

Effective May 2024

2024 Drug Formulary

For federal employees and retirees on the Federal Employees Health Benefits Program

Drug Formulary

INTRODUCTION



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, or drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions.

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 and step therapy requests are considered based on coverage criteria requirements approved by the P&T Committee. To request review of an exception to Kaiser

Permanent 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.

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 – prior authorization required
 - 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

Specialty Drugs

Specialty drugs are high-cost drugs prescribed by a physician for the treatment of complex conditions. Some specialty products are dispensed from a preferred specialty pharmacy vendor.

Over-the-Counter (OTC) Drugs

A few plans offer coverage for OTC drugs. For these plans, a list of covered OTC drugs can be found in *Appendix A*. You may contact Member Service at 1-888-630-4636 to find if you have OTC drug coverage.

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. 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 preventative medications covered in full is available on the www.kp.org/wa/formulary webpage.

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).

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.

Kaiser Foundation Health Plan of Washington

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Analgesics - Drugs for Pain and Inflammation			ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ANAPROX DS	3		ibuprofen-famotidine	5	PA; QL
ARTHROTEC	3		INDOCIN	3	
CELEBREX	3		indomethacin er	1	
celecoxib oral	1		indomethacin oral capsule	1	
COXANTO	5	PA; QL	indomethacin oral suspension	3	
DAYPRO	3		indomethacin rectal suppository 50 mg	3	
DICLOFENAC PATCH 1.3%	3		ketoprofen er	3	
diclofenac potassium oral capsule	3	PA	ketoprofen oral	3	
diclofenac potassium oral tablet 25 mg	5	PA; QL	ketorolac tromethamine injection solution 15 mg/ml	1	
diclofenac potassium oral tablet 50 mg	1		KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	3	
diclofenac sodium er	1		ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
diclofenac sodium external gel 1 %	3		ketorolac tromethamine oral	3	
diclofenac sodium external solution 1.5 %	3		ketorolac tromethamine solution 30 mg/ml injection	1	
diclofenac sodium external solution 2 %	3	PA	KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
diclofenac sodium oral	1		KIPROFEN	3	
diclofenac-misoprostol	3		LICART	3	
DICLOFONO	3		LODINE	3	
diflunisal oral	1		LOFENA	5	PA; QL
DUEXIS	5	PA; QL	meclofenamate sodium oral	1	
EC-NAPROSYN	3		mefenamic acid oral	3	
ec-naproxen	3		meloxicam oral capsule	3	
ELYXYB	5	PA; QL	MELOXICAM ORAL SUSPENSION	3	
etodolac	1		meloxicam oral tablet	1	
etodolac er	3				
FELDENE	3				
fenoprofen calcium oral	3				
FLECTOR	3				
flurbiprofen oral	1				
ibuprofen oral suspension 100 mg/5ml	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nabumetone oral	1		BELBUCA	3	PA; QL
NALFON	3		BENZHYDROCODONE-ACETAMINOPHEN	3	QL
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3		BUPAP	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA	buprenorphine	3	PA; QL
NAPROSYN	3		butalbital-acetaminophen capsule 50-300 mg oral	3	
naproxen dr	3		BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
naproxen oral suspension	1		butalbital-acetaminophen oral tablet	3	
naproxen oral tablet	1		butalbital-apap-caff-cod	3	QL
naproxen oral tablet delayed release	3		butalbital-apap-caffeine oral capsule	3	
naproxen sodium er	3		butalbital-apap-caffeine oral tablet	1	
naproxen sodium oral tablet 275 mg, 550 mg	1		butalbital-asa-caff-codeine	3	QL
naproxen-esomeprazole mg	5	PA; QL	butalbital-aspirin-caffeine	1	
OXAPROZIN ORAL CAPSULE	5	PA; QL	butorphanol tartrate nasal	3	QL
oxaprozin oral tablet	3		BUTRANS	3	PA; QL
PENNSAID	3	PA	codeine sulfate	1	QL
piroxicam oral	1		CONZIP	3	PA; QL
RELAFEN DS	3	PA	DILAUDID ORAL	3	QL
salsalate oral	1		endocet	1	QL
SPRIX	3		ESGIC	3	
sulindac oral	1		fentanyl citrate buccal lozenge on a handle	5	PA; QL
VIMOVO	5	PA; QL	FENTANYL CITRATE BUCCAL TABLET	5	PA; QL
ZIPSOR	3	PA	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
ZYNRELEF	3		fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	3	PA; QL
Analgesics - Drugs for Pain			FENTORA	5	PA; QL
acetaminophen-codeine	1	QL	FIORICET	3	
ALLZITAL	3				
APADAZ	3	QL			
apap-caff-dihydrocodeine	3	QL			
ascomp-codeine	3	QL			
bac	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FIORICET/CODEINE	3	QL	OXYCODONE HCL ER	2	ST; QL
hydrocodone bitartrate er	3	PA; QL	oxycodone hcl oral capsule	3	QL
hydrocodone-acetaminophen oral solution	1	QL	oxycodone hcl oral concentrate	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	QL	oxycodone hcl oral solution	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL	oxycodone hcl oral tablet	1	QL
hydrocodone-ibuprofen	3	QL	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	5	PA; QL
hydromorphone hcl er	3	PA; QL	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	2	QL
hydromorphone hcl oral	1	QL	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
hydromorphone hcl rectal	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
HYSINGLA ER	3	PA; QL	OXYCONTIN	2	ST; QL
levorphanol tartrate oral	1	PA; QL	oxymorphone hcl	3	QL
meperidine hcl oral tablet	3	QL	oxymorphone hcl er	3	PA; QL
methadone hcl intensol	1	ST; QL	pentazocine-naloxone hcl	3	QL
methadone hcl oral	1	ST; QL	PERCOCET	3	QL
METHADOSE ORAL CONCENTRATE 10 MG/ML	3	ST; QL	PROLATE ORAL SOLUTION	5	PA; QL
methadose oral tablet soluble	1	ST; QL	PROLATE ORAL TABLET	3	QL
METHADOSE SUGAR-FREE	3	ST; QL	QDOLO	5	PA; QL
morphine sulfate (concentrate)	1	QL	ROXICODONE	3	QL
morphine sulfate er beads	3	ST; QL	ROXYBOND	5	PA; QL
morphine sulfate er oral capsule extended release 24 hour	3	PA; QL	SEGLENTIS	3	PA; QL
morphine sulfate er oral tablet extended release	1	ST; QL	tencon	3	
morphine sulfate oral	1	QL	TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL
morphine sulfate rectal	1	QL			
MS CONTIN	3	ST; QL			
NALOCET	3	QL			
NUCYNTA	3	PA; QL			
NUCYNTA ER	3	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL	LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
tramadol hcl er	3	PA; QL	lidocaine hcl external lotion	3	PA
TRAMADOL HCL ORAL SOLUTION	5	PA; QL	lidocaine hcl external solution	3	
tramadol hcl oral tablet 100 mg, 50 mg	1	QL	lidocaine hcl injection solution 0.5 %	1	
tramadol hcl oral tablet 25 mg	3	PA; QL	LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/5ML, 200 MG/10ML, 60 MG/3ML	3	
tramadol-acetaminophen	1	QL	LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
TREZIX	3	QL	lidocaine hcl solution 1 % injection	1	
XTAMPZA ER	5	PA; QL	LIDOCAINE HCL SOLUTION 2 % INJECTION	3	
Anesthetics			lidocaine hcl solution 2 % injection	1	
AGONEAZE	3		lidocaine hcl urethral/mucosal	1	
ANODYNE LPT	3		lidocaine-epinephrine solution 1 %-1:100000 injection	3	
ASTERO	3		LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
COCAINE HCL NASAL	3		lidocaine-prilocaine	1	
CRYODOSE TA	3		LIDOCAN	3	
DERMACINRX LIDOGEL	3		LIDODERM	3	
EHA	3		LIDOMAR	3	
ethyl chloride	3		lidopin external cream 3 %	3	
GEBAUERS PAIN EASE	3		LIDOREX	3	
GEBAUERS SPRAY AND STRETCH	3		LIDORX	3	PA
glydo	1		LIDO-SORB	3	PA
GOPRELTO	3				
LDO PLUS	3				
LEVATIO	3				
LIDO BDK	3				
lidocaine external ointment 5 %	3				
lidocaine external patch 5 %	1				
lidocaine hcl (pf) injection solution 0.5 %, 1.5 %	3				
lidocaine hcl (pf) injection solution 1 %, 2 %	1				
lidocaine hcl external cream 3 %	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LIDOTHOL EXTERNAL PATCH	3		goodsense nicotine mouth/throat gum 2 mg	2	
LIDOTRAL EXTERNAL CREAM	3		goodsense nicotine mouth/throat lozenge 4 mg	2	
LIDOTRAN	3		habitrol	1	
LIVIXIL PAK	3		KLOXXADO	3	
LYDEXA	3		LUCEMYRA	5	PA; QL
premium lidocaine	3		naloxone hcl injection	1	
PRILOVIX	3		naloxone hcl nasal	1	
PRILOVIX LITE	3		naltrexone hcl oral	1	
PRILOVIX LITE PLUS	3		NARCAN	2	
PRILOVIX PLUS	3		NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	2	
prilovix ultralite	1		NICORETTE MOUTH/THROAT GUM 2 MG	2	
prilovix ultralite plus	1		NICORETTE MOUTH/THROAT LOZENGE	2	
PROXIVOL	3		nicotine mini	2	
RELADOR PAK	3		nicotine polacrilex mini	2	
RELADOR PAK PLUS	3		nicotine polacrilex mouth/throat	2	
SOOTHEE	3		nicotine step 1	1	
XYLOCAINE	3		nicotine step 2	1	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 1 %-1:100000	3		nicotine step 3	1	
XYLOCAINE-MPF	3		nicotine transdermal kit	1	
ZERUVIA	3		nicotine transdermal patch 24 hour 21 mg/24hr	1	
ZIONODIL	3	PA	OPVEE	3	PA
ZIONODIL 100	3	PA	SUBOXONE	3	QL
ZTLIDO	3		varenicline tartrate	1	
Anti-Addiction / Substance Abuse Treatment Agents			varenicline tartrate (starter)	1	
acamprosate calcium	1		varenicline tartrate(continue)	1	
buprenorphine hcl sublingual	1	QL	VIVITROL	4	QL
buprenorphine hcl-naloxone hcl	1	QL	ZIMHI	3	
bupropion hcl er (smoking det)	1		ZUBSOLV	3	QL
disulfiram oral	1				
ft nicotine	2				
ft nicotine mini	2				

