
Effective September 2026

2026 Drug Formulary

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

KP Plus

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, drugs for weight loss, and drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions, and plan specific benefit coverage.

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

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

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

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

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

Prior Authorization (PA)

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

Step Therapy (ST)

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

Quantity Limit (QL)

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

High Dose Pain Medicine Prescriber Review

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

Drugs Limited to Select Pharmacies

Some drugs are required to be dispensed from a preferred specialty pharmacy vendor. Members with an out-of-network benefit may use other pharmacies; however, they may pay a higher cost share.

Please consult your Benefit Booklet for limitations and exclusions. Drugs limited to select pharmacies are listed on the www.kp.org/wa/formulary webpage.

Covered Diabetic Supplies

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

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

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

Mail Order Pharmacy Service

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

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

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

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

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

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.

Copay and Coinsurance Caps

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

Preventative Medications and Preferred Contraceptives

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

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

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

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

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

Medical Benefit Injectable Drugs

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

How do I get additional information?

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

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

Kaiser Foundation Health Plan of Washington

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

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

Analgesics - Drugs for Pain

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ampicillin sodium injection solution reconstituted 1 gm, 250 mg, 500 mg	1		doxycycline hyclate oral tablet	1	
avidoxy	1		doxycycline monohydrate oral capsule	1	
azithromycin oral	1		doxycycline monohydrate oral tablet	1	
BICILLIN L-A	2		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefadroxil	1		FIRVANQ	2	
cefazolin sodium injection solution reconstituted 1 gm	1		gentamicin sulfate external	1	
cefdinir	1		levofloxacin oral	1	
cefixime oral capsule	1		linezolid oral	1	QL
cefixime oral suspension reconstituted	1		methenamine hippurate	1	
CEFIXIME ORAL TABLET	2		metronidazole oral tablet 250 mg, 500 mg	1	
cefprozil	1		metronidazole vaginal	1	
ceftazidime injection solution reconstituted 1 gm	1		minocycline hcl oral capsule	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1		mondoxyne nl	1	
cefuroxime axetil	1		moxifloxacin hcl oral	1	
cephalexin oral capsule 250 mg, 500 mg	1		mupirocin cream	1	
cephalexin oral suspension reconstituted	1		mupirocin ointment	1	
ciprofloxacin hcl oral	1		neomycin sulfate oral	1	
clarithromycin oral	1		nitrofurantoin macrocrystal	1	
clindamycin hcl oral	1		nitrofurantoin monohydrate macrocrystals	1	
clindamycin palmitate hcl	1		nitrofurantoin oral suspension 25 mg/5ml	1	
clindamycin phosphate injection solution 300 mg/2ml	1		penicillin v potassium	1	
clindamycin phosphate vaginal	1		silver sulfadiazine external	1	
dicloxacillin sodium	1		SIVEXTRO ORAL	4	QL
doxycycline hyclate oral capsule 100 mg, 50 mg	1		ssd	1	
			sulfamethoxazole-trimethoprim oral	1	
			sulfatrim pediatric	1	
			tazicef injection	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tetracycline hcl oral capsule	1		gabapentin oral solution	1	
trimethoprim oral	1		gabapentin oral tablet 600 mg, 800 mg	1	
vancomycin hcl oral capsule	1	QL	lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
vancomycin hcl oral solution reconstituted	1		lacosamide oral tablet	1	
Anticoagulants			lamotrigine oral tablet	1	
dabigatran etexilate mesylate	1		lamotrigine oral tablet chewable	1	
enoxaparin sodium	1		levetiracetam er	1	
fondaparinux sodium	4	QL	levetiracetam oral solution	1	
heparin sodium (porcine) +rfid	1		levetiracetam oral tablet	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1		methsuximide	2	
heparin sodium (porcine) pf	1		NAYZILAM	2	PA; QL
rivaroxaban oral tablet	1	PA	oxcarbazepine	1	
warfarin sodium oral	1		phenobarbital oral	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	PA	phenobarbital sodium injection solution 130 mg/ml	1	
XARELTO STARTER PACK	2	PA	phenyteck oral capsule 200 mg	1	
Anticonvulsants - Drugs for Seizures			phenytoin infatabs	1	
carbamazepine er	1		phenytoin oral suspension 125 mg/5ml	1	
carbamazepine oral	1		phenytoin oral tablet chewable	1	
CARBATROL	1		phenytoin sodium extended oral capsule 100 mg, 200 mg	1	
clobazam oral suspension 2.5 mg/ml	1		phenytoin sodium injection	1	
clobazam oral tablet	1		primidone oral tablet 250 mg, 50 mg	1	
diazepam rectal	1	QL	roweepra	1	
DILANTIN ORAL CAPSULE 30 MG	2		subvenite oral tablet	1	
divalproex sodium er	1		topiramate oral capsule sprinkle	1	
divalproex sodium oral	1		topiramate oral tablet	1	
ethosuximide oral	1		valproic acid oral	1	
gabapentin oral capsule	1		VALTOCO 10 MG DOSE	2	PA; QL

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

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dapsone oral	1		lomustine	1	
ethambutol hcl oral	1		MATULANE	2	QL
isoniazid oral	1		MEKINIST	2	PA; QL
PRIFTIN	2		mercaptopurine oral tablet	1	
pyrazinamide oral	1		mesna	1	
rifabutin	1		MESNEX ORAL	2	
rifampin oral	1		MYLERAN	2	QL
Antineoplastics - Drugs for Cancer			NUBEQA	2	PA; QL
abiraterone acetate	1	QL	pazopanib hcl	1	PA; QL
abirtega	1	QL	ROZLYTREK	2	PA; QL
anastrozole oral	1	++	RYDAPT	2	PA; QL
bicalutamide	1		sorafenib tosylate	1	PA; QL
BRUKINSA	2	PA; QL	STIVARGA	2	PA; QL
CALQUENCE	2	PA; QL	sunitinib malate	1	PA; QL
capecitabine	1	QL	TABLOID	2	
COTELLIC	2	PA; QL	TAFINLAR	2	PA; QL
cyclophosphamide oral capsule	1		TAGRISO	2	PA; QL
DROXIA	2		tamoxifen citrate oral	1	++
erlotinib hcl	1	PA; QL	temozolomide	1	QL
etoposide oral	1	QL	THALOMID	2	PA; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL	torpenz	1	PA; QL
exemestane	1	++	tretinoin oral	1	QL
gefitinib	2	PA; QL	VENCLEXTA	2	PA; QL
GILOTRIF	2	PA; QL	VENCLEXTA STARTING PACK	2	PA; QL
hydroxyurea oral	1		XTANDI ORAL CAPSULE	2	PA; QL
imatinib mesylate oral	1	QL	yulithira	1	PA; QL
IMBRUVICA ORAL CAPSULE	2	PA; QL	ZELBORAF	2	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 420 MG	2	PA; QL	ZYDELIG	2	PA; QL
lapatinib ditosylate	1	PA; QL	Antiparasitics		
lederle leucovorin	1		albendazole oral	1	
lenalidomide	1	PA; QL	atovaquone	4	QL
letrozole oral	1		BILTRICIDE	2	
leucovorin calcium oral	1		chloroquine phosphate oral	1	
LEUKERAN	2		EURAX	2	
			hydroxychloroquine sulfate oral	1	
			KRINTAFEL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nitazoxanide oral	2		ABILIFY ASIMTUFII	4	
permethrin external	1		ABILIFY MAINTENA	4	
praziquantel oral	1		aripiprazole oral solution	1	
primaquine phosphate	1		aripiprazole oral tablet	1	
pyrimethamine oral	4	PA; QL	ARISTADA	4	
quinine sulfate	1		ARISTADA INITIO	4	
Antiparkinson Agents			chlorpromazine hcl injection	1	
amantadine hcl oral	1		chlorpromazine hcl oral tablet	1	
benztropine mesylate	1		clozapine oral tablet	1	
bromocriptine mesylate oral	1		ERZOFRI	4	
carbidopa oral	1		fluphenazine decanoate injection	1	
carbidopa-levodopa er oral tablet extended release	1		fluphenazine hcl	1	
carbidopa-levodopa oral tablet	1		haloperidol decanoate intramuscular	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1		haloperidol lactate injection	1	
carbidopa-levodopa-entacapone	1		haloperidol lactate oral concentrate 2 mg/ml	1	
DUOPA	4	PA; QL	haloperidol oral	1	
entacapone	1		INVEGA HAFYERA	4	
pramipexole dihydrochloride	1		INVEGA SUSTENNA	4	
rasagiline mesylate oral	1		INVEGA TRINZA	4	
ropinirole hcl	1		loxapine succinate	1	
ropinirole hcl er	1		lurasidone hcl	1	
selegiline hcl oral	1		olanzapine	1	
trihexyphenidyl hcl	1		paliperidone er	1	
Antiplatelets			PERSERIS	4	
aspirin-dipyridamole er	1		pimozide	1	
cilostazol	1		quetiapine fumarate	1	
clopidogrel bisulfate oral	1		quetiapine fumarate er	1	
dipyridamole oral	1		RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	1	
prasugrel hcl	1				
ticagrelor	1				
Antipsychotics - Drugs for Mood Disorders					

