclometasone dipropionate	1	
AMELUZ	2	QL
amnesteem	1	
avar cleanser	1	
azelaic acid external	1	
AZELEX	2	
benzoyl peroxide-erythromycin	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
betamethasone valerate external	1	
calcipotriene external cream	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcitrene	1	
calcitriol external	1	
claravis	1	
clindacin etz	1	
clindacin-p	1	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	1	
clobetasol propionate e	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
clodan	1	
CORDRAN	2	
desonide external cream	1	
desonide external lotion	1	
desonide external ointment	1	
desoximetasone external cream	1	
desoximetasone external gel	1	
desoximetasone external ointment	1	
diclofenac sodium external gel 3 %	1	
DRYSOL	2	
erythromycin external	1	
FINACEA EXTERNAL FOAM	2	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	

Drug Name	Drug Tier	Notes
fluocinolone acetonide scalp	1	
fluocinonide emulsified base	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate	1	
imiquimod external cream 5 %	1	
isotretinoin oral	1	
LEVULAN KERASTICK	2	QL
methoxsalen rapid	1	QL
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
mometasone furoate external	1	
neuac	1	
pimecrolimus cream 1 % external	1	
PIMECROLIMUS CREAM 1 % EXTERNAL	1	
podofilox external	1	
PRAMOSONE EXTERNAL CREAM	2	
PRAMOSONE EXTERNAL LOTION	2	
RETIN-A	1	
SANTYL	2	
selenium sulfide external lotion	1	
sodium sulfacetamide external shampoo 10 %	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium-sulfur external liquid 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide-sulfur in urea	1	
synalar	1	
tacrolimus external	1	
tazarotene external cream	1	
tazarotene external gel	1	
TAZORAC EXTERNAL CREAM 0.05 %	1	
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %	1	
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	

Drug Name	Drug Tier	Notes
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	
trilitas	1	
urea external cream 40 %	1	
VECTICAL	1	
zenatane	1	
Diabetes - Antidiabetic Agents		
acarbose oral	1	
dapagliflozin	1	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl	1	
glyburide	1	
liraglutide	1	PA; QL
metformin hcl er	1	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
nateglinide	1	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
repaglinide	1	
SITAGLIPTIN	2	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	1	

Drug Name	Drug Tier	Notes
ACCU-CHEK GUIDE CONTROL	1	
ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL
ACCU-CHEK SMARTVIEW CONTROL	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ADVANTAGE SAFETY LANCETS 28G	1	
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 28G	1	
AGAMATRIX CONTROL LEVEL 2	1	
AGAMATRIX CONTROL LEVEL 4	1	
ASSURE CONTROL SOLUTION 2/3	1	
AUTOLET II CLINISAFE	1	
AUTOLET LANCING DEVICE	1	
AUTOLET LITE LANCING DEVICE	1	
BLULINK CONTROL HIGH & LOW	1	
CARESENS CONTROL SOLUTION A/B	1	
CARESENS LANCETS 30G	1	
CARESENS S CONTROL SOLN A/B	1	
CARETOUCH CONTROL SOL LEVEL 2	1	
CARETOUCH LANCING/EJECTOR	1	
CHEMSTRIP 10 MD	2	
CHEMSTRIP 10/SG	2	
CHEMSTRIP 2 GP	2	
CHEMSTRIP 5 OB	2	

Drug Name	Drug Tier	Notes
CHEMSTRIP 7	2	
CHEMSTRIP 9	2	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	
CHOSEN SAFETY LANCETS 28G	1	
CLEVER CHOICE COMFORT EZ	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL SOLUTION	1	
CONTOUR NEXT CONTROL SOLUTION	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR PLUS CONTROL SOLUTION	1	
DIATHRIVE GLUCOSE CONTROL SOLN	1	
DIATHRIVE LANCING DEVICE	1	
DROPLET GENTEEL LANCING DEVICE	1	
DROPSAFE ACTI-LANCE 23G	1	
DROPSAFE MEDLANCE LANCET 30G	1	
EASY TALK PLUS II CONTROL	1	
EASY TOUCH HEALTHPRO HIGH/LOW	1	
EASY TOUCH LANCING DEVICE	1	
EASY TRAK II CONTROL	1	
EASYMAX 15 LEVEL 2-3 CONTROL	1	
EASYMAX CONTROL	1	
GLUCOSE CONTROL SOLUTIONS	1	
EMBRACE LANCING DEVICE/EJECTOR	1	
EMBRACE TALK GLUCOSE CONTROL	1	
EMBRACE WAVE GLUCOSE CONTROL	1	
FONDCIRCLE CONTROL SOLUTION	1	
FONDCIRCLE LANCING DEVICE	1	
FONDCIRCLE SINGLE USE LANCETS	1	
FREESTYLE TEST STRIPS	1	PA; QL
GENTEEL LANCING KIT (BLUE)	1	
GOJJI CONTROL	1	
GOJJI LANCING DEVICE/CLEAR CAP	1	
GOJJI STERILE LANCETS	1	
IHEALTH CONTROL SOLUTION	1	
IHEALTH LANCING DEVICE	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS SUPER THIN	1	
MICROLET NEXT LANCETS	1	
MICROLET NEXT LANCING DEVICE	1	
MOBI CONNECT TWIST LANCETS	1	
MOBILE LANCETS 30G	1	
ONETOUCH DELICA PLUS LANCING	1	
ONETOUCH DELICA SAFETY LANCING	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST	1	QL
ONETOUCH ULTRA IN VITRO LIQUID	1	