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Antibacterials			cephalexin oral capsule 250 mg, 500 mg	1	
AEMCOLO	3	PA	cephalexin oral capsule 750 mg	3	
amoxicillin	1		cephalexin oral suspension reconstituted	1	
amoxicillin-potassium clavulanate	1		cephalexin oral tablet	3	
amoxicillin-potassium clavulanate er	3		CIPRO	3	
ampicillin	1		ciprofloxacin hcl oral	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 250 mg, 500 mg	1		clarithromycin er	3	
ARIKAYCE	3		clarithromycin oral	1	
AUGMENTIN	3		CLEOCIN	3	
AUGMENTIN ES-600	3		CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML	3	
avidoxy	1		clindamycin hcl oral	1	
azithromycin oral	1		clindamycin palmitate hcl	1	
BACTRIM	3		clindamycin phosphate vaginal	1	
BACTRIM DS	3		CLINDESSE	3	
BAXDELA ORAL	5	QL	colistimethate sodium (cba)	3	
BICILLIN L-A	2		COLY-MYCIN M	3	
cefaclor	3		demeclocycline hcl	3	
cefaclor er	3		dicloxacillin sodium	1	
cefadroxil	1		DIFICID	5	PA; QL
cefazolin sodium injection solution reconstituted 1 gm	1		DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	3	
cefdinir	1		DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG	5	PA; QL
cefepime hcl injection	3		doxycycline hyclate oral capsule	1	
cefixime	1		doxycycline hyclate oral tablet	1	
cefepodoxime proxetil	3		doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	
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				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3		mafenide acetate external	3	
doxycycline monohydrate oral capsule	1		methenamine hippurate	1	
doxycycline monohydrate oral suspension reconstituted	3		methenamine mandelate oral	3	
doxycycline monohydrate oral tablet	1		metronidazole oral capsule	3	
E.E.S. 400	3		metronidazole oral tablet	1	
E.E.S. GRANULES	3		metronidazole vaginal	1	
ERYPED 200	3		minocycline hcl er	3	PA
ERYPED 400	3		minocycline hcl oral capsule	1	
ERY-TAB	3		minocycline hcl oral tablet	3	
ERYTHROCIN STEARATE	3		MINOLIRA	3	PA
erythromycin base oral	3		mondoxyne nl	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		moxifloxacin hcl oral	1	
erythromycin ethylsuccinate oral tablet	3		mupirocin calcium	1	
erythromycin oral	3		mupirocin external	1	
FIRVANQ	2		neomycin sulfate oral	1	
FLAGYL	3		neomycin-polymyxin b gu	3	
fosfomicin tromethamine	3		nitrofurantoin macrocrystal	1	
gentamicin sulfate external	1		nitrofurantoin monohydrate macrocrystals	1	
HIPREX	3		nitrofurantoin oral suspension 25 mg/5ml	1	
HUMATIN	3		NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	5	PA; QL
levofloxacin oral	1		NUVESSA	3	
LIKMEZ	3	PA	NUZYRA ORAL	5	QL
LINCOCIN	3		ofloxacin oral	3	
lincomycin hcl injection	3		penicillin v potassium	1	
linezolid oral suspension reconstituted	1	QL	SEYSARA	5	PA; QL
linezolid oral tablet	1		SILVADENE	3	
MACROBID	3		silver nitrate external	3	
MACRODANTIN	3		silver sulfadiazine external	1	
			SIVEXTRO ORAL	4	QL
			SOLODYN	3	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SOLOSEC	3		dabigatran etexilate mesylate	1	
ssd	1		ELIQUIS	3	PA
streptomycin sulfate intramuscular	3		ELIQUIS DVT/PE STARTER PACK	3	PA
sulfadiazine oral	3		enoxaparin sodium	1	
sulfamethoxazole-trimethoprim oral	1		fondaparinux sodium	4	QL
SULFAMYLON	3		FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	3	
sulfatrim pediatric	1		FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	3	PA
TARGADOX	3		FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
tazicef injection	1		heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1	
tetracycline hcl oral capsule	3		heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	1	
TETRACYCLINE HCL ORAL TABLET	3		jantoven	1	
tinidazole oral	3		LOVENOX	1	
trimethoprim oral	1		PRADAXA ORAL CAPSULE	1	
VANCOGIN	5	PA; QL	PRADAXA ORAL PACKET	5	PA; QL
vancomycin hcl oral capsule	1	QL	REGIOCIT	3	
vancomycin hcl oral solution reconstituted	1		SAVAYSA	3	PA
vandazole	1		warfarin sodium oral	1	
VIBRAMYCIN	3		XARELTO ORAL SUSPENSION RECONSTITUTED	5	PA; QL
XACIATO	3		XARELTO ORAL TABLET	2	PA
XEPI	3		XARELTO STARTER PACK	2	PA
XIFAXAN	5	PA; QL			
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	3	PA			
ZITHROMAX ORAL	3				
ZITHROMAX TRI-PAK	3				
ZITHROMAX Z-PAK	3				
ZYVOX ORAL SUSPENSION RECONSTITUTED	5	QL			
ZYVOX ORAL TABLET	5	PA			
Anticoagulants			Anticonvulsants - Drugs for Seizures		
ARIXTRA	5	PA; QL	APTOM	5	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BANZEL	5	QL	lacosamide oral	1	
BRIVIACT ORAL	5	PA; QL	LAMICTAL ODT ORAL KIT	3	
carbamazepine er	1		LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
carbamazepine oral	1		LAMICTAL ORAL TABLET	3	PA
CARBATROL	3		LAMICTAL ORAL TABLET CHEWABLE	3	
CELONTIN	3		LAMICTAL STARTER	3	
clobazam oral suspension	5	QL	LAMICTAL XR	3	PA
clobazam oral tablet	1		lamotrigine er	3	
DEPAKOTE	3		lamotrigine oral kit	3	
DEPAKOTE ER	3		lamotrigine oral tablet	1	
DEPAKOTE SPRINKLES	3		lamotrigine oral tablet chewable	1	
DIACOMIT	5	PA; QL	lamotrigine oral tablet dispersible	3	
diazepam rectal	1	QL	lamotrigine starter kit-blue	3	
DILANTIN INFATABS	3		lamotrigine starter kit-green	3	
DILANTIN ORAL CAPSULE 100 MG	3		lamotrigine starter kit-orange	3	
DILANTIN ORAL CAPSULE 30 MG	2		levetiracetam er	1	
DILANTIN ORAL SUSPENSION	3		levetiracetam oral	1	
divalproex sodium er	1		methsuximide	2	
divalproex sodium oral	1		MOTPOLY XR	5	PA; QL
ELEPSIA XR	5	PA; QL	MYSOLINE	5	PA; QL
EPIDIOLEX	5	PA; QL	NAYZILAM	2	PA; QL
epitol	1		NEURONTIN	3	
EPRONTIA	3	PA	ONFI	5	PA; QL
ethosuximide oral	1		oxcarbazepine	1	
felbamate oral suspension	3		OXTELLAR XR	3	
felbamate oral tablet	3	QL	pentobarbital sodium injection	3	
FELBATOL	5	PA; QL	phenobarbital oral	1	
FINTEPLA	5	PA; QL	phenobarbital sodium injection solution 130 mg/ml	1	
FYCOMPA	3	PA; QL	phenytek	3	
gabapentin oral capsule	1				
gabapentin oral solution	1				
gabapentin oral tablet 600 mg, 800 mg	1				
KEPPRA ORAL	3				
KEPPRA XR	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
phenytoin infatabs	1		vigadrone oral tablet	5	PA
phenytoin oral	1		vigpoder	5	
phenytoin sodium extended oral capsule 100 mg	1		VIMPAT ORAL	3	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3		XCOPRI	5	PA; QL
phenytoin sodium injection	1		ZARONTIN	3	
primidone oral tablet 125 mg	3	PA	ZONEGRAN	3	
primidone oral tablet 250 mg, 50 mg	1	QL	ZONISADE	3	PA
QUDEXY XR	3	PA	zonisamide oral	1	
roweepra	1		ZTALMY	5	PA; QL
rufinamide	5	QL	Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
SABRIL	5	PA	ADLARITY	3	PA
SPRITAM	3		ARICEPT	3	
subvenite	1		donepezil hcl	1	
subvenite starter kit-blue	3		EXELON	3	
subvenite starter kit-green	3		galantamine hydrobromide	1	
subvenite starter kit-orange	3		galantamine hydrobromide er	1	
SYMPAZAN	5	QL	memantine hcl er	3	PA
TEGRETOL	3		memantine hcl oral solution	3	
TEGRETOL-XR	3		memantine hcl oral tablet 10 mg, 5 mg	1	
tiagabine hcl	3		memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	3	
TOPAMAX	3		NAMENDA TITRATION PAK	3	
TOPAMAX SPRINKLE	3		NAMENDA XR	3	PA
topiramate er	3	PA	NAMZARIC	3	
topiramate oral	1		rivastigmine	3	
TRILEPTAL	3		rivastigmine tartrate	1	
TROKENDI XR	3	PA	Antidepressants		
valproic acid oral	1		amitriptyline hcl oral	1	
VALTOCO	2	PA; QL	amoxapine	1	
vigabatrin oral packet	5		ANAFRANIL	3	
vigabatrin oral tablet	5	PA	APLENZIN	3	
vigadrone oral packet	5		AUVELITY	5	PA; QL
			bupropion hcl er (sr)	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		fluoxetine hcl oral capsule delayed release	3	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	PA	fluoxetine hcl oral solution	1	
bupropion hcl oral	1		fluoxetine hcl oral tablet	3	
CELEXA	3		fluvoxamine maleate	1	
chlordiazepoxide-amitriptyline	3	QL	fluvoxamine maleate er	3	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	PA	FORFIVO XL	3	PA
citalopram hydrobromide oral solution	1		imipramine hcl oral	1	
citalopram hydrobromide oral tablet	1		imipramine pamoate	3	
clomipramine hcl oral	1		LEXAPRO	3	
CYMBALTA	3		LYBALVI	5	PA; QL
desipramine hcl oral	1		MARPLAN	3	
DESVENLAFAXINE ER (authorized generic Khedezla)	3	PA	mirtazapine oral	1	
desvenlafaxine succinate er	1		NARDIL	3	
doxepin hcl oral capsule	1		nefazodone hcl	3	
doxepin hcl oral concentrate	1		NORPRAMIN	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		nortriptyline hcl oral	1	
duloxetine hcl oral capsule delayed release particles 40 mg	3		olanzapine-fluoxetine hcl	3	
EFFEXOR XR	3		PAMELOR	3	
EMSAM	5		PARNATE	3	
escitalopram oxalate oral	1		paroxetine hcl	1	
FETZIMA	3	PA	paroxetine hcl er	1	
FETZIMA TITRATION	3	PA	paroxetine mesylate	3	
fluoxetine hcl (pmdd)	3		PAXIL	3	
fluoxetine hcl oral capsule	1		PAXIL CR	3	
			perphenazine-amitriptyline	1	
			phenelzine sulfate oral	1	
			PRISTIQ	3	
			protriptyline hcl	1	
			PROZAC	3	
			REMERON	3	
			REMERON SOLTAB	3	
			SERTRALINE HCL ORAL CAPSULE	3	
			sertraline hcl oral concentrate	1	
			sertraline hcl oral tablet	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SPRAVATO (56 MG DOSE)	5	PA; QL	EMEND ORAL	3	
SPRAVATO (84 MG DOSE)	5	PA; QL	EMEND TRI-PACK	3	
SYMBYAX	3		GIMOTI	5	PA
tranylcypromine sulfate	1		granisetron hcl oral	1	
trazodone hcl oral	1		MARINOL	3	
trimipramine maleate oral	3		meclizine hcl oral tablet 12.5 mg, 25 mg	3	
TRINTELLIX	3	PA; QL	metoclopramide hcl injection	1	
VENLAFAXINE BESYLATE ER	3		metoclopramide hcl oral solution	1	
venlafaxine hcl	1		metoclopramide hcl oral tablet	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		metoclopramide hcl oral tablet dispersible	3	
venlafaxine hcl er oral tablet extended release 24 hour	3		ondansetron hcl injection	1	
VIIBRYD	3	PA	ondansetron hcl oral	1	
vilazodone hcl	3	PA	ondansetron odt	1	
WELLBUTRIN SR	3		perphenazine oral	1	
WELLBUTRIN XL	3		PHENERGAN	3	
ZOLOFT	3		prochlorperazine	1	
ZURZUVAE	5	PA; QL	prochlorperazine edisylate injection	1	
Antiemetics - Drugs for Nausea and Vomiting			prochlorperazine maleate oral	1	
AKYNZEO ORAL	3		promethazine hcl injection	3	
ANZEMET	3		promethazine hcl oral syrup 6.25 mg/5ml	1	
aprepitant oral	1		promethazine hcl rectal	1	
aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	1		promethegan	1	
aprepitant oral capsule 40 mg	3		REGLAN	3	
BONJESTA	3	PA	SANCUSO	3	PA
compro	1		scopolamine	3	
DICLEGIS	3	PA	SYNDROS	3	
dimenhydrinate injection	1		TIGAN	3	PA
doxylamine-pyridoxine	3	PA	TRANSDERM-SCOP	3	
dronabinol	1		trimethobenzamide hcl oral	3	PA
			VARUBI (180 MG DOSE)	3	PA; QL
			Antifungals		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ANCOBON	5	PA; QL	NAFTIN	3	
BREXAFEMME	3	PA	NOXAFIL ORAL PACKET	3	
ciclodan	1		NOXAFIL ORAL SUSPENSION	5	PA; QL
ciclopirox external	1		NOXAFIL ORAL TABLET DELAYED RELEASE	5	PA
ciclopirox olamine external	1		nyamyc	1	
clotrimazole external	3		nystatin external	1	
clotrimazole mouth/throat	1		nystatin mouth/throat	1	
clotrimazole-betamethasone	1		nystatin oral	1	
CRESEMBA ORAL	4	PA; QL	nystatin-triamcinolone	1	
DIFLUCAN	3		nystop	1	
econazole nitrate external	3		ORAVIG	3	
ECOZA	3		oxiconazole nitrate	3	
ERTACZO	3		OXISTAT	3	
EXELDERM	3		posaconazole oral suspension	5	PA; QL
exoderm	3		posaconazole oral tablet delayed release	5	PA
fluconazole oral	1		SPORANOX	3	PA
flucytosine oral	4	QL	tavaborole	3	PA
griseofulvin microsize oral	1		terbinafine hcl oral	1	
griseofulvin ultramicrosize	1		terconazole vaginal cream	1	
GYNAZOLE-1	3		terconazole vaginal suppository	3	
itraconazole oral	1	PA	TOLSURA	3	PA
JUBLIA	3	PA	VFEND	5	PA
ketoconazole external cream	1		VIVJOA	5	PA; QL
ketoconazole external foam	3		voriconazole oral	1	PA
ketoconazole external shampoo	1		VUSION	3	
ketoconazole oral	1		Antigout Agents		
ketodan	3		allopurinol oral tablet 100 mg, 300 mg	1	
klayesta	1		ALLOPURINOL ORAL TABLET 200 MG	3	PA
LULICONAZOLE	3		colchicine oral	1	
LUZU	3		colchicine-probenecid	1	
miconazole 3	3		febuxostat	1	
MICONAZOLE-ZINC OXIDE-PETROLAT	3				
naftifine hcl	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLOPERBA	3		naratriptan hcl	1	
MITIGARE	3		NURTEC	3	PA; QL
probenecid	1		QULIPTA	5	PA; QL
ULORIC	3		RELPAK	3	
Antimigraine Agents			REYVOW	3	PA; QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	3	PA	rizatriptan benzoate	1	
AJOVY	3	PA	sumatriptan nasal	1	
almotriptan malate	3	PA	sumatriptan succinate oral	1	
CAMBIA	3	PA	sumatriptan succinate refill subcutaneous solution cartridge	1	
diclofenac potassium(migraine)	3	PA	sumatriptan succinate subcutaneous	1	
dihydroergotamine mesylate injection	1	QL	sumatriptan-naproxen sodium	3	PA
dihydroergotamine mesylate nasal	4		TOSYMRA	3	
eletriptan hydrobromide	3		TREXIMET	3	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	3	PA	TRUDHESA	3	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/ML	3	PA; QL	UBRELVY	3	PA; QL
ERGOMAR	2		ZAVZPRET	5	PA; QL
ergotamine-caffeine	1		ZEMBRACE SYMTOUCH	3	
FROVA	3	PA	zolmitriptan nasal	3	
frovatriptan succinate	3	PA	zolmitriptan oral	1	
IMITREX	3		ZOMIG NASAL	3	
IMITREX STATDOSE REFILL	3		Antimyasthenic Agents		
IMITREX STATDOSE SYSTEM	3		MESTINON ORAL SOLUTION	2	
MAXALT	3		MESTINON ORAL TABLET	3	
MAXALT-MLT	3		MESTINON ORAL TABLET EXTENDED RELEASE	3	
MIGERGOT	2		pyridostigmine bromide er	1	
MIGRANAL	5	PA	pyridostigmine bromide oral	1	
			Antimycobacterials		
			cycloserine oral	3	
			dapsone oral	1	
			ethambutol hcl oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
isoniazid oral	1		cyclophosphamide oral capsule	1	
MYAMBUTOL	3		CYCLOPHOSPHAMIDE ORAL TABLET	3	
MYCOBUTIN	3		DAURISMO	3	PA; QL
PRETOMANID	3		DROXIA	2	
PRIFTIN	2		EMCYT	3	QL
pyrazinamide oral	1		ERIVEDGE	3	PA
rifabutin	1		ERLEADA	3	PA; QL
rifampin oral	1		erlotinib hcl	1	PA
SIRTURO	5	PA; QL	etoposide oral	1	QL
TRECTOR	3		EULEXIN	3	
Antineoplastics - Drugs for Cancer			everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL
abiraterone acetate	1	QL	everolimus oral tablet soluble	1	PA; QL
AFINITOR	3	PA; QL	exemestane	1	
AFINITOR DISPERZ	2	PA; QL	EXKIVITY	3	PA; QL
AKEEGA	3	PA; QL	FARESTON	3	PA
ALECENSA	3	PA; QL	FEMARA	3	
ALUNBRIG	3	PA; QL	FOTIVDA	3	PA; QL
anastrozole oral	1		FRUZAQLA	3	PA; QL
ARIMIDEX	3		GAVRETO	3	PA; QL
AROMASIN	3		gefitinib	2	PA; QL
AUGTYRO	3	PA; QL	GILOTRIF	2	PA; QL
AYVAKIT	3	PA; QL	GLEEVEC	3	PA; QL
BALVERSA	3	PA; QL	GLEOSTINE	2	
BESREMI	3	PA; QL	HYCAMTIN ORAL	3	QL
bexarotene	3	PA; QL	HYDREA	3	
bicalutamide	1		hydroxyurea oral	1	
BOSULIF	3	PA; QL	IBRANCE	3	PA; QL
BRAFTOVI	3	PA; QL	ICLUSIG	3	PA; QL
BRUKINSA	2	PA; QL	IDHIFA	3	PA; QL
CABOMETYX	3	PA; QL	imatinib mesylate	1	QL
CALQUENCE	2	PA; QL	IMBRUVICA ORAL CAPSULE	2	PA; QL
capecitabine	1	QL	IMBRUVICA ORAL SUSPENSION	3	PA; QL
CAPRELSA	3	PA; QL			
CASODEX	3				
COMETRIQ	3	PA; QL			
COPIKTRA	3	PA; QL			
COTELLIC	2	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IMBRUVICA ORAL TABLET 140 MG, 420 MG	2	PA; QL	LYTGOBI (20 MG DAILY DOSE)	3	PA; QL
IMBRUVICA ORAL TABLET 280 MG	3	PA; QL	MATULANE	2	QL
INLYTA	3	PA; QL	MEKINIST	2	PA; QL
INQOVI	3	PA; QL	MEKTOVI	3	PA; QL
INREBIC	3	PA; QL	melphalan	1	QL
IRESSA	3	PA; QL	mercaptopurine oral	1	
JAKAFI	3	PA	mesna	1	
JAYPIRCA	3	PA; QL	MESNEX ORAL	2	
KISQALI FEMARA	3	PA; QL	MYLERAN	2	QL
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA; QL	NERLYNX	3	PA; QL
KOSELUGO	5	PA; QL	NEXAVAR	3	PA
KRAZATI	3	PA; QL	NILANDRON	3	PA
lapatinib ditosylate	1	PA; QL	nilutamide	3	PA
lenalidomide	1	PA; QL	NINLARO	3	PA; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 3 X 4 MG, 4 MG	3	PA; QL	NUBEQA	3	PA; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 4 MG	3	PA	ODOMZO	3	PA; QL
letrozole oral	1		OGSIVEO	3	PA; QL
leucovorin calcium injection solution 100 mg/10ml	3		OJJAARA	3	PA; QL
leucovorin calcium oral	1		ONUREG	3	PA; QL
LEUKERAN	2		ORGOVYX	3	PA; QL
LONSURF	3	PA; QL	ORSERDU	3	PA; QL
LORBRENA	3	PA; QL	PANRETIN	3	PA; QL
LUMAKRAS	3	PA; QL	pazopanib hcl	1	PA; QL
LYNPARZA	3	PA; QL	PEMAZYRE	3	PA; QL
LYSODREN	3	PA	PIQRAY	3	PA; QL
LYTGOBI (12 MG DAILY DOSE)	3	PA; QL	POMALYST	3	PA; QL
LYTGOBI (16 MG DAILY DOSE)	3	PA; QL	PURIXAN	3	PA
			QINLOCK	3	PA; QL
			RETEVMO	3	PA; QL
			REVLIMID	2	PA; QL
			REZLIDHIA	3	PA; QL
			ROZLYTREK	2	PA; QL
			RUBRACA	3	PA; QL
			RYDAPT	2	PA; QL
			SCSEMBLIX	3	PA; QL
			SIKLOS	5	PA; QL
			SOLTAMOX	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sorafenib tosylate	1	PA	XOSPATA	3	PA; QL
SPRYCEL	2	PA; QL	XPOVIO (100 MG ONCE WEEKLY)	3	PA; QL
STIVARGA	2	PA	XPOVIO (40 MG ONCE WEEKLY)	3	PA; QL
sunitinib malate	1	PA; QL	XPOVIO (40 MG TWICE WEEKLY)	3	PA; QL
SUTENT	3	PA; QL	XPOVIO (60 MG ONCE WEEKLY)	3	PA; QL
TABLOID	2		XPOVIO (60 MG TWICE WEEKLY)	3	PA; QL
TABRECTA	3	PA; QL	XPOVIO (80 MG ONCE WEEKLY)	3	PA; QL
TAFINLAR	2	PA; QL	XPOVIO (80 MG TWICE WEEKLY)	3	PA; QL
TAGRISSE	2	PA; QL	XTANDI ORAL CAPSULE	2	PA; QL
TALZENNA	3	PA; QL	XTANDI ORAL TABLET	3	PA; QL
tamoxifen citrate oral	1		YONSA	3	PA; QL
TARCEVA	3	PA	ZEJULA	3	PA; QL
TARGRETIN	3	PA; QL	ZELBORAF	2	PA
TASIGNA	3	PA; QL	ZOLINZA	3	PA; QL
TAZVERIK	3	PA; QL	ZYDELIG	2	PA; QL
temozolomide	1	QL	ZYKADIA	3	PA; QL
TEPMETKO	3	PA; QL	ZYTIGA	3	PA; QL
THALOMID	2	PA; QL	Antiparasitics		
TIBSOVO	3	PA; QL	albendazole oral	1	
toremifene citrate	3	PA	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
tretinoin oral	1	QL	ALINIA ORAL TABLET	3	
TRUQAP	3	PA; QL	atovaquone	4	
TUKYSA	3	PA; QL	BENZNIDAZOLE	3	QL
TURALIO	3	PA; QL	BILTRICIDE	3	
TYKERB	3	PA; QL	chloroquine phosphate oral	1	
VALCHLOR	5	PA; QL	COARTEM	3	
VANFLYTA	3	PA; QL	CROTAN	2	
VENCLEXTA	2	PA; QL	DARAPRIM	3	PA; QL
VENCLEXTA STARTING PACK	2	PA; QL	EMVERM	3	
VERZENIO	3	PA; QL	hydroxychloroquine sulfate oral	1	
VIJOICE	5	PA; QL			
VITRAKVI	3	PA; QL			
VIZIMPRO	3	PA; QL			
VONJO	3	PA; QL			
VOTRIENT	3	PA; QL			
WELIREG	3	PA; QL			
XALKORI	3	PA; QL			
XELODA	3	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IMPAVIDO	5	PA; QL	carbidopa-levodopa oral tablet dispersible 25-250 mg	3	
ivermectin oral	3	PA			
KRINTAFEL	2		carbidopa-levodopa-entacapone	1	
LAMPIT	3		DHIVY	3	PA
malathion	3		DUOPA	4	PA
MEPRON	5	PA	entacapone	1	
NATROBA	3		GOCOVRI	5	PA; QL
NEBUPENT	3		INBRIJA	5	PA; QL
nitazoxanide oral	2		LODOSYN	3	
OVIDE	3		MIRAPEX ER	3	
PENTAM	3		NEUPRO	3	
pentamidine isethionate	3		NOURIANZ	5	PA; QL
permethrin external	1		ONGENTYS	3	PA; QL
PLAQUENIL	3		OSMOLEX ER	3	PA
praziquantel oral	1		PARLODEL	3	
primaquine phosphate	1		pramipexole dihydrochloride	1	
pyrimethamine oral	4	PA; QL	pramipexole dihydrochloride er	3	
QUALAQUIN	3		rasagiline mesylate oral	1	PA
quinine sulfate	3		ropinirole hcl	1	
SOVUNA	3		ropinirole hcl er	3	
spinosad	3		RYTARY	3	PA
STROMECTOL	3	PA	selegiline hcl oral	1	
Antiparkinson Agents			SINEMET	3	
amantadine hcl oral	1		STALEVO 150	3	
APOKYN	5	PA; QL	TASMAR	5	PA; QL
apomorphine hcl subcutaneous	5	PA; QL	tolcapone	5	QL
AZILECT	3	PA	trihexyphenidyl hcl	1	
benztropine mesylate	1		XADAGO	3	PA
bromocriptine mesylate oral	1		ZELAPAR	5	QL
carbidopa oral	1		Antiplatelets		
carbidopa-levodopa er	1		aspirin-dipyridamole er	1	
carbidopa-levodopa oral tablet	1		BRILINTA	2	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1		CABLIVI	5	PA; QL
			cilostazol	1	
			clopidogrel bisulfate oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dipyridamole oral	1		haloperidol decanoate intramuscular	1	
EFFIENT	3		haloperidol lactate injection	1	
PLAVIX	3		haloperidol lactate oral concentrate 2 mg/ml	1	
prasugrel hcl	1		haloperidol oral	1	
YOSPRALA	3		INVEGA	3	
ZONTIVITY	3		INVEGA HAFYERA	4	
Antipsychotics - Drugs for Mood Disorders			INVEGA SUSTENNA	4	
ABILIFY	3		INVEGA TRINZA	4	QL
ABILIFY ASIMTUFII	4		LATUDA	5	PA
ABILIFY MAINTENA	4		loxapine succinate	1	
ABILIFY MYCITE MAINTENANCE KIT	5	PA; QL	lurasidone hcl	1	
ABILIFY MYCITE STARTER KIT	5	PA; QL	molindone hcl	3	
aripiprazole oral solution	1		NUPLAZID	5	PA; QL
aripiprazole oral tablet	1		olanzapine	1	
aripiprazole oral tablet dispersible	3		paliperidone er	1	
ARISTADA	4	QL	PERSERIS	4	
ARISTADA INITIO	4		pimozide	1	
asenapine maleate	3	PA	quetiapine fumarate	1	
CAPLYTA	5	PA; QL	quetiapine fumarate er	1	
chlorpromazine hcl injection	1		REXULTI	3	PA
chlorpromazine hcl oral concentrate	3		RISPERDAL	3	
chlorpromazine hcl oral tablet	1		RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	1	
clozapine oral tablet	1		RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	2	
clozapine oral tablet dispersible	3		RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1	
CLOZARIL	3		RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	2	
FANAPT	3	PA			
FANAPT TITRATION PACK	3	PA			
fluphenazine decanoate injection	1				
fluphenazine hcl	1				
GEODON	3				
HALDOL DECANOATE	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	1		abacavir sulfate-lamivudine	1	
			acyclovir external cream	3	
			acyclovir external ointment	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	2		acyclovir oral	1	
			adefovir dipivoxil	1	QL
			APTIVUS	4	QL
			atazanavir sulfate	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	1		BARACLUDE ORAL SOLUTION	4	QL
			BARACLUDE ORAL TABLET	5	PA; QL
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	2		BIKTARVY	4	QL
			CIMDUO	4	QL
risperidone microspheres er	1		COMPLERA	4	PA; QL
risperidone oral solution	1		darunavir	1	
risperidone oral tablet	1		DELSTRIGO	5	PA; QL
risperidone oral tablet dispersible	3		DENAVIR	3	
RYKINDO	4		DESCOVY	4	PA; QL
SAPHRIS	3	PA	DOVATO	4	QL
SECUADO	3	PA	EDURANT	2	
SEROQUEL	3		efavirenz	1	
SEROQUEL XR	3		efavirenz-emtricitab-tenofo df	1	
thioridazine hcl oral	3		efavirenz-lamivudine-tenofovir	1	
thiothixene	1		emtricitabine	1	
trifluoperazine hcl	1		emtricitabine-tenofovir df	1	
UZEDY	4		EMTRIVA ORAL CAPSULE	3	PA
VERSACLOZ	3		EMTRIVA ORAL SOLUTION	2	
VRAYLAR	5	PA; QL	entecavir	1	
ziprasidone hcl	1		EPCLUSA	4	QL
ziprasidone mesylate	3		EPIVIR	3	
ZYPREXA	3		etravirine	1	
ZYPREXA RELPREVV	2		EVOTAZ	5	QL
ZYPREXA ZYDIS	3		famciclovir oral	1	
Antivirals			fosamprenavir calcium	4	QL
abacavir sulfate	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FUZEON	5	QL	PREVYMIS ORAL	4	PA; QL
GENVOYA	4		PREZCOBIX	2	QL
HARVONI	4	PA; QL	PREZISTA ORAL SUSPENSION	2	
INTELENCE ORAL TABLET 100 MG, 200 MG	3		PREZISTA ORAL TABLET 150 MG, 75 MG	2	
INTELENCE ORAL TABLET 25 MG	2		PREZISTA ORAL TABLET 600 MG, 800 MG	3	
ISENTRESS HD	2		RELENZA DISKHALER	2	
ISENTRESS ORAL PACKET	3		RETROVIR ORAL	3	
ISENTRESS ORAL TABLET	2		REYATAZ ORAL CAPSULE	5	PA; QL
ISENTRESS ORAL TABLET CHEWABLE	2		REYATAZ ORAL PACKET	2	
JULUCA	4	QL	ribavirin inhalation	3	
KALETRA	3		ribavirin oral	1	QL
LAGEVRIO	2	QL	rimantadine hcl	1	
lamivudine	1		ritonavir	1	
lamivudine-zidovudine	1		RUKOBIA	5	PA; QL
LEDIPASVIR- SOFOSBUVIR	4	PA; QL	SELZENTRY ORAL SOLUTION	4	QL
LIVTENCITY	5	PA; QL	SELZENTRY ORAL TABLET	5	QL
lopinavir-ritonavir	1		SITAVIG	3	
maraviroc	4	QL	SOFOSBUVIR- VELPATASVIR	4	QL
MAVYRET	5	PA; QL	SOVALDI	5	PA; QL
nevirapine er	1		STRIBILD	4	PA; QL
nevirapine oral suspension	3		SUNLENCA ORAL	5	PA; QL
nevirapine oral tablet	1		SYMFI	1	
NORVIR ORAL PACKET	2		SYMFI LO	1	
NORVIR ORAL TABLET	3		SYMTUZA	4	QL
ODEFSEY	4	QL	TAMIFLU	2	
oseltamivir phosphate oral	1		tenofovir disoproxil fumarate	1	
PAXLOVID (150/100)	2	QL	TIVICAY	2	
PAXLOVID (300/100)	2	QL	TIVICAY PD	2	
PEGASYS	4	QL	TRIUMEQ	4	QL
penciclovir	3		TRIUMEQ PD	4	QL
PIFELTRO	5	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TRUVADA	5	QL	diazepam injection solution 10 mg/2ml	1	QL
TYBOST	2	PA	diazepam intensol	3	QL
valacyclovir hcl oral	1		diazepam oral concentrate	3	QL
VALCYTE	5	PA; QL	diazepam oral solution	1	QL
valganciclovir hcl	4	QL	diazepam oral tablet	1	QL
VALTRESX	3		diazepam solution 5 mg/ml injection	1	QL
VEMLIDY	5	PA; QL	DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	QL
VIRACEPT	2		DORAL	3	QL
VIRAZOLE	3		estazolam	3	QL
VIREAD ORAL POWDER	2		HALCION	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		hydroxyzine hcl oral	1	
VIREAD ORAL TABLET 300 MG	3	PA	hydroxyzine pamoate oral	1	
VOSEVI	4	PA; QL	KLONOPIN	3	QL
XERESE	3		lorazepam injection solution 2 mg/ml	1	QL
XOFLUZA (40 MG DOSE)	3		lorazepam intensol	1	QL
XOFLUZA (80 MG DOSE)	3		lorazepam oral concentrate 2 mg/ml	1	QL
ZEPATIER	5	PA; QL	lorazepam oral tablet	1	QL
ZIAGEN	3		LOREEV XR	3	QL
zidovudine	1		meprobamate	3	
ZOVIRAX	3		midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	1	QL
Anxiolytics - Drugs for Anxiety			midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	1	QL
alprazolam er	1	QL	midazolam hcl oral	3	QL
alprazolam intensol	3	QL	oxazepam	1	QL
alprazolam oral tablet	1	QL	quazepam	3	QL
alprazolam oral tablet dispersible	3	QL	triazolam	1	QL
alprazolam xr	1	QL	VALIUM	3	QL
ATIVAN INJECTION SOLUTION 2 MG/ML	3	QL	VISTARIL	3	
ATIVAN ORAL	3	QL	XANAX	3	QL
bupirone hcl oral	1		XANAX XR	3	QL
chlordiazepoxide hcl	1	QL	Bipolar Agents - Drugs for Mood Disorders		
clonazepam oral	1	QL	EQUETRO	3	
clorazepate dipotassium	1	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lithium	1		ZARXIO	4	QL
lithium carbonate er	1		ZIEXTENZO	5	PA; QL
lithium carbonate oral	1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
LITHOBID	3		ACCUPRIL	3	
Blood Products and Modifiers - Drugs for Blood Disorders			ACCURETIC	3	
AGRYLIN	3		acebutolol hcl oral	1	
ALVAIZ	4	PA; QL	acetazolamide sodium	3	
aminocaproic acid oral	3		ALDACTONE	3	
anagrelide hcl	1		aliskiren fumarate	3	PA
ARANESP (ALBUMIN FREE)	3	PA	ALTACE	3	
DOPTELET	5	PA; QL	ALTOPREV	3	
EPOGEN	2	PA	amiloride hcl oral	1	
FABHALTA	5	PA; QL	amiloride-hydrochlorothiazide	1	
FULPHILA	5	PA; QL	amiodarone hcl oral	1	
FYLNETRA	5	PA; QL	amlodipine besylate oral	1	
GRANIX	5	PA; QL	amlodipine besylate-benazepril hcl	1	
HEMLIBRA	4	PA; QL	amlodipine besylate-valsartan	3	PA
JESDUVROQ	3	PA	amlodipine-atorvastatin	3	
LEUKINE	2		amlodipine-olmesartan	1	
MIRCERA	3	PA	amlodipine-valsartan-hctz	3	
MULPLETA	5	PA; QL	ASPRUZYO SPRINKLE	3	PA
NEULASTA	5	PA; QL	ATACAND	3	
NEULASTA ONPRO	5	PA; QL	ATACAND HCT	3	
NEUPOGEN	5	PA; QL	atenolol oral	1	
NIVESTYM	4	QL	atenolol-chlorthalidone	1	
NYVEPRIA	5	PA; QL	ATORVALIQ	3	PA
PROCRIT	2	PA	atorvastatin calcium oral	1	
PROMACTA	5	PA; QL	AVALIDE	3	
PYRUKYND	5	PA; QL	AVAPRO	3	
PYRUKYND TAPER PACK	5	PA; QL	AZOR	3	
RELEUKO	5	PA; QL	benazepril hcl oral	1	
RETACRIT	3	PA	benazepril-hydrochlorothiazide	1	
STIMUFEND	5	PA; QL	BENICAR	3	
TAVALISSE	5	PA; QL			
tranexamic acid oral	1	QL			
UDENYCA	5	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BENICAR HCT	3		colesevelam hcl	3	
BETAPACE	3		COLESTID	3	
BETAPACE AF	3		COLESTID FLAVORED	3	
betaxolol hcl oral	1		colestipol hcl	1	
BIDIL	3		CONJUPRI	3	PA
bisoprolol fumarate oral	1		COREG	3	
bisoprolol-hydrochlorothiazide	1		COREG CR	3	
bumetanide oral	1		CORGARD	3	
BUMEX	3		CORLANOR	3	PA
BYSTOLIC	3		COZAAR	3	
CADUET	3		CRESTOR	3	
CAMZYOS	5	PA; QL	DEMSEER	3	
candesartan cilexetil	3		DIBENZYLIN	5	PA
candesartan cilexetil-hctz	3		digoxin injection	1	
captopril oral	1		digoxin oral solution	1	
captopril-hydrochlorothiazide	1		digoxin oral tablet 125 mcg, 250 mcg	1	
CARDIZEM	3		digoxin oral tablet 62.5 mcg	3	
CARDIZEM CD	3		diltiazem hcl er beads (generic Tiazac)	3	
CARDIZEM LA	3		diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg (generic Cardizem CD)	1	
CARDURA	3		diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg (generic Cardizem CD)	3	
CAROSPIR	3		diltiazem hcl er oral capsule extended release 12 hour	1	
cartia xt	1		diltiazem hcl er oral capsule extended release 24 hour	1	
carvedilol	1		diltiazem hcl er oral tablet extended release 24 hour	3	
carvedilol phosphate er	3		diltiazem hcl oral	1	
CATAPRES-TTS-1	3		dilt-xr	1	
CATAPRES-TTS-2	3				
CATAPRES-TTS-3	3				