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	2		abacavir sulfate-lamivudine	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1		acyclovir external ointment	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	2		acyclovir oral capsule	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	1		acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	2		acyclovir oral tablet	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	1		adefovir dipivoxil	1	QL
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	2		APTIVUS	4	
risperidone microspheres er	1		atazanavir sulfate	1	
risperidone oral solution	1		BARACLUDE ORAL SOLUTION	4	QL
risperidone oral tablet	1		BIKTARVY	4	
RYKINDO	4		CIMDUO	4	
thioridazine hcl oral	1		darunavir	1	
thiothixene	1		DESCOVY ORAL TABLET 120-15 MG	4	
trifluoperazine hcl	1		DESCOVY ORAL TABLET 200-25 MG	4	++
UZEDY	4		DOVATO	4	
ziprasidone hcl	1		EDURANT PED	4	PA
ZYPREXA RELPREVV	2		efavirenz	1	
Antivirals			efavirenz-emtricitabine-tenofo df	1	
abacavir sulfate	1		efavirenz-lamivudine-tenofovir	1	
			emtricitabine	1	
			emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
			emtricitabine-tenofovir df oral tablet 200-300 mg	1	++
			emtricitabine-rilpivir-tenofovir df	4	PA
			EMTRIVA ORAL SOLUTION	2	
			entecavir	1	
			EPCLUSA	4	QL
			etravirine	1	
			famciclovir oral	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
fosamprenavir calcium	4		ritonavir	1	
GENVOYA	4		SELZENTRY ORAL SOLUTION	4	
INTELENCE ORAL TABLET 25 MG	2		SOFOSBUVIR-VELPATASVIR	4	QL
ISENTRESS HD	2		STRIBILD	4	PA
ISENTRESS ORAL TABLET	2		SUNLENCA ORAL TABLET	4	
ISENTRESS ORAL TABLET CHEWABLE	2		SYMFI	1	
JULUCA	4		SYMTUZA	4	
KALETRA ORAL SOLUTION	2		TAMIFLU	2	
LAGEVRIO	2	QL	tenofovir disoproxil fumarate	1	
lamivudine	1		TIVICAY	2	
lamivudine-zidovudine	1		TIVICAY PD	2	
lopinavir-ritonavir	1		TRIUMEQ	4	
maraviroc	4		TRIUMEQ PD	4	
nevirapine er	1		valacyclovir hcl oral	1	
nevirapine oral tablet	1		valganciclovir hcl	4	QL
NORVIR ORAL PACKET	2		VIRACEPT	2	
ODEFSEY	4		VIREAD ORAL POWDER	2	
oseltamivir phosphate oral	1		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
PAXLOVID (150/100)	2	QL	VOSEVI	4	PA; QL
PAXLOVID (300/100 & 150/100)	2	QL	YEZTUGO ORAL	4	
PAXLOVID (300/100)	2	QL	zidovudine	1	
PEGASYS	4	QL	Anxiolytics - Drugs for Anxiety		
PREVYMIS ORAL	4	PA; QL	alprazolam er	1	QL
PREZCOBIX	2		alprazolam oral tablet	1	QL
PREZISTA ORAL SUSPENSION	2		alprazolam xr	1	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	2		buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
RELENZA DISKHALER	2		chlordiazepoxide hcl	1	QL
REYATAZ ORAL PACKET	2		clonazepam oral	1	QL
ribavirin oral	1	QL	clorazepate dipotassium	1	QL
rilpivirine hcl	1		diazepam injection	1	QL
rimantadine hcl	1		diazepam oral solution	1	QL
			diazepam oral tablet	1	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1		amiloride-hydrochlorothiazide	1	
hydroxyzine hcl oral tablet	1		amiodarone hcl oral	1	
hydroxyzine pamoate oral	1		amlodipine besylate oral	1	
lorazepam intensol	1	QL	amlodipine besylate-benazepril hcl	1	
lorazepam oral concentrate 2 mg/ml	1	QL	amlodipine besylate-valsartan	1	
lorazepam oral tablet	1	QL	amlodipine-olmesartan	1	
lorazepam solution 2 mg/ml injection	1	QL	atenolol oral	1	
midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	1	QL	atenolol-chlorthalidone	1	
midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	1	QL	atorvastatin calcium oral tablet 10 mg, 20 mg	1	++
oxazepam	1	QL	atorvastatin calcium oral tablet 40 mg, 80 mg	1	
triazolam	1	QL	benazepril hcl oral	1	
Bipolar Agents - Drugs for Mood Disorders			benazepril-hydrochlorothiazide	1	
lithium	1		betaxolol hcl oral	1	
lithium carbonate er	1		bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
lithium carbonate oral	1		bisoprolol-hydrochlorothiazide	1	
Blood Products and Modifiers - Drugs for Blood Disorders			bumetanide oral	1	
ALVAIZ	4	PA; QL	candesartan cilexetil	1	
anagrelide hcl	1		captopril oral	1	
EPOGEN	2	PA	captopril-hydrochlorothiazide	1	
FILKRI	4	QL	cartia xt	1	
GRANIX	4	QL	carvedilol	1	
HEMLIBRA	4	PA; QL	chlorthalidone	1	
LEUKINE	2		cholestyramine light	1	
NIVESTYM	4	PA; QL	cholestyramine oral	1	
PROCRT	2	PA	clonidine	1	
tranexamic acid oral	1	QL	clonidine hcl oral	1	
ZARXIO	4	PA; QL	colestipol hcl	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			digoxin injection	1	
acebutolol hcl oral	1		digoxin oral solution	1	
alprostadil injection	1		digoxin oral tablet 125 mcg, 250 mcg	1	
amiloride hcl oral	1				

