
Effective March 2023

2023 Drug Formulary

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

Alliance

Core

Drug Formulary

INTRODUCTION



What is a formulary?

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

How is the drug formulary developed?

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

How do I search the formulary?

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

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

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

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

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

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

Prior authorization, step therapy and nonformulary requests are considered based on

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

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

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

Drug Formulary Tiers

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

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

Prior Authorization (PA)

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

Step Therapy (ST)

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

Quantity Limit (QL)

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

High Dose Pain Medicine Prescriber Review

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

Drugs Limited to Select Pharmacies

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

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

Covered Diabetic Supplies

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

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

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

Mail Order Pharmacy Service

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

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

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

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

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

Over-the-Counter (OTC) Drugs

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

Preventative Medications and Preferred Contraceptives

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most plans cover preventative care medicines and contraceptives in full. If your plan offers ACA benefits, all prescribed FDA approved contraceptive methods from the Kaiser Permanente formulary list will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost-share. The list of the preventative medications covered in full is available on the www.kp.org/wa/formulary webpage.

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

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

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

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

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			butalbital-apap-caffeine oral tablet	1	
celecoxib oral	1		butalbital-aspirin-caffeine	1	
diclofenac potassium oral tablet 50 mg	1		butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
diclofenac sodium er	1		codeine sulfate	1	QL
diclofenac sodium oral	1		endocet	1	QL
diflunisal oral	1		fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
etodolac	1		hydrocodone-acetaminophen oral solution	1	QL
flurbiprofen oral	1		hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		hydromorphone hcl oral	1	QL
indomethacin er	1		hydromorphone hcl rectal	1	QL
indomethacin oral	1		levorphanol tartrate oral	1	PA; QL
ketorolac tromethamine injection	1		methadone hcl oral solution	1	ST; QL
ketorolac tromethamine intramuscular	1		methadone hcl oral tablet	1	ST; QL
meclofenamate sodium oral	1		methadone hcl oral tablet soluble	1	ST; QL
meloxicam oral tablet	1		methadose oral tablet soluble	1	ST; QL
nabumetone oral	1		morphine sulfate (concentrate)	1	QL
naproxen oral suspension	1		morphine sulfate er oral tablet extended release	1	ST; QL
naproxen oral tablet	1		morphine sulfate oral	1	QL
naproxen sodium oral tablet 275 mg, 550 mg	1		morphine sulfate rectal	1	QL
piroxicam oral	1		OXYCODONE HCL ER	2	ST; QL
salsalate oral	1		oxycodone hcl oral concentrate 100 mg/5ml	1	QL
sulindac oral	1		oxycodone hcl oral solution	1	QL
tolmetin sodium oral capsule 400 mg	1		oxycodone hcl oral tablet	1	QL
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL			
acetaminophen-codeine #2	1	QL			
acetaminophen-codeine #3	1	QL			
acetaminophen-codeine #4	1	QL			
bac	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	2	QL	CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	disulfiram oral	1	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	QL	goodsense nicotine mouth/throat lozenge 4 mg	2	
OXYCONTIN	2	ST; QL	habitrol	1	
tramadol hcl oral tablet	1	QL	naloxone hcl injection	1	
tramadol-acetaminophen	1	QL	naloxone hcl nasal	1	
Anesthetics			naltrexone hcl oral	1	
glydo	1		NICORETTE MOUTH/THROAT GUM 2 MG	2	
lidocaine external patch 5 %	1		NICORETTE MOUTH/THROAT LOZENGE 4 MG	2	
lidocaine hcl (pf) injection solution 1 %, 2 %	1		nicotine polacrilex mini	2	
lidocaine hcl injection solution	1		nicotine polacrilex mouth/throat	2	
lidocaine hcl urethral/mucosal	1		nicotine step 1	1	
lidocaine-prilocaine	1		nicotine step 2	1	
prilovix ultralite	1		nicotine step 3	1	
prilovix ultralite plus	1		nicotine transdermal kit	1	
Anti-Addiction / Substance Abuse Treatment Agents			varenicline tartrate	1	
acamprosate calcium	1		VIVITROL	2	QL
apo-varenicline	1		Antibacterials		
buprenorphine hcl sublingual	1	QL	amoxicillin	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	amoxicillin-potassium clavulanate	1	
bupropion hcl er (smoking det)	1		ampicillin	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	2		ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 250 mg, 500 mg	1	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2		avidoxy	1	
			azithromycin oral	1	
			BICILLIN L-A	2	
			cefadroxil	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cefazolin sodium injection solution reconstituted 1 gm	1		levofloxacin oral	1	
cefdinir	1		linezolid oral suspension reconstituted	1	QL