chlorthalidone	1				
cholestyramine light	1				
cholestyramine oral	1				
clonidine	1				
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3				
clonidine hcl oral	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIOVAN	3		fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	3	
DIOVAN HCT	3				
disopyramide phosphate	1		fenofibrate oral tablet 160 mg, 54 mg	1	
DIURIL	2				
dofetilide	3	PA	fenofibric acid	1	
doxazosin mesylate oral	1		FENOGLIDE	3	
droxidopa	5	PA; QL	FIBRICOR	3	
DYRENIUM	3		flecainide acetate	1	
EDARBI	3	PA	FLOLIPID	3	
EDARBYCLOR	3	PA	fluvastatin sodium	3	
EDECRIN	3	PA	fluvastatin sodium er	3	
enalapril maleate oral solution	3		fosinopril sodium	1	
enalapril maleate oral tablet	1		fosinopril sodium-hctz	1	
enalapril-hydrochlorothiazide	1		furosemide injection	1	
ENTRESTO	2	PA	furosemide oral	1	
EPANED	3		gemfibrozil oral	1	
epinephrine injection solution	1		guanfacine hcl	1	
epinephrine pf	1		HEMANGEOL	3	PA
eplerenone	1		hydralazine hcl oral	1	
ethacrynic acid	1	PA	hydrochlorothiazide oral	1	
EXFORGE	3	PA	HYZAAR	3	
EXFORGE HCT	3	PA	icosapent ethyl	3	PA
EZALLOR SPRINKLE	3		indapamide	1	
ezetimibe	1		INDERAL LA	3	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA	INDERAL XL	3	
ezetimibe-simvastatin	1		INNOPRAN XL	3	
felodipine er	1		INPEFA	3	PA
fenofibrate micronized	1		INSPRA	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		irbesartan	1	
fenofibrate oral capsule 150 mg, 50 mg	3		irbesartan-hydrochlorothiazide	1	
			ISORDIL TITRADOSE	3	
			isosorb dinitrate-hydralazine	3	
			isosorbide dinitrate	1	
			isosorbide mononitrate	1	
			isosorbide mononitrate er	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
isradipine	1		MICARDIS	3	
JUXTAPID	5	PA; QL	MICARDIS HCT	3	
KAPSPARGO SPRINKLE	3		midodrine hcl	1	
KATERZIA	3		MINIPRESS	3	
labetalol hcl oral	1		minoxidil oral	1	
LANOXIN	3		moexipril hcl	1	
LANOXIN PEDIATRIC	3		MULTAQ	3	
LASIX	3		nadolol oral	1	
LESCOL XL	3		nebivolol hcl	1	
LEVAMLODIPINE MALEATE	3	PA	NEXICLON XR	3	
LIPITOR	3		NEXLETOL	3	PA
LIPOFEN	3		NEXLIZET	3	PA
lisinopril oral	1		niacin (antihyperlipidemic)	3	
lisinopril-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	3	
LIVALO	3		niacor	3	
LODOCO	3	PA	nicardipine hcl oral	1	
LOPID	3		nifedipine er	1	
LOPRESSOR	3		nifedipine er osmotic release	1	
losartan potassium oral	1		nifedipine oral	1	
losartan potassium-hctz	1		nimodipine oral	1	
LOTENSIN	3		nisoldipine er	3	
LOTENSIN HCT	3		NITRO-BID	2	
LOTREL	3		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
lovastatin oral	1		NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
LOVAZA	3		nitroglycerin rectal	1	
matzim la	3		nitroglycerin sublingual	1	
MAXZIDE	3		nitroglycerin transdermal	1	
METHYLDOPA	3		nitroglycerin translingual	3	
metolazone	1		NITROLINGUAL	3	
metoprolol succinate er	1		NITROSTAT	3	
metoprolol tartrate oral	1				
metoprolol-hydrochlorothiazide	1				
metyrosine	3				
mexiletine hcl oral	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nitro-time oral capsule extended release 9 mg	1		PROSTIN VR	3	
NORLIQVA	3	PA	QBRELIS	3	
NORPACE	3		QUESTRAN	3	
NORPACE CR	2		QUESTRAN LIGHT	3	
NORTHERA	5	PA; QL	quinapril hcl	1	
NORVASC	3		quinapril-hydrochlorothiazide	1	
NYMALIZE	5	QL	quinidine gluconate er	1	
olmesartan medoxomil oral	1		quinidine sulfate	1	
olmesartan medoxomil-hctz	1		ramipril	1	
olmesartan-amlodipine-hctz	1		ranolazine er	1	
omega-3-acid ethyl esters	3		RECTIV	2	
pacerone oral tablet 100 mg, 200 mg	1		REPATHA	3	PA
PACERONE ORAL TABLET 400 MG	3		REPATHA PUSHTRONEX SYSTEM	3	PA
papaverine hcl injection	1		REPATHA SURECLICK	3	PA
pentoxifylline er	1		rosuvastatin calcium	1	
perindopril erbumine	1		ROSZET	3	PA
phenoxybenzamine hcl oral	4		simvastatin oral	1	
phentolamine mesylate injection	1		SOANZ	3	PA
pindolol	1		sotalol hcl (af)	1	
pitavastatin calcium	3		sotalol hcl oral	1	
PRALUENT	5	PA; QL	SOTYLIZE	3	
pravastatin sodium	1		spironolactone oral suspension	3	
prazosin hcl oral	1		spironolactone oral tablet	1	
PRESTALIA	3		spironolactone-hctz	1	
prevalite	1		SULAR	3	
procainamide hcl injection	1		taztia xt	3	
PROCARDIA XL	3		TEKTURNA	3	PA
propafenone hcl	1		telmisartan	1	
propafenone hcl er	1		telmisartan-amlodipine	3	
propranolol hcl er	1		telmisartan-hctz	3	
propranolol hcl oral	1		TENORETIC 100	3	
			TENORETIC 50	3	
			TENORMIN	3	
			THALITONE	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tiadyt er	3		WELCHOL	3	
THIAZAC	3		ZESTORETIC	3	
TIKOSYN	3	PA	ZESTRIL	3	
timolol maleate oral	1		ZETIA	3	
TOPROL XL	3		ZOCOR	3	
torseamide	1		ZYPITAMAG	3	
trandolapril	1		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
trandolapril-verapamil hcl er	3		ADDERALL	2	
triamterene oral	1		ADDERALL XR	2	
triamterene-hctz	1		ADZENYS XR-ODT	3	PA
TRIBENZOR	3		amphetamine sulfate	3	PA
TRICOR	3		amphetamine-dextroamphetamine	1	
TRILIPIX	3		amphetamine-dextroamphetamine er	1	
VALSARTAN ORAL SOLUTION	5	PA; QL	amphet-dextroamphet 3-bead er	3	PA; QL
valsartan oral tablet	1		APTENSIO XR	3	PA; QL
valsartan-hydrochlorothiazide	1		atomoxetine hcl	1	
VASCEPA	3	PA	AZSTARYS	3	PA
VASERETIC	3		clonidine hcl er oral tablet extended release 12 hour	1	
VASOTEC	3		CONCERTA	2	
VECAMYL	5		COTEMPLA XR-ODT	3	PA; QL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3		DAYTRANA	3	PA; QL
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		DESOXYN	3	
verapamil hcl er oral tablet extended release	1		DEXEDRINE	3	
verapamil hcl oral	1		dexmethylphenidate hcl	1	
VERELAN	3		dexmethylphenidate hcl er	3	PA; QL
VERELAN PM	3		dextroamphetamine sulfate er	1	
VERQUVO	3	PA	dextroamphetamine sulfate oral solution	3	
VYNDAMAX	5	PA; QL	dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
VYNDAQEL	5	PA; QL			
VYTORIN	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	3		methylphenidate hcl er (osm) tablet extended release 36 mg oral (generic Concerta)	1	
DYANAVEL XR	3	PA	methylphenidate hcl er (osm) tablet extended release 54 mg oral (generic Concerta)	1	
EVEKEO	3	PA			
EVEKEO ODT	3	PA			
FOCALIN	3		methylphenidate hcl er (xr) (generic Aptensio XR)	3	PA; QL
FOCALIN XR	3	PA; QL			
guanfacine hcl er	1		methylphenidate hcl er oral tablet extended release (generic Methylin)	1	
INTUNIV	3				
JORNAY PM	3	PA; QL	methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL
lisdexamfetamine dimesylate	3	PA; QL			
methamphetamine hcl	3		methylphenidate hcl oral solution (generic Methylin)	3	
METHYLIN	3				
methylphenidate (generic Aptensio XR)	3	PA; QL	methylphenidate hcl oral tablet (generic Ritalin)	1	
methylphenidate hcl er (cd) (generic Metadate)	1				
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg (generic Ritalin LA)	3	PA; QL	methylphenidate hcl oral tablet chewable (generic Methylin)	3	
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg (generic Ritalin LA, generic Methylin LA)	1	ST; QL	PROCENTRA	3	
			QELBREE	3	PA
			QUILLICHEW ER	3	PA
			QUILLIVANT XR	3	PA; QL
			RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	3	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1		RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	PA
			relexxii oral tablet extended release 72 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (authorized generic Relexxii ER)	3	PA	RITALIN	3	
			RITALIN LA	3	PA; QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral (generic Concerta)	1		STRATTERA	3	
			VYVANSE	3	PA; QL
			XELSTRYM	3	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
zenzedi oral tablet 10 mg, 5 mg	1		REBIF TITRATION PACK	4	PA; QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3		TASCENSO ODT	5	PA; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis			TECFIDERA	5	PA; QL
AMPYRA	5	PA; QL	teriflunomide	1	QL
AUBAGIO	5	PA; QL	VUMERITY	5	PA; QL
AVONEX PEN	4	PA; QL	ZEPOSIA	5	PA; QL
AVONEX PREFILLED	4	PA; QL	ZEPOSIA 7-DAY STARTER PACK	5	PA; QL
BAFIERTAM	5	PA; QL	ZEPOSIA STARTER KIT	5	PA; QL
BETASERON	4	QL	Central Nervous System Agents - Miscellaneous		
COPAXONE	5	PA; QL	AUSTEDO	5	PA; QL
dalfampridine er	5	PA; QL	AUSTEDO XR	5	PA; QL
dimethyl fumarate oral	1		AUSTEDO XR PATIENT TITRATION	5	PA; QL
dimethyl fumarate starter pack	1		caffeine citrate oral	1	
EXTAVIA	5	QL	CAFFEINE-SODIUM BENZOATE	3	
fingolimod hcl	1	QL	DAYBUE	5	PA; QL
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL	EXSERVAN	5	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL	gabapentin (once-daily)	3	
glatiramer acetate	4	QL	GRALISE ORAL TABLET	3	
glatopa	4	QL	HORIZANT	3	
KESIMPTA	5	PA; QL	IMCIVREE	5	PA; QL
MAVENCLAD	5	PA; QL	INGREZZA	5	PA; QL
MAYZENT	5	PA; QL	LYRICA	3	QL
MAYZENT STARTER PACK	5	PA; QL	LYRICA CR	3	PA
PLEGRIDY	5	PA; QL	NUDEXTA	3	PA
PLEGRIDY STARTER PACK	5	PA; QL	pregabalin er	3	PA
PONVORY	5	PA; QL	pregabalin oral	1	QL
PONVORY STARTER PACK	5	PA; QL	RADICAVA ORS	5	PA; QL
REBIF	4	PA; QL	RADICAVA ORS STARTER KIT	5	PA; QL
REBIF REBIDOSE	4	PA; QL	RELYVRIO	5	PA; QL
REBIF REBIDOSE TITRATION PACK	4	PA; QL	RILUTEK	5	PA; QL
			riluzole	1	QL
			SAVELLA	3	PA
			SAVELLA TITRATION PACK	3	PA
			TEGLUTIK	5	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TEGSEDI	5	PA; QL	ADAPALENE EXTERNAL PAD	3	
tetrabenazine	5	PA; QL	ADAPALENE EXTERNAL SOLUTION	3	
WAINUA	5	PA; QL	adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
XENAZINE	5	PA; QL	adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
Central Nervous System Agents			ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD	3	PA
SKYCLARYS	5	PA; QL	ADBRY	5	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			ADVANCED ALLERGY COLLECTION	3	
cevimeline hcl	3		AKLIEF	3	PA
chlorhexidine gluconate mouth/throat	1		ALA SCALP	3	
DEBACTEROL	3		ala-cort	3	
EVOXAC	3		ALADERM PLUS	3	
FIRST-MOUTHWASH BLM	3		alclometasone dipropionate	1	
kourzeq	1		ALTRENO	3	
lidocaine hcl mouth/throat	3		amcinonide	3	
lidocaine viscous hcl	1		AMELUZ	2	QL
oralone	1		ammonium lactate external	3	
periogard	1		amnesteem	1	
pilocarpine hcl oral tablet 5 mg	1		AMZEEQ	3	
pilocarpine hcl oral tablet 7.5 mg	3		APEXICON E	3	
SALAGEN	3		ARAZLO	3	
triamcinolone acetonide mouth/throat	1		arzol silver nit applicators	3	
Dermatological Agents - Drugs for Skin Conditions			ATRALIN	3	
ABSORICA	3		avar cleanser	1	
ABSORICA LD	3		AVAR LS CLEANSER	3	
ACANYA	3		AVAR-E EMOLLIENT	3	
acutane	1		AVAR-E GREEN	3	
ACIOXIA	3		AVAR-E LS	3	
acitretin	1	QL	azelaic acid external	1	
ACZONE	3		AZELEX	2	
adapalene external cream	1				
adapalene external gel	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BENZAMYCIN	3		clindacin etz external swab	1	
BENZOYL PEROX-HYDROCORTISONE	3		clindacin-p	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3		CLINDAGEL	3	
BENZOYL PEROXIDE FORTE- HC	3		clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %	3	
benzoyl peroxide-erythromycin	1		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
betamethasone dipropionate aug	1		clindamycin phosphate external foam	3	
betamethasone dipropionate external	1		clindamycin phosphate external gel	1	
betamethasone valerate external	1		clindamycin phosphate external lotion	1	
BIMZELX	5	PA; QL	clindamycin phosphate external solution	1	
bp 10-1	3		clindamycin phosphate external swab	1	
brimonidine tartrate external	3		clindamycin-tretinoin	3	
BRYHALI	3		clobetasol prop emollient base external cream 0.05 %	1	
CABTREO	3	PA	clobetasol propionate e	1	
calcipotriene external cream	1		clobetasol propionate emulsion	3	
calcipotriene external ointment	1		clobetasol propionate external cream	1	
calcipotriene external solution	1		clobetasol propionate external foam	3	
calcipotriene-betameth diprop	3		clobetasol propionate external gel	1	
calcitrene	1		clobetasol propionate external liquid	3	
calcitriol external	1		clobetasol propionate external lotion	1	
CAPEX	2		clobetasol propionate external ointment	1	
CARAC	3	PA	clobetasol propionate external shampoo	3	
cem-urea	3		clobetasol propionate external solution	1	
CERACADE	3		CLOBEX	3	
ceramax external cream	3				
CIBINQO	5	PA; QL			
claravis	1				
CLEOCIN-T	3				
clindacin	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CLOBEX SPRAY	3		DRYSOL	2	
clocortolone pivalate	3		DUPIXENT	5	PA; QL
clodan	3		EFUDEX	3	
CLODERM	3		ELIDEL	3	
CONDYLOX	2		EMULSION SB	3	
CORDRAN	2		ENSTILAR	3	
dapsone external	3		EPICERAM	3	
DERMACINRX UREA	3		EPIDUO	3	
DERMA-SMOOTH/FS BODY	3		EPIDUO FORTE	3	
DERMA-SMOOTH/FS SCALP	3		EPIFOAM	3	
DERMASO PLUS	3		EPSOLAY	3	PA
desonide external cream	1		ery	3	
desonide external gel	3		ERYGEL	3	
desonide external lotion	1		erythromycin external	1	
desonide external ointment	1		EUCRISA	3	PA; QL
DESOWEN	3		FABIOR	3	
desoximetasone external cream	1		FINACEA EXTERNAL FOAM	2	
desoximetasone external gel	1		fluocinolone acetonide body	1	
desoximetasone external liquid	3		fluocinolone acetonide external	1	
desoximetasone external ointment	1		fluocinolone acetonide scalp	1	
DEXERYL	3		fluocinonide emulsified base	1	
diclofenac sodium external gel 3 %	3		fluocinonide external	1	
DIFFERIN EXTERNAL CREAM	3		FLUOROURACIL EXTERNAL CREAM 0.5 %	3	PA
DIFFERIN EXTERNAL GEL 0.3 %	3		fluorouracil external cream 5 %	1	
DIFFERIN EXTERNAL LOTION	2		fluorouracil external solution	1	
diflorasone diacetate	3		flurandrenolide	3	
DIPROLENE	3		fluticasone propionate external cream	1	
doxepin hcl external	3		fluticasone propionate external lotion	3	
doxycycline	3		fluticasone propionate external ointment	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
halcinonide	3		KAMDOY	3	
halobetasol propionate external cream	1		KENALOG EXTERNAL	3	
halobetasol propionate external foam	3		KERALYT EXTERNAL GEL 6 %	3	
halobetasol propionate external ointment	1		KERALYT EXTERNAL SHAMPOO	3	
HALOG	3		KIVIK	3	
HPR PLUS EXTERNAL CREAM	3		KLARON	3	