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

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nimodipine oral capsule	1		quinapril-hydrochlorothiazide	1	
nitro-bid	2		quinidine gluconate er	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		quinidine sulfate	1	
nitroglycerin rectal	1		ramipril	1	
nitroglycerin sublingual	1		ranolazine er	1	
nitroglycerin transdermal ointment	2		rosuvastatin calcium oral tablet 10 mg, 5 mg	1	++
nitroglycerin transdermal patch 24 hour	1		rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
nitro-time oral capsule extended release 9 mg	1		sacubitril-valsartan	1	QL
NORPACE CR	2		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	++
olmesartan medoxomil oral	1		simvastatin oral tablet 80 mg	1	
olmesartan medoxomil- hctz	1		sotalol hcl (af)	1	
olmesartan-amlodipine- hctz	1		sotalol hcl oral	1	
pacerone	1		spironolactone oral tablet	1	
papaverine hcl injection	1		spironolactone-hctz	1	
pentoxifylline er	1		telmisartan	1	
perindopril erbumine	1		tiadylt er	1	
phenoxybenzamine hcl oral	4	QL	timolol maleate oral	1	
phentolamine mesylate injection	1		torsemide	1	
pindolol	1		trandolapril	1	
pravastatin sodium	1	++	triamterene oral	1	
prazosin hcl oral	1		triamterene-hctz	1	
prevalite	1		valsartan oral tablet	1	
procainamide hcl injection	1		valsartan- hydrochlorothiazide	1	
propafenone hcl	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
propafenone hcl er	1		verapamil hcl er oral tablet extended release	1	
propranolol hcl er	1		verapamil hcl oral	1	
propranolol hcl oral	1		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
quinapril hcl	1		ADDERALL	2	
			ADDERALL XR	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine	1		AVONEX PREFILLED	4	PA; QL
amphetamine-dextroamphetamine er	1		BETASERON	4	QL
atomoxetine hcl oral capsule	1		dalfampridine er	1	
clonidine hcl er	1		dimethyl fumarate oral	1	
CONCERTA	2		dimethyl fumarate starter pack	1	
dexmethylphenidate hcl	1		fingolimod hcl	1	QL
dexmethylphenidate hcl er	1	QL	GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL
dextroamphetamine sulfate er	1		glatiramer acetate	4	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		glatopa	4	QL
guanfacine hcl er	1		REBIF	4	PA; QL
methylphenidate hcl er (cd) (generic Metadate)	1		REBIF REBIDOSE	4	PA; QL
methylphenidate hcl er (la) (generic Ritalin LA, generic Methylin LA)	1	QL	REBIF REBIDOSE TITRATION PACK	4	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1		REBIF TITRATION PACK	4	PA; QL
methylphenidate hcl er oral tablet extended release (generic Methylin)	1		teriflunomide	1	QL
methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL	Central Nervous System Agents - Miscellaneous		
methylphenidate hcl er (diffus)	1		caffeine citrate oral	1	
methylphenidate hcl oral tablet (generic Ritalin)	1		pregabalin oral	1	QL
relexxii oral tablet extended release 72 mg	1	PA	riluzole	1	QL
zenzedi oral tablet 10 mg, 5 mg	1		Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
Central Nervous System Agents - Drugs for Multiple Sclerosis			chlorhexidine gluconate mouth/throat	1	
AVONEX PEN	4	PA; QL	kourzeq	1	
			lidocaine viscous hcl	1	
			oralone	1	
			periogard	1	
			pilocarpine hcl oral	1	
			triamcinolone acetonide mouth/throat	1	
			Dermatological Agents - Drugs for Skin Conditions		
			accutane	1	
			acitretin	1	QL
			adapalene external cream	1	
			adapalene external gel	1	

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
fluocinonide emulsified base	1		pimecrolimus cream 1 % external	1	
fluocinonide external	1		PIMECROLIMUS CREAM 1 % EXTERNAL	1	
fluorouracil external cream 5 %	1		podofilox external	1	
fluorouracil external solution	1		PRAMOSONE EXTERNAL CREAM	2	
fluticasone propionate external cream	1		PRAMOSONE EXTERNAL LOTION	2	
fluticasone propionate external ointment	1		RETIN-A	1	
halobetasol propionate external cream	1		SANTYL	2	
halobetasol propionate external ointment	1		selenium sulfide external lotion	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		sodium sulfacetamide external shampoo 10 %	1	
hydrocortisone butyrate external cream	1		sulfacetamide sodium (acne)	1	
hydrocortisone butyrate external ointment	1		sulfacetamide sodium-sulfur external liquid 10-5 %	1	
hydrocortisone butyrate external solution	1		sulfacetamide sodium-sulfur external lotion 10-5 %	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide-sulfur in urea	1	
hydrocortisone external lotion 2.5 %	1		synalar	1	
hydrocortisone external ointment 1 %, 2.5 %	1		tacrolimus external	1	
hydrocortisone valerate	1		tazarotene external cream	1	
imiquimod external cream 5 %	1		tazarotene external gel	1	
isotretinoin oral	1		TAZORAC EXTERNAL CREAM 0.05 %	1	
LEVULAN KERASTICK	2	QL	tretinoin external cream	1	
methoxsalen rapid	4	QL	tretinoin external gel 0.01 %, 0.025 %	1	
metronidazole external cream	1		TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %	1	
metronidazole external gel 0.75 %	1		TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
mometasone furoate external	1				
neuac	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamcinolone acetonide external cream	1		ACCU-CHEK GUIDE CONTROL	1	
triamcinolone acetonide external lotion	1		ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK SMARTVIEW CONTROL	1	
triderm	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
trilitas	1		ADVANTAGE SAFETY LANCETS 28G	1	
urea external cream 40 %	1		ADVOCATE SAFETY LANCETS 21G	1	
VECTICAL	1		ADVOCATE SAFETY LANCETS 23G	1	
zenatane	1		ADVOCATE SAFETY LANCETS 28G	1	
Diabetes - Antidiabetic Agents			AGAMATRIX CONTROL LEVEL 2	1	
acarbose oral	1		AGAMATRIX CONTROL LEVEL 4	1	
dapagliflozin	1	QL	ASSURE CONTROL SOLUTION 2/3	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		AUTOLET II CLINISAFE	1	
glipizide er	1		AUTOLET LANCING DEVICE	1	
glipizide oral tablet 10 mg, 5 mg	1		AUTOLET LITE LANCING DEVICE	1	
glipizide-metformin hcl	1		BLULINK CONTROL HIGH & LOW	1	
glyburide	1		CARESENS CONTROL SOLUTION A/B	1	
JARDIANCE	2	QL	CARESENS LANCETS 30G	1	
liraglutide	1	PA; QL	CARESENS S CONTROL SOLN A/B	1	
metformin hcl er	1		CARETOUCH CONTROL SOL LEVEL 2	1	
metformin hcl oral solution	1		CARETOUCH LANCING/EJECTOR	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		CHEMSTRIP 10 MD	2	
nateglinide	1		CHEMSTRIP 10/SG	2	
OZEMPIC	2	PA; QL	CHEMSTRIP 2 GP	2	
pioglitazone hcl	1		CHEMSTRIP 5 OB	2	
repaglinide	1				
SITAGLIPTIN	2				
Diabetes - Glucose Monitoring					
ACCU-CHEK FASTCLIX LANCET KIT	1				

