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Effective May 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](http://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](http://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](http://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](http://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](http://www.kp.org/wa/formulary).**

## Kaiser Foundation Health Plan of Washington

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

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

### Analgesics - Drugs for Pain

acetaminophen-codeine	1	QL
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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	
<b>Anesthetics</b>			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	++
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>			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	++	<b>Antibacterials</b>		
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	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 capsule	1	
trimethoprim oral	1		gabapentin oral solution	1	
vancomycin hcl oral capsule	1	QL	gabapentin oral tablet 600 mg, 800 mg	1	
vancomycin hcl oral solution reconstituted	1		lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
<b>Anticoagulants</b>			lacosamide oral tablet	1	
dabigatran etexilate mesylate	1		lamotrigine oral tablet	1	
enoxaparin sodium	1		lamotrigine oral tablet chewable	1	
fondaparinux sodium	4	QL	levetiracetam er	1	
heparin sodium (porcine) +rfid	1		levetiracetam oral solution	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1		levetiracetam oral tablet	1	
heparin sodium (porcine) pf	1		methsuximide	2	
jantoven	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	phenytek oral capsule 200 mg	1	
<b>Anticonvulsants - Drugs for Seizures</b>			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	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VALTOCO 10 MG DOSE	2	PA; QL	escitalopram oxalate oral tablet	1	
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	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>			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	
<b>Antidepressants</b>			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		<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
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	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	
			metoclopramide hcl injection	1	
			metoclopramide hcl oral solution	1	

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

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

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	1		ZYPREXA RELPREVV	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	2		<b>Antivirals</b>		
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1		abacavir sulfate	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	2		abacavir sulfate-lamivudine	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	1		acyclovir external ointment	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	2		acyclovir oral	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		BARACLUDGE 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	2	
			EDURANT PED	4	PA
			efavirenz	1	
			efavirenz-emtricitab-tenofo df	1	
			efavirenz-lamivudine-tenofovir	1	
			emtricitabine	1	
			emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
			emtricitabine-tenofovir df oral tablet 200-300 mg	1	++
			emtricitab-rilpivir-tenofov df	4	PA
			EMTRIVA ORAL SOLUTION	2	
			entecavir	1	
			EPCLUSA	4	QL
			etravirine	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
famciclovir oral	1		rimantadine hcl	1	
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	<b>Anxiolytics - Drugs for Anxiety</b>		
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		bupirone hcl oral	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
			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	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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>			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	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>			bumetanide oral	1	
ALVAIZ	4	PA; QL	candesartan cilexetil	1	
anagrelide hcl	1		captopril oral	1	
EPOGEN	2	PA	captopril-hydrochlorothiazide	1	
GRANIX	4	QL	cartia xt	1	
HEMLIBRA	4	PA; QL	carvedilol	1	
LEUKINE	2		chlorthalidone	1	
NIVESTYM	4	PA; QL	cholestyramine light	1	
PROCRIT	2	PA	cholestyramine oral	1	
tranexamic acid oral	1	QL	clonidine	1	
ZARXIO	4	PA; QL	clonidine hcl oral	1	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>			colestipol hcl	1	
acebutolol hcl oral	1		digoxin injection	1	
alprostadil injection	1		digoxin oral solution	1	
amiloride hcl oral	1		digoxin oral tablet 125 mcg, 250 mcg	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
diltiazem hcl er beads (generic Tiazac)	1		gemfibrozil oral	1	
diltiazem hcl er coated beads (generic Cardizem CD)	1		guanfacine hcl	1	
diltiazem hcl er oral capsule extended release 12 hour	1		hydralazine hcl oral	1	
diltiazem hcl er oral capsule extended release 24 hour	1		hydrochlorothiazide oral	1	
diltiazem hcl oral	1		indapamide	1	
dilt-xr	1		irbesartan	1	
disopyramide phosphate	1		irbesartan-hydrochlorothiazide	1	
DIURIL	2		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	
			nicardipine hcl oral	1	
			nifedipine er	1	
			nifedipine er osmotic release	1	

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

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
alclometasone dipropionate	1		clobetasol propionate e	1	
AMELUZ	2	QL	clobetasol propionate external cream 0.05 %	1	
amnesteem	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 external swab	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	
clobetasol prop emollient base	1		fluocinonide emulsified base	1	