cefixime	1		linezolid oral tablet	1	
cefprozil	1		methenamine hippurate	1	
ceftazidime injection solution reconstituted 1 gm	1		metronidazole oral tablet	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1		metronidazole vaginal	1	
cefuroxime axetil	1		minocycline hcl oral capsule	1	
cephalexin oral capsule 250 mg, 500 mg	1		mondoxone nl	1	
cephalexin oral suspension reconstituted	1		morgidox oral capsule 100 mg	1	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	2		moxifloxacin hcl oral	1	
ciprofloxacin hcl oral	1		mupirocin calcium	1	
clarithromycin oral	1		mupirocin external	1	
clindamycin hcl oral	1		neomycin sulfate oral	1	
clindamycin palmitate hcl	1		nitrofurantoin	1	
clindamycin phosphate injection solution 300 mg/2ml	1		nitrofurantoin macrocrystal	1	
clindamycin phosphate vaginal	1		nitrofurantoin monohydrate macrocrystals	1	
dicloxacillin sodium	1		penicillin v potassium	1	
doxycycline hyclate oral capsule	1		PRIMSOL ORAL SOLUTION 50 MG/5ML	2	
doxycycline hyclate oral tablet	1		silver sulfadiazine external	1	
doxycycline monohydrate oral capsule	1		SIVEXTRO ORAL	2	QL
doxycycline monohydrate oral tablet	1		ssd	1	
FIRVANQ	2		sulfamethoxazole-trimethoprim oral	1	
gentamicin sulfate external	1		sulfatrim pediatric	1	
			SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
			tazicef injection	1	
			trimethoprim oral	1	
			vancomycin hcl oral capsule	1	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
vancomycin hcl oral solution reconstituted	1		lamotrigine oral tablet chewable	1	
vandazole	1		levetiracetam er	1	
Anticoagulants			levetiracetam oral	1	
dabigatran etexilate mesylate	1		NAYZILAM	2	PA; QL
enoxaparin sodium	1	QL	oxcarbazepine	1	
fondaparinux sodium	1	QL	phenobarbital oral	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1		phenobarbital sodium injection solution 130 mg/ml	1	
heparin sodium (porcine) pf	1		phenytoin infatabs	1	
jantoven	1		phenytoin oral	1	
LOVENOX	1	QL	phenytoin sodium extended oral capsule 100 mg	1	
PRADAXA	1		phenytoin sodium injection	1	
warfarin sodium oral	1		primidone oral	1	QL
XARELTO ORAL TABLET	2	PA	roweepra	1	
XARELTO STARTER PACK	2	PA	subvenite	1	
Anticonvulsants - Drugs for Seizures			topiramate oral	1	
carbamazepine er	1		valproic acid oral	1	
carbamazepine oral	1		VALTOCO	2	PA; QL
CELONTIN	2		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
DIASTAT PEDIATRIC	1	QL	donepezil hcl oral tablet 10 mg, 5 mg	1	
diazepam rectal	1	QL	galantamine hydrobromide	1	
DILANTIN ORAL CAPSULE 30 MG	2		galantamine hydrobromide er	1	
divalproex sodium er	1		memantine hcl oral tablet 10 mg, 5 mg	1	
divalproex sodium oral	1		rivastigmine tartrate	1	
epitol	1		Antidepressants		
ethosuximide oral	1		amitriptyline hcl oral	1	
gabapentin oral capsule	1		amoxapine	1	
gabapentin oral solution	1		bupropion hcl er (sr)	1	
gabapentin oral tablet 600 mg, 800 mg	1				
lamotrigine oral tablet	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		Antiemetics - Drugs for Nausea and Vomiting		
bupropion hcl oral	1		aprepitant oral	1	
citalopram hydrobromide oral solution	1		aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	1	
citalopram hydrobromide oral tablet	1		compro	1	
clomipramine hcl oral	1		dimenhydrinate injection	1	
desipramine hcl oral	1		dronabinol	1	
doxepin hcl oral capsule	1		metoclopramide hcl injection	1	
doxepin hcl oral concentrate	1		metoclopramide hcl oral solution	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		metoclopramide hcl oral tablet	1	
escitalopram oxalate oral	1		ondansetron hcl injection	1	
fluoxetine hcl oral capsule	1		ondansetron hcl oral	1	
fluoxetine hcl oral solution	1		ondansetron odt	1	
fluvoxamine maleate	1		perphenazine oral	1	
imipramine hcl oral	1		prochlorperazine	1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1		prochlorperazine edisylate injection	1	
mirtazapine oral	1		prochlorperazine maleate oral	1	
nortriptyline hcl oral	1		Antifungals		
paroxetine hcl	1		ciclodan	1	
perphenazine-amitriptyline	1		ciclopirox external gel	1	
phenelzine sulfate oral	1		ciclopirox external solution	1	
protriptyline hcl	1		ciclopirox olamine external	1	
sertraline hcl oral concentrate	1		clotrimazole mouth/throat	1	
sertraline hcl oral tablet	1		clotrimazole-betamethasone	1	
tranylcypromine sulfate	1		CRESEMBA ORAL	2	PA; QL
trazodone hcl oral	1		fluconazole oral	1	
venlafaxine hcl	1		flucytosine oral	2	QL
venlafaxine hcl er oral capsule extended release 24 hour	1		griseofulvin microsize oral	1	
			griseofulvin ultramicrosize	1	
			itraconazole oral	1	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ketoconazole external cream	1		sumatriptan succinate subcutaneous	1	
ketoconazole external shampoo	1		sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	
ketoconazole oral	1		zolmitriptan oral	1	
nyamyc	1		Antimyasthenic Agents		
nystatin external	1		MESTINON ORAL SOLUTION	2	
nystatin mouth/throat	1		pyridostigmine bromide er	1	
nystatin oral	1		pyridostigmine bromide oral	1	
nystatin-triamcinolone	1		Antimycobacterials		
nystop	1		dapsone oral	1	
terbinafine hcl oral	1		ethambutol hcl oral	1	
terconazole vaginal cream 0.4 %	1		isoniazid oral	1	
voriconazole oral	1	PA	PRIFTIN	2	
Antigout Agents			pyrazinamide oral	1	
allopurinol oral tablet 100 mg, 300 mg	1		rifabutin	1	
COLCHICINE ORAL CAPSULE	1		rifampin oral	1	
colchicine oral tablet	1		Antineoplastics - Drugs for Cancer		
colchicine-probenecid	1		abiraterone acetate	1	QL
febuxostat	1		AFINITOR DISPERZ	2	PA; QL
probenecid	1		anastrozole oral	1	
Antimigraine Agents			bicalutamide	1	
dihydroergotamine mesylate injection	1	QL	BRUKINSA	2	PA; QL
dihydroergotamine mesylate nasal	1		CALQUENCE ORAL CAPSULE 100 MG	2	PA; QL
ERGOMAR	2		capecitabine	1	QL
ergotamine-caffeine	1		COTELLIC	2	PA; QL
MIGERGOT	2		cyclophosphamide oral capsule	1	
naratriptan hcl	1		DROXIA	2	
rizatriptan benzoate	1		erlotinib hcl	1	PA
sumatriptan nasal	1		etoposide oral	1	QL
sumatriptan succinate oral	1		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL
sumatriptan succinate refill subcutaneous solution cartridge	1		everolimus oral tablet soluble	1	PA; QL