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUGH ULTRA TEST STRIPS	1	QL	VIVAGUARD LANCETS 30G	1	
ONETOUGH VERIO FLEX SYSTEM KIT	1		VIVAGUARD LANCING DEVICE	1	
ONETOUGH VERIO IN VITRO LIQUID HIGH	1		VIVAGUARD SAFETY LANCETS 28G	1	
ONETOUGH VERIO TEST STRIPS	1	QL	Diabetes - Glycemic Agents		
ONETOUGH VERIO REFLECT KIT W/DEVICE	1		BAQSIMI ONE PACK	2	
PERFECT POINT SAFETY LANCETS	1		BAQSIMI TWO PACK	2	
PIP GLUCOSE CONTROL SOLUTION	1		diazoxide oral	2	
PRODIGY NO CODING BLOOD GLUC IN VITRO	1	PA; QL	glucagon emergency kit injection solution reconstituted 1 mg	1	
PURE COMFORT SAFETY LANCET 30G	1		GLUCAGON EMERGENCY KIT	2	
SENSILANCE SAFETY LANCETS 21G	1		Diabetes - Insulins		
SENSILANCE SAFETY LANCETS 26G	1		AQ INSULIN SYRINGE	1	
SENSILANCE SAFETY LANCETS 28G	1		BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	
TECHLITE LANCETS 26G	1		BD VEO INSULIN SYR ULTRAFINE	1	
TRUE METRIX LEVEL 1	1		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
TRUE METRIX LEVEL 2	1		EMBECTA INS SYR U/F 1/2 UNIT	1	
TRUE METRIX LEVEL 3	1		EMBECTA INSULIN SYR ULTRAFINE	1	
ULTRA-CARE SAFETY LANCETS 30G	1		EMBECTA INSULIN SYRINGE	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1		EMBECTA INSULIN SYRINGE U-100	1	
VERIFINE SAFE LANCET MINI 21G	1		EMBECTA INSULIN SYRINGE U-500	1	
VERIFINE SAFE LANCET MINI 23G	1		HUMALOG	2	
VERIFINE SAFE LANCET MINI 28G	1				
VERIFINE SAFE LANCET MINI 30G	1				
VIVAGUARD INO CONTROL SOLUTION	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG KWIKPEN	2		ARGYLE STERILE SALINE	1	
HUMALOG U-100 JUNIOR KWIKPEN	2		ATABEX		++
HUMULIN 70/30 KWIKPEN	2		BPROTECTED PEDIA IRON		++
HUMULIN 70/30 VIAL	2		CENTRUM SPECIALIST PRENATAL		++
HUMULIN N KWIKPEN	2		classic prenatal		++
HUMULIN N VIAL	2		curity sterile saline	1	
HUMULIN R U-500 KWIKPEN	1	PA	cvs folic acid		++
HUMULIN R VIAL	1		cvs iron		++
INSULIN GLARGINE-YFGN	1		cvs prenatal		++
INSULIN LISPRO	2		cvs prenatal gummy oral tablet chewable 0.4-113.5 mg		++
INSULIN LISPRO (1 UNIT DIAL)	2		cvs prenatal multi+dha		++
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1		cvs prenatal multivitamin		++
			cvs slow release dried iron		++
			slow release iron		++
			cyanocobalamin injection solution 1000 mcg/ml	1	
			cytra k crystals	1	
			deferasirox granules	4	QL
			deferasirox oral packet	4	QL
			deferasirox oral tablet	1	
			deferasirox oral tablet soluble	1	
			ENFAMIL EXPECTA		++
			eq slow-release iron		++
			eql carbonyl iron		++
KIRSTY	1		eql iron supplement therapy		++
REZVOGLAR KWIKPEN	2		eql prenatal formula		++
TRESIBA	2	PA	eql slow release iron		++
TRESIBA FLEXTOUCH	2	PA	ergocalciferol oral capsule	1	
ULTIGUARD SAFEPACK SYR/NEEDLE	1		EZFE 200		++
VERIFINE INSULIN SYRINGE	1		fa-8		++
Electrolytes / Minerals / Metals / Vitamins			FEOSOL		++

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FEOSOL NATURAL RELEASE		++	HEALTHY MAMA BE WELL ROUNDED		++
ferate		++	high potency iron oral capsule		++
FERGON		++	ICAR		++
FER-IN-SOL		++	iferex 150		++
ferosul		++	iron (ferrous sulfate)		++
ferretts		++	iron 27		++
ferretts chewable iron		++	iron chews pediatric		++
ferretts ips oral solution		++	iron high-potency		++
ferrex 150 capsule 150 mg oral		++	iron infant & toddler		++
FERREX 150 CAPSULE 150 MG ORAL		++	iron infant/toddler		++
FERRIC X-150		++	iron oral tablet		++
FERRIMIN 150		++	iron slow release		++
ferrocite		++	iron supplement		++
ferrotabs		++	IRON UP		++
ferrous fumarate oral		++	klor-con	1	
ferrous gluconate oral		++	klor-con 10	1	
ferrous sulfate er		++	klor-con m10	1	
ferrous sulfate oral		++	klor-con m15	2	
fe-vite iron		++	klor-con m20	1	
folate		++	kp ferrous gluconate		++
folic acid injection	1		kp ferrous sulfate		++
folic acid oral capsule 0.8 mg		++	kp folic acid oral tablet 800 mcg		++
folic acid oral tablet 1 mg	1		kp prenatal multivitamins		++
folic acid oral tablet 400 mcg, 800 mcg		++	levocarnitine oral solution	1	
ft folic acid		++	levocarnitine oral tablet	1	
ft iron		++	levocarnitine sf	1	
ft iron slow release		++	MASONATAL		++
ft prenatal		++	meijer ferrous sulfate		++
gnp folic acid		++	multi prenatal		++
gnp iron		++	nat-rul iron		++
gnp prenatal		++	NEONATAL PRENATAL		++
gnp prenatal/folic acid		++	NEONATAL VITAMIN		++
goodsense iron		++	NOVAFERRUM 50		++
			NOVAFERRUM PEDIATRIC DROPS		++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NU-IRON		++	prenatal forte		++
ONE A DAY PRENATAL ORAL CAPSULE		++	prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg		++
ONE VITE FERROUS SULFATE		++	prenatal multivit plus folate		++
ONE VITE WOMENS		++	PRENATAL MULTIVITAMIN + DHA		++
ORACIT	2		prenatal multivitamin plus dha		++
pc pediatric iron drops		++	prenatal one daily		++
phospha 250 neutral	1		prenatal oral tablet 27-0.8 mg, 28-0.8 mg		++
phosphorous	1		prenatal vitamin and mineral		++
phospho-trin 250 neutral	1		prenatal vitamins		++
phytonadione injection	1		prenatal/iron oral tablet		++
phytonadione oral	1		PRENOVA		++
poly-iron 150		++	PROFE		++
polysaccharide iron complex		++	PROFERRIN ES		++
polysaccharide-iron complex		++	qc ferrous sulfate		++
pot & sod cit-cit ac	1		qc folic acid		++
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1		SIMILAC PRENATAL EARLY SHIELD		++
potassium chloride crys er oral tablet extended release 15 meq	2		SLOW FE		++
potassium chloride er oral capsule extended release	1		slow iron		++
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1		slow release iron		++
potassium chloride oral packet 20 meq	1		sod citrate-citric acid	1	
potassium chloride oral solution	1		sodium chloride (pf)	1	
potassium citrate er	1		sodium chloride irrigation	1	
potassium citrate-citric acid	1		sodium citrate-citric acid	1	
prenatal (w/iron & fa)		++	sodium fluoride oral solution 0.5 mg/ml		++
prenatal complete oral tablet		++	sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	++
prenatal formula		++	sodium fluoride oral tablet 1.1 (0.5 f) mg	1	++
			sodium fluoride oral tablet chewable	1	++
			sodium polystyrene sulfonate	1	