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

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ADVANTAGE SAFETY LANCETS 28G	1	
triderm	1		ADVOCATE SAFETY LANCETS 21G	1	
urea external cream 40 %	1		ADVOCATE SAFETY LANCETS 23G	1	
VECTICAL	1		ADVOCATE SAFETY LANCETS 28G	1	
zenatane	1		AGAMATRIX CONTROL LEVEL 2	1	
<b>Diabetes - Antidiabetic Agents</b>			AGAMATRIX CONTROL LEVEL 4	1	
acarbose oral	1		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		CHEMSTRIP 7	2	
SITAGLIPTIN	2		CHEMSTRIP 9	2	
<b>Diabetes - Glucose Monitoring</b>			CHOSEN LANCETS 30G	1	
			CHOSEN LANCING DEVICE	1	
ACCU-CHEK FASTCLIX LANCET KIT	1		CHOSEN SAFETY LANCETS 28G	1	
ACCU-CHEK GUIDE CONTROL	1				
ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL			
ACCU-CHEK SMARTVIEW CONTROL	1				
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CLEVER CHOICE COMFORT EZ	1		FONDCIRCLE SINGLE USE LANCETS	1	
COMFORT TOUCH TWIST LANCET 30G	1		FREESTYLE TEST STRIPS	1	PA; QL
CONTOUR CONTROL SOLUTION	1		GENTEEL LANCING KIT (BLUE)	1	
CONTOUR NEXT CONTROL SOLUTION	1		GOJJI CONTROL	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL	GOJJI LANCING DEVICE/CLEAR CAP	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
EMBRACE TALK GLUCOSE CONTROL	1		ONETOUCH ULTRA TEST STRIPS	1	QL
EMBRACE WAVE GLUCOSE CONTROL	1		ONETOUCH VERIO FLEX SYSTEM KIT	1	
FONDCIRCLE CONTROL SOLUTION	1		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
FONDCIRCLE LANCING DEVICE	1		ONETOUCH VERIO TEST STRIPS	1	QL
			ONETOUCH VERIO REFLECT KIT W/DEVICE	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PERFECT POINT SAFETY LANCETS	1		glucagon emergency kit injection solution reconstituted 1 mg	1	
PIP GLUCOSE CONTROL SOLUTION	1		GLUCAGON EMERGENCY KIT	2	
PRODIGY NO CODING BLOOD GLUC IN VITRO	1	PA; QL	<b>Diabetes - Insulins</b>		
PURE COMFORT SAFETY LANCET 30G	1		AQ INSULIN SYRINGE	1	
SENSILANCE SAFETY LANCETS 21G	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" 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	
SENSILANCE SAFETY LANCETS 26G	1		BD VEO INSULIN SYR ULTRAFINE	1	
SENSILANCE SAFETY LANCETS 28G	1		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
TECHLITE LANCETS 26G	1		EMBECTA INS SYR U/F 1/2 UNIT	1	
TRUE METRIX LEVEL 1	1		EMBECTA INSULIN SYR ULTRAFINE	1	
TRUE METRIX LEVEL 2	1		EMBECTA INSULIN SYRINGE	1	
TRUE METRIX LEVEL 3	1		EMBECTA INSULIN SYRINGE U-100	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1		EMBECTA INSULIN SYRINGE U-500	1	
VERIFINE SAFE LANCET MINI 21G	1		HUMALOG	2	
VERIFINE SAFE LANCET MINI 23G	1		HUMALOG KWIKPEN	2	
VERIFINE SAFE LANCET MINI 28G	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
VERIFINE SAFE LANCET MINI 30G	1		HUMULIN 70/30 KWIKPEN	2	
VIVAGUARD INO CONTROL SOLUTION	1		HUMULIN 70/30 VIAL	2	
VIVAGUARD LANCETS 30G	1		HUMULIN N KWIKPEN	2	
VIVAGUARD LANCING DEVICE	1		HUMULIN N VIAL	2	
VIVAGUARD SAFETY LANCETS 28G	1		HUMULIN R U-500 KWIKPEN	1	PA
<b>Diabetes - Glycemic Agents</b>					
BAQSIMI ONE PACK	2				
BAQSIMI TWO PACK	2				
diazoxide oral	2				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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		++
<b>Electrolytes / Minerals / Metals / Vitamins</b>			FEOSOL		++
ARGYLE STERILE SALINE	1		FEOSOL NATURAL RELEASE		++
ATABEX		++	ferate		++
BPROTECTED PEDIA IRON		++	FERGON		++
CENTRUM SPECIALIST PRENATAL		++	FER-IN-SOL		++
classic prenatal		++	ferosul		++
curity sterile saline	1		ferretts		++
cvs folic acid		++	ferretts chewable iron		++
			ferretts ips oral solution		++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ferrex 150 capsule 150 mg oral		++	iron high-potency		++
FERREX 150 CAPSULE 150 MG ORAL		++	iron infant & toddler		++
FERRIC X-150		++	iron infant/toddler		++
FERRIMIN 150		++	iron oral tablet		++
ferrocite		++	iron slow release		++
ferrotabs		++	iron supplement		++
ferrous fumarate oral		++	IRON UP		++
ferrous gluconate oral		++	klor-con	1	
ferrous sulfate er		++	klor-con 10	1	
ferrous sulfate oral		++	klor-con m10	1	
fe-vite iron		++	klor-con m15	2	
folate		++	klor-con m20	1	
folic acid injection	1		kp ferrous gluconate		++
folic acid oral capsule 0.8 mg		++	kp ferrous sulfate		++