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exemestane	1		VENCLEXTA	2	PA; QL
flutamide	1		VENCLEXTA STARTING PACK	2	PA; QL
GILOTRIF	2	PA; QL	VOTRIENT	2	PA; QL
GLEOSTINE	2		XTANDI ORAL CAPSULE	2	PA; QL
hydroxyurea oral	1		ZELBORAF	2	PA
imatinib mesylate	1	QL	ZYDELIG	2	PA; QL
IMBRUVICA ORAL CAPSULE	2	PA; QL	Antiparasitics		
IMBRUVICA ORAL TABLET 140 MG, 420 MG, 560 MG	2	PA; QL	albendazole oral	1	
IRESSA	2	PA; QL	ALINIA ORAL SUSPENSION RECONSTITUTED	2	
lapatinib ditosylate	1	PA; QL	atovaquone	1	
lenalidomide	1	PA; QL	chloroquine phosphate oral	1	
letrozole oral	1		CROTAN	2	
leucovorin calcium oral	1		hydroxychloroquine sulfate oral	1	
LEUKERAN	2		KRINTAFEL	2	
MATULANE	2	QL	nitazoxanide oral	2	
MEKINIST	2	PA; QL	permethrin external	1	
melphalan	1	QL	praziquantel oral	1	
mercaptopurine oral	1		primaquine phosphate	1	
mesna	1		pyrimethamine oral	1	PA; QL
MESNEX ORAL	2		Antiparkinson Agents		
MYLERAN	2	QL	amantadine hcl oral	1	
REVLIMID	2	PA; QL	benztropine mesylate	1	
ROZLYTREK	2	PA; QL	bromocriptine mesylate oral	1	
RYDAPT	2	PA; QL	carbidopa oral	1	
sorafenib tosylate	1	PA	carbidopa-levodopa er	1	
SPRYCEL	2	PA; QL	carbidopa-levodopa oral tablet	1	
STIVARGA	2	PA	carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1	
sunitinib malate	1	PA; QL	carbidopa-levodopa-entacapone	1	
TABLOID	2		DUOPA	2	PA
TAFINLAR	2	PA; QL	entacapone	1	
TAGRISSO	2	PA; QL			
tamoxifen citrate oral	1				
temozolomide	1	QL			
THALOMID	2	PA; QL			
tretinoin oral	1	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pramipexole dihydrochloride	1		quetiapine fumarate	1	
rasagiline mesylate oral	1	PA	quetiapine fumarate er	1	
ropinirole hcl	1		RISPERDAL CONSTA	2	
selegiline hcl oral	1		risperidone oral solution	1	
trihexyphenidyl hcl	1		risperidone oral tablet	1	
Antiplatelets			thiothixene	1	
aspirin-dipyridamole er	1		trifluoperazine hcl	1	
BRILINTA	2		ziprasidone hcl	1	
cilostazol	1		ZYPREXA RELPREVV	2	
clopidogrel bisulfate oral	1		Antivirals		
dipyridamole oral	1		abacavir sulfate	1	
prasugrel hcl	1		abacavir sulfate-lamivudine	1	
Antipsychotics - Drugs for Mood Disorders			abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1	QL
ABILIFY MAINTENA	2	QL	acyclovir oral	1	
aripiprazole oral solution	1		adefovir dipivoxil	1	QL
aripiprazole oral tablet	1		APTIVUS	2	QL
ARISTADA	2	QL	atazanavir sulfate	1	
ARISTADA INITIO	2	QL	BARACLUDE ORAL SOLUTION	2	QL
chlorpromazine hcl injection	1		BIKTARVY	2	QL
chlorpromazine hcl oral tablet	1		CIMDUO	2	QL
clozapine oral tablet	1		COMPLERA	2	PA; QL
fluphenazine decanoate injection	1		CRIXIVAN ORAL CAPSULE 400 MG	2	
fluphenazine hcl	1		DESCOVY	2	PA; QL
haloperidol decanoate intramuscular	1		DOVATO	2	QL
haloperidol lactate	1		EDURANT	2	
haloperidol oral	1		efavirenz	1	
INVEGA HAFYERA	2	QL	efavirenz-emtricitabine-tenofovir df	1	
INVEGA SUSTENNA	2		efavirenz-lamivudine-tenofovir	1	
INVEGA TRINZA	2	QL	emtricitabine	1	
loxapine succinate	1		emtricitabine-tenofovir df	1	
olanzapine	1		EMTRIVA ORAL SOLUTION	2	
PERSERIS	2				
pimozide	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
entecavir	1		oseltamivir phosphate oral	1	
EPCLUSA	2	PA; QL	PEGASYS	2	QL
EPIVIR HBV ORAL SOLUTION	2		PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	QL
etravirine	1		PREVYMIS ORAL	2	PA; QL
fosamprenavir calcium	1	QL	PREZCOBIX	2	QL
GENVOYA	2		PREZISTA	2	
HARVONI	2	PA; QL	RELENZA DISKHALER	2	
INTELENCE ORAL TABLET 25 MG	2		REYATAZ ORAL PACKET	2	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	2	QL	ribavirin oral	1	QL
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	2	QL	rimantadine hcl	1	
INVIRASE ORAL TABLET 500 MG	2		ritonavir	1	
ISENTRESS HD	2		SELZENTRY ORAL SOLUTION	2	QL
ISENTRESS ORAL TABLET	2		SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
ISENTRESS ORAL TABLET CHEWABLE	2		SOFOSBUVIR-VELPATASVIR	2	PA; QL
JULUCA	2	QL	stavudine	1	
lamivudine	1		STRIBILD	2	PA; QL
lamivudine-zidovudine	1		SYMFI	1	
LEDIPASVIR-SOFOSBUVIR	2	PA; QL	SYMFI LO	1	
LEXIVA ORAL SUSPENSION	2	QL	SYMTUZA	2	QL
lopinavir-ritonavir	1		TAMIFLU	2	
maraviroc	2	QL	TEMIXYS ORAL TABLET 300-300 MG	2	QL
nevirapine er	1		tenofovir disoproxil fumarate	1	
nevirapine oral tablet	1		TIVICAY	2	
NORVIR ORAL PACKET	2		TIVICAY PD	2	
NORVIR ORAL SOLUTION	2		TRIUMEQ	2	QL