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lactulose encephalopathy	1		Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
lactulose oral solution	1		acetic acid irrigation	1	
laxative osmotic		++	bethanechol chloride oral	1	
loperamide hcl oral capsule	1		calcium acetate (phos binder)	1	
lubiprostone	1		calcium acetate oral tablet 667 mg	1	
magnesium citrate oral solution		++	CERVIDIL	2	
mm clearlax		++	darifenacin hydrobromide er	1	
na sulfate-k sulfate-mg sulf	1	++	ELMIRON	2	
nulev	1		flavoxate hcl	1	
opium	1	QL	mirabegron er oral tablet extended release 24 hour	1	
oscimin	1		oxybutynin chloride er	1	
peg 3350 oral powder		++	oxybutynin chloride oral solution	1	
peg 3350-kcl-na bicarb-nacl	1	++	oxybutynin chloride oral tablet 5 mg	1	
peg-3350/electrolytes	1	++	penicillamine oral	4	PA; QL
polyethylene glycol 3350 oral powder		++	PENTOSAN POLYSULFATE SODIUM ORAL	2	
polyethylene glycol 3350-grx oral powder		++	phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
prucalopride succinate	1		PREPIDIL	2	
qc magnesium citrate		++	sevelamer carbonate	1	
qc oral laxative		++	sevelamer hcl	1	PA
RELISTOR SUBCUTANEOUS	2	PA	solifenacin succinate	1	
sb magnesium citrate		++	tadalafil oral tablet 2.5 mg, 5 mg	1	PA
sb polyethylene glycol 3350		++	tolterodine tartrate	1	
smooth lax oral powder		++	tolterodine tartrate er	1	
ursodiol oral capsule 300 mg	1		trospium chloride	1	
ursodiol oral tablet	1		trospium chloride er	1	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			Genitourinary Agents - Drugs for Prostate Conditions		
CERDELGA	4	PA; QL	alfuzosin hcl er	1	
CREON	2		dutasteride oral	1	
CYSTAGON	2	PA			
ZENPEP	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
finasteride oral tablet 5 mg	1		SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	1	
silodosin	1				
tamsulosin hcl	1		SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	2	
terazosin hcl	1				
Hormonal Agents - Adrenal			Hormonal Agents - Men's Health		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2		danazol oral	1	
dexamethasone intensol	2		DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
dexamethasone oral elixir	1		TESTOSTERONE CYPIONATE INJECTION	1	
dexamethasone oral solution	1		testosterone cypionate intramuscular	1	
dexamethasone oral tablet	1		testosterone enanthate intramuscular	1	
dexamethasone sod phos +rfid	1		testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	QL
dexamethasone sod phosphate pf	1				
dexamethasone sodium phosphate injection	1		Hormonal Agents - Pituitary		
fludrocortisone acetate oral	1		ACTHAR	4	PA; QL
hydrocortisone oral	1		ACTHAR GEL	4	PA; QL
hydrocortisone sod suc (pf)	1		cabergoline	1	
MEDROL ORAL TABLET 2 MG	2		CORTROPHIN	4	PA; QL
methylprednisolone oral	1		CORTROPHIN GEL	4	PA; QL
methylprednisolone sodium succ injection solution reconstituted 125 mg	1		desmopressin ace spray refrig	1	
prednisolone oral solution	1		desmopressin acetate injection	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1		DESMOPRESSIN ACETATE NASAL	2	
prednisone oral solution	1		desmopressin acetate oral	1	
prednisone oral tablet	1		desmopressin acetate pf	1	
prednisone oral tablet therapy pack	1		desmopressin acetate spray	1	
			ELIGARD	2	
			leuprolide acetate injection	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LUPRON DEPOT (1-MONTH)	2		AFTERPILL	1	
LUPRON DEPOT (3-MONTH)	2		altavera	1	++
LUPRON DEPOT (4-MONTH)	2		alyacen 1/35	1	++
INTRAMUSCULAR KIT 30MG	2		alyacen 7/7/7	1	++
LUPRON DEPOT (6-MONTH)	2		amethyst	1	++
INTRAMUSCULAR KIT 45MG	2		apri	1	++
LUPRON DEPOT-PED (1-MONTH)	2		aranelle	1	++
LUPRON DEPOT-PED (3-MONTH)	2		ashlyna	1	++
octreotide acetate injection	1		aubra eq	1	++
octreotide acetate intramuscular kit 10 mg	2	QL	aurovela 1.5/30	1	++
octreotide acetate intramuscular kit 20 mg, 30 mg	1	QL	aurovela 1/20	1	++
octreotide acetate subcutaneous	1		aurovela 24 fe	1	++
OMNITROPE	4	PA; QL	aurovela fe 1.5/30	1	++
SANDOSTATIN LAR DEPOT	2	QL	aurovela fe 1/20	1	++
VABRINTY SUBCUTANEOUS KIT 30 MG, 7.5 MG	2		aviane	1	++
Hormonal Agents - Prostaglandins			ayuna	1	++
MIFEPREX	1		azurette	1	++
mifepristone oral tablet 200 mg	1		balziva	1	++
Hormonal Agents - Selective Estrogen Receptor Modifying Agents			blisovi 24 fe	1	++
raloxifene hcl	1	++	blisovi fe 1.5/30	1	++
Hormonal Agents - Sex Hormones and Birth Control			blisovi fe 1/20	1	++
abigale	1		briellyn	1	++
abigale lo	1		camila	1	++
afirmelle	1	++	camrese	1	++
aftera	1	++	camrese lo	1	++
			chateal eq	1	++
			CLIMARA	1	
			cryselle	1	++
			cyred eq	1	++
			dasetta 1/35 (28)	1	++
			dasetta 7/7/7	1	++
			daysee	1	++
			deblitane	1	++
			delyla	1	++
			DEPO-ESTRADIOL	2	
			dolishale	1	++
			dotti	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
drospirenone-ethinyl estradiol	1	++	incassia	1	++
econtra one-step	1	++	introvale	1	++
elinest	1	++	isibloom	1	++
ELLA	2	++	jaimiess	1	++
eluryng	1	++	jasmiel	1	++
emzahh	1	++	jencycla	1	++
enilloring	1	++	jolessa	1	++
enskyce	1	++	juleber	1	++
errin	1	++	junel 1.5/30	1	++
estarylla	1	++	junel 1/20	1	++
estradiol oral	1		junel fe 1.5/30	1	++
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1		junel fe 1/20	1	++
estradiol transdermal patch twice weekly	1		junel fe 24	1	++
estradiol transdermal patch weekly	1		kalliga	1	++
estradiol vaginal	1		kariva	1	++
estradiol valerate intramuscular	1		kelnor 1/35	1	++
estradiol-norethindrone acet	1		kurvelo	1	++
ESTRING	2		KYLEENA		++
etonogestrel-ethinyl estradiol	1	++	larin 1.5/30	1	++
falmina	1	++	larin 1/20	1	++
feirza 1.5/30	1	++	larin 24 fe	1	++
feirza 1/20	1	++	larin fe 1.5/30	1	++
FEMRING	2		larin fe 1/20	1	++
gallifrey	1		lessina	1	++
hailey 1.5/30	1	++	levonest	1	++
hailey 24 fe	1	++	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	++