folic acid oral tablet 1 mg	1		kp folic acid oral tablet 800 mcg		++
folic acid oral tablet 400 mcg, 800 mcg		++	kp prenatal multivitamins		++
ft folic acid		++	levocarnitine oral solution	1	
ft iron		++	levocarnitine oral tablet	1	
ft iron slow release		++	levocarnitine sf	1	
ft prenatal		++	MASONATAL		++
gnp folic acid		++	meijer ferrous sulfate		++
gnp iron		++	multi prenatal		++
gnp prenatal		++	nat-rul iron		++
gnp prenatal/folic acid		++	NEONATAL PRENATAL		++
goodsense iron		++	NEONATAL VITAMIN		++
HEALTHY MAMA BE WELL ROUNDED		++	NOVAFERRUM 50		++
high potency iron oral capsule		++	NOVAFERRUM PEDIATRIC DROPS		++
ICAR		++	NU-IRON		++
iferex 150		++	ONE A DAY PRENATAL ORAL CAPSULE		++
iron (ferrous sulfate)		++	ONE VITE FERROUS SULFATE		++
iron 27		++	ONE VITE WOMENS		++
iron chews pediatric		++	ORACIT	2	
			pc pediatric iron drops		++
			phospha 250 neutral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
phosphorous	1		prenatal one daily		++
phospho-trin 250 neutral	1		prenatal oral tablet 27-0.8 mg, 28-0.8 mg		++
phytonadione injection	1		prenatal vitamin and mineral		++
phytonadione oral	1		prenatal vitamins		++
poly-iron 150		++	prenatal/iron		++
polysaccharide iron complex		++	PROFE		++
polysaccharide-iron complex		++	PROFERRIN ES		++
pot & sod cit-cit ac	1		qc ferrous sulfate		++
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1		qc folic acid		++
potassium chloride crys er oral tablet extended release 15 meq	2		qc prenatal		++
potassium chloride er oral capsule extended release	1		SIMILAC PRENATAL EARLY SHIELD		++
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1		SLOW FE		++
potassium chloride oral packet 20 meq	1		slow iron		++
potassium chloride oral solution	1		slow release iron		++
potassium citrate er	1		sod citrate-citric acid	1	
potassium citrate-citric acid	1		sodium chloride (pf)	1	
prenatal (w/iron & fa)		++	sodium chloride irrigation	1	
prenatal complete oral tablet		++	sodium citrate-citric acid	1	
prenatal formula		++	sodium fluoride oral solution 0.5 mg/ml		++
prenatal forte		++	sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	++
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg		++	sodium fluoride oral tablet 1.1 (0.5 f) mg	1	++
prenatal multivit plus folate		++	sodium fluoride oral tablet chewable	1	++
PRENATAL MULTIVITAMIN + DHA		++	sodium polystyrene sulfonate	1	
prenatal multivitamin plus dha		++	sps (sodium polystyrene sulf)	1	
			STUART ONE		++
			sv iron		++
			tricitrates	1	
			TRUE FERROUS SULFATE		++
			TRUE FOLIC ACID ORAL TABLET 400 MCG		++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1		enulose	1	
vitamin k1 injection	1		eq clearlax		++
wee care		++	eq magnesium citrate		++
yl folic acid		++	eql clearlax		++
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>			eql magnesium citrate		++
cimetidine hcl	1		ft clearlax		++
cimetidine oral	1		ft magnesium citrate		++
famotidine oral suspension reconstituted	1		gavilax oral powder		++
famotidine oral tablet 20 mg, 40 mg	1		gavilyte-c	1	++
lansoprazole oral capsule delayed release	1		gavilyte-g	1	++
misoprostol oral	1		gavilyte-n with flavor pack	1	++
omeprazole oral capsule delayed release	1		generlac	1	
pantoprazole sodium oral tablet delayed release	1		glycolax		++
rabeprazole sodium oral tablet delayed release	1	ST	glycopyrrolate injection solution	1	
sucralfate oral	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>			gnp clearlax oral powder		++
belladonna alkaloids-opium	1	QL	gnp magnesium citrate		++
chlordiazepoxide-clidinium	1	QL	goodsense clearlax		++
citroma		++	goodsense magnesium citrate		++
clearlax		++	hyoscyamine sulfate er	1	
constulose	1		hyoscyamine sulfate oral	1	
cvs magnesium citrate		++	hyoscyamine sulfate sl	1	
cvs purelax oral powder		++	hyoscyamine sulfate sublingual	1	
dicyclomine hcl oral capsule	1		hyosyne	1	
dicyclomine hcl oral solution 10 mg/5ml	1		kls laxaclear		++
dicyclomine hcl oral tablet 20 mg	1		lactulose encephalopathy	1	
diphenoxylate-atropine	1		lactulose oral solution	1	
			laxative osmotic		++
			loperamide hcl oral capsule	1	
			magnesium citrate oral solution		++
			mm clearlax		++