ODEFSEY	2	QL	TRIUMEQ PD	2	QL
			TYBOST	2	PA
			valacyclovir hcl oral	1	
			valganciclovir hcl	1	QL
			VIRACEPT	2	
			VIREAD ORAL POWDER	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		HEMLIBRA	2	PA; QL
VOSEVI	2	PA; QL	LEUKINE	2	
zidovudine	1		NIVESTYM	2	QL
Anxiolytics - Drugs for Anxiety			PROCRT	2	PA
alprazolam er	1	QL	tranexamic acid oral	1	QL
alprazolam oral tablet	1	QL	ZARXIO	2	QL
alprazolam xr	1	QL	Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
buspirone hcl oral	1		acebutolol hcl oral	1	
chlordiazepoxide hcl	1	QL	ALDACTAZIDE ORAL TABLET 50-50 MG	2	
clonazepam oral	1	QL	alprostadil injection	1	
clorazepate dipotassium	1	QL	amiloride hcl oral	1	
diazepam injection	1	QL	amiloride-hydrochlorothiazide	1	
diazepam intramuscular	1	QL	amiodarone hcl oral tablet 200 mg	1	
diazepam oral solution	1	QL	amlodipine besylate oral	1	
diazepam oral tablet	1	QL	amlodipine besylate-benazepril hcl	1	
hydroxyzine hcl oral	1		amlodipine-olmesartan	1	
hydroxyzine pamoate oral	1		atenolol oral	1	
lorazepam injection solution 2 mg/ml	1	QL	atenolol-chlorthalidone	1	
lorazepam intensol	1	QL	atorvastatin calcium oral	1	
lorazepam oral concentrate 2 mg/ml	1	QL	benazepril hcl oral	1	
lorazepam oral tablet	1	QL	benazepril-hydrochlorothiazide	1	
midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	1	QL	betaxolol hcl oral	1	
midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	1	QL	bisoprolol fumarate oral	1	
oxazepam	1	QL	bisoprolol-hydrochlorothiazide	1	
triazolam	1	QL	bumetanide oral	1	
Bipolar Agents - Drugs for Mood Disorders			captopril oral	1	
lithium carbonate er	1		captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
lithium carbonate oral	1		cartia xt	1	
Blood Products and Modifiers - Drugs for Blood Disorders			carvedilol	1	
anagrelide hcl	1		chlorthalidone	1	
EPOGEN	2	PA			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cholestyramine light	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
cholestyramine oral	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
clonidine	1		fenofibrate oral tablet 160 mg, 54 mg	1	
clonidine hcl oral	1		fenofibric acid	1	
colestipol hcl	1		flecainide acetate	1	
digitek	1		fosinopril sodium	1	
digox	1		fosinopril sodium-hctz	1	
digoxin injection	1		furosemide injection	1	
digoxin oral solution	1		furosemide oral	1	
digoxin oral tablet 125 mcg, 250 mcg	1		gemfibrozil oral	1	
diltiazem hcl er	1		guanfacine hcl	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg (generic Cardizem CD)	1		hydralazine hcl oral	1	
diltiazem hcl oral	1		hydrochlorothiazide oral	1	
dilt-xr	1		indapamide	1	
disopyramide phosphate	1		irbesartan	1	
DIURIL	2		irbesartan-hydrochlorothiazide	1	
doxazosin mesylate oral	1		isosorbide dinitrate	1	
enalapril maleate oral tablet	1		isosorbide mononitrate	1	
enalapril-hydrochlorothiazide	1		isosorbide mononitrate er	1	
ENTRESTO	2	PA	isradipine	1	
epinephrine injection solution	1		labetalol hcl oral	1	
epinephrine injection solution prefilled syringe 1 mg/10ml	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	1	
felodipine er	1		metolazone	1	
			metoprolol succinate er	1	
			metoprolol tartrate oral	1	
			metoprolol-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mexiletine hcl oral	1		prazosin hcl oral	1	
midodrine hcl	1		prevalite	1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1		procainamide hcl injection	1	
minoxidil oral	1		propafenone hcl	1	
moexipril hcl	1		propranolol hcl er	1	
nadolol oral	1		propranolol hcl oral	1	
nebivolol hcl	1		propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
nicardipine hcl oral	1		quinapril hcl	1	
nifedipine er	1		quinapril-hydrochlorothiazide	1	
nifedipine er osmotic release	1		quinidine gluconate er	1	
nifedipine oral	1		quinidine sulfate	1	
nimodipine oral	1		ramipril	1	
NITRO-BID	2		ranolazine er	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		RECTIV	2	
nitroglycerin sublingual	1		rosuvastatin calcium	1	
nitroglycerin transdermal	1		simvastatin oral	1	
nitro-time oral capsule extended release 9 mg	1		sorine	1	
NORPACE CR	2		sotalol hcl (af)	1	
olmesartan medoxomil oral	1		sotalol hcl oral	1	
olmesartan medoxomil-hctz	1		spironolactone oral	1	
pacerone oral tablet 200 mg	1		spironolactone-hctz	1	
papaverine hcl injection	1		telmisartan	1	