hailey fe 1.5/30	1	++	levonorgestrel	1	++
hailey fe 1/20	1	++	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	++
heather	1	++	levonorg-eth estrad triphasic	1	++
her style	1	++	lojaimiess	1	++
iclevia	1	++	loryna	1	++
			low-ogestrel	1	++
			lo-zumandimine	1	++
			luizza 1.5/30	1	++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
luizza 1/20	1	++	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
luteria	1	++	norgestimate-ethinyl estradiol triphasic	1	++
lyleq	1	++	norlyroc	1	++
lyllana	1		nortrel 0.5/35 (28)	1	++
lyza	1	++	nortrel 1/35 (21)	1	++
marlissa	1	++	nortrel 1/35 (28)	1	++
medroxyprogesterone acetate intramuscular	1	++	nortrel 7/7/7	1	++
medroxyprogesterone acetate oral	1		nylia 1/35	1	++
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1		nylia 7/7/7	1	++
megestrol acetate oral tablet	1		opcicon one-step	1	++
meleya	1	++	OPILL	1	++
microgestin 1.5/30	1	++	option 2	1	++
microgestin 1/20	1	++	orquidea	1	++
microgestin fe 1.5/30	1	++	PARAGARD INTRAUTERINE COPPER	2	++
microgestin fe 1/20	1	++	philith	1	++
mili	1	++	pimtrea	1	++
mimvey	1		portia-28	1	++
MIRENA (52 MG)	2	++	PREMARIN VAGINAL	2	
mono-lynyah	1	++	progesterone intramuscular	1	
my choice	1	++	progesterone oral	1	
my way	1	++	reclipsen	1	++
necon 0.5/35 (28)	1	++	setlakin	1	++
new day	1	++	sharobel	1	++
NEXPLANON		++	shewise	1	++
nikki	1	++	simliya	1	++
nora-be	1	++	simpesse	1	++
norelgestromin-eth estradiol	1	++	SKYLA	2	++
norethindrone acetate oral	1		sprintec 28	1	++
norethindrone acet-ethinyl est	1	++	syeda	1	++
norethindrone oral	1	++	take action	1	++
			tarina 24 fe	1	++
			tarina fe 1/20 eq	1	++
			tri-estarylla	1	++
			tri-lynyah	1	++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tri-lo-estarylla	1	++	AMJEVITA-PED 15KG TO <30KG	2	PA
tri-lo-marzia	1	++	AURANOFIN	4	PA; QL
tri-lo-mili	1	++	azathioprine oral tablet 50 mg	1	
tri-lo-sprintec	1	++	BERINERT	4	PA; QL
tri-mili	1	++	COSENTYX (300 MG DOSE)	4	PA; QL
tri-sprintec	1	++	COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; QL
tri-vylibra	1	++	COSENTYX SENSOREADY (300 MG)	4	PA; QL
tri-vylibra lo	1	++	COSENTYX SENSOREADY PEN	4	PA; QL
turqoz	1	++	COSENTYX UNOREADY	4	PA; QL
tyblume	1	++	CUVITRU	4	PA; QL
valtya 1/35	1	++	cyclosporine modified	1	
valtya 1/50	1	++	cyclosporine oral	1	
velivet	1	++	ENVARUSUS XR	2	
vestura	1	++	gengraf	1	
vienva	1	++	HIZENTRA	4	PA; QL
violele	1	++	HYPERHEP B	2	
volnea	1	++	HYQVIA	4	PA; QL
vyfemla	1	++	icatibant acetate	4	PA; QL
vylibra	1	++	leflunomide oral	1	
wera	1	++	methotrexate sodium	1	
xulane	1	++	methotrexate sodium (pf)	1	
yuvaferm	1		mycophenolate mofetil oral	1	
zafemy	1	++	mycophenolate sodium	1	
zovia 1/35 (28)	1	++	mycophenolic acid	1	
zumandimine	1	++	NABI-HB	2	
Hormonal Agents - Thyroid			RASUVO	2	
levothyroxine sodium oral tablet	1		RIDAURA	4	PA; QL
liomny	1		sajazir	4	PA; QL
liothyronine sodium oral	1		sirolimus oral tablet	1	
methimazole oral	1		SKYRIZI PEN	4	PA; QL
propylthiouracil oral	1		SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL
Immunological Agents - Drugs for Immune System Stimulation or Suppression					
AMJEVITA	2	PA			
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA; QL	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	++
tacrolimus oral	1		GARDASIL 9	2	++
tofacitinib citrate er	1		HAVRIX	2	++
tofacitinib citrate oral	1		HEPLISAV-B	2	++
TREMFYA ONE-PRESS	4	PA; QL	HIBERIX	2	++
TREMFYA PEN	4	PA; QL	INFANRIX	2	++
TREMFYA SUBCUTANEOUS	4	PA; QL	IPOL	2	++
TREMFYA-CD/UC INDUCTION	4	PA; QL	KINRIX	2	++
XELJANZ ORAL SOLUTION	4	PA; QL	MENQUADFI	2	++
XELJANZ ORAL TABLET	4	PA	MENVEO	2	++
XELJANZ XR	4	PA; QL	M-M-R II	2	++
YESINTEK SUBCUTANEOUS	2	PA	MNEXSPIKE	2	++
Immunological Agents - Drugs for Vaccination			MRESVIA	2	++
ABRYSVO	2	++	PEDIARIX	2	++
ACTHIB	2	++	PEDVAXHIB	2	++
ADACEL	2	++	PENBRAYA	2	++
AREXVY	2	++	PENTACEL	2	++
AUDENZ	2	++	PNEUMOVAX 23	2	++
BEXSERO	2	++	PREVNAR 20	2	++
BOOSTRIX	2	++	PRIORIX	2	++
CAPVAXIVE	2	++	PROQUAD	2	++
COMIRNATY	2	++	QUADRACEL	2	++
COMIRNATY 5-11 YEARS	2	++	RECOMBIVAX HB	2	++
DAPTACEL	2	++	ROTARIX	2	++
ENGRIX-B	2	++	ROTATEQ	2	++
FLUAD	1	++	SPIKEVAX	2	++
FLUARIX	1	++	SPIKEVAX 6M-11Y	2	++
FLUBLOK	1	++	TENIVAC	2	++
FLUCELVAX	1	++	TRUMENBA	2	++
FLULAVAL	1	++	TWINRIX	2	++
FLUMIST	1	++	VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	2	++
FLUZONE HIGH-DOSE	1	++	VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML		++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML		++	proctozone-hc	1	
			sulfasalazine oral	1	
			Metabolic Bone Disease Agents - Drugs for Osteoporosis		
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	2	++	alendronate sodium	1	
			calcitonin (salmon) nasal	1	
			ibandronate sodium oral	1	
			risedronate sodium oral tablet	1	
VARIVAX	2	++	Metabolic Bone Disease Agents - Other		
VAXELIS	2	++			
VAXNEUVANCE	2	++	calcitriol oral	1	
Inflammatory Bowel Disease Agents			cinacalcet hcl	1	
balsalazide disodium	1		Miscellaneous Therapeutic Agents		
budesonide oral (generic Entocort)	1		AEROCHAMBER HOLDING CHAMBER	2	
CORTIFOAM	2		AEROCHAMBER MINI CHAMBER	2	
hydrocortisone (perianal) external cream 2.5 %	1		AEROCHAMBER MV	2	
hydrocortisone rectal	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
mesalamine er oral capsule 0.375 gm	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
mesalamine er oral capsule extended release 250 mg	2	PA	AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
mesalamine er oral capsule extended release 500 mg	1	PA	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
mesalamine oral capsule delayed release 400 mg	1	ST	AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
mesalamine oral tablet delayed release 1.2 gm	1		AEROCHAMBER PLUS FLOW VU	2	