Drug Name	Drug Tier	Notes
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
PERFECT POINT SAFETY LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	1	
PRODIGY NO CODING BLOOD GLUC IN VITRO	1	PA; QL
PURE COMFORT SAFETY LANCET 30G	1	
SENSILANCE SAFETY LANCETS 21G	1	
SENSILANCE SAFETY LANCETS 26G	1	
SENSILANCE SAFETY LANCETS 28G	1	
TECHLITE LANCETS 26G	1	
TRUE METRIX LEVEL 1	1	
TRUE METRIX LEVEL 2	1	
TRUE METRIX LEVEL 3	1	
ULTRA-CARE SAFETY LANCETS 30G	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VIVAGUARD INO CONTROL SOLUTION	1	
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	
VIVAGUARD SAFETY LANCETS 28G	1	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
diazoxide oral	2	
glucagon emergency kit injection solution reconstituted 1 mg	1	
GLUCAGON EMERGENCY KIT	2	
Diabetes Insulins		
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
AUTOKEEPER SAFETY PEN NEEDLE	1	
BD AUTOSHIELD DUO PEN NEEDLES	1	
BD PEN NEEDLE MICRO ULTRAFINE	1	
BD PEN NEEDLE MINI ULTRAFINE	1	

Drug Name	Drug Tier	Notes
BD PEN NEEDLE NANO ULTRAFINE	1	
BD PEN NEEDLE ORIG ULTRAFINE	1	
BD PEN NEEDLE SHORT ULTRAFINE	1	
BD ULTRA-FINE PEN NEEDLES	1	
COMFORT EZ PRO PEN NEEDLES	1	
DROPSAFE AUTOPROTECT DUO	1	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE ULTRAFINE	1	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
INCONTROL ULTICARE PEN NEEDLES	1	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
INSUPEN32G EXTR3ME	1	
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
PEN NEEDLE/5-BEVEL TIP	1	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	
PIP PEN NEEDLES 32G X 4MM	1	
PURE COMFORT SAFETY PEN NEEDLE	1	
QUICK TOUCH INSULIN PEN NEEDLE	1	
RAYA SURE PEN NEEDLE	1	
SAFETY PEN NEEDLES	1	
TECHLITE PLUS PEN NEEDLES	1	
TOPFINE INSULIN PEN NEEDLE	1	
TRUE COMFORT SAFETY PEN NEEDLE	1	
UNIFINE OTC PEN NEEDLES	1	
UNIFINE PROTECT PEN NEEDLE	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE PLUS PEN NEEDLE	1	
Diabetes - Insulins		
AQ INSULIN SYRINGE	1	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	
BD VEO INSULIN SYR ULTRAFINE	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	1	
EMBECTA INS SYR U/F 1/2 UNIT	1	