pentoxifylline er	1		timolol maleate oral	1	
perindopril erbumine	1		torsemide	1	
phenoxybenzamine hcl oral	1		trandolapril	1	
phentolamine mesylate injection	1		triamterene oral	1	
pindolol	1		triamterene-hctz	1	
pravastatin sodium	1		valsartan oral tablet	1	
			valsartan-hydrochlorothiazide	1	
			verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
			verapamil hcl er oral tablet extended release	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
verapamil hcl oral	1		EXTAVIA	1	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			fingolimod hcl	1	PA; QL
ADDERALL	2		GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL
ADDERALL XR	2	QL	glatiramer acetate	1	QL
amphetamine-dextroamphetamine	1		glatopa	1	QL
amphetamine-dextroamphetamine er	1	QL	REBIF	2	PA; QL
atomoxetine hcl	1		REBIF REBIDOSE	2	PA; QL
CONCERTA	2	QL	REBIF REBIDOSE TITRATION PACK	2	PA; QL
dexmethylphenidate hcl	1		REBIF TITRATION PACK	2	PA; QL
dextroamphetamine sulfate er	1	QL	Central Nervous System Agents - Miscellaneous		
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		caffeine citrate oral	1	
guanfacine hcl er	1		pregabalin	1	QL
methylphenidate hcl er	1	QL	riluzole	1	QL
methylphenidate hcl er (cd)	1	QL	Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg	1	ST; QL	chlorhexidine gluconate mouth/throat	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL	lidocaine viscous hcl	1	
methylphenidate hcl oral tablet	1		oralone	1	
relexxii oral tablet extended release 72 mg	1	QL	periogard	1	
zenzedi oral tablet 10 mg, 5 mg	1		pilocarpine hcl oral tablet 5 mg	1	
Central Nervous System Agents - Drugs for Multiple Sclerosis			triamcinolone acetonide mouth/throat	1	
AVONEX PEN	2	PA; QL	Dermatological Agents - Drugs for Skin Conditions		
AVONEX PREFILLED	2	PA; QL	acutane	1	
BETASERON	1	QL	acitretin	1	QL
dimethyl fumarate oral	1		adapalene external cream	1	
dimethyl fumarate starter pack	1		adapalene external gel	1	
			adapalene treatment	1	
			ala-cort external cream 2.5 %	1	
			alclometasone dipropionate	1	
			AMELUZ	2	QL
			amnestem	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
avar cleanser	1		clobetasol propionate external gel	1	
avita	1		clobetasol propionate external lotion	1	
azelaic acid external	1		clobetasol propionate external ointment	1	
AZELEX	2		clobetasol propionate external solution	1	
benzoyl peroxide-erythromycin	1		CONDYLOX	2	
betamethasone dipropionate aug	1		CORDRAN EXTERNAL TAPE	2	
betamethasone dipropionate external	1		desonide external cream	1	
betamethasone valerate external	1		desonide external lotion	1	
calcipotriene external cream	1		desonide external ointment	1	
calcipotriene external ointment	1		desoximetasone external cream	1	
calcipotriene external solution	1		desoximetasone external gel	1	
calcitrene	1		desoximetasone external ointment	1	
calcitriol external	1		DIFFERIN EXTERNAL CREAM	1	
CAPEX	2		DIFFERIN EXTERNAL LOTION	2	
CARAC	2		DRYSOL	2	
claravis	1		erythromycin external	1	
clindacin etz external swab	1		FINACEA EXTERNAL FOAM	2	
clindacin-p	1		fluocinolone acetonide body	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		fluocinolone acetonide external	1	
clindamycin phosphate external gel	1		fluocinolone acetonide scalp	1	
clindamycin phosphate external lotion	1		fluocinonide emulsified base	1	
clindamycin phosphate external solution	1		fluocinonide external	1	
clindamycin phosphate external swab	1		FLUOROPLEX EXTERNAL CREAM 1 %	2	
clobetasol prop emollient base	1		FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
clobetasol propionate e	1				
clobetasol propionate external cream	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
fluorouracil external cream 5 %	1		pimecrolimus cream 1 % external	1	
fluorouracil external solution	1		PIMECROLIMUS CREAM 1 % EXTERNAL	1	
fluticasone propionate external cream	1		podofilox external	1	
fluticasone propionate external ointment	1		PRAMOSONE EXTERNAL CREAM 1-1 %	2	
halobetasol propionate external cream	1		PRAMOSONE EXTERNAL LOTION	2	
halobetasol propionate external ointment	1		RETIN-A	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		RETIN-A MICRO GEL 0.04 %, 0.1 %	1	
hydrocortisone butyrate external cream	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