HYDRO 40	3		KLISYRI	5	PA; QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		lactic acid e	3	
hydrocortisone butyrate external cream	1		lactic acid external	3	
hydrocortisone butyrate external lotion	3		LEVULAN KERASTICK	2	QL
hydrocortisone butyrate external ointment	1		LEXETTE	3	
hydrocortisone butyrate external solution	1		LIDOCAINE-HYDROCORTISONE ACE EXTERNAL	3	
hydrocortisone external cream 1 %	3		LITFULO	5	PA; QL
hydrocortisone external cream 2.5 %	1		LOCOID	3	
hydrocortisone external lotion 2.5 %	1		LOCOID LIPOCREAM	3	
hydrocortisone external ointment 1 %, 2.5 %	1		methoxsalen rapid	4	QL
hydrocortisone valerate	1		METROCREAM	3	
HYFTOR	5	PA; QL	METROGEL	3	
HYLATOPIC PLUS	3		METROLOTION	3	
ILIDERM	3		metronidazole external cream	1	
imiquimod external cream 3.75 %	3		metronidazole external gel 0.75 %	1	
imiquimod external cream 5 %	1		metronidazole external gel 1 %	3	
imiquimod pump	3		metronidazole external lotion	3	
IMPOYZ	3	PA	MIMYX	3	
isotretinoin oral	1		MIRVASO	3	
ivermectin external cream	3		mometasone furoate external	1	
			NEOSALUS EXTERNAL CREAM	3	
			NEO-SYNALAR	3	
			neuac	1	
			NORITATE	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NUCORT	3		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
ONEXTON	3		RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	
OPZELURA	5	PA; QL	RHOFADE	3	
ORACEA	3	PA	salicylic acid external foam	3	
OVACE PLUS EXTERNAL CREAM	3		salicylic acid external gel	3	
OVACE PLUS EXTERNAL SHAMPOO	3		salicylic acid external shampoo	3	
OVACE PLUS WASH	3		salicylic acid external solution	3	
OVACE WASH	3		salicylic acid wart remover	3	
PANDEL	3		SALIMEZ	3	
PENLEN	3		SALIMEZ FORTE	3	
PHLAG SPRAY	3		SALVAX	3	
pimecrolimus cream 1 % external	1		SALYCIM	3	
PIMECROLIMUS CREAM 1 % EXTERNAL	1		SALYNTRA	3	
PLEXION	3		SANTYL	2	
PLEXION CLEANSER	3		selenium sulfide external lotion	1	
PLEXION CLEANSING CLOTH	3		selenium sulfide external shampoo 2.25 %	3	
PODOCON-25	3		SERNIVO	3	
podofilox external	1		sodium sulfacetamide external shampoo 10 %	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2		sodium sulfacetamide wash	3	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	3		SOOLANTRA	3	
PRAMOSONE EXTERNAL LOTION	2		SORILUX	3	
PRUCLAIR	3		sss 10-5 external cream	3	
PRUDOXIN	3		SSS 10-5 EXTERNAL FOAM	3	
PRUMYX	3		sulfacetamide sodium (acne)	1	
PYROGALLIC ACID	3		sulfacetamide sodium (cleans)	3	
QBREXZA	3	PA; QL	sulfacetamide sodium external	3	
RESORCINOL-SULFUR	3				
RETIN-A	1				
RETIN-A MICRO GEL 0.04 %, 0.1 %	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sulfacetamide sodium-sulfur external cream	3		TOLAK	3	PA
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	3		TOPICORT	3	
sulfacetamide sodium-sulfur external liquid 10-5 %	1		TOPICORT SPRAY	3	
sulfacetamide sodium-sulfur external lotion 10-5 %	1		tovet	3	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	3		tretinoin external cream	1	
sulfacetamide sodium-sulfur external pad	3		tretinoin external gel 0.01 %, 0.025 %	1	
sulfacetamide sodium-sulfur external suspension	3		tretinoin external gel 0.05 %	3	
sulfacetamide sod-sulfur wash	3		tretinoin microsphere external gel 0.04 %, 0.1 %	1	
sulfacetamide-sulfur in urea	1		tretinoin microsphere external gel 0.08 %	3	
sulfaceanse 8/4	3		tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	
sulfamez wash	3		tretinoin microsphere pump external gel 0.08 %	3	
SUMADAN WASH	3		triamcinolone acetonide external aerosol solution	3	
SUMAXIN	3		triamcinolone acetonide external cream	1	
synalar	1		triamcinolone acetonide external lotion	1	
SYNERDERM	3		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
TACLONEX	3		triamcinolone acetonide external ointment 0.05 %	3	
tacrolimus external	1		triamcinolone in absorbbase	3	
tazarotene external cream	1		triderm	1	
TAZAROTENE EXTERNAL FOAM	3		TWYNEO	3	PA
tazarotene external gel	1		ULTRAVATE	3	
TAZORAC EXTERNAL CREAM 0.05 %	2		UMECTA MOUSSE	3	
TAZORAC EXTERNAL CREAM 0.1 %	3		URAMAXIN	3	
TAZORAC EXTERNAL GEL	3		urea external cream 39 %, 41 %, 45 %, 47 %	3	
TEXACORT	3		urea external cream 40 %	1	
			UREA EXTERNAL FOAM	3	
			urea hydrating	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
urea nail	3		CYCLOSET	3	PA
uredeb	3		DAPAGLIFLOZIN PRO-METFORMIN ER	3	PA; QL
uremez-40	1		DAPAGLIFLOZIN PROPANEDIOL	3	PA; QL
URESOL	3		DUETACT	3	
VANOS	3		FARXIGA	3	PA; QL
VANOXIDE-HC	3		glimepiride	1	
VECTICAL	1		glipizide er	1	
VEREGEN	3		glipizide oral tablet 10 mg, 5 mg	1	
VIRASAL	3		glipizide oral tablet 2.5 mg	3	PA
VTAMA	5	PA; QL	glipizide xl	1	
WINLEVI	3	PA	glipizide-metformin hcl	1	
WYNZORA	5	PA; QL	GLUCOTROL XL	3	
XALIX	3		GLUMETZA	3	PA
XERALUX	3		glyburide micronized	3	
xurea	3		glyburide oral	1	
ZACLIR CLEANSING	3		glyburide-metformin	3	
zenatane	1		GLYXAMBI	3	PA; QL
ZIANA	3		INVOKAMET	3	PA; QL
ZITHRANOL	3		INVOKAMET XR	3	PA; QL
ZONALON	3		INVOKANA	3	PA; QL
ZORYVE	3	PA	JANUMET	3	PA
ZYCLARA	3		JANUMET XR	3	PA
ZYCLARA PUMP	3		JANUVIA	3	PA
Diabetes - Antidiabetic Agents			JARDIANCE	2	QL
acarbose oral	1		JENTADUETO	3	PA
ACTOPLUS MET	3		JENTADUETO XR	3	PA
ACTOS	3		metformin hcl er	1	
ALOGLIPTIN BENZOATE	3	PA	metformin hcl er (mod)	3	PA
ALOGLIPTIN-METFORMIN HCL	3	PA	metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	3	PA
ALOGLIPTIN-PIOGLITAZONE	3	PA	metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	3	
BEXAGLIFLOZIN	3	PA	metformin hcl oral solution	1	
BRENZAVVY	3	PA			
BYDUREON BCISE AUTOINJECTOR	3	PA; QL			
BYETTA 10 MCG PEN	3	PA; QL			
BYETTA 5 MCG PEN	3	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ACCU-CHEK GUIDE CONTROL	1	
metformin hcl oral tablet 625 mg	5	PA; QL	ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL
miglitol	3	PA	ACCU-CHEK SMARTVIEW CONTROL	1	
MOUNJARO	5	PA; QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
nateglinide	3		AGAMATRIX CONTROL LEVEL 2	1	
ONGLYZA	3	PA	AGAMATRIX CONTROL LEVEL 4	1	
OZEMPIC	2	PA; QL	AUTOLET II CLINISAFE	1	
pioglitazone hcl	3		AUTOLET LANCING DEVICE	1	
pioglitazone hcl- glimepiride	3		BLULINK CONTROL HIGH & LOW	1	
pioglitazone hcl- metformin hcl	3		CARESENS CONTROL SOLUTION A/B	1	
QTERN	3	PA; QL	CARESENS LANCETS 30G	1	
repaglinide	3		CARETOUCH CONTROL SOL LEVEL 2	1	
RIOMET	3		CARETOUCH LANCING/EJECTOR	1	
RYBELSUS	3	PA; QL	CHEMSTRIP 10 MD	2	
saxagliptin hcl	3	PA	CHEMSTRIP 10/SG	2	
saxagliptin-metformin er	3	PA	CHEMSTRIP 2 GP	2	
SEGLUROMET	3	PA; QL	CHEMSTRIP 5 OB	2	
SOLIQUA	3	PA; QL	CHEMSTRIP 7	2	
STEGLATRO	3	PA; QL	CHEMSTRIP 9	2	
STEGLUJAN	3	PA; QL	CLEVER CHOICE COMFORT EZ	1	
SYMLINPEN 120	3		CONTOUR CONTROL SOLUTION	1	
SYMLINPEN 60	3		CONTOUR NEXT CONTROL SOLUTION	1	
SYNJARDY	3	PA; QL	CONTOUR NEXT GEN TEST STRIPS	1	PA; QL
SYNJARDY XR	3	PA; QL	DIATHRIVE GLUCOSE CONTROL SOLN	1	
TRADJENTA	3	PA	DIATHRIVE LANCING DEVICE	1	
TRIJARDY XR	3	PA; QL			
TRULICITY	3	PA; QL			
VICTOZA	2	PA; QL			
XIGDUO XR	3	PA; QL			
XULTOPHY	3	PA; QL			
ZITUVIO	3	PA			
Diabetes - Glucose Monitoring					
ACCU-CHEK FASTCLIX LANCET KIT	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DROPLET GENTEEL LANCING DEVICE	1		ONETOUCH VERIO TEST STRIPS	1	QL
EASY TALK PLUS II CONTROL	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
EASY TOUCH LANCING DEVICE	1		PIP GLUCOSE CONTROL SOLUTION	1	
EASY TRAK II CONTROL	1		TECHLITE LANCETS 26G	1	
EASYMAX 15 LEVEL 2-3 CONTROL	1		TRUE METRIX LEVEL 1	1	
EASYMAX CONTROL	1		TRUE METRIX LEVEL 2	1	
GLUCOSE CONTROL SOLUTIONS	1		TRUE METRIX LEVEL 3	1	
EMBRACE LANCING DEVICE/EJECTOR	1		UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	
EMBRACE TALK GLUCOSE CONTROL	1		VERIFINE SAFE LANCET MINI 21G	1	
FORTISCARE CONTROL	1		VERIFINE SAFE LANCET MINI 23G	1	
FREESTYLE TEST	1	PA; QL	VERIFINE SAFE LANCET MINI 28G	1	
GENTEEL LANCING KIT (BLUE)	1		VERIFINE SAFE LANCET MINI 30G	1	
GOJJI CONTROL	1		VIVAGUARD INO CONTROL SOLUTION	1	
GOJJI LANCING DEVICE/CLEAR CAP	1		VIVAGUARD LANCING DEVICE	1	
LANCETS	1				
MICROLET NEXT LANCING DEVICE	1				
ONETOUCH DELICA PLUS LANCING	1		Diabetes - Glycemic Agents		
ONETOUCH DELICA SAFETY LANCING	1		BAQSIMI ONE PACK	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		BAQSIMI TWO PACK	2	
ONETOUCH ULTRA IN VITRO LIQUID	1		diazoxide oral	2	
ONETOUCH ULTRA IN VITRO STRIP	1	QL	GLUCAGEN HYPOKIT	2	
ONETOUCH ULTRA TEST	1	QL	glucagon emergency kit	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1		GLUCAGON EMERGENCY KIT	3	
ONETOUCH VERIO IN VITRO LIQUID HIGH	1		GVOKE HYPOPEN 1-PACK	5	QL
			GVOKE HYPOPEN 2-PACK	5	QL
			GVOKE KIT	5	PA; QL
			GVOKE PFS	5	QL
			PROGLYCEM	3	
			ZEGALOGUE	3	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Diabetes - Insulins			INSULIN ASP PROT & ASP FLEXPEN	3	
ADMELOG	3		INSULIN ASPART	3	
ADMELOG SOLOSTAR	3		INSULIN ASPART FLEXPEN	3	
AFREZZA	3	PA	INSULIN ASPART PENFILL	3	
APIDRA SOLOSTAR	3		INSULIN ASPART PROT & ASPART	3	
APIDRA VIAL	3		INSULIN DEGLUDEC	2	PA
AQ INSULIN SYRINGE	1		INSULIN DEGLUDEC FLEXTOUCH	2	PA
BASAGLAR KWIKPEN	3	PA	INSULIN GLARGINE MAX SOLOSTAR	3	PA
BASAGLAR TEMPO PEN	3	PA	INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA
BD ULTRA-FINE INSULIN SYRINGES	1		INSULIN GLARGINE-YFGN	1	
DROPSAFE SAFETY SYRINGE/NEEDLE	1		INSULIN LISPRO	2	
FIASP	3		INSULIN LISPRO (1 UNIT DIAL)	2	
FIASP FLEXTOUCH	3		INSULIN LISPRO JUNIOR KWIKPEN	3	
FIASP PENFILL	3		INSULIN LISPRO PROT & LISPRO	3	
FIASP PUMPCART	3		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, 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	
HUMALOG	2		LANTUS SOLOSTAR	3	PA
HUMALOG KWIKPEN	2				
HUMALOG MIX 50/50 KWIKPEN	3				
HUMALOG MIX 50/50 VIAL	3				
HUMALOG MIX 75/25 KWIKPEN	3				
HUMALOG MIX 75/25 VIAL	3				
HUMALOG TEMPO PEN	3	PA			
HUMALOG U-100 JUNIOR KWIKPEN	2				
HUMULIN 70/30 KWIKPEN	1				
HUMULIN 70/30 VIAL	1				
HUMULIN N KWIKPEN	1				
HUMULIN N VIAL	1				
HUMULIN R U-500 KWIKPEN	1				
HUMULIN R U-500 VIAL	1				
HUMULIN R VIAL	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LANTUS U-100 VIAL	3	PA	SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA
LEVEMIR FLEXPEN	2	PA	SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
LEVEMIR U-100 VIAL	2	PA	TOUJEO MAX SOLOSTAR	3	PA
LYUMJEV KWIKPEN	3	PA	TOUJEO SOLOSTAR	3	PA
LYUMJEV TEMPO PEN	3	PA	TRESIBA	3	PA
LYUMJEV VIAL	3	PA	TRESIBA FLEXTOUCH	3	PA
NOVOLIN 70/30 FLEXPEN	3	PA	ULTIGUARD SAFEPACK SYR/NEEDLE	1	
NOVOLIN 70/30 FLEXPEN RELION	3	PA	VERIFINE INSULIN SYRINGE	1	
NOVOLIN 70/30 RELION	3	PA	Electrolytes / Minerals / Metals / Vitamins		
NOVOLIN 70/30 VIAL	3	PA	ACCRUFER	3	PA
NOVOLIN N FLEXPEN	3	PA	ARGYLE STERILE SALINE	1	
NOVOLIN N FLEXPEN RELION	3	PA	argyle sterile water	3	
NOVOLIN N RELION	3	PA	CARBAGLU	5	PA; QL
NOVOLIN N VIAL	3	PA	carglumic acid	5	PA; QL
NOVOLIN R FLEXPEN	3	PA	CARNITOR ORAL	3	
NOVOLIN R FLEXPEN RELION	3	PA	CARNITOR SF	3	
NOVOLIN R RELION	3	PA	CHEMET	3	
NOVOLIN R VIAL	3	PA	curity sterile saline	1	
NOVOLOG 70/30 FLEXPEN RELION	3		CUVRIOR	5	PA; QL
NOVOLOG FLEXPEN	3		cyanocobalamin injection solution 1000 mcg/ml	1	
NOVOLOG FLEXPEN RELION	3		cytra k crystals	1	
NOVOLOG MIX 70/30 FLEXPEN	3		deferasirox granules	4	QL
NOVOLOG MIX 70/30 RELION	3		deferasirox oral packet	4	QL
NOVOLOG MIX 70/30 VIAL	3		deferasirox oral tablet	1	
NOVOLOG PENFILL	3		deferasirox oral tablet soluble	1	
NOVOLOG RELION	3		deferiprone	5	PA; QL
NOVOLOG U-100 VIAL	3		DODEX	3	
REZVOGLAR KWIKPEN	3	PA	DRISDOL	3	
SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	PA			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3		ORAL CITRATE	2	
effer-k oral tablet effervescent 25 meq	3		phospha 250 neutral	1	
ergocalciferol oral capsule	1		phosphorous	1	
EXJADE	5	PA; QL	phospho-trin 250 neutral	1	
FERRIPROX ORAL SOLUTION	3	PA	PHOSPHO-TRIN K500	3	
FERRIPROX ORAL TABLET	5	PA; QL	PHOXILLUM B22K4/0	3	
FERRIPROX TWICE-A-DAY	5	PA; QL	PHOXILLUM BK4/2.5	3	
folic acid injection	1		phytonadione injection	1	
folic acid oral tablet 1 mg	1		phytonadione oral	1	
FOLVITE-D	3		POKONZA	5	PA; QL
iodine strong oral	3		pot & sod cit-cit ac	1	
JADENU	5	PA; QL	potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
JADENU SPRINKLE	5	PA; QL	potassium chloride crys er oral tablet extended release 15 meq	2	
JYNARQUE ORAL TABLET 30 MG	5	PA; QL	potassium chloride er oral capsule extended release	1	
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; QL	potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
klor-con	1		potassium chloride er oral tablet extended release 15 meq	2	
klor-con 10	1		potassium chloride oral	1	
klor-con m10	1		potassium citrate er	1	
klor-con m15	2		potassium citrate-citric acid	1	
klor-con m20	1		SAMSCA	5	PA; QL
klor-con/ef	3		sod citrate-citric acid	1	
K-PHOS	3		sodium chloride (pf)	1	
K-PHOS NO 2	3		sodium chloride irrigation	1	
K-PHOS-NEUTRAL	3		sodium fluoride oral solution	1	
k-prime	3		sodium fluoride oral tablet 1.1 (0.5 f) mg	1	
K-TAB	3		sodium fluoride oral tablet 2.2 (1 f) mg	3	
levocarnitine oral solution	1		sodium fluoride oral tablet chewable	1	
levocarnitine oral tablet	1				
levocarnitine sf	1				
LOKELMA	3	PA			
ORACIT	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium polystyrene sulfonate	1		misoprostol oral	1	
sps	1		NEXIUM ORAL PACKET	3	PA
sterile water for irrigation	3		nizatidine	3	
SYPRINE	5	PA; QL	omeprazole oral capsule delayed release	1	
tolvaptan	5	PA; QL	OMEPRAZOLE+SYRSPE ND SF ALKA	3	
tricitrates	1		omeprazole-sodium bicarbonate oral packet	3	PA
trientine hcl	5	PA; QL	pantoprazole sodium oral packet	3	
UROCIT-K 10	3		pantoprazole sodium oral tablet delayed release	1	
UROCIT-K 15	3		PEPCID	3	
UROCIT-K 5	3		PREVACID	3	
VELTASSA	3	PA	PREVACID SOLUTAB	3	PA
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		PRILOSEC	3	
vitamin k1 injection	1		PROTONIX ORAL	3	