Drug Name	Drug Tier	Notes
EMBECTA INSULIN SYR ULTRAFINE	1	
EMBECTA INSULIN SYRINGE	1	
EMBECTA INSULIN SYRINGE U-100	1	
EMBECTA INSULIN SYRINGE U-500	1	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	2	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	2	
HUMULIN R U-500 KWIKPEN	1	PA
HUMULIN R VIAL	1	
INSULIN GLARGINE-YFGN	1	
INSULIN LISPRO	2	
INSULIN LISPRO (1 UNIT DIAL)	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1	
KIRSTY	1	
REZVOGLAR KWIKPEN	2	
TRESIBA	2	PA
TRESIBA FLEXTOUCH	2	PA
ULTIGUARD SAFEPACK SYR/NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
Electrolytes / Minerals / Metals / Vitamins		
ARGYLE STERILE SALINE	1	
ATABEX		++
BPROTECTED PEDIA IRON		++
CENTRUM SPECIALIST PRENATAL		++
classic prenatal		++
curity sterile saline	1	
cvs folic acid		++
cvs iron		++
cvs prenatal		++
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg		++
cvs prenatal multi+dha		++
cvs prenatal multivitamin		++
cvs slow release dried iron		++
slow release iron		++
cyanocobalamin injection solution 1000 mcg/ml	1	
cytra k crystals	1	
deferasirox granules	1	QL
deferasirox oral packet	1	QL
deferasirox oral tablet	1	
deferasirox oral tablet soluble	1	
ENFAMIL EXPECTA		++
eq slow-release iron		++
eql carbonyl iron		++

Drug Name	Drug Tier	Notes
eql iron supplement therapy		++
eql prenatal formula		++
eql slow release iron		++
ergocalciferol oral capsule	1	
EZFE 200		++
fa-8		++
FEOSOL		++
FEOSOL NATURAL RELEASE		++
ferate		++
FERGON		++
FER-IN-SOL		++
ferosul		++
ferretts		++
ferretts chewable iron		++
ferretts ips oral solution		++
ferrex 150 capsule 150 mg oral		++
FERREX 150 CAPSULE 150 MG ORAL		++
FERRIC X-150		++
FERRIMIN 150		++
ferrocite		++
ferrotabs		++
ferrous fumarate oral		++
ferrous gluconate oral		++
ferrous sulfate er		++
ferrous sulfate oral		++
fe-vite iron		++
folate		++
folic acid injection	1	
folic acid oral capsule 0.8 mg		++
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg		++
ft folic acid		++
ft iron		++
ft iron slow release		++
ft prenatal		++
gnp folic acid		++
gnp iron		++
gnp prenatal		++
gnp prenatal/folic acid		++
goodsense iron		++
HEALTHY MAMA BE WELL ROUNDED		++
high potency iron oral capsule		++
ICAR		++
iferex 150		++
iron (ferrous sulfate)		++
iron 27		++
iron chews pediatric		++
iron high-potency		++
iron infant & toddler		++
iron infant/toddler		++
iron oral tablet		++
iron slow release		++
iron supplement		++
IRON UP		++
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	2	
klor-con m20	1	
kp ferrous gluconate		++
kp ferrous sulfate		++
kp folic acid oral tablet 800 mcg		++
kp prenatal multivitamins		++
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
levocarnitine sf	1	

Drug Name	Drug Tier	Notes
MASONATAL		++
meijer ferrous sulfate		++
multi prenatal		++
nat-rul iron		++
NEONATAL PRENATAL		++
NEONATAL VITAMIN		++
NOVAFERRUM 50		++
NOVAFERRUM PEDIATRIC DROPS		++
NU-IRON		++
ONE A DAY PRENATAL ORAL CAPSULE		++
ONE VITE FERROUS SULFATE		++
ONE VITE WOMENS		++
ORACIT	2	
pc pediatric iron drops		++
phospha 250 neutral	1	
phosphorous	1	
phospho-trin 250 neutral	1	
phytonadione injection	1	
phytonadione oral	1	
poly-iron 150		++
polysaccharide iron complex		++
polysaccharide-iron complex		++
pot & sod cit-cit ac	1	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	2	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal (w/iron & fa)		++
prenatal complete oral tablet		++
prenatal formula		++
prenatal forte		++
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg		++
prenatal multivit plus folate		++
PRENATAL MULTIVITAMIN + DHA		++
prenatal multivitamin plus dha		++
prenatal one daily		++
prenatal oral tablet 27-0.8 mg, 28-0.8 mg		++
prenatal vitamin and mineral		++
prenatal vitamins		++
prenatal/iron oral tablet		++
PRENOVA		++
PROFE		++
PROFERRIN ES		++
qc ferrous sulfate		++
qc folic acid		++
SIMILAC PRENATAL EARLY SHIELD		++
SLOW FE		++
slow iron		++
slow release iron		++
sod citrate-citric acid	1	
sodium chloride (pf)	1	
sodium chloride irrigation	1	
sodium citrate-citric acid	1	