hydrocortisone butyrate external ointment	1		rosadan external cream	1	
hydrocortisone butyrate external solution	1		rosadan external gel	1	
hydrocortisone external cream 2.5 %	1		SANTYL	2	
hydrocortisone external lotion 2.5 %	1		selenium sulfide external lotion	1	
hydrocortisone external ointment 1 %, 2.5 %	1		sodium sulfacetamide external shampoo 10 %	1	
hydrocortisone valerate	1		sulfacetamide sodium (acne)	1	
imiquimod external cream 5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %	1	
isotretinoin oral	1		sulfacetamide sodium-sulfur external lotion 10-5 %	1	
LEVULAN KERASTICK	2	QL	sulfacetamide-sulfur in urea	1	
methoxsalen rapid	1	QL	synalar external cream	1	
metronidazole external cream	1		synalar external ointment	1	
metronidazole external gel 0.75 %	1		tacrolimus external	1	
mometasone furoate external	1		tazarotene external cream	1	
myorisan	1		tazarotene external gel	1	
neuac external gel	1		TAZORAC EXTERNAL CREAM 0.05 %	2	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	2	QL	tretinoin external cream	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tretinoin external gel 0.01 %, 0.025 %	1		ACCU-CHEK FASTCLIX LANCETS	1	
tretinoin microsphere	1		ACCU-CHEK GUIDE CONTROL	1	
tretinoin microsphere pump	1		ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL
triamcinolone acetonide external cream	1		ACCU-CHEK SAFE-T PRO LANCETS	1	
triamcinolone acetonide external lotion	1		ACCU-CHEK SMARTVIEW CONTROL	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triderm	1		ACCU-CHEK SOFTCLIX LANCETS	1	
urea external cream 40 %	1		AGAMATRIX CONTROL LEVEL 2	1	
uremez-40	1		AGAMATRIX CONTROL LEVEL 4	1	
VECTICAL	1		AUTOLET II CLINISAFE	1	
zenatane	1		AUTOLET LANCING DEVICE	1	
Diabetes - Antidiabetic Agents			BLULINK CONTROL HIGH & LOW	1	
acarbose oral	1		CARETOUCH CONTROL SOL LEVEL 2	1	
glimepiride	1		CARETOUCH LANCING/EJECTOR	1	
glipizide er	1		CARETOUCH TWIST MC LANCETS 30G	1	
glipizide ir	1		CHEMSTRIP 10 MD	2	
glipizide xl	1		CHEMSTRIP 10/SG	2	
glipizide-metformin hcl	1		CHEMSTRIP 2 GP	2	
glyburide oral	1		CHEMSTRIP 5 OB	2	
JARDIANCE	2	PA; QL	CHEMSTRIP 7	2	
metformin hcl er	1		CHEMSTRIP 9	2	
metformin hcl oral solution	1		COMFORT TOUCH PLUS LANCETS 28G	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		CONTOUR CONTROL SOLUTION	1	
OZEMPIC	2	PA; QL	CONTOUR NEXT CONTROL SOLUTION	1	
tolbutamide oral tablet 500 mg	1		CONTOUR NEXT GEN TEST STRIPS	1	PA; QL
VICTOZA	2	PA; QL			
Diabetes - Glucose Monitoring					
ACCU-CHEK FASTCLIX LANCET KIT	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIATHRIVE GLUCOSE CONTROL SOLN	1		ONETOUCH DELICA PLUS LANCET30G	1	
DIATHRIVE LANCING DEVICE	1		ONETOUCH DELICA PLUS LANCET33G	1	
DROPLET GENTEEL LANCING DEVICE	1		ONETOUCH DELICA PLUS LANCING	1	
EASY TALK PLUS II CONTROL	1		ONETOUCH DELICA SAFETY LANCING	1	
EASY TOUCH LANCING DEVICE	1		ONETOUCH FINEPOINT LANCETS	1	
EASY TRAK II CONTROL	1		ONETOUCH ULTRA TEST STRIPS	1	QL
EASYMAX 15 LEVEL 2-3 CONTROL	1		ONETOUCH ULTRASOFT LANCETS	1	
EASYMAX CONTROL	1		ONETOUCH VERIO IN VITRO SOLUTION HIGH	1	
GLUCOSE CONTROL SOLUTIONS	1		ONETOUCH VERIO TEST STRIPS	1	QL
EMBRACE LANCING DEVICE/EJECTOR	1		PIP GLUCOSE CONTROL SOLUTION	1	
EMBRACE PRESSURE ACTIVATED 21G	1		SAPS HEALTH PLUS LANCETS	1	
EMBRACE PRESSURE ACTIVATED 28G	1		SURESTEP PRO HIGH GLUCOSE	1	
EMBRACE TALK GLUCOSE CONTROL	1		SURESTEP PRO LOW GLUCOSE	1	
FORTISCARE CONTROL	1		SURESTEP PRO NORMAL GLUCOSE	1	
FREESTYLE TEST	1	PA; QL	TRUE COMFORT SAFETY LANCETS	1	
GENTEEL LANCING KIT (BLUE)	1		TRUE METRIX LEVEL 1	1	
GOJJI CONTROL	1		TRUE METRIX LEVEL 2	1	
GOJJI LANCING DEVICE/CLEAR CAP	1		TRUE METRIX LEVEL 3	1	
LANCETS	1		UNISTRIIP CONTROL IN VITRO SOLUTION LOW	1	
MICROLET NEXT LANCING DEVICE	1		VIVAGUARD INO CONTROL SOLUTION	1	
ONETOUCH CLUB LANCETS FINE PT	1		VIVAGUARD LANCING DEVICE	1	
ONETOUCH DELICA LANCETS 30G	1		Diabetes - Glycemic Agents		
ONETOUCH DELICA LANCETS 33G	1		BAQSIMI ONE PACK	2	
ONETOUCH DELICA LANCING DEV	1		BAQSIMI TWO PACK	2	
			diazoxide oral	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLUCAGEN HYPOKIT	2		LEVEMIR U-100 VIAL	2	PA
glucagon emergency kit injection kit	1		ULTIGUARD SAFEPACK SYR/NEEDLE	1	
Diabetes - Insulins			Electrolytes / Minerals / Metals / Vitamins		