			na sulfate-k sulfate-mg sulf	1	++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nulev	1		mirabegron er	1	
opium	1	QL	oxybutynin chloride er	1	
oscimin	1		oxybutynin chloride oral solution	1	
peg 3350 oral powder		++	oxybutynin chloride oral tablet 5 mg	1	
peg 3350-kcl-na bicarb-nacl	1	++	penicillamine oral	4	PA; QL
peg-3350/electrolytes	1	++	PENTOSAN POLYSULFATE SODIUM ORAL	2	
polyethylene glycol 3350 oral powder		++	phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
polyethylene glycol 3350-grx oral powder		++	PREPIDIL	2	
qc magnesium citrate		++	sevelamer carbonate	1	
RELISTOR SUBCUTANEOUS	2	PA	sevelamer hcl	1	PA
sb magnesium citrate		++	solifenacin succinate	1	
sb polyethylene glycol 3350		++	tadalafil oral tablet 2.5 mg, 5 mg	1	PA
smooth lax oral powder		++	tolterodine tartrate	1	
ursodiol oral capsule 300 mg	1		tolterodine tartrate er	1	
ursodiol oral tablet	1		trospium chloride	1	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>			trospium chloride er	1	
CERDELGA	4	PA; QL	<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
CREON	2		alfuzosin hcl er	1	
CYSTAGON	2	PA	dutasteride oral	1	
ZENPEP	2		finasteride oral tablet 5 mg	1	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>			silodosin	1	
acetic acid irrigation	1		tamsulosin hcl	1	
bethanechol chloride oral	1		terazosin hcl	1	
calcium acetate (phos binder)	1		<b>Hormonal Agents - Adrenal</b>		
calcium acetate oral tablet 667 mg	1		DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	
CERVIDIL	2		dexamethasone intensol	2	
darifenacin hydrobromide er	1		dexamethasone oral elixir	1	
ELMIRON	2		dexamethasone oral solution	1	
flavoxate hcl	1		dexamethasone oral tablet	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
dexamethasone sod phos +rfid	1		testosterone enanthate intramuscular	1	
dexamethasone sod phosphate pf	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 sodium phosphate injection	1		<b>Hormonal Agents - Pituitary</b>		
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	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	1		ELIGARD	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	2		leuprolide acetate injection	1	
<b>Hormonal Agents - Men's Health</b>			LUPRON DEPOT (1-MONTH)	2	
danazol oral	1		LUPRON DEPOT (3-MONTH)	2	
DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1		LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	
TESTOSTERONE CYPIONATE INJECTION	1		LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	
testosterone cypionate intramuscular	1		LUPRON DEPOT-PED (1-MONTH)	2	
			LUPRON DEPOT-PED (3-MONTH)	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
octreotide acetate injection	1		aurovela fe 1/20	1	++
octreotide acetate intramuscular kit 10 mg	2	QL	aviane	1	++
octreotide acetate intramuscular kit 20 mg, 30 mg	1	QL	ayuna	1	++
octreotide acetate subcutaneous	1		azurette	1	++
OMNITROPE	4	PA; QL	balziva	1	++
SANDOSTATIN LAR DEPOT	2	QL	blisovi 24 fe	1	++
VABRINTY SUBCUTANEOUS KIT 30 MG, 7.5 MG	2		blisovi fe 1.5/30	1	++
<b>Hormonal Agents - Prostaglandins</b>			blisovi fe 1/20	1	++
MIFEPREX	1		briellyn	1	++
mifepristone oral tablet 200 mg	1		camila	1	++
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>			camrese	1	++
raloxifene hcl	1	++	camrese lo	1	++
<b>Hormonal Agents - Sex Hormones and Birth Control</b>			chateal eq	1	++
abigale	1		CLIMARA	1	
abigale lo	1		cryelle	1	++
afirmelle	1	++	cyred eq	1	++
aftera	1	++	dasetta 1/35 (28)	1	++
AFTERPILL	1		dasetta 7/7/7	1	++
altavera	1	++	daysee	1	++
alyacen 1/35	1	++	deblitane	1	++
alyacen 7/7/7	1	++	delyla	1	++
amethyst	1	++	DEPO-ESTRADIOL	2	
apri	1	++	desogestrel-ethinyl estradiol	1	++
aranelle	1	++	dolishale	1	++
ashlyna	1	++	dotti	1	
aubra eq	1	++	drospirenone-ethinyl estradiol	1	++
aurovela 1.5/30	1	++	econtra one-step	1	++
aurovela 1/20	1	++	elinest	1	++
aurovela 24 fe	1	++	ELLA	2	++
aurovela fe 1.5/30	1	++	eluryng	1	++
			emzahh	1	++
			enilloring	1	++
			enskyce	1	++
			errin	1	++
			estarylla	1	++
			estradiol oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
estradiol transdermal patch twice weekly	1		kariva	1	++
estradiol transdermal patch weekly	1		kelnor 1/35	1	++