Drug Name	Drug Tier	Notes
sodium fluoride oral solution 0.5 mg/ml		++
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	++
sodium fluoride oral tablet 1.1 (0.5 f) mg	1	++
sodium fluoride oral tablet chewable	1	++
sodium polystyrene sulfonate	1	
sps (sodium polystyrene sulf)	1	
STUART ONE		++
sv iron		++
tricitrates	1	
TRUE FERROUS SULFATE		++
TRUE FOLIC ACID ORAL TABLET 400 MCG		++
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin k1 injection	1	
wee care		++
yl folic acid		++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
cimetidine hcl	1	
cimetidine oral	1	
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
rabeprazole sodium oral tablet delayed release	1	ST
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
belladonna alkaloids-opium	1	QL
chlordiazepoxide-clidinium	1	QL
clearlax		++
constulose	1	
cvs magnesium citrate		++
cvs purelax oral powder		++
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine	1	
enulose	1	
eq clearlax		++
eq magnesium citrate		++
eql clearlax		++
eql magnesium citrate		++
ft clearlax		++
ft magnesium citrate		++
gavilax oral powder		++
gavilyte-c	1	++
gavilyte-g	1	++
gavilyte-n with flavor pack	1	++
generlac	1	
glycolax		++
glycopyrrolate +rfid injection solution	1	
glycopyrrolate injection solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
gnp clearlax oral powder		++
gnp magnesium citrate		++
goodsense clearlax		++

Drug Name	Drug Tier	Notes
goodsense magnesium citrate		++
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
kls laxaclear		++
lactulose encephalopathy	1	
lactulose oral solution	1	
laxative osmotic		++
loperamide hcl oral capsule	1	
lubiprostone	1	
magnesium citrate oral solution		++
mm clearlax		++
na sulfate-k sulfate-mg sulf	1	++
nulev	1	
opium	1	QL
oscimin	1	
peg 3350 oral powder		++
peg 3350-kcl-na bicarb-nacl	1	++
peg-3350/electrolytes	1	++
polyethylene glycol 3350 oral powder		++
polyethylene glycol 3350-grx oral powder		++
prucalopride succinate	1	
qc magnesium citrate		++
qc oral laxative		++
RELISTOR SUBCUTANEOUS	2	PA
sb magnesium citrate		++
sb polyethylene glycol 3350		++
smooth lax oral powder		++
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA; QL
CREON	2	
CYSTAGON	2	PA
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	1	
bethanechol chloride oral	1	
calcium acetate (phos binder)	1	
calcium acetate oral tablet 667 mg	1	
CERVIDIL	2	
darifenacin hydrobromide er	1	
ELMIRON	2	
flavoxate hcl	1	
mirabegron er oral tablet extended release 24 hour	1	
oxybutynin chloride er	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 5 mg	1	
penicillamine oral capsule	1	PA; QL
penicillamine oral tablet	2	PA; QL
PENTOSAN POLYSULFATE SODIUM ORAL	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PREPIDIL	2	
sevelamer carbonate	1	
sevelamer hcl	1	PA
solifenacin succinate	1	

Drug Name	Drug Tier	Notes
tadalafil oral tablet 2.5 mg, 5 mg	1	PA
tolterodine tartrate	1	
tolterodine tartrate er	1	
trospium chloride	1	
trospium chloride er	1	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Adrenal		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	
dexamethasone intensol	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone sod phos +rfid	1	
dexamethasone sod phosphate pf	1	
dexamethasone sodium phosphate injection	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
hydrocortisone sod suc (pf)	1	
MEDROL ORAL TABLET 2 MG	2	
methylprednisolone oral	1	
methylprednisolone sodium succ injection solution reconstituted 125 mg	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	2	
Hormonal Agents - Men's Health		
danazol oral	1	
DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
TESTOSTERONE CYPIONATE INJECTION	1	
testosterone cypionate intramuscular solution 100 mg/ml	1	
testosterone cypionate solution 200 mg/ml intramuscular	1	
TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	QL