BD ULTRA-FINE INSULIN SYRINGES	1		ARGYLE STERILE SALINE	1	
HUMALOG	2		CARNITOR ORAL	1	
HUMALOG KWIKPEN	2		CARNITOR SF	1	
HUMALOG U-100 JUNIOR KWIKPEN	2		curity sterile saline	1	
HUMULIN 70/30 KWIKPEN	1		cyanocobalamin injection solution 1000 mcg/ml	1	
HUMULIN 70/30 VIAL	1		cytra k crystals	1	
HUMULIN N KWIKPEN	1		deferasirox granules	1	QL
HUMULIN N VIAL	1		deferasirox oral packet	1	QL
HUMULIN R U-500 KWIKPEN	1		deferasirox oral tablet	1	
HUMULIN R U-500 VIAL	1		deferasirox oral tablet soluble	1	
HUMULIN R VIAL	1		ergocalciferol oral capsule	1	
INSULIN LISPRO	2		folic acid injection	1	
INSULIN LISPRO (1 UNIT DIAL)	2		folic acid oral tablet 1 mg	1	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	1		klor-con	1	
LANTUS SOLOSTAR	2	PA	klor-con 10	1	
LANTUS U-100 VIAL	2	PA	klor-con m10	1	
LEVEMIR FLEXPEN	2	PA	klor-con m15	2	
LEVEMIR U-100 FLEXTOUCH	2	PA	klor-con m20	1	
			levocarnitine oral solution	1	
			levocarnitine oral tablet	1	
			levocarnitine sf	1	
			MEPHYTON	1	
			nafrinse	1	
			ORACIT	2	
			phospha 250 neutral	1	
			phosphorous	1	
			phospho-trin 250 neutral	1	
			phytonadione injection	1	
			phytonadione oral	1	
			pot & sod cit-cit ac	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1		omeprazole oral capsule delayed release	1	
potassium chloride crys er oral tablet extended release 15 meq	2		pantoprazole sodium oral tablet delayed release	1	
potassium chloride er	1		rabeprazole sodium oral tablet delayed release	1	ST
potassium chloride oral	1		sucralfate oral	1	
potassium citrate er	1		Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
potassium citrate-citric acid	1		belladonna alkaloids-opium	1	QL
sod citrate-citric acid	1		chlordiazepoxide-clidinium	1	QL
sodium chloride (pf)	1		constulose	1	
sodium chloride irrigation	1		dicyclomine hcl oral	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1		diphenoxylate-atropine	1	
sodium fluoride oral tablet 1.1 (0.5 f) mg	1		enulose	1	
sodium fluoride oral tablet chewable	1		gavilyte-c	1	
sodium polystyrene sulfonate	1		gavilyte-g	1	
sps	1		gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	
tricitrates	1		generlac	1	
virt-phos 250 neutral oral tablet 155-852-130 mg	1		glycopyrrolate injection solution	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
vitamin k1 injection	1		HELIDAC THERAPY	2	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			lactulose encephalopathy	1	
cimetidine hcl	1		lactulose oral solution	1	
cimetidine oral	1		loperamide hcl oral capsule	1	
famotidine oral suspension reconstituted	1		opium	1	QL
famotidine oral tablet 20 mg, 40 mg	1		peg 3350-kcl-na bicarb-nacl	1	
lansoprazole oral capsule delayed release	1		peg-3350/electrolytes	1	
misoprostol oral	1		RELISTOR SUBCUTANEOUS	2	PA
			ursodiol oral capsule 300 mg	1	
			ursodiol oral tablet	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment			trosipium chloride	1	
CERDELGA	2	PA; QL	trosipium chloride er	1	
CREON	2		Genitourinary Agents - Drugs for Prostate Conditions		
CYSTAGON	2	PA	alfuzosin hcl er	1	
ZENPEP	2		dutasteride oral	1	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions			finasteride oral tablet 5 mg	1	
acetic acid irrigation	1		silodosin	1	
bethanechol chloride oral	1		tamsulosin hcl	1	
calcium acetate (phos binder)	1		terazosin hcl	1	
calcium acetate oral tablet 667 mg	1		Hormonal Agents - Adrenal		
CERVIDIL	2		DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	
darifenacin hydrobromide er	1		dexamethasone intensol	2	
ELMIRON	2		dexamethasone oral elixir	1	
flavoxate hcl	1		dexamethasone oral solution	1	
oxybutynin chloride er	1		dexamethasone oral tablet	1	
oxybutynin chloride oral syrup	1		dexamethasone sod phosphate pf injection solution	1	
oxybutynin chloride oral tablet	1		dexamethasone sodium phosphate injection	1	
penicillamine oral capsule	1	PA; QL	fludrocortisone acetate oral	1	
penicillamine oral tablet	2	PA; QL	hydrocortisone oral	1	
PENTOSAN POLYSULFATE SODIUM ORAL	2		MEDROL ORAL TABLET 2 MG	2	
phenazo oral tablet 200 mg	1		methylprednisolone oral	1	
phenazopyridine hcl oral	1		methylprednisolone sodium succ injection solution reconstituted 125 mg	1	
PREPIDIL	2		prednisolone oral	1	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	2		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