water for irrigation, sterile	3		rabeprazole sodium oral tablet delayed release	1	ST
wes-phos 250 neutral	1		sucralfate oral	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			VOQUEZNA	3	PA
ACIPHEX	3	PA	ZEGERID ORAL PACKET	3	PA
CARAFATE	3		Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
cimetidine oral	1		alose tron hcl	5	QL
CYTOTEC	3		amoxicill-clarithro-lansopraz	3	
DEXILANT	3	PA	ANASPAZ	3	
dexlansoprazole	3	PA	belladonna alkaloids-opium	1	QL
esomeprazole magnesium oral packet	3	PA	BENTYL	3	
famotidine oral suspension reconstituted	1		bis subcit-metronid-tetracyc	3	PA
famotidine oral tablet 20 mg, 40 mg	1		bismuth/metronidaz/tetracyclin	3	PA
FIRST-LANSOPRAZOLE	3		CHENODAL	5	
FIRST-OMEPRAZOLE	3		chlordiazepoxide-clidinium	1	QL
KONVOMEF	3	PA	CLENPIQ	3	
lansoprazole oral capsule delayed release	1				
lansoprazole oral tablet delayed release dispersible	3	PA			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
constulose	1		LEVBID	3	
cromolyn sodium oral	3		LEVSIN	3	
CUVPOSA	3		LEVSIN/SL	3	
dicyclomine hcl intramuscular	3		LIBRAX	3	QL
dicyclomine hcl oral	1		LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	PA; QL
diphenoxylate-atropine	1		LINZESS ORAL CAPSULE 72 MCG	3	PA
enulose	1		LOMOTIL	3	
GASTROCROM	3		loperamide hcl oral capsule	1	
GATTEX	5	PA; QL	LOTRONEX	5	PA; QL
gavilyte-c	1		lubiprostone	3	PA; QL
gavilyte-g	1		methscopolamine bromide oral	3	
generlac	1		MOTEGRITY	3	PA; QL
GLYCATE	3		MOTOFEN	3	
glycopyrrolate injection solution	1		MOVANTIK	3	PA; QL
glycopyrrolate oral solution	3		MOVIPREP	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1		MYTESI	3	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3		na sulfate-k sulfate-mg sulf	3	
GOLYTELY	3		nulev	3	
HELIDAC THERAPY	2		OMECLAMOX-PAK	3	
hyoscyamine sulfate er	3		opium	1	QL
hyoscyamine sulfate injection	3		oscimin	3	
hyoscyamine sulfate oral	3		peg 3350-kcl-na bicarb-nacl	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	3		peg-3350/electrolytes	1	
hyoscyamine sulfate sublingual	3		peg-3350/electrolytes/ascorbic acid	3	
hyosyne	3		peg-kcl-nacl-nasulf-na asc-c	3	
IBSRELA	5	PA; QL	PEG-PREP	3	
KRISTALOSE	3		PLENVU	3	
lactulose encephalopathy	1		PYLERA	3	PA
lactulose oral packet	3		RELISTOR ORAL	3	PA; QL
lactulose oral solution	1		RELISTOR SUBCUTANEOUS	2	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RELTONE	5	PA; QL	KUVAN	5	PA; QL
REZDIFFRA	5	PA; QL	miglustat	5	PA; QL
ROBINUL	3		MYALEPT	5	PA; QL
ROBINUL-FORTE	3		nitisinone oral capsule 10 mg, 2 mg, 5 mg	5	PA; QL
SEROSTIM	5	PA; QL	nitisinone oral capsule 20 mg	5	PA
SUFLAVE	3		NITYR	5	PA; QL
SUPREP BOWEL PREP KIT	3		OCALIVA	5	PA; QL
SUTAB	3		OLPRUVA (2 GM DOSE)	5	PA; QL
SYMPROIC	3	PA; QL	OLPRUVA (3 GM DOSE)	5	PA; QL
TALICIA	3		OLPRUVA (4 GM DOSE)	5	PA; QL
TRULANCE	3	PA; QL	OLPRUVA (5 GM DOSE)	5	PA; QL
URSO 250	3		OLPRUVA (6 GM DOSE)	5	PA; QL
URSO FORTE	3		OLPRUVA (6.67 GM DOSE)	5	PA; QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	5	PA; QL	OPFOLDA	3	PA
ursodiol oral capsule 300 mg	1		ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA; QL
ursodiol oral tablet	1		ORFADIN ORAL CAPSULE 20 MG	5	PA
VIBERZI	3	PA	ORFADIN ORAL SUSPENSION	5	PA; QL
VOQUEZNA DUAL PAK	3	PA	PANCREAZE	3	
VOQUEZNA TRIPLE PAK	3	PA	PERTZYE	3	
VOWST	5	PA; QL	PHEBURANE	5	PA; QL
XERMELO	5	PA; QL	PROCYSBI	5	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			RAVICTI	5	PA; QL
betaine	3		sapropterin dihydrochloride	5	PA; QL
BUPHENYL	5	PA; QL	sodium phenylbutyrate oral	5	QL
CERDELGA	4	PA; QL	STRENSIQ	5	PA; QL
CHOLBAM	5	PA; QL	SUCRAID	5	PA
CREON	2		VIOKACE	3	
CRYSVITA	5	PA; QL	VOXZOGO	5	PA; QL
CYSTADANE	3		yargesa	5	PA; QL
CYSTAGON	2	PA	ZAVESCA	5	PA; QL
EVRYSDI	5	PA; QL	ZENPEP	2	
GALAFOLD	5	PA; QL			
JAVYGTOR	5	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			oxybutynin chloride solution 5 mg/5ml oral	1	
acetic acid irrigation	1		OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML ORAL	3	PA
AURYXIA	3	PA; QL	OXYTROL	3	PA
bethanechol chloride oral	1		penicillamine oral	4	PA; QL
calcium acetate (phos binder)	1		PENTOSAN POLYSULFATE SODIUM ORAL	2	
calcium acetate oral tablet 667 mg	1		phenazo oral tablet 200 mg	1	
CERVIDIL	2		phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
CUPRIMINE	5	PA; QL	PREPIDIL	2	
darifenacin hydrobromide er	1		PYRIDIUM	3	
DEPEN TITRATABS	5	PA; QL	RENACIDIN	3	
DETROL	3		REVELA	3	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG	3		RIMSO-50	3	
ELMIRON	2		RIVFLOZA	5	PA; QL
ENTADFI	3	PA	sevelamer carbonate	1	
FEM PH	3		sevelamer hcl	1	PA
fesoterodine fumarate er	3	PA	solifenacin succinate	1	
FILSPARI	5	PA; QL	THIOLA	5	PA
flavoxate hcl	1		THIOLA EC	5	PA
FOSRENOL ORAL PACKET	3		tiopronin oral tablet	5	
FOSRENOL ORAL TABLET CHEWABLE	5	PA; QL	tiopronin oral tablet delayed release	5	PA
GELNIQUE	3	PA	tolterodine tartrate	1	
GEMTESA	3	PA	tolterodine tartrate er	1	
INTRAROSA	3	PA; QL	TOVIAZ	3	PA
lanthanum carbonate	5	QL	tropium chloride	1	
LITHOSTAT	3		tropium chloride er	1	
me/naphos/mb/hyo1	3		urelle	3	
MYRBETRIQ	3	PA	uretron d/s	3	
oxybutynin chloride er	1		uribel oral capsule	3	
oxybutynin chloride oral tablet 2.5 mg	3		URIBEL ORAL TABLET	3	
oxybutynin chloride oral tablet 5 mg	1		URIMAR-T	3	
			urin ds	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
URNEVA	3		DEPO-MEDROL INJECTION		
UROGESIC-BLUE	3		SUSPENSION 40 MG/ML, 80 MG/ML	3	
uro-mp	3		DEXABLISS	3	
VELPHORO	5	PA; QL	DEXAMETHASONE (LA)	3	
VESICARE	3		DEXAMETHASONE ACETATE INJECTION	3	
VESICARE LS	3		dexamethasone intensol	2	
vilamit mb	3		dexamethasone oral elixir	1	
VILEVEV MB	3		dexamethasone oral solution	1	
Genitourinary Agents - Drugs for Prostate Conditions			dexamethasone oral tablet	1	
alfuzosin hcl er	1		dexamethasone oral tablet therapy pack	3	
AVODART	3		dexamethasone sod phosphate pf injection solution	1	
CARDURA XL	3		dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	1	
dutasteride oral	1		DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
dutasteride-tamsulosin hcl	3		dexamethasone sodium phosphate solution 10 mg/ml injection	1	
finasteride oral tablet 5 mg	1		DEXONTO 0.4%	3	
FLOMAX	3		EMFLAZA	5	PA; QL
JALYN	3		fludrocortisone acetate oral	1	
PROSCAR	3		HEMADY	3	PA
RAPAFLO	3		HIDEX 6-DAY	3	
silodosin	1		hydrocortisone oral	1	
tamsulosin hcl	1		KENALOG INJECTION	3	
terazosin hcl	1		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
UROXATRAL	3		MEDROL ORAL TABLET 2 MG	2	
Hormonal Agents - Adrenal					
AGAMREE	5	PA; QL			
ALKINDI SPRINKLE	5	PA; QL			
BETAMETHASONE SODIUM PHOSPHATE INJECTION	3				
CORTEF	3				
CORTISONE ACETATE ORAL	3				
deflazacort	5	PA; QL			
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MEDROL ORAL TABLET THERAPY PACK	3		TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	3	
METHYLPREDNISOLONE ACE-LIDO	3		TRIAMCINOLONE DIACETATE INJECTION	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	3		Hormonal Agents - Men's Health		
methylprednisolone oral	1		ANDRODERM	3	PA; QL
methylprednisolone sodium succ injection solution reconstituted 125 mg	1		ANDROGEL PUMP	3	QL
ORAPRED ODT	3		danazol oral	1	
PEDIAPRED	3		DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
prednisolone oral solution	1		FORTESTA	3	PA; QL
prednisolone oral tablet	3		JATENZO	3	PA
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	3		KYZATREX	3	PA
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1		METHITEST	3	PA
prednisolone sodium phosphate oral tablet dispersible	3		methyltestosterone oral	3	PA
prednisone intensol	3		NATESTO	3	PA; QL
prednisone oral	1		TESTIM	3	QL
RAYOS	3	PA	TESTONE CIK	3	
SOLU-CORTEF	2		testosterone cypionate intramuscular	1	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 125 MG	3		testosterone enanthate intramuscular	1	
TAPERDEX 12-DAY	3		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
TAPERDEX 6-DAY	3		testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL
TAPERDEX 7-DAY	3		testosterone transdermal solution	3	PA; QL
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	3		TLANDO	3	PA
triamcinolone acetonide suspension 40 mg/ml injection	3		VOGELXO	3	QL
			VOGELXO PUMP	3	QL
			XYOSTED	3	PA
			Hormonal Agents - Pituitary		
			ACTHAR	4	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cabergoline	1		MYCAPSSA	5	PA; QL
CORTROPHIN	4	PA; QL	NGENLA	5	PA; QL
DDAVP	3		NOCDURNA	3	PA
DDAVP PF	3		NORDITROPIN FLEXPRO	5	PA; QL
desmopressin ace spray refrig	1		NUTROPIN AQ NUSPIN 10	5	PA; QL
desmopressin acetate injection	1		NUTROPIN AQ NUSPIN 20	5	PA; QL
DESMOPRESSIN ACETATE NASAL	2		NUTROPIN AQ NUSPIN 5	5	PA; QL
desmopressin acetate oral	1		octreotide acetate	1	
desmopressin acetate pf	1		OMNITROPE	4	PA; QL
desmopressin acetate spray	1		ORLISSA	5	PA; QL
EGRIFTA SV	5	QL	RECORLEV	5	PA; QL
ELIGARD	2		SAIZEN	5	PA; QL
FENSOLVI (6 MONTH)	3		SANDOSTATIN	3	PA
GENOTROPIN	5	PA; QL	SANDOSTATIN LAR DEPOT	2	QL
GENOTROPIN MINIQUICK	5	PA; QL	SIGNIFOR	5	PA; QL
HUMATROPE	5	PA; QL	SKYTROFA	5	PA; QL
INCRELEX	5	PA; QL	SOGROYA	5	PA; QL
ISTURISA	5	PA; QL	SOMATULINE DEPOT	5	PA
LANREOTIDE ACETATE	5	PA	SOMAVERT	5	PA; QL
leuprolide acetate injection	1		SYNAREL	3	QL
LUPRON DEPOT (1-MONTH)	2		ZOMACTON	5	PA; QL
LUPRON DEPOT (3-MONTH)	2		Hormonal Agents - Prostaglandins		
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2		KORLYM	5	PA; QL
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2		MIFEPREX	1	
LUPRON DEPOT-PED (1-MONTH)	2		mifepristone oral tablet 200 mg	1	
LUPRON DEPOT-PED (3-MONTH)	2		mifepristone oral tablet 300 mg	5	PA; QL
			Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
			EVISTA	3	
			OSPHENA	3	PA
			raloxifene hcl	1	
			Hormonal Agents - Sex Hormones and Birth Control		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ACTIVELLA	3		chateal eq	1	
afirmelle	1		CLIMARA	1	
aftera	1		CLIMARA PRO	3	
AFTERPILL	1		COMBIPATCH	3	
ALORA	3		covaryx	3	
altavera	1		covaryx hs	3	
alyacen 1/35	1		CRINONE	3	
alyacen 7/7/7	1		cryselle-28	1	
amabelz	3		curae	1	
amethyst	3		cyred eq	1	
ANGELIQ	3		dasetta 1/35	1	
ANNOVERA	3		dasetta 7/7/7	1	
apri	1		daysee	1	
aranelle	1		deblitane	1	
ashlyna	1		DELESTROGEN	2	
aubra eq	1		delyla	1	
aurovela 1.5/30	1		DEPO-ESTRADIOL	2	
aurovela 1/20	1		DEPO-PROVERA	3	
aurovela 24 fe	1		DEPO-SUBQ PROVERA 104	3	
aurovela fe 1.5/30	1		desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)	1	
aurovela fe 1/20	1				
aviane	1		DIVIGEL	3	
ayuna	1		dolishale	3	
azurette	1		dotti	1	
BALCOLTRA	3		drosipren-eth estrad- levomefol	3	
balziva	1		drosiprenone-ethinyl estradiol	1	
BEYAZ	3		DUAVEE	3	
BIJUVA	3		econtra one-step	1	
blisovi 24 fe	1		eemt	3	
blisovi fe 1.5/30	1		eemt hs	3	
blisovi fe 1/20	1		ELESTRIN	3	
briellyn	1		elinest	1	
camila	1		ELLA	2	
camrese	1		eluryng	1	
camrese lo	1				
charlotte 24 fe	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ENDOMETRIN	3		hailey fe 1.5/30	1	
enilloring	1		hailey fe 1/20	1	
enpresse-28	1		haloette	1	
enskyce	1		heather	1	
errin	1		her style	1	
est estrogens-methyltest	3		iclevia	1	
est estrogens-methyltest ds	3		IMVEXXY MAINTENANCE PACK	3	
est estrogens-methyltest hs	3		IMVEXXY STARTER PACK	3	
estarylla	1		incassia	1	
ESTRACE	3		introvale	1	
estradiol oral	1		isibloom	1	
estradiol transdermal gel	3		jaimiess	1	
estradiol transdermal patch twice weekly	1		jasmiel	1	
estradiol transdermal patch weekly	1		jencycla	1	
estradiol vaginal	1		jinteli	3	
estradiol valerate intramuscular	1		jolessa	1	
estradiol-norethindrone acet	3		joyeaux	3	
ESTRING	2		juleber	1	
ESTROGEL	3		junel 1.5/30	1	
ethynodiol diac-eth estradiol	1		junel 1/20	1	
etonogestrel-ethinyl estradiol	1		junel fe 1.5/30	1	
EVAMIST	3		junel fe 1/20	1	
falmina	1		junel fe 24	1	
FEMRING	2		kaitlib fe	3	
finzala	3		kalliga	1	
FIRST-PROGESTERONE VGS	3		kariva	1	
fyavolv	3		kelnor 1/35	1	
gemmily	3		kelnor 1/50	1	
hailey 1.5/30	1		kurvelo	1	
hailey 24 fe	1		larin 1.5/30	1	
			larin 1/20	1	
			larin 24 fe	1	
			larin fe 1.5/30	1	
			larin fe 1/20	1	
			layolis fe	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
leena	1		megestrol acetate oral suspension 625 mg/5ml	3	
lessina	1		megestrol acetate oral tablet	1	
levonest	1		MENEST	3	
levonorgest-eth est & eth est	3		MENOSTAR	3	
levonorgest-eth estrad 91-day	1		merzee	3	
levonorgest-eth estradiol-iron	3		mibelas 24 fe	3	
levonorgestrel	1		microgestin 1.5/30	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1		microgestin 1/20	1	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3		microgestin 24 fe	1	
levonorg-eth estrad triphasic	1		microgestin fe 1.5/30	1	
levora 0.15/30 (28)	1		microgestin fe 1/20	1	
LILETTA (52 MG)	3		mili	1	
LO LOESTRIN FE	3		mimvey	3	
LOESTRIN 1.5/30 (21)	3		MINIVELLE	3	
LOESTRIN 1/20 (21)	3		MIRENA (52 MG)	2	
LOESTRIN FE 1.5/30	3		mono-lynyah	1	
LOESTRIN FE 1/20	3		my choice	1	
lojaimiess	1		my way	1	
loryna	1		MYFEMBREE	5	PA; QL
low-ogestrel	1		NATAZIA	3	
lo-zumandimine	1		necon 0.5/35 (28)	1	
lutura	1		new day	1	
lyleq	1		NEXTSTELLIS	3	
lyllana	1		nikki	1	
lyza	1		nora-be	1	
marlissa	1		norelgestromin-eth estradiol	1	
medroxyprogesterone acetate	1		norethin ace-eth estrad-fe oral capsule	3	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1		norethin ace-eth estrad-fe oral tablet	1	
			norethin ace-eth estrad-fe oral tablet chewable	3	
			norethindrone acetate oral	1	
			norethindrone acet-ethinyl est	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
norethindrone oral	1		PROVERA	3	
norethindrone-eth estradiol	3		react	1	
norethindron-ethinyl estrad-fe	3		reclipsen	1	
norethin-eth estradiol-fe	3		rivelsa	3	
norgestimate-eth estradiol	1		SAFYRAL	3	
norgestimate-ethinyl estradiol triphasic	1		setlakin	1	
norlyroc	1		sharobel	1	
nortrel 0.5/35 (28)	1		simliya	1	
nortrel 1/35 (21)	1		simpesse	1	
nortrel 1/35 (28)	1		SKYLA	2	