Drug Name	Drug Tier	Notes
Hormonal Agents - Pituitary		
ACTHAR	2	PA; QL
ACTHAR GEL	2	PA; QL
cabergoline	1	
CORTROPHIN	2	PA; QL
CORTROPHIN GEL	2	PA; QL
desmopressin ace spray refrig	1	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	2	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
desmopressin acetate spray	1	
ELIGARD	2	
leuprolide acetate injection	1	
LUPRON DEPOT (1-MONTH)	2	
LUPRON DEPOT (3-MONTH)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	
LUPRON DEPOT-PED (1-MONTH)	2	
LUPRON DEPOT-PED (3-MONTH)	2	
octreotide acetate injection	1	
octreotide acetate intramuscular kit 10 mg	2	QL
octreotide acetate intramuscular kit 20 mg, 30 mg	1	QL
octreotide acetate subcutaneous	1	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL
SANDOSTATIN LAR DEPOT	2	QL
VABRINTY SUBCUTANEOUS KIT 30 MG, 7.5 MG	2	
Hormonal Agents - Prostaglandins		
MIFEPREX	1	
mifepristone oral tablet 200 mg	1	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
raloxifene hcl	1	++
Hormonal Agents - Sex Hormones and Birth Control		
abigale	1	
abigale lo	1	
afirmelle	1	++
aftera	1	++
AFTERPILL	1	
altavera	1	++
alyacen 1/35	1	++
alyacen 7/7/7	1	++
amethyst	1	++
apri	1	++
aranelle	1	++
ashlyna	1	++
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
aviane	1	++
ayuna	1	++
azurette	1	++

Drug Name	Drug Tier	Notes
balziva	1	++
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
briellyn	1	++
camila	1	++
camrese	1	++
camrese lo	1	++
chateal eq	1	++
CLIMARA	1	
cryselle	1	++
cyred eq	1	++
dasetta 1/35 (28)	1	++
dasetta 7/7/7	1	++
daysee	1	++
deblitane	1	++
delyla	1	++
DEPO-ESTRADIOL	2	
dolishale	1	++
dotti	1	
drospirenone-ethinyl estradiol	1	++
econtra one-step	1	++
elinest	1	++
ELLA	2	++
eluryng	1	++
emzahh	1	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
estradiol oral	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
ESTRING	2	
etonogestrel-ethinyl estradiol	1	++
falmina	1	++
feirza 1.5/30	1	++
feirza 1/20	1	++
FEMRING	2	
gallifrey	1	
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
heather	1	++
her style	1	++
iclevia	1	++
incassia	1	++
introvale	1	++
isibloom	1	++
jaimiess	1	++
jasmiel	1	++
jencycla	1	++
jolessa	1	++
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kariva	1	++
kelnor 1/35	1	++
kurvelo	1	++

Drug Name	Drug Tier	Notes
KYLEENA		++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonest	1	++
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	++
levonorgestrel	1	++
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	++
levonorg-eth estrad triphasic	1	++
lojaimiess	1	++
loryna	1	++
low-ogestrel	1	++
lo-zumandimine	1	++
luizza 1.5/30	1	++
luizza 1/20	1	++
lutera	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++
medroxyprogesterone acetate intramuscular	1	++
medroxyprogesterone acetate oral	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
megestrol acetate oral tablet	1	
meleya	1	++
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
mimvey	1	
MIRENA (52 MG)	2	++
MIUDELLA	2	++
mono-linyah	1	++
my choice	1	++
my way	1	++
necon 0.5/35 (28)	1	++
new day	1	++
NEXPLANON		++
NEXTSTELLIS		++
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	1	++
nortrel 0.5/35 (28)	1	++
nortrel 1/35 (21)	1	++
nortrel 1/35 (28)	1	++
nortrel 7/7/7	1	++
nylia 1/35	1	++
nylia 7/7/7	1	++
opcicon one-step	1	++
OPILL	1	++
option 2	1	++
orquidea	1	++

Drug Name	Drug Tier	Notes
PARAGARD INTRAUTERINE COPPER	2	++
philith	1	++
pimtrea	1	++
portia-28	1	++
PREMARIN VAGINAL	2	
progesterone intramuscular	1	
progesterone oral	1	
reclipsen	1	++
setlakin	1	++
sharobel	1	++
shewise	1	++
simliya	1	++
simpesse	1	++
SKYLA	2	++
sprintec 28	1	++
syeda	1	++
take action	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-mili	1	++
tri-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++
turqoz	1	++
tyblume	1	++
valtya 1/35	1	++
valtya 1/50	1	++
velivet	1	++
vestura	1	++
vienva	1	++
viorele	1	++
volnea	1	++
vyfemla	1	++
vylibra	1	++
wera	1	++
xulane	1	++
your choice	1	++
yuvafem	1	
zafemy	1	++
zovia 1/35 (28)	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
levothyroxine sodium oral tablet	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
propylthiouracil oral	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
AMJEVITA	2	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA
AMJEVITA-PED 15KG TO <30KG	2	PA
AURANOFIN	2	PA; QL
azathioprine oral tablet 50 mg	1	
BERINERT	2	PA; QL
COSENTYX (300 MG DOSE)	2	PA; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA; QL
COSENTYX SENSOREADY (300 MG)	2	PA; QL
COSENTYX SENSOREADY PEN	2	PA; QL
COSENTYX UNOREADY	2	PA; QL