mesalamine rectal	1		AEROCHAMBER2GO ANTI-STATIC	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA	AIMSCO LUBRICATED		++
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA	ALCOHOL PREP PADS PAD , 70 %	1	
			ALCOHOL PREP PADS SHEET 70 %	1	
PROCTOFOAM HC	2		AQINJECT PEN NEEDLE	1	
procto-med hc	1		ASSURE ID DUO PRO PEN NEEDLES	1	
proctosol hc	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ASSURE ID PRO PEN NEEDLES	1		COMFORT EZ PRO PEN NEEDLES	1	
AUM ALCOHOL PREP PADS	1		COMPACT SPACE CHAMBER	2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1		COMPACT SPACE CHAMBER/LG MASK	2	
AUM MINI INSULIN PEN NEEDLE	1		COMPACT SPACE CHAMBER/MED MASK	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1		COMPACT SPACE CHAMBER/SM MASK	2	
AUM READYGARD DUO PEN NEEDLE	1		CONDOMS		++
AUM SAFETY PEN NEEDLE	1		deferoxamine mesylate injection solution reconstituted 500 mg	1	
BD AUTOSHIELD DUO PEN NEEDLES	1		DROPSAFE ALCOHOL PREP	1	
BD PEN NEEDLE MICRO ULTRAFINE	1		DROPSAFE AUTOPROTECT DUO	1	
BD PEN NEEDLE MINI ULTRAFINE	1		DUREX EXTRA SENSITIVE THIN		++
BD PEN NEEDLE NANO ULTRAFINE	1		DUREX REALFEEL		++
BD PEN NEEDLE ORIG ULTRAFINE	1		DUREX TROPICAL		++
BD PEN NEEDLE SHORT ULTRAFINE	1		EASIVENT	2	
BD ULTRA-FINE PEN NEEDLES	1		EMBECTA AUTOSHIELD DUO	1	
BREATHE COMFORT CHAMBER/ADULT	2		EMBECTA PEN NEEDLE NANO	1	
BREATHE COMFORT CHAMBER/CHILD	2		EMBECTA PEN NEEDLE NANO 2 GEN	1	
BREATHE EASE LARGE	2		EMBECTA PEN NEEDLE ULTRAFINE	1	
BREATHE EASE MEDIUM	2		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
BREATHE EASE SMALL	2		ENCARE		++
BREATHERITE VALVED MDI CHAMBER	2		FANTASY LUBRICATED		++
CAYA	2	++	FANTASY LUBRICATED/SPERMICIDE		++
CLEVER CHOICE HOLDING CHAMBER	2		FC2 FEMALE CONDOM		++
			FEMCAP	2	++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLEXICHAMBER	2		MAXX PLUS		++
FLEXICHAMBER ADULT MASK/SMALL	2		methergine	1	
FLEXICHAMBER CHILD MASK/LARGE	2		methylergonovine maleate	1	
FLEXICHAMBER CHILD MASK/SMALL	2		MICROCHAMBER DEVICE	2	
GLUCAGON HCL (DIAGNOSTIC)	2		NOVOFINE PEN NEEDLE	1	
GOODSENSE ALCOHOL SWABS	1		NOVOFINE PLUS PEN NEEDLE	1	
INCONTROL ULTICARE PEN NEEDLES	1		NOZIN NASAL SANITIZER	1	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1		NOZIN NASAL SANITIZER POPSWAB	1	
INSUPEN32G EXTR3ME	1		OPTICHAMBER DIAMOND	2	
KAMELEON LUBRICATED		++	OPTICHAMBER DIAMOND-LG MASK	2	
KIMONO		++	OPTICHAMBER DIAMOND-MD MASK	2	
KIMONO COLORS		++	OPTICHAMBER DIAMOND-SM MASK	2	
KIMONO MAXX-LARGE FLARE		++	OPTIONS GYNOL II CONTRACEPTIVE		++
KIMONO MICRO THIN		++	PANDA MASK LARGE	2	
KIMONO MICRO THIN PLUS		++	PANDA MASK MEDIUM	2	
KIMONO PLUS		++	PANDA MASK SMALL	2	
KIMONO PS		++	PARI VORTEX ADULT MASK	2	
KIMONO PS PLUS		++	PARI VORTEX PEDIATRIC MASK	2	
KIMONO SENSATION		++	PEDIATRIC PANDA MASK	2	
KIMONO SENSATION PLUS		++	PEN NEEDLE/5-BEVEL TIP	1	
KIMONO SPECIAL		++	PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	
MAXX		++	PIP PEN NEEDLES 32G X 4MM	1	
			pocket spacer	2	
			PRO COMFORT SPACER ADULT	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PRO COMFORT SPACER CHILD	2		TRUSTEX LUB/RIBBED/STUDDERED		++
PRO COMFORT SPACER INFANT	2		TRUSTEX LUB/SPERMICIDE EX ST		++
PROCARE SPACER/ADULT MASK	2		TRUSTEX LUB/SPERMICIDE XL		++
PROCARE SPACER/CHILD MASK	2		TRUSTEX LUBRICATED		++
PURE COMFORT SAFETY PEN NEEDLE	1		TRUSTEX LUBRICATED EX LARGE		++
PURE COMFORT SPACER CHAMBER	2		TRUSTEX LUBRICATED EXTRA ST		++
QUICK TOUCH INSULIN PEN NEEDLE	1		TRUSTEX LUBRICATED/SPERMICIDE		++
RAYA SURE PEN NEEDLE	1		TRUSTEX NATURAL CONDOMS + LUBE		++
REALITY LATEX CONDOMS		++	TRUSTEX NON-LUBRICATED		++
REALITY LATEX/ULTRA TEXTURED		++	TRUSTEX RIA LUB/SPERMICIDE		++
REALITY LATEX/ULTRA THIN		++	TRUSTEX RIA LUBRICATED		++
SAFETY PEN NEEDLES	1		TRUSTEX RIA NON-LUBRICATED		++
TECHLITE PLUS PEN NEEDLES	1		TRUSTEX-NONOXYNOL-9/RIB/STUD		++
TODAY SPONGE		++	UNIFINE OTC PEN NEEDLES	1	
TROJAN BARESKIN		++	UNIFINE PROTECT PEN NEEDLE	1	
TROJAN ENZ		++	VCF VAGINAL CONTRACEPTIVE		++
TROJAN MAGNUM		++	VERIFINE INSULIN PEN NEEDLE	1	
TROJAN ULTRA RIBBED LUBRICATED		++	VERIFINE PLUS PEN NEEDLE	1	
TROJAN ULTRA THIN		++	VORTEX VALVE CHAMBER-PEDI MASK	2	
TROJAN ULTRA THIN/SPERMICIDAL		++	VORTEX VALVED HOLDING CHAMBER	2	
TROJAN-ENZ LUBRICATED		++	WIDE-SEAL DIAPHRAGM 60	2	++
TROJAN-ENZ/SPERMICIDAL		++			
TRUE COMFORT SAFETY PEN NEEDLE	1				
TRUE COVER		++			
TRUSTEX COLOR CONDOMS + LUBE		++			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 65	2	++	neomycin-polymyxin-dexameth	1	
WIDE-SEAL DIAPHRAGM 70	2	++	ofloxacin ophthalmic	1	
WIDE-SEAL DIAPHRAGM 75	2	++	PRED MILD	2	
WIDE-SEAL DIAPHRAGM 80	2	++	prednisolone acetate ophthalmic	1	
WIDE-SEAL DIAPHRAGM 85	2	++	prednisolone acetate p-f	1	
WIDE-SEAL DIAPHRAGM 90	2	++	sulfacetamide sodium ophthalmic	1	
WIDE-SEAL DIAPHRAGM 95	2	++	TOBRADEX	2	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation			tobramycin ophthalmic	1	
			tobramycin-dexamethasone	1	
			TOBREX	2	
			trifluridine	1	
ACULAR	2		VIGAMOX	2	
azelastine hcl ophthalmic	1		Ophthalmic Agents - Drugs for Glaucoma		
CILOXAN	2				
ciprofloxacin hcl ophthalmic	1		acetazolamide er	1	
cromolyn sodium ophthalmic	1		acetazolamide oral	1	
dexamethasone sodium phosphate ophthalmic	1		betaxolol hcl ophthalmic	1	
diclofenac sodium ophthalmic	1		bimatoprost ophthalmic solution 0.03 %	1	
difluprednate	1		bimatoprost solution 0.01 % ophthalmic	2	
erythromycin ophthalmic	1		BIMATOPROST SOLUTION 0.01 % OPHTHALMIC	2	
fluorometholone	1		brimonidine tartrate ophthalmic solution 0.2 %	1	
flurbiprofen sodium	1		brimonidine tartrate-timolol	1	
FML FORTE	2		brinzolamide	1	
gatifloxacin ophthalmic	1		carteolol hcl	1	
gentamicin sulfate ophthalmic	1		dorzolamide hcl ophthalmic	1	
ketorolac tromethamine ophthalmic	1		dorzolamide hcl-timolol mal	1	