estradiol vaginal	1		kurvelo	1	++
estradiol valerate intramuscular	1		KYLEENA		++
estradiol-norethindrone acet	1		larin 1.5/30	1	++
ESTRING	2		larin 1/20	1	++
ethynodiol diac-eth estradiol	1	++	larin 24 fe	1	++
etonogestrel-ethinyl estradiol	1	++	larin fe 1.5/30	1	++
falmina	1	++	larin fe 1/20	1	++
feirza 1.5/30	1	++	lessina	1	++
feirza 1/20	1	++	levonest	1	++
FEMRING	2		levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	++
gallifrey	1		levonorgestrel	1	++
hailey 1.5/30	1	++	levonorgestrel-ethinyl estrad	1	++
hailey 24 fe	1	++	levonorg-eth estrad triphasic	1	++
hailey fe 1.5/30	1	++	lojaimiess	1	++
hailey fe 1/20	1	++	loryna	1	++
heather	1	++	low-ogestrel	1	++
her style	1	++	lo-zumandimine	1	++
iclevia	1	++	luizza 1.5/30	1	++
incassia	1	++	luizza 1/20	1	++
introvale	1	++	lutera	1	++
isibloom	1	++	lyleq	1	++
jaimiess	1	++	lyllana	1	
jasmiel	1	++	lyza	1	++
jencycla	1	++	marlissa	1	++
jolessa	1	++	medroxyprogesterone acetate intramuscular	1	++
juleber	1	++	medroxyprogesterone acetate oral	1	
junel 1.5/30	1	++	megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
junel 1/20	1	++	megestrol acetate oral tablet	1	
junel fe 1.5/30	1	++			
junel fe 1/20	1	++			
junel fe 24	1	++			
kalliga	1	++			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
meleya	1	++	orquidea	1	++
microgestin 1.5/30	1	++	PARAGARD		
microgestin 1/20	1	++	INTRAUTERINE	2	++
microgestin fe 1.5/30	1	++	COPPER		
microgestin fe 1/20	1	++	philith	1	++
mili	1	++	pimtrea	1	++
mimvey	1		portia-28	1	++
MIRENA (52 MG)	2	++	PREMARIN VAGINAL	2	
mono-linyuh	1	++	progesterone		
my choice	1	++	intramuscular	1	
my way	1	++	progesterone oral	1	
necon 0.5/35 (28)	1	++	reclipsen	1	++
new day	1	++	setlakin	1	++
NEXPLANON		++	sharobel	1	++
nikki	1	++	shewise	1	++
nora-be	1	++	simliya	1	++
norelgestromin-eth			simpesse	1	++
estradiol	1	++	SKYLA	2	++
norethin ace-eth estrad-fe			sprintec 28	1	++
oral tablet	1	++	syeda	1	++
norethindrone acetate			take action	1	++
oral	1		tarina 24 fe	1	++
norethindrone acet-ethinyl			tarina fe 1/20 eq	1	++
est	1	++	tri-estarylla	1	++
norethindrone oral	1	++	tri-linyuh	1	++
norgestimate-eth estradiol			tri-lo-estarylla	1	++
oral tablet 0.25-35 mg-	1	++	tri-lo-marzia	1	++
mcg			tri-lo-mili	1	++
norgestimate-ethinyl			tri-lo-sprintec	1	++
estradiol triphasic	1	++	tri-mili	1	++
norlyroc	1	++	tri-sprintec	1	++
nortrel 0.5/35 (28)	1	++	tri-vylibra	1	++
nortrel 1/35 (21)	1	++	tri-vylibra lo	1	++
nortrel 1/35 (28)	1	++	turqoz	1	++
nortrel 7/7/7	1	++	tyblume	1	++
nylia 1/35	1	++	valtya 1/35	1	++
nylia 7/7/7	1	++	valtya 1/50	1	++
opcicon one-step	1	++	velivet	1	++
OPILL	1	++	vestura	1	++
option 2	1	++			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vienva	1	++	CUVITRU	4	PA; QL
viorele	1	++	cyclosporine modified	1	
volnea	1	++	cyclosporine oral	1	
vyfemla	1	++	ENVARBUS XR	2	
vylibra	1	++	gengraf	1	
wera	1	++	HIZENTRA	4	PA; QL
xulane	1	++	HYPERHEP B	2	
yuvaferm	1		HYQVIA	4	PA; QL
zafemy	1	++	icatibant acetate	4	PA; QL
zovia 1/35 (28)	1	++	leflunomide oral	1	
zumandimine	1	++	methotrexate sodium	1	
<b>Hormonal Agents - Thyroid</b>			methotrexate sodium (pf)	1	
levothyroxine sodium oral tablet	1		mycophenolate mofetil oral	1	
liomny	1		mycophenolate sodium	1	
liothyronine sodium oral	1		mycophenolic acid	1	
methimazole oral	1		NABI-HB	2	
propylthiouracil oral	1		RASUVO	2	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>			RIDAURA	4	PA; QL
AMJEVITA	2	PA	sajazir	4	PA; QL
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA	sirolimus oral tablet	1	
AMJEVITA-PED 15KG TO <30KG	2	PA	SKYRIZI PEN	4	PA; QL
AURANOFIN	4	PA; QL	SKYRIZI SUBCUTANEOUS	4	PA; QL
azathioprine oral tablet 50 mg	1		tacrolimus oral	1	
BERINERT	4	PA; QL	TREMFYA ONE-PRESS	4	PA; QL
COSENTYX (300 MG DOSE)	4	PA; QL	TREMFYA PEN	4	PA; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; QL	TREMFYA SUBCUTANEOUS	4	PA; QL
COSENTYX SENSOREADY (300 MG)	4	PA; QL	TREMFYA-CD/UC INDUCTION	4	PA; QL
COSENTYX SENSOREADY PEN	4	PA; QL	XELJANZ	4	PA; QL
COSENTYX UNOREADY	4	PA; QL	XELJANZ XR	4	PA; QL
			YESINTEK SUBCUTANEOUS	2	PA
			<b>Immunological Agents - Drugs for Vaccination</b>		
			ABRYSVO	2	++
			ACTHIB	2	++