Drug Name	Drug Tier	Notes
CUVITRU	2	PA; QL
cyclosporine modified	1	
cyclosporine oral	1	
ENVARSUS XR	2	
gengraf	1	
HIZENTRA	2	PA; QL
HYPERHEP B	2	
HYQVIA	2	PA; QL
icatibant acetate	2	PA; QL
leflunomide oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
NABI-HB	2	
RASUVO	2	
RIDAURA	2	PA; QL
sajazir	2	PA; QL
sirolimus oral	1	
SKYRIZI PEN	2	PA; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	PA; QL
tacrolimus oral	1	
tofacitinib citrate er	1	
tofacitinib citrate oral	1	
TREMFYA ONE-PRESS	2	PA; QL
TREMFYA PEN	2	PA; QL
TREMFYA SUBCUTANEOUS	2	PA; QL
TREMFYA-CD/UC INDUCTION	2	PA; QL
YESINTEK SUBCUTANEOUS	2	PA
Immunological Agents - Drugs for Vaccination		
ABRYSVO	2	++
ACTHIB	2	++
ADACEL	2	++
AREXVY	2	++
AUDENZ	2	++
BEXSERO	2	++
BOOSTRIX	2	++
CAPVAXIVE	2	++
DAPTACEL	2	++
ENGERIX-B	2	++
FLUAD	1	++
FLUARIX	1	++
FLUBLOK	1	++
FLUCELVAX	1	++
FLULAVAL	1	++
FLUMIST	1	++
FLUZONE HIGH-DOSE	1	++
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	++
GARDASIL 9	2	++
HAVRIX	2	++
HEPLISAV-B	2	++
HIBERIX	2	++
INFANRIX	2	++
IPOL	2	++
KINRIX	2	++
MENQUADFI	2	++
MENVEO	2	++
MFLUSIVA	1	++
M-M-R II	2	++
MNEXSPIKE	2	++
MRESVIA	2	++

Drug Name	Drug Tier	Notes
PEDIARIX	2	++
PEDVAXHIB	2	++
PENBRAYA	2	++
PENMENVY		++
PENTACEL	2	++
PNEUMOVAX 23	2	++
PREVNAR 20	2	++
PRIORIX	2	++
PROQUAD	2	++
QUADRACEL	2	++
RECOMBIVAX HB	2	++
ROTARIX	2	++
ROTATEQ	2	++
SHINGRIX		++
SPIKEVAX	2	++
SPIKEVAX 6M-11Y	2	++
TENIVAC	2	++
TRUMENBA	2	++
TWINRIX	2	++
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML		++
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	++
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML		++
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	2	++
VARIVAX	2	++
VAXELIS	2	++
VAXNEUVANCE	2	++
Inflammatory Bowel Disease Agents		
balsalazide disodium	1	
budesonide oral (generic Entocort)	1	
CORTIFOAM	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone rectal	1	
mesalamine er oral capsule 500 mg	1	PA
mesalamine er oral capsule 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	ST
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc	1	
proctozone-hc	1	
sulfasalazine oral	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
calcitonin (salmon) nasal	1	
ibandronate sodium oral	1	
risedronate sodium oral tablet	1	
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	1	
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	

Drug Name	Drug Tier	Notes
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIMSCO LUBRICATED		++
ALCOHOL PREP PADS PAD , 70 %	1	
ALCOHOL PREP PADS SHEET 70 %	1	
AUM ALCOHOL PREP PADS	1	
BREATHE COMFORT CHAMBER/ADULT	2	
BREATHE COMFORT CHAMBER/CHILD	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CAYA	2	++
CLEVER CHOICE HOLDING CHAMBER	2	
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
CONDOMS		++
deferoxamine mesylate injection solution reconstituted 500 mg	1	
DROPSAFE ALCOHOL PREP	1	
DUREX EXTRA SENSITIVE THIN		++
DUREX REALFEEL		++
DUREX TROPICAL		++
EASIVENT	2	
ENCARE		++
FANTASY LUBRICATED		++
FANTASY LUBRICATED/SPERMICIDE		++
FC2 FEMALE CONDOM		++
FEMCAP	2	++
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
GLUCAGON HCL (DIAGNOSTIC)	2	
GOODSENSE ALCOHOL SWABS	1	
KAMELEON LUBRICATED		++
KIMONO		++
KIMONO COLORS		++
KIMONO MAXX-LARGE FLARE		++
KIMONO MICRO THIN		++
KIMONO MICRO THIN PLUS		++
KIMONO PLUS		++
KIMONO PS		++