moxifloxacin hcl (2x day)	1		latanoprost ophthalmic	1	
moxifloxacin hcl ophthalmic	1		levobunolol hcl	1	
NATACYN	2		LUMIGAN	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methazolamide oral	1		ciprofloxacin-hydrocortisone	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1		fluocinolone acetonide otic	1	
timolol maleate (once-daily)	1		neomycin-polymyxin-hc otic	1	
timolol maleate ophthalmic	1		ofloxacin otic	1	
travoprost (bak free)	1		Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions			azelastine hcl nasal	1	
altacaine	1		benzonatate oral capsule 100 mg, 200 mg	1	
ATROPINE SULFATE OPTHALMIC SOLUTION 0.01 %	1		carbinoxamine maleate oral tablet	1	
atropine sulfate ophthalmic solution 1 %	1		clemastine fumarate oral	1	
bacitracin-polymyxin b	1		cyproheptadine hcl oral syrup 2 mg/5ml	1	
bacitra-neomycin-polymyxin-hc	1		cyproheptadine hcl oral tablet	1	
CEQUA	2	PA	desloratadine oral tablet	1	
CYCLOGYL OPTHALMIC SOLUTION 0.5 %	2		desloratadine oral tablet dispersible	1	
cyclopentolate hcl ophthalmic	1		diphenhydramine hcl injection	1	
cyclosporine (pf)	1	PA	flunisolide nasal	1	
homatropaire	1		guaifenesin-codeine	2	QL
neomycin-bacitracin zn-polymyx	1		hydrocodone bit-homatrop mbr	1	
neomycin-polymyxin-gramicidin	1		ipratropium bromide nasal	1	
phenylephrine hcl ophthalmic	1		levocetirizine dihydrochloride oral	1	
polymyxin b-trimethoprim	1		maxi-tuss ac	2	QL
sulfacetamide-prednisolone	1		nebusal inhalation nebulization solution 3 %	1	
tetracaine hcl ophthalmic	1		olopatadine hcl nasal	1	
XIIDRA	2	PA	potassium iodide (expectorant)	2	
Otic Agents - Drugs for Ear Conditions			promethazine-dm	1	
acetic acid otic	1		promethazine-phenylephrine	1	
ciprofloxacin-dexamethasone	1		pulmosal	1	
			ryvent	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1		budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	
SSKI	2		budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	1	QL
SURVANTA	2		budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions			budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	
acetylcysteine inhalation	1		budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	1	QL
ADVAIR HFA	2		COMBIVENT RESPIMAT	2	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	cromolyn sodium inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL	elixophyllin	1	
albuterol sulfate inhalation	1		epinephrine injection solution auto-injector	1	
albuterol sulfate oral	1		FLUTICASONE PROPIONATE DISKUS	2	PA
ALVESCO	2		FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA
ASMANEX (120 METERED DOSES)	2	ST	fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	
ASMANEX (14 METERED DOSES)	2	ST	FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	2	
ASMANEX (30 METERED DOSES)	2	ST	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
ASMANEX (60 METERED DOSES)	2	ST	ipratropium bromide hfa	2	
ASMANEX HFA	2	ST	ipratropium bromide inhalation	1	
ATROVENT HFA	1		ipratropium-albuterol	1	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	2		montelukast sodium oral	1	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	1		nintedanib esylate	4	PA; QL
BECLOMETHASONE DIPROP HFA	2				
breyna	1	QL			
budesonide inhalation	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pirfenidone	4	PA; QL	TYVASO STARTER KIT	2	PA; QL
SEREVENT DISKUS	2	ST	UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL
SPIRIVA HANDIHALER	1		UPTRAVI TITRATION	4	PA; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST	YUTREPIA	4	PA; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2		Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
STIOLTO RESPIMAT	2		baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
STRIVERDI RESPIMAT	2	PA	chlorzoxazone oral tablet 250 mg	1	
terbutaline sulfate oral	1		chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL
theophylline er	1		cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL
theophylline oral	1		dantrolene sodium oral	1	
tiotropium bromide	1		methocarbamol injection	1	
wixela inhub	1		methocarbamol oral tablet 500 mg, 750 mg	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			orphenadrine citrate er	1	QL
ALYFTREK	4	PA; QL	tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
PULMOZYME	2	QL	tizanidine hcl oral tablet	1	
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL	Sleep Disorder Agents		
TRIKAFTA	4	PA; QL	armodafinil	1	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			doxepin hcl oral tablet	1	
alyq	1		eszopiclone	1	QL
ambrisentan	1	PA; QL	flurazepam hcl	1	QL
bosentan oral tablet	1	PA; QL	modafinil oral	1	
macitentan	4	PA; QL	ramelteon	1	
OPSUMIT	4	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
sildenafil citrate oral suspension reconstituted	4	PA; QL	zaleplon	1	QL
sildenafil citrate oral tablet 20 mg	4	PA	zolpidem tartrate oral tablet 10 mg	1	PA; QL
tadalafil (generic Adcirca)	1		zolpidem tartrate oral tablet 5 mg	1	QL
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TYVASO REFILL KIT	2	PA; QL			

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Nondiscrimination Notice

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

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

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 (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636** (TTY **711**). You can file a grievance in person or 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.

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

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- 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/online services/cc/pub/complaintinformation.aspx>

Help in your language

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**International Symbol for ASL
(American Sign Language):**