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ADACEL	2	++	PEDVAX HIB	2	++
AFLURIA	1	++	PENBRAYA	2	++
AFLURIA PRESERVATIVE FREE	1	++	PENTACEL	2	++
AREXVY	2	++	PNEUMOVAX 23	2	++
AUDENZ	2	++	PREVNAR 20	2	++
BEXSERO	2	++	PRIORIX	2	++
BOOSTRIX	2	++	PROQUAD	2	++
CAPVAXIVE	2	++	QUADRACEL	2	++
COMIRNATY	2	++	RECOMBIVAX HB	2	++
COMIRNATY 5-11 YEARS	2	++	ROTARIX	2	++
DAPTACEL	2	++	ROTATEQ	2	++
ENGERIX-B	2	++	SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	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		++
FLUZONE HIGH-DOSE	1	++	VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	++
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	++	VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML		++
GARDASIL 9	2	++	VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	2	++
HAVRIX	2	++	VAQTA INTRAMUSCULAR SUSPENSION		++
HEPLISAV-B	2	++	VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML		++
HIBERIX	2	++	VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	2	++
INFANRIX	2	++	VARIVAX	2	++
IPOL	2	++	VAXELIS	2	++
KINRIX	2	++	VAXNEUVANCE	2	++
MENQUADFI	2	++	<b>Inflammatory Bowel Disease Agents</b>		
MENVEO	2	++	balsalazide disodium	1	
M-M-R II	2	++			
MNEXSPIKE	2	++			
MRESVIA	2	++			
NUVAXOVID COVID-19 VACCINE	2	++			
PEDIARIX	2	++			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
budesonide oral (generic Entocort)	1		AEROCHAMBER MV	2	
CORTIFOAM	2		AEROCHAMBER PLS FLOVU MTHPIECE	2	
hydrocortisone (perianal) external cream 2.5 %	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
hydrocortisone rectal	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
mesalamine er oral capsule 500 mg	1	PA	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
mesalamine er oral capsule 0.375 gm	1		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
mesalamine oral capsule delayed release 400 mg	1	ST	AEROCHAMBER PLUS FLOW VU	2	
mesalamine oral tablet delayed release 1.2 gm	1		AEROCHAMBER2GO ANTI-STATIC	2	
mesalamine rectal	1		AIMSCO LUBRICATED		++
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA	ALCOHOL PREP PADS PAD , 70 %	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA	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		ASSURE ID PRO PEN NEEDLES	1	
proctozone-hc	1		AUM ALCOHOL PREP PADS	1	
sulfasalazine oral	1		AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>			AUM MINI INSULIN PEN NEEDLE	1	
alendronate sodium	1		AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
calcitonin (salmon) nasal	1		AUM READYGARD DUO PEN NEEDLE	1	
ibandronate sodium oral	1		AUM SAFETY PEN NEEDLE	1	
risedronate sodium oral tablet	1		BD AUTOSHIELD DUO PEN NEEDLES	1	
<b>Metabolic Bone Disease Agents - Other</b>					
calcitriol oral	1				
cinacalcet hcl	1				
<b>Miscellaneous Therapeutic Agents</b>					
AEROCHAMBER HOLDING CHAMBER	2				
AEROCHAMBER MINI CHAMBER	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BD PEN NEEDLE MICRO ULTRAFINE	1		DUREX EXTRA SENSITIVE THIN		++
BD PEN NEEDLE MINI ULTRAFINE	1		DUREX REALFEEL		++
BD PEN NEEDLE NANO ULTRAFINE	1		DUREX TROPICAL		++
BD PEN NEEDLE ORIG ULTRAFINE	1		EASIVENT	2	
BD PEN NEEDLE SHORT ULTRAFINE	1		EMBECTA AUTOSHIELD DUO	1	
BD ULTRA-FINE PEN NEEDLES	1		EMBECTA PEN NEEDLE NANO	1	
BREATHE COMFORT CHAMBER/ADULT	2		EMBECTA PEN NEEDLE NANO 2 GEN	1	
BREATHE COMFORT CHAMBER/CHILD	2		EMBECTA PEN NEEDLE ULTRAFINE	1	
BREATHE EASE LARGE	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 MEDIUM	2		ENCARE		++
BREATHE EASE SMALL	2		FANTASY LUBRICATED		++
BREATHERITE VALVED MDI CHAMBER	2		FANTASY LUBRICATED/SPERMICIDE		++
CAYA	2	++	FC2 FEMALE CONDOM		++
CLEVER CHOICE HOLDING CHAMBER	2		FEMCAP	2	++
COMFORT EZ PRO PEN NEEDLES	1		FLEXICHAMBER	2	
COMPACT SPACE CHAMBER	2		FLEXICHAMBER ADULT MASK/SMALL	2	
COMPACT SPACE CHAMBER/LG MASK	2		FLEXICHAMBER CHILD MASK/LARGE	2	
COMPACT SPACE CHAMBER/MED MASK	2		FLEXICHAMBER CHILD MASK/SMALL	2	
COMPACT SPACE CHAMBER/SM MASK	2		GLUCAGON HCL (DIAGNOSTIC)	2	
CONDOMS		++	GOODSENSE ALCOHOL SWABS	1	
deferoxamine mesylate injection solution reconstituted 500 mg	1		INCONTROL ULTICARE PEN NEEDLES	1	
DROPSAFE ALCOHOL PREP	1				
DROPSAFE AUTOPROTECT DUO	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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	