Drug Name	Drug Tier	Notes
KIMONO PS PLUS		++
KIMONO SENSATION		++
KIMONO SENSATION PLUS		++
KIMONO SPECIAL		++
MAXX		++
MAXX PLUS		++
methergine	1	
methylergonovine maleate	1	
MICROCHAMBER DEVICE	2	
NOZIN NASAL SANITIZER	1	
NOZIN NASAL SANITIZER POPSWAB	1	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
OPTIONS GYNOL II CONTRACEPTIVE		++
PANDA MASK LARGE	2	
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PEDIATRIC PANDA MASK	2	
pocket spacer	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT	2	
PROCARE SPACER/ADULT MASK	2	
PROCARE SPACER/CHILD MASK	2	
PURE COMFORT SPACER CHAMBER	2	
REALITY LATEX CONDOMS		++
REALITY LATEX/ULTRA TEXTURED		++
REALITY LATEX/ULTRA THIN		++
TODAY SPONGE		++
TROJAN BARESKIN		++
TROJAN ENZ		++
TROJAN MAGNUM		++
TROJAN ULTRA RIBBED LUBRICATED		++
TROJAN ULTRA THIN		++
TROJAN ULTRA THIN/SPERMICIDAL		++
TROJAN-ENZ LUBRICATED		++
TROJAN-ENZ/SPERMICIDAL		++
TRUE COVER		++
TRUSTEX COLOR CONDOMS + LUBE		++
TRUSTEX LUB/RIBBED/STUDDED		++
TRUSTEX LUB/SPERMICIDE EX ST		++
TRUSTEX LUB/SPERMICIDE XL		++
TRUSTEX LUBRICATED		++
TRUSTEX LUBRICATED EX LARGE		++
TRUSTEX LUBRICATED EXTRA ST		++
TRUSTEX LUBRICATED/SPERMICIDE		++

Drug Name	Drug Tier	Notes
TRUSTEX NATURAL CONDOMS + LUBE		++
TRUSTEX NON-LUBRICATED		++
TRUSTEX RIA LUB/SPERMICIDE		++
TRUSTEX RIA LUBRICATED		++
TRUSTEX RIA NON-LUBRICATED		++
TRUSTEX-NONOXYNOL-9/RIB/STUD		++
VCF VAGINAL CONTRACEPTIVE		++
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
WEGOVY HD	2	PA; QL
WEGOVY SUBCUTANEOUS	2	PA; QL
WIDE-SEAL DIAPHRAGM 60	2	++
WIDE-SEAL DIAPHRAGM 65	2	++
WIDE-SEAL DIAPHRAGM 70	2	++
WIDE-SEAL DIAPHRAGM 75	2	++
WIDE-SEAL DIAPHRAGM 80	2	++
WIDE-SEAL DIAPHRAGM 85	2	++
WIDE-SEAL DIAPHRAGM 90	2	++
WIDE-SEAL DIAPHRAGM 95	2	++
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	2	
azelastine hcl ophthalmic	1	
CILOXAN	2	
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
difluprednate	1	
erythromycin ophthalmic	1	
fluorometholone	1	
flurbiprofen sodium	1	
FML FORTE	2	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
ketorolac tromethamine ophthalmic	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
NATACYN	2	
neomycin-polymyxin-dexameth	1	
ofloxacin ophthalmic	1	
PRED MILD	2	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	2	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	2	
trifluridine	1	
VIGAMOX	2	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	1	

Drug Name	Drug Tier	Notes
acetazolamide oral	1	
betaxolol hcl ophthalmic	1	
bimatoprost ophthalmic solution 0.03 %	1	
bimatoprost solution 0.01 % ophthalmic	1	
BIMATOPROST SOLUTION 0.01 % OPHTHALMIC	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	1	
brinzolamide	1	
carteolol hcl	1	
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	
levobunolol hcl	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic	1	
travoprost (bak free)	1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altacaine	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	1	
atropine sulfate ophthalmic solution 1 %	1	
bacitracin-polymyxin b	1	
bacitra-neomycin-polymyxin-hc	1	
CEQUA	2	PA
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	2	
cyclopentolate hcl ophthalmic	1	
cyclosporine (pf)	1	PA
homatropaire	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-gramicidin	1	
phenylephrine hcl ophthalmic	1	
polymyxin b-trimethoprim	1	
sulfacetamide-prednisolone	1	
tetracaine hcl ophthalmic	1	
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	1	
fluocinolone acetonide otic	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral tablet	1	
clemastine fumarate oral	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	1	