nortrel 7/7/7	1		SLYND	3	
NUVARING	3		sprintec 28	1	
nylia 1/35	1		sronyx	1	
nylia 7/7/7	1		syeda	1	
nymyo	1		take action	1	
ocella	1		tarina 24 fe	1	
opcicon one-step	1		tarina fe 1/20 eq	1	
OPILL	1		taysofy	3	
option 2	1		TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	3	
ORIAHNN	5	PA; QL	TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	3	PA
PARAGARD INTRAUTERINE COPPER	2		tilia fe	3	
philith	1		tri-estarylla	1	
pimtrea	1		tri-legest fe	3	
PLAN B ONE-STEP	3		tri-linyah	1	
portia-28	1		tri-lo-estarylla	1	
PREMARIN ORAL	3	PA	tri-lo-marzia	1	
PREMARIN VAGINAL	2		tri-lo-mili	1	
PREMPHASE	3		tri-lo-sprintec	1	
PREMPRO	3		tri-mili	1	
progesterone intramuscular	1		tri-nymyo	1	
progesterone oral	1		tri-sprintec	1	
PROMETRIUM	3		trivora (28)	1	
			tri-vylibra	1	
			tri-vylibra lo	1	
			turqoz	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TWIRLA	3		NP THYROID	3	
tyblume	1		propylthiouracil oral	1	
tydemy	3		SYNTHROID	3	
VAGIFEM	3		THYQUIDITY	3	
velivet	1		THYROID ORAL	3	
vestura	1		TIROSINT	3	
vienva	1		TIROSINT-SOL	3	
viorele	1		unithroid	3	
VIVELLE-DOT	3		Immunological Agents - Drugs for Immune System Stimulation or Suppression		
volnea	1		ABRILADA (1 PEN)	5	PA; QL
vyfemla	1		ABRILADA (2 PEN)	5	PA; QL
vylibra	1		ABRILADA (2 SYRINGE)	5	PA; QL
wera	1		ACTEMRA ACTPEN	5	PA; QL
wymzya fe	3		ACTEMRA SUBCUTANEOUS	5	PA; QL
xulane	1		ACTIMMUNE	5	QL
YASMIN 28	3		ADALIMUMAB-AACF (2 PEN)	5	PA; QL
YAZ	3		ADALIMUMAB-ADAZ	5	PA; QL
yuvaferm	1		ADALIMUMAB-ADB (2 PEN)	5	PA; QL
zafemy	1		ADALIMUMAB-ADB (2 SYRINGE)	5	PA; QL
zovia 1/35 (28)	1		ADALIMUMAB-ADB (CD/UC/HS STRT)	5	PA; QL
zumandimine	1		ADALIMUMAB-ADB (PS/UV STARTER)	5	PA; QL
Hormonal Agents - Thyroid			ADALIMUMAB-FKJP	5	PA; QL
ADTHYZA	3		ALFERON N	3	
ARMOUR THYROID	3		AMJEVITA	2	PA; QL
CYTOMEL	3		AMJEVITA-PED 10KG TO <15KG	2	PA; QL
ERMEZA	3	PA	AMJEVITA-PED 15KG TO <30KG	2	PA; QL
euthyrox	3		ANTIVENIN LATRODECTUS	3	
levo-t	3		MACTANS		
LEVOTHYROXINE SODIUM ORAL CAPSULE	3		ARAVA	3	
levothyroxine sodium oral tablet	1		ARCALYST	5	PA; QL
levoxyl	3		ASTAGRAF XL	3	
liothyronine sodium oral	1				
methimazole oral	1				
NIVA THYROID	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AZASAN	3		ENVARSUS XR	2	
azathioprine oral tablet 100 mg, 75 mg	3		everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	5	QL
azathioprine oral tablet 50 mg	1		FIRAZYR	5	PA; QL
BENLYSTA SUBCUTANEOUS	5	PA; QL	gengraf	1	
BERINERT	4	PA; QL	HADLIMA	5	PA; QL
CELLCEPT	3		HADLIMA PUSH TOUCH	5	PA; QL
CIMZIA	5	PA; QL	HAEGARDA	5	PA; QL
CIMZIA STARTER KIT	5	PA; QL	HEPAGAM B	3	
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	5	PA; QL	HIZENTRA	4	PA; QL
CINRYZE	5	PA; QL	HULIO (2 PEN)	5	PA; QL
COSENTYX (300 MG DOSE)	4	PA; QL	HULIO (2 SYRINGE)	5	PA; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; QL	HUMIRA (2 PEN)	4	PA; QL
COSENTYX SENSOREADY (300 MG)	4	PA; QL	HUMIRA (2 SYRINGE)	4	PA; QL
COSENTYX SENSOREADY PEN	4	PA; QL	HUMIRA-CD/UC/HS STARTER	4	PA; QL
COSENTYX UNOREADY	4	PA; QL	HUMIRA-PED<40KG CROHNS STARTER	4	PA; QL
CUTAQUIG	5	PA; QL	HUMIRA-PED>=40KG CROHNS START	4	PA; QL
CUVITRU	4	PA; QL	HUMIRA-PED>=40KG UC STARTER	4	PA; QL
cyclosporine modified	1		HUMIRA-PSORIASIS/VEIT STARTER	4	PA; QL
cyclosporine oral	1		HYPERHEP B	2	
CYLTEZO (2 PEN)	5	PA; QL	HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML	3	
CYLTEZO (2 SYRINGE)	5	PA; QL	HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	3	PA
CYLTEZO-CD/UC/HS STARTER	5	PA; QL	HYPERTET	3	
CYLTEZO-PSORIASIS/UV STARTER	5	PA; QL	HYQVIA	4	PA; QL
ENBREL	4	PA; QL	HYRIMOZ	5	PA; QL
ENBREL MINI	4	PA; QL	HYRIMOZ-CROHNS/UC STARTER	5	PA; QL
ENBREL SURECLICK	4	PA; QL	HYRIMOZ-PED<40KG CROHN STARTER	5	PA; QL
ENSPRYNG	5	PA; QL	HYRIMOZ-PED>=40KG CROHN START	5	PA; QL
ENTYVIO SUBCUTANEOUS	5	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HYRIMOZ-PLAQUE PSORIASIS START	5	PA; QL	OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA
icatibant acetate	4	PA; QL			
IDACIO (2 PEN)	5	PA; QL			
IDACIO (2 SYRINGE)	5	PA; QL			
IDACIO-CROHNS/UC STARTER	5	PA; QL			
IDACIO-PSORIASIS STARTER	5	PA; QL		3	
IMOGAM RABIES-HT	3				
IMURAN	3		PROGRAF ORAL	3	
JOENJA	5	PA; QL	RAPAMUNE	3	
JYLAMVO	3	PA	RASUVO	2	
KEDRAB	3		REZUROCK	5	PA; QL
KEVZARA	5	PA; QL	RHOPHYLAC	3	
KINERET	5	PA; QL	RIDAURA	4	QL
leflunomide oral	1		RINVOQ	5	PA; QL
LUPKYNIS	5	PA; QL	RUCONEST	5	PA; QL
methotrexate sodium	1		sajazir	4	PA; QL
methotrexate sodium (pf)	1		SANDIMMUNE ORAL	3	
mycophenolate mofetil oral	1		SILIQ	5	PA; QL
mycophenolate sodium	1		SIMPONI	5	PA; QL
mycophenolic acid	1		sirolimus oral	1	
MYFORTIC	3		SKYRIZI PEN	4	PA; QL
NABI-HB	2		SKYRIZI SUBCUTANEOUS	4	PA; QL
NEORAL	3		SOTYKTU	5	PA; QL
OLUMIANT	5	PA; QL	STELARA SUBCUTANEOUS	4	PA; QL
OMVOH SUBCUTANEOUS	5	PA; QL	tacrolimus oral	1	
ORENCIA CLICKJECT	4	PA; QL	TAKHZYRO	5	PA; QL
ORENCIA SUBCUTANEOUS	4	PA; QL	TALTZ	5	PA; QL
ORLADEYO	5	PA; QL	TREMFYA	4	PA; QL
OTEZLA	4	PA; QL	TREXALL	3	
			VARIZIG	3	
			VELSIPITY	5	PA; QL
			XATMEP	3	QL
			XELJANZ	4	PA; QL
			XELJANZ XR	4	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XEMBIFY	5	PA; QL	GARDASIL 9	2	
YUFLYMA (1 PEN)	5	PA; QL	HAVRIX	2	
YUFLYMA (2 PEN)	5	PA; QL	HEPLISAV-B	2	
YUFLYMA (2 SYRINGE)	5	PA; QL	HIBERIX	2	
YUFLYMA-CD/UC/HS STARTER	5	PA; QL	INFANRIX	2	
YUSIMRY	5	PA; QL	IPOL	2	
ZORTRESS	5	QL	KINRIX	2	
ZYMFENTRA (1 PEN)	5	PA; QL	MENQUADFI	2	
ZYMFENTRA (2 PEN)	5	PA; QL	MENVEO	2	
ZYMFENTRA (2 SYRINGE)	5	PA; QL	M-M-R II	2	
Immunological Agents - Drugs for Vaccination			MODERNA COVID-19 VAC 6M-11Y	2	
ABRYSVO	2		NOVAVAX COVID-19 VACCINE	2	
ACTHIB	2		PEDIARIX	2	
ADACEL	2		PEDVAX HIB	2	
AFLURIA QUADRIVALENT	1		PENBRAYA	2	
AREXVY	2		PENTACEL	2	
BEXSERO	2		PFIZER COVID-19 VAC-TRIS 5-11Y	2	
BIOTHRAX	3		PFIZER COVID-19 VAC-TRIS 6M-4Y	2	
BOOSTRIX	2		PNEUMOVAX 23	2	
COMIRNATY	2		PREHEVBRIO	2	
DAPTACEL	2		PREVNAR 13	2	
ENGERIX-B	2		PREVNAR 20	2	
FLUAD QUADRIVALENT	1		PRIORIX	2	
FLUARIX QUADRIVALENT	1		PROQUAD	2	
FLUBLOK QUADRIVALENT	1		QUADRACEL	2	
FLUCELVAX QUADRIVALENT	1		RECOMBIVAX HB	2	
FLULAVAL QUADRIVALENT	1		ROTARIX	2	
FLUMIST QUADRIVALENT	1		ROTATEQ	2	
FLUZONE HIGH-DOSE QUADRIVALENT	1		SHINGRIX	2	
FLUZONE QUADRIVALENT	1		SPIKEVAX	2	
			TDVAX	2	
			TENIVAC	2	
			TETANUS-DIPHThERIA TOXOIDS TD	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TRUMENBA	2		hydrocortisone ace-pramoxine external cream 1-1 %	3	
TWINRIX	3		hydrocortisone acetate rectal	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2		hydrocortisone rectal	1	
VARIVAX	2		LIALDA	3	
VAXELIS	2		lidocaine-hydrocort (perianal)	3	
VAXNEUVANCE	2		LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL	3	
Inflammatory Bowel Disease Agents			lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %	3	
ANALPRAM-HC	3		LIDOCORT	3	
anucort-hc	3		mesalamine er oral capsule 500 mg	1	PA
ANUSOL-HC EXTERNAL	3		mesalamine er oral capsule 0.375 gm	1	
anusol-hc rectal	3		mesalamine oral capsule delayed release 400 mg	1	ST
APRISO	1		mesalamine oral tablet delayed release 1.2 gm	1	
AZULFIDINE	3		mesalamine oral tablet delayed release 800 mg	3	PA
AZULFIDINE EN-TABS	3		mesalamine rectal	1	
balsalazide disodium	1		mesalamine-cleanser	3	
budesonide er	5	PA; QL	PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA
budesonide oral (generic Entocort)	1		PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA
budesonide rectal	3		PROCORT	3	
CANASA	3		PROCTOCORT	3	
COLAZAL	3		PROCTOFOAM HC	2	
CORTENEMA	3		procto-med hc	1	
CORTIFOAM	2		proctosol hc	1	
DELZICOL	3	PA	proctozone-hc	1	
DIPENTUM	5	PA; QL	ROWASA	3	
EOHILIA	5	PA; QL	SFROWASA	3	
hemmorex-hc rectal suppository 25 mg	3				
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3				
hydrocortisone (perianal) external cream 1 %	3				
hydrocortisone (perianal) external cream 2.5 %	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sulfasalazine oral	1		SENSIPAR	3	PA
TARPEYO	5	PA; QL	ZEMPLAR ORAL	3	
UCERIS ORAL	5	PA; QL	Miscellaneous Therapeutic Agents		
UCERIS RECTAL	3		ADVOCATE INSULIN PEN NEEDLE	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			AEROCHAMBER HOLDING CHAMBER	2	
ACTONEL	3		AEROCHAMBER MINI CHAMBER	2	
alendronate sodium	1		AEROCHAMBER MV	2	
ATELVIA	3		AEROCHAMBER PLS FLOVU MTHPIECE	2	
BINOSTO	3		AEROCHAMBER PLUS FLO-VU INTERM	2	
calcitonin (salmon) injection	3		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
calcitonin (salmon) nasal	1		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
FORTEO	5	PA; QL	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
FOSAMAX	3		AEROCHAMBER PLUS FLOW VU	2	
FOSAMAX PLUS D	3		AEROCHAMBER W/FLOWSIGNAL	2	
ibandronate sodium oral	1		ALCOHOL PREP PADS PAD , 70 %	1	
MIACALCIN	3		ALCOHOL PREP PADS SHEET 70 %	1	
risedronate sodium oral tablet	1		AQINJECT PEN NEEDLE	1	
risedronate sodium oral tablet delayed release	3		ASSURE ID DUO PRO PEN NEEDLES	1	
teriparatide	5	PA; QL	ASSURE ID PRO PEN NEEDLES	1	
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	5	PA; QL	AUM INSULIN SAFETY PEN NEEDLE	1	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA; QL	AUM MINI INSULIN PEN NEEDLE	1	
TYMLOS	5	PA	AUM PEN NEEDLE	1	
Metabolic Bone Disease Agents - Other			AUM READYGARD DUO PEN NEEDLE	1	
calcitriol oral	1		AUM SAFETY PEN NEEDLE	1	
cinacalcet hcl	1	PA			
doxercalciferol oral	3				
paricalcitol oral	3				
RAYALDEE	3	PA			
ROCALTROL	3				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BD AUTOSHIELD DUO PEN NEEDLES	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	
BD ULTRA-FINE PEN NEEDLES	1		ENDARI	5	PA; QL
BREATHE COMFORT CHAMBER/ADULT	2		ergoloid mesylates oral	3	
BREATHE COMFORT CHAMBER/CHILD	2		FEMCAP	2	
BREATHE EASE LARGE	2		FIRDAPSE	5	PA; QL
BREATHE EASE MEDIUM	2		FLEXICHAMBER	2	
BREATHE EASE SMALL	2		FLEXICHAMBER ADULT MASK/SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2		FLEXICHAMBER CHILD MASK/LARGE	2	
BYLVAY	5	PA; QL	FLEXICHAMBER CHILD MASK/SMALL	2	
BYLVAY (PELLETS)	5	PA; QL	GLUCAGEN DIAGNOSTIC	2	
CAYA	2		GLUCAGON HCL (DIAGNOSTIC)	2	
CLEVER CHOICE HOLDING CHAMBER	2		GRASTEK	3	PA
COMFORT EZ PRO PEN NEEDLES	1		INCONTROL ULTICARE PEN NEEDLES	1	
COMPACT SPACE CHAMBER	2		INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5MM , 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	
COMPACT SPACE CHAMBER/LG MASK	2		IWILFIN	3	PA; QL
COMPACT SPACE CHAMBER/MED MASK	2		KERENDIA	3	PA; QL
COMPACT SPACE CHAMBER/SM MASK	2		LIVMARLI	5	PA; QL
CYTOTINE ORAL POWDER	3		methergine	1	
deferoxamine mesylate injection solution reconstituted 500 mg	1		methylergonovine maleate	1	
DESFERAL	3		MICROCHAMBER DEVICE	2	
DOJOLVI	5	PA; QL			
DROPSAFE ALCOHOL PREP	1				
EASIVENT	2				
EDETATE CALCIUM DISODIUM INJECTION	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NOVOFINE AUTOCOVER PEN NEEDLE	1		PALFORZIA	5	PA; QL
NOVOFINE PEN NEEDLE	1		PANDA MASK LARGE	2	
NOVOFINE PLUS PEN NEEDLE	1		PANDA MASK MEDIUM	2	
NOZIN NASAL SANITIZER	1		PANDA MASK SMALL	2	
NOZIN NASAL SANITIZER POPSWAB	1		PARI VORTEX ADULT MASK	2	
ODACTRA	3	PA	PEDIATRIC PANDA MASK	2	
OMNIPOD 5 G6 INTRO (GEN 5)	3	PA	PHEXXI	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	PA	PIP PEN NEEDLES 31G X 5MM	1	
OMNIPOD 5 G7 INTRO (GEN 5)	3	PA; QL	PIP PEN NEEDLES 32G X 4MM	1	
OMNIPOD 5 G7 PODS (GEN 5)	3	PA	pocket spacer	2	
OMNIPOD CLASSIC PODS (GEN 3)	3	PA	PRO COMFORT SPACER ADULT	2	
OMNIPOD DASH INTRO (GEN 4)	3	PA	PRO COMFORT SPACER CHILD	2	
OMNIPOD DASH PDM (GEN 4)	3	PA	PRO COMFORT SPACER INFANT	2	
OMNIPOD DASH PODS (GEN 4)	3	PA	PROCARE SPACER/ADULT MASK	2	
OMNIPOD GO	3	PA	PROCARE SPACER/CHILD MASK	2	
OMNIPOD POD PALS	3	PA	PURE COMFORT SAFETY PEN NEEDLE	1	
OPTICHAMBER DIAMOND	2		PURE COMFORT SPACER CHAMBER	2	
OPTICHAMBER DIAMOND-LG MASK	2		RAGWITEK	3	PA
OPTICHAMBER DIAMOND-MD MASK	2		RAYA SURE PEN NEEDLE	1	
OPTICHAMBER DIAMOND-SM MASK	2		SAFETY PEN NEEDLES	1	
ORALAIR	3	PA	SOHONOS	5	PA; QL
ORALAIR ADULT STARTER PACK	3	PA	TAVNEOS	5	PA; QL
ORALAIR CHILDRENS STARTER PACK	3	PA	TREE MIX 9	3	
OXBRYTA	5	PA; QL	UNIFINE PROTECT PEN NEEDLE	1	
			VEOZAH	3	PA
			VERIFINE INSULIN PEN NEEDLE	1	
			VERIFINE PLUS PEN NEEDLE	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
V-GO 20	3	PA	bromfenac sodium (once-daily)	3	
V-GO 30	3	PA			
V-GO 40	3	PA	bromfenac sodium ophthalmic	3	
VISTOGARD	5	PA; QL	BROMSITE	3	
VORTEX VALVED HOLDING CHAMBER	2		CILOXAN	2	
WIDE-SEAL DIAPHRAGM 60	2		ciprofloxacin hcl ophthalmic	1	
WIDE-SEAL DIAPHRAGM 65	2		cromolyn sodium ophthalmic	1	
WIDE-SEAL DIAPHRAGM 70	2		dexamethasone sodium phosphate ophthalmic	1	
WIDE-SEAL DIAPHRAGM 75	2		diclofenac sodium ophthalmic	1	
WIDE-SEAL DIAPHRAGM 80	2		difluprednate	1	
WIDE-SEAL DIAPHRAGM 85	2		DUREZOL	3	
WIDE-SEAL DIAPHRAGM 90	2		epinastine hcl	3	
WIDE-SEAL DIAPHRAGM 95	2		erythromycin ophthalmic	1	
XPHOZAH	5	PA; QL	EYSUVIS	3	PA
ZILBRYSQ	5	PA; QL	FLAREX	3	
ZOKINVY	5	PA; QL	fluorometholone	1	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			flurbiprofen sodium	1	
ACULAR	2		FML FORTE	2	
ACULAR LS	3		FML LIQUIFILM	3	
ACUVAIL	3		gatifloxacin ophthalmic	1	
ALOCRIAL	3		gentamicin sulfate ophthalmic	1	
ALOMIDE	2		ILEVRO	3	
ALREX	3		INVELTYS	3	
AZASITE	3		ketorolac tromethamine ophthalmic	1	
azelastine hcl ophthalmic	1		KLARITY-A	3	
bacitracin ophthalmic	1		KLARITY-L	3	
bepotastine besilate	3		levofloxacin ophthalmic	3	
BEPREVE	3		LOTEMAX	3	
BESIVANCE	3		LOTEMAX SM	3	
BETADINE OPHTHALMIC PREP	3		loteprednol etabonate	3	
			MAXIDEX	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MAXITROL OPHTHALMIC OINTMENT	3		PREDNISOLON-MOXIFLOX-BROMFENAC	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3		PREDNISOLON-MOXIFLOX-NEPAFENAC	3	
moxifloxacin hcl (2x day)	1		PROLENSA	3	
moxifloxacin hcl ophthalmic	1		sulfacetamide sodium ophthalmic	1	
NATACYN	2		TOBRADEX	2	