			OPTICHAMBER DIAMOND	2	
			OPTICHAMBER DIAMOND-LG MASK	2	
			OPTICHAMBER DIAMOND-MD MASK	2	
			OPTICHAMBER DIAMOND-SM MASK	2	
INSUPEN32G EXTR3ME	1		OPTIONS GYNOL II CONTRACEPTIVE		++
KAMELEON LUBRICATED		++	PANDA MASK LARGE	2	
KIMONO		++	PANDA MASK MEDIUM	2	
KIMONO COLORS		++	PANDA MASK SMALL	2	
KIMONO MAXX-LARGE FLARE		++	PARI VORTEX ADULT MASK	2	
KIMONO MICRO THIN		++	PARI VORTEX PEDIATRIC MASK	2	
KIMONO MICRO THIN PLUS		++	PEDIATRIC PANDA MASK	2	
KIMONO PLUS		++	PEN NEEDLE/5-BEVEL TIP	1	
KIMONO PS		++	PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	
KIMONO PS PLUS		++	PIP PEN NEEDLES 32G X 4MM	1	
KIMONO SENSATION		++	pocket spacer	2	
KIMONO SENSATION PLUS		++	PRO COMFORT SPACER ADULT	2	
KIMONO SPECIAL		++	PRO COMFORT SPACER CHILD	2	
MAXX		++	PRO COMFORT SPACER INFANT	2	
MAXX PLUS		++	PROCARE SPACER/ADULT MASK	2	
methergine	1		PROCARE SPACER/CHILD MASK	2	
methylergonovine maleate	1		PURE COMFORT SAFETY PEN NEEDLE	1	
MICROCHAMBER DEVICE	2		PURE COMFORT SPACER CHAMBER	2	
NOVOFINE PEN NEEDLE	1				
NOVOFINE PLUS PEN NEEDLE	1				
NOZIN NASAL SANITIZER	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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		++	WIDE-SEAL DIAPHRAGM 65	2	++
TRUE COMFORT SAFETY PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 70	2	++
TRUE COVER		++	WIDE-SEAL DIAPHRAGM 75	2	++
TRUSTEX COLOR CONDOMS + LUBE		++	WIDE-SEAL DIAPHRAGM 80	2	++
TRUSTEX LUB/RIBBED/STUDED		++	WIDE-SEAL DIAPHRAGM 85	2	++
TRUSTEX LUB/SPERMICIDE EX ST		++	WIDE-SEAL DIAPHRAGM 90	2	++
TRUSTEX LUB/SPERMICIDE XL		++			
TRUSTEX LUBRICATED		++			
TRUSTEX LUBRICATED EX LARGE		++			
TRUSTEX LUBRICATED EXTRA ST		++			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 95	2	++	tobramycin- dexamethasone	1	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>			TOBREX	2	
ACULAR	2		trifluridine	1	
azelastine hcl ophthalmic	1		VIGAMOX	2	
CILOXAN	2		<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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		BETOPTIC-S	2	
difluprednate	1		bimatoprost ophthalmic solution 0.03 %	1	
erythromycin ophthalmic	1		bimatoprost solution 0.01 % ophthalmic	2	
fluorometholone	1		BIMATOPROST SOLUTION 0.01 % OPHTHALMIC	2	
flurbiprofen sodium	1		brimonidine tartrate ophthalmic solution 0.2 %	1	
FML FORTE	2		brimonidine tartrate- timolol	1	
gatifloxacin ophthalmic	1		brinzolamide	1	
gentamicin sulfate ophthalmic	1		carteolol hcl	1	
ketorolac tromethamine ophthalmic	1		dorzolamide hcl ophthalmic	1	
moxifloxacin hcl (2x day)	1		dorzolamide hcl-timolol mal	1	
moxifloxacin hcl ophthalmic	1		latanoprost ophthalmic	1	
NATACYN	2		levobunolol hcl	1	
neomycin-polymyxin- dexameth	1		LUMIGAN	2	
ofloxacin ophthalmic	1		methazolamide oral	1	
PRED MILD	2		pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
prednisolone acetate ophthalmic	1		timolol maleate (once- daily)	1	
prednisolone acetate p-f	1		timolol maleate ophthalmic	1	
sulfacetamide sodium ophthalmic	1		travoprost (bak free)	1	
TOBRADEX	2		<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
tobramycin ophthalmic	1		altacaine	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
altafrin	1		benzonatate	1	
ATROPINE SULFATE OPHTHALMIC 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	1	
bacitra-neomycin- polymyxin-hc	1		desloratadine oral tablet	1	
CEQUA	2	PA	desloratadine oral tablet dispersible	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	2		diphenhydramine hcl injection	1	
cyclopentolate hcl ophthalmic	1		flunisolide nasal	1	
cyclosporine (pf)	1	PA	guaifenesin-codeine	2	QL
homatropaire	1		hydrocodone bit- homatrop mbr	1	
neomycin-bacitracin zn- polymyx	1		hydromet	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	
<b>Otic Agents - Drugs for Ear Conditions</b>			promethazine-dm	1	
acetic acid otic	1		promethazine- phenylephrine	1	
ciprofloxacin- dexamethasone	1		pulmosal	1	
ciprofloxacin- hydrocortisone	1		ryvent	1	
fluocinolone acetone otic	1		sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
neomycin-polymyxin-hc otic	1		SSKI	2	
ofloxacin otic	1		SURVANTA	2	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>			<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
azelastine hcl nasal	1		acetylcysteine inhalation	1	
			ADVAIR HFA	2	