Drug Name	Drug Tier	Notes
desloratadine oral tablet dispersible	1	
diphenhydramine hcl injection	1	
flunisolide nasal	1	
guaifenesin-codeine	2	QL
hydrocodone bit-homatrop mbr	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	2	QL
nebusal inhalation nebulization solution 3 %	1	
olopatadine hcl nasal	1	
potassium iodide (expectorant)	2	
promethazine-dm	1	
promethazine-phenylephrine	1	
pulmosal	1	
ryvent	1	
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
SSKI	2	
SURVANTA	2	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	1	
ADVAIR HFA	2	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	

Drug Name	Drug Tier	Notes
ALVESCO	2	
ASMANEX (120 METERED DOSES)	2	ST
ASMANEX (14 METERED DOSES)	2	ST
ASMANEX (30 METERED DOSES)	2	ST
ASMANEX (60 METERED DOSES)	2	ST
ASMANEX HFA	2	ST
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	1	
BECLOMETHASONE DIPROP HFA	2	
breyna	1	QL
budesonide inhalation	1	
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	QL
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	QL
COMBIVENT RESPIMAT	2	
cromolyn sodium inhalation	1	
elixophyllin	1	
epinephrine injection solution auto-injector	1	
FLUTICASONE PROPIONATE DISKUS	2	PA

Drug Name	Drug Tier	Notes
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
ipratropium bromide hfa	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
montelukast sodium oral	1	
nintedanib esylate	2	PA; QL
pirfenidone oral capsule	2	PA; QL
pirfenidone oral tablet 267 mg, 801 mg	1	PA; QL
pirfenidone oral tablet 534 mg	2	PA; QL
SEREVENT DISKUS	2	ST
SPIRIVA HANDIHALER	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	PA
terbutaline sulfate oral	1	
theophylline er	1	
theophylline oral	1	
tiotropium bromide	1	
wixela inhub	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK	2	PA; QL
PULMOZYME	2	QL
tobramycin inhalation nebulization solution 300 mg/5ml	1	PA; QL
TRIKAFTA	2	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
alyq	1	
ambrisentan	1	PA; QL
bosentan oral tablet	1	PA; QL
macitentan	2	PA; QL
sildenafil citrate oral suspension reconstituted	1	PA; QL
sildenafil citrate oral tablet 20 mg	1	PA
tadalafil (generic Adcirca)	1	
TYVASO	2	PA; QL
TYVASO REFILL KIT	2	PA; QL
TYVASO STARTER KIT	2	PA; QL
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; QL
UPTRAVI TITRATION	2	PA; QL
YUTREPIA	2	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
chlorzoxazone oral tablet 250 mg	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL

Drug Name	Drug Tier	Notes
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL
dantrolene sodium oral	1	
methocarbamol injection	1	
methocarbamol oral tablet 500 mg, 750 mg	1	QL
orphenadrine citrate er	1	QL
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep Disorder Agents		
armodafinil	1	
doxepin hcl oral tablet	1	
eszopiclone	1	QL
flurazepam hcl	1	QL
modafinil oral	1	
ramelteon	1	
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
zaleplon	1	QL
zolpidem tartrate oral tablet 10 mg	1	PA; QL
zolpidem tartrate oral tablet 5 mg	1	QL

A

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Nondiscrimination Notice

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- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Services at **1-888-901-4636** (TTY **711**).

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The notice of nondiscrimination is available at https://healthy.kaiserpermanente.org/washington/language-assistance/nondiscrimination-notice

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, 800-537-7697** (TDD). Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status**, or by phone at **800-562-6900, 360-586-0241** (TDD). Complaint forms are available at **https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx**

Help in your language

English: ATTENTION: If you speak a language other than English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-901-4636** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-901-4636** (TTY **711**).

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-901-4636** (TTY **711**)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-901-4636** (TTY **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-901-4636**로 전화해 주세요(TTY **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-901-4636** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-888-901-4636** (TTY **711**).

ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖ បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសម្រួលដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-888-901-4636** (TTY **711**)។

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-888-901-4636**までお電話ください(TTY **711**)。

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-901-4636** ይደውሉ (TTY **711**)።

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-888-901-4636** irratti bilbilaa (TTY **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-888-901-4636** (TTY **711**).

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-901-4636** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-901-4636** an (TTY **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການ ບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-888-901-4636** (TTY **711**).

International Symbol for ASL (American Sign Language):