neomycin-polymyxin-dexameth ophthalmic ointment	1		TOBRADEX ST	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		tobramycin ophthalmic	1	
neomycin-polymyxin-hc ophthalmic	3		tobramycin-dexamethasone	1	
NEVANAC	3		TOBREX	2	
OCUFLOX	3		trifluridine	1	
ofloxacin ophthalmic	1		UPNEEQ	3	PA
olopatadine hcl ophthalmic solution 0.2 %	3		VIGAMOX	2	
POVIDONE-IODINE OPHTHALMIC	3		XDEMVIY	5	PA; QL
PRED FORTE	3		ZERVIATE	3	
PRED MILD	2		ZIRGAN	3	
PREDNISOL ACE-MOXIFLOX-BROMFEN	3		Ophthalmic Agents - Drugs for Glaucoma		
prednisolone acetate ophthalmic	1		acetazolamide er	1	
prednisolone acetate p-f	1		acetazolamide oral	1	
PREDNISOLONE ACETATE-NEPAFENAC	3		ALPHAGAN P	3	
PREDNISOLONE ACET-MOXIFLOXACIN	3		apraclonidine hcl	3	
prednisolone sodium phosphate ophthalmic	3		AZOPT	3	
PREDNISOLON-GATIFLOX-BROMFENAC	3		betaxolol hcl ophthalmic	1	
			BETIMOL	3	
			BETOPTIC-S	2	
			bimatoprost ophthalmic	1	
			brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	3	
			brimonidine tartrate ophthalmic solution 0.2 %	1	
			brimonidine tartrate-timolol	3	
			BRIMONIDINE-DORZOLAMIDE	3	
			brinzolamide	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
carteolol hcl	1		TIMOLOL-BRIMONIDINE-DORZOLAMID	3	
COMBIGAN	3		TIMOLOL-DORZOLAMID-LATANOPROST	3	
COSOPT	3		TIMOPTIC OCUDOSE	3	
COSOPT PF	3		TRAVATAN Z	3	
dichlorphenamide	5	PA; QL	travoprost (bak free)	1	
DORZOLAMIDE HCL SOLUTION 2 % OPTHALMIC	3		VUITY	3	PA
dorzolamide hcl solution 2 % ophthalmic	1		VYZULTA	3	PA
dorzolamide hcl-timolol mal	1		XALATAN	3	
dorzolamide hcl-timolol mal pf	3		XELPROS	3	
IOPIDINE	3		ZIOPTAN	3	
ISTALOL	3		Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
IYUZEH	3		ACUICYN	3	
KEVEYIS	5	PA; QL	AKTEN	3	
latanoprost ophthalmic	1		ALCAINE	3	
LATANOPROST-TIMOLOL MALEATE	3		altacaine	3	
levobunolol hcl	1		altafrin	1	
LUMIGAN	2		atropine sulfate ophthalmic ointment	1	
methazolamide oral	1		ATROPINE SULFATE OPTHALMIC SOLUTION 0.01 %	1	
PHOSPHOLINE IODIDE	3		atropine sulfate ophthalmic solution 1 %	1	
pilocarpine hcl ophthalmic	1		AVENOVA	3	
RHOPRESSA	3	PA	bacitracin-polymyxin b	1	
ROCKLATAN	3	PA	bacitra-neomycin-polymyxin-hc	1	
SIMBRINZA	3		CEQUA	2	PA
tafluprost (pf)	3		CYCLOGYL OPTHALMIC SOLUTION 0.5 %	2	
timolol maleate (once-daily)	3		CYCLOGYL OPTHALMIC SOLUTION 1 %, 2 %	3	
timolol maleate ocudose	3		CYCLOMYDRIL	3	
timolol maleate ophthalmic	1				
timolol maleate pf	3				
TIMOLOL-BRIMON-DORZOL-LATANOPR	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cyclopentolate hcl ophthalmic	1		TYRVAYA	3	PA
cyclosporine ophthalmic	1	PA	VERKAZIA	5	PA; QL
CYSTADROPS	5	PA	VEVYE	5	PA; QL
CYSTARAN	5		XIIDRA	2	PA
GELFILM OPHTHALMIC	3		ZYLET	3	
homatropaire	1		Otic Agents - Drugs for Ear Conditions		
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 %	5	PA; QL	acetic acid otic	1	
LACRISERT	2		CETRAXAL	3	
MIEBO	5	PA; QL	CIPRO HC	2	
neomycin-bacitracin zn-polymyx	3		ciprofloxacin hcl otic	3	
neomycin-polymyxin-gramicidin	1		ciprofloxacin-dexamethasone	1	
neo-polycin	3		CIPROFLOXACIN-FLUOCINOLONE PF	3	
neo-polycin hc	1		CORTISPORIN-TC	3	
OXERVATE	5	PA; QL	DERMOTIC	3	
phenylephrine hcl ophthalmic	1		flac	1	
polycin	1		fluocinolone acetonide otic	1	
polymyxin b-trimethoprim	1		hydrocortisone-acetic acid	3	
PREDNISOLONE-BROMFENAC	3		neomycin-polymyxin-hc otic	1	
PREDNISOLONE-GATIFLOXACIN	3		ofloxacin otic	1	
PREDNISOLONE-MOXIFLOXACIN	3		OTOVEL	3	
proparacaine hcl ophthalmic	3		PRAMOTIC	3	
RESTASIS	3	PA	Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
RESTASIS MULTIDOSE	3	PA	ADRENALIN NASAL	3	
sulfacetamide-prednisolone	1		azelastine hcl nasal	1	
tetracaine hcl ophthalmic	3		azelastine-fluticasone	3	
TROPICAMIDE-CYCLOPENTOLATE-PE	3		benzonatate oral capsule 100 mg, 200 mg	1	
TROPICAMIDE-PHENYLEPHRINE	3		benzonatate oral capsule 150 mg	3	
TROPIC-PROPARACA-PE-KETOROLAC	3		BROMFED DM	3	
			BROMPHENIRAMINE MALEATE INTRAMUSCULAR	3	
			carbinoxamine maleate	1	
			cetirizine hcl oral solution	3	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CLARINEX	3		promethazine-codeine oral solution	3	PA
CLARINEX-D 12 HOUR	3		promethazine-dm	1	
clemastine fumarate oral	1		pseudoephedrine-bromphen-dm	3	
CUROSURF	3		pulmosal	1	
cyproheptadine hcl oral	1		QNASL	3	PA
desloratadine	1		QNASL CHILDRENS	3	PA
diphenhydramine hcl injection	1		RYALTRIS	3	PA
diphenhydramine hcl oral elixir	3		RYCLORA	3	
DYMISTA	3		ryvent	1	
epinephrine hcl (nasal)	3		sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
flunisolide nasal	1		sodium chloride inhalation nebulization solution 10 %	3	
guaifenesin-codeine	2	QL	SSKI	2	
HYCODAN	3		SURVANTA	2	
hydrocod poli-chlorphe poli er	3		TUXARIN ER	3	QL
hydrocodone bit-homatrop mbr	1		XHANCE	3	PA
hydromet	1		ZETONNA	3	PA
HYPERSAL	3		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
INFASURF	3		ACCOLATE	3	
ipratropium bromide nasal	1		acetylcysteine inhalation	1	
KARBINAL ER	3		ADVAIR DISKUS	3	
levocetirizine dihydrochloride oral	1		ADVAIR HFA	2	
maxi-tuss ac	2	QL	AIRDUO DIGIHALER	3	PA
MICLARA LQ	3		AIRDUO RESPICLICK 113/14	3	PA
mometasone furoate nasal	3	PA	AIRDUO RESPICLICK 232/14	3	PA
nebusal inhalation nebulization solution 3 %	1		AIRDUO RESPICLICK 55/14	3	PA
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3		AIRSUPRA	3	PA
olopatadine hcl nasal	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
OMNARIS	3	PA			
potassium iodide oral	2				
promethazine vc	1				
promethazine vc/codeine	3	PA			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	3	QL	budesonide-formoterol fumarate	1	PA; QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL	COMBIVENT RESPIMAT	2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		cromolyn sodium inhalation	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		DALIRESP	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		DUAKLIR PRESSAIR	3	PA
albuterol sulfate oral	1		DULERA	3	PA; QL
ALVESCO	2		elixophyllin	1	
ANORO ELLIPTA	3	PA	epinephrine injection solution auto-injector	1	
arformoterol tartrate	3	PA	EPINEPHRINE PROFESSIONAL	3	
ARMONAIR DIGIHALER	3	PA	EPINEPHRINESNAP	3	
ARNUIITY ELLIPTA	3	PA	EPINEPHRINESNAP-EMS	3	
ASMANEX (120 METERED DOSES)	2	ST	EPINEPHRINESNAP-V	3	
ASMANEX (14 METERED DOSES)	2	ST	EPIPEN 2-PAK	3	
ASMANEX (30 METERED DOSES)	2	ST	EPIPEN JR 2-PAK	3	
ASMANEX (60 METERED DOSES)	2	ST	EPISNAP	3	
ASMANEX HFA	2	ST	ESBRIET	5	PA; QL
ATROVENT HFA	2		FASENRA PEN	5	PA; QL
AUVI-Q	3	PA	FLUTICASONE FUROATE-VILANTEROL	3	PA
BEVESPI AEROSPHERE	3	PA	FLUTICASONE PROPIONATE DISKUS	2	PA
BREO ELLIPTA	3	PA	FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA
breynd	1	PA; QL	FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
BREZTRI AEROSPHERE	3	PA	FLUTICASONE-SALMETEROL INHALATION AEROSOL	2	
BROVANA	3	PA	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
budesonide inhalation	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	PA	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
formoterol fumarate inhalation	3		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
INCRUSE ELLIPTA	3	PA	STIOLTO RESPIMAT	2	
ipratropium bromide inhalation	1		STRIVERDI RESPIMAT	2	PA
ipratropium-albuterol	1		SYMBICORT	3	PA; QL
isoproterenol hcl injection	3		terbutaline sulfate injection	3	
levalbuterol hcl inhalation	3		terbutaline sulfate oral	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
montelukast sodium oral	1		THEO-24	3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL	theophylline er	1	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL	theophylline oral	1	
OFEV	4	PA; QL	tiotropium bromide monohydrate	1	
PERFOROMIST	3		TRELEGY ELLIPTA	3	PA
pirfenidone	4	PA; QL	TUDORZA PRESSAIR	3	
PROAIR DIGIHALER	3	QL	VENTOLIN HFA	3	QL
PROAIR RESPICLICK	3	QL	wixela inhub	1	
PROVENTIL HFA	3	QL	XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
PULMICORT FLEXHALER	3	PA	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL
PULMICORT SUSPENSION	3		XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL
QVAR REDIHALER	3	PA	XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION	3	
roflumilast	3				
SEREVENT DISKUS	2	ST			
SINGULAIR	3				
SPIRIVA HANDIHALER	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XOPENEX HFA AEROSOL 45 MCG/ACT INHALATION	3	QL	OPSUMIT	4	PA; QL
YUPELRI	3	PA	ORENITRAM	5	PA; QL
zafirlukast	3		ORENITRAM MONTH 1	5	PA; QL
zileuton er	5	PA; QL	ORENITRAM MONTH 2	5	PA; QL
ZYFLO	5	PA; QL	ORENITRAM MONTH 3	5	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA; QL
BETHKIS	5	PA; QL	REVATIO ORAL TABLET	5	PA
BRONCHITOL	5	PA; QL	sildenafil citrate oral suspension reconstituted	4	PA; QL
BRONCHITOL TOLERANCE TEST	5	PA; QL	sildenafil citrate oral tablet 20 mg	4	PA
CAYSTON	5	PA; QL	tadalafil (pah)	1	
KALYDECO	5	PA; QL	TADLIQ	5	PA; QL
KITABIS PAK	5	PA; QL	TRACLEER 62.5 MG, 125 MG	3	PA; QL
ORKAMBI	5	PA; QL	TRACLEER 32 MG	5	PA; QL
PULMOZYME	2		TYVASO	2	PA; QL
SYMDEKO	5	PA; QL	TYVASO DPI MAINTENANCE KIT	5	PA; QL
TOBI NEBULIZER	5	PA; QL	TYVASO DPI TITRATION KIT	5	PA; QL
TOBI PODHALER	5	PA; QL	TYVASO REFILL	2	PA; QL
tobramycin inhalation nebulization solution 300 mg/4ml	5	PA; QL	TYVASO STARTER	2	PA; QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL	UPTRAVI ORAL	4	PA; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL	UPTRAVI TITRATION	4	PA; QL
TRIKAFTA	5	PA; QL	VENTAVIS	4	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
ADCIRCA	5	PA; QL	AMRIX	3	PA; QL
ADEMPAS	5	PA; QL	BACLOFEN ORAL SOLUTION	3	
alyq	1		baclofen oral suspension	3	PA
ambrisentan	1	PA; QL	baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
bosentan	1	PA; QL	carisoprodol oral	3	PA; QL
LETAIRIS	5	PA; QL	chlorzoxazone oral tablet 250 mg	1	
LIQREV	5	PA; QL	chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL
			cyclobenzaprine hcl er	3	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL	HETLIOZ	5	PA; QL
			HETLIOZ LQ	5	PA; QL
cyclobenzaprine hcl oral tablet 7.5 mg	3	QL	LUMRYZ	5	PA; QL
DANTRIUM ORAL	3		LUNESTA	3	QL
dantrolene sodium oral	1		modafinil oral	1	
FEXMID	3	QL	NUVIGIL	3	
FLEQSUVY	3	PA	PROVIGIL	3	
LORZONE	3	QL	QUVIVIQ	3	PA; QL
LYVISPAH	5	QL	ramelteon	3	
metaxalone	3	QL	RESTORIL	3	QL
methocarbamol injection	1		ROZEREM	3	
methocarbamol oral	1	QL	SILENOR	3	
NORGESIC	3		SODIUM OXYBATE	5	PA; QL
NORGESIC FORTE	3	QL	SUNOSI	5	PA; QL
orphenadrine citrate er	1	QL	tasimelteon	5	PA; QL
orphenadrine citrate injection	3		temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
orphenadrine-aspirin-caffeine	3		temazepam oral capsule 22.5 mg	3	QL
ORPHENGESIC FORTE	3	QL	WAKIX	5	PA; QL
OZOBAX DS	3		XYREM	5	PA; QL
ROBAXIN	3		XYWAV	5	PA; QL
SOMA	3	PA; QL	zaleplon	1	QL
tizanidine hcl oral capsule	3		zolpidem tartrate er	3	QL
tizanidine hcl oral tablet	1		ZOLPIDEM TARTRATE ORAL CAPSULE	3	PA; QL
ZANAFLEX	3		zolpidem tartrate oral tablet	1	QL
Sleep Disorder Agents			zolpidem tartrate sublingual	3	QL
AMBIEN	3	QL	Weight Management		
AMBIEN CR	3	QL	CONTRAVE	3	PA
AMYTAL SODIUM	3		phentermine	3	
armodafinil	1		QSYMIA	3	PA
BELSOMRA	3	PA	SAXENDA	3	PA
DAYVIGO	3	PA; QL	WEGOVI	3	PA
doxepin hcl oral tablet	3		XENICAL	3	PA
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XELSTRYM	39	YUFLYMA-CD/UC/HS STARTER	66	ziprasidone mesylate	30
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XENAZINE	40	YUSIMRY	66	ZIRGAN	73
XEPI	18	yuvafem	64	ZITHRANOL	47
XERALUX	47	Z		ZITHROMAX	18
XERESE	32	ZACLIR CLEANSING	47	ZITHROMAX TRI-PAK	18
XERMELO	55	zafemy	64	ZITHROMAX Z-PAK	18
XHANCE	76	zafirlukast	78	ZITUVIO	48
XIFAXAN	18	zaleplon	80	ZOCOR	38
XIGDUO XR	48	ZANAFLEX	80	ZOKINVY	72
XIIDRA	75	ZARONTIN	20	ZOLINZA	27
XIMINO	18	ZARXIO	33	zolmitriptan	24
XOFLUZA (40 MG DOSE)	32	ZAVESCA	55	ZOLOFT	22
XOFLUZA (80 MG DOSE)	32	ZAVZPRET	24	zolpidem tartrate	80
XOLAIR	78	ZEGALOGUE	49	ZOLPIDEM TARTRATE	80
XOPENEX HFA	78	ZEGERID	53	zolpidem tartrate er	80
XOSPATA	27	ZEJULA	27	ZOMACTON	59
XPHOZAH	72	ZELAPAR	28	ZOMIG	24
XPOVIO (100 MG ONCE WEEKLY)	27	ZELBORAF	27	ZONALON	47
		ZEMBRACE SYMTOUCH	24	ZONEGRAN	20
				ZONISADE	20
				zonisamide	20
				ZONTIVITY	29
				ZORTRESS	66
				ZORYVE	47
				zovia 1/35 (28)	64
				ZOVIRAX	32
				ZTALMY	20

ZTLIDO	15	ZYFLO	78	ZYNRELEF	12
ZUBSOLV	15	ZYKADIA.....	27	ZYPITAMAG	38
zumandimine	64	ZYLET.....	75	ZYPREXA	30
ZURZUVAE	22	ZYMFENTRA (1 PEN).....	66	ZYPREXA RELPREVV ...	30
ZYCLARA.....	47	ZYMFENTRA (2 PEN).....	66	ZYPREXA ZYDIS.....	30
ZYCLARA PUMP	47	ZYMFENTRA (2 SYRINGE)		ZYTIGA.....	27
ZYDELIG.....	27	66	ZYVOX.....	18

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
 - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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>**

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-901-4600 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-901-4600 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-901-4600 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-901-4600 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-901-4600 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-901-4600 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-901-4600 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-901-4600 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-901-4600 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-901-4600 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-901-4600 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-901-4600 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-901-4600 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-901-4600 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-901-4600 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-901-4600 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-901-4600 (TTY 711)**. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。