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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	1	QL	FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL	FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
albuterol sulfate inhalation	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	2	
albuterol sulfate oral	1		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
ALVESCO	2		ipratropium bromide hfa	2	
ASMANEX (120 METERED DOSES)	2	ST	ipratropium bromide inhalation	1	
ASMANEX (14 METERED DOSES)	2	ST	ipratropium-albuterol	1	
ASMANEX (30 METERED DOSES)	2	ST	montelukast sodium oral	1	
ASMANEX (60 METERED DOSES)	2	ST	OFEV	4	PA; QL
ASMANEX HFA	2	ST	pirfenidone	4	PA; QL
ATROVENT HFA	2		SEREVENT DISKUS	2	ST
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	2		SPIRIVA HANDIHALER	1	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	1		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
BECLOMETHASONE DIPROP HFA	2		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
brey-na	1	QL	STIOLTO RESPIMAT	2	
budesonide inhalation	1		STRIVERDI RESPIMAT	2	PA
budesonide-formoterol fumarate	1	QL	terbutaline sulfate oral	1	
COMBIVENT RESPIMAT	2		theophylline er	1	
cromolyn sodium inhalation	1		theophylline oral	1	
elixophyllin	1		tiotropium bromide	1	
epinephrine injection solution auto-injector	1		wixela inhub	1	
FLUTICASONE PROPIONATE DISKUS	2	PA			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>			baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
ALYFTREK	4	PA; QL	chlorzoxazone oral tablet 250 mg	1	
PULMOZYME	2	QL	chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL
TRIKAFTA	4	PA; QL	dantrolene sodium oral	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>			methocarbamol injection	1	
alyq	1		methocarbamol oral tablet 500 mg, 750 mg	1	QL
ambrisentan	1	PA; QL	orphenadrine citrate er	1	QL
bosentan oral tablet	1	PA; QL	tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
OPSUMIT	4	PA; QL	tizanidine hcl oral tablet	1	
sildenafil citrate oral suspension reconstituted	4	PA; QL	<b>Sleep Disorder Agents</b>		
sildenafil citrate oral tablet 20 mg	4	PA	armodafinil	1	
tadalafil (generic Adcirca)	1		eszopiclone	1	QL
TYVASO	2	PA; QL	flurazepam hcl	1	QL
TYVASO REFILL KIT	2	PA; QL	modafinil oral	1	
TYVASO STARTER KIT	2	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
UPTRAVI ORAL	4	PA; QL	zaleplon	1	QL
UPTRAVI TITRATION	4	PA; QL	zolpidem tartrate oral tablet 10 mg	1	PA; QL
YUTREPIA	4	PA; QL	zolpidem tartrate oral tablet 5 mg	1	QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>					

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.....	VALTOCO 20 MG DOSE	16	.....
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39	viorele .....	39	45
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49	VIREAD.....	21	95.....
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# Help in your language

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