sevelamer carbonate	1		prednisone oral	1	
sevelamer hcl	1	PA			
solifenacin succinate	1				
tolterodine tartrate	1				
tolterodine tartrate er	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SOLU-CORTEF	2		LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	
Hormonal Agents - Men's Health			LUPRON DEPOT-PED (1-MONTH)	2	
danazol oral	1		LUPRON DEPOT-PED (3-MONTH)	2	
DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1		octreotide acetate	1	
TESTOSTERONE CYPIONATE INJECTION	1		OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL
testosterone cypionate intramuscular	1		SANDOSTATIN LAR DEPOT	2	QL
testosterone enanthate intramuscular	1		STIMATE NASAL SOLUTION 1.5 MG/ML	2	
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	Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
Hormonal Agents - Pituitary			raloxifene hcl	1	
ACTHAR	2	PA; QL	Hormonal Agents - Sex Hormones and Birth Control		
cabergoline	1		afirmelle	1	
CORTROPHIN	2	PA; QL	aftera	1	
desmopressin ace spray refrig	1		AFTERPILL	1	
desmopressin acetate injection	1		altavera	1	
DESMOPRESSIN ACETATE NASAL	2		alyacen 1/35	1	
desmopressin acetate oral	1		alyacen 7/7/7	1	
desmopressin acetate pf	1		amethia	1	
desmopressin acetate spray	1		amethia lo oral tablet 0.1-0.02 & 0.01 mg	1	
ELIGARD	2		apri	1	
leuprolide acetate injection	1		aranelle	1	
LUPRON DEPOT (1-MONTH)	2		ashlyna	1	
LUPRON DEPOT (3-MONTH)	2		aubra	1	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2		aubra eq	1	
			aurovela 1.5/30	1	
			aurovela 1/20	1	
			aurovela 24 fe	1	
			aurovela fe 1.5/30	1	
			aurovela fe 1/20	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
aviane	1		ELLA	2	
ayuna	1		eluryng	1	
azurette	1		emoquette oral tablet 0.15-30 mg-mcg	1	
balziva	1		enpresse-28	1	
blisovi 24 fe	1		enskyce	1	
blisovi fe 1.5/30	1		errin	1	
blisovi fe 1/20	1		estarylla	1	
briellyn	1		estradiol oral	1	
camila	1		estradiol transdermal patch twice weekly	1	
camrese	1		estradiol transdermal patch weekly	1	
camrese lo	1		estradiol vaginal	1	
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	1		estradiol valerate intramuscular	1	
chateal	1		ESTRING	2	
chateal eq	1		ethynodiol diac-eth estradiol	1	
CLIMARA	1		etonogestrel-ethinyl estradiol	1	
cryselle-28	1		falmina	1	
cyclafem 1/35 oral tablet 1-35 mg-mcg	1		FEMRING	2	
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1		femynor oral tablet 0.25- 35 mg-mcg	1	
cyred	1		gianvi oral tablet 3-0.02 mg	1	
cyred eq	1		hailey 1.5/30	1	
dasetta 1/35	1		hailey 24 fe	1	
dasetta 7/7/7	1		hailey fe 1.5/30	1	
daysee	1		hailey fe 1/20	1	
deblitane	1		haloette	1	
DELESTROGEN	2		heather	1	
delyla	1		her style	1	
DEPO-ESTRADIOL	2		hydroxyprogesterone caproate intramuscular oil	1	
desogestrel-ethinyl estradiol	1		iclevia	1	
dotti	1		incassia	1	
drospirenone-ethinyl estradiol	1		introvale	1	
econtra ez	1				
econtra one-step	1				
elimest	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
isibloom	1		loryna	1	
jaimiess	1		low-ogestrel	1	
jasmiel	1		lo-zumandimine	1	
jencycla	1		luteru	1	
jolessa	1		lyleq	1	
juleber	1		lyllana	1	
junel 1.5/30	1		lyza	1	
junel 1/20	1		MAKENA SUBCUTANEOUS	2	QL
junel fe 1.5/30	1		marlissa	1	
junel fe 1/20	1		medroxyprogesterone acetate intramuscular	1	
junel fe 24	1		medroxyprogesterone acetate oral	1	
kalliga	1		megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	
kariva	1		megestrol acetate oral tablet	1	
kelnor 1/35	1		microgestin 1.5/30	1	
kelnor 1/50	1		microgestin 1/20	1	
kurvelo	1		microgestin 24 fe	1	
larin 1.5/30	1		microgestin fe 1.5/30	1	
larin 1/20	1		microgestin fe 1/20	1	
larin 24 fe	1		mili	1	
larin fe 1.5/30	1		MIRENA (52 MG)	2	
larin fe 1/20	1		mono-lynyah	1	
larissia oral tablet 0.1-20 mg-mcg	1		my choice	1	
leena	1		my way	1	
lessina	1		necon 0.5/35 (28)	1	
levonest	1		new day	1	
levonorgest-eth estrad 91-day	1		nikki	1	
levonorgestrel	1		nora-be	1	
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1		norethin ace-eth estradiol-fe oral tablet	1	
levonorg-eth estradiol triphasic	1		norethindrone acetate oral	1	
levora 0.15/30 (28)	1		norethindrone acet-ethinyl est	1	
lillow oral tablet 0.15-30 mg-mcg	1				
lojaimiess	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
norethindrone oral	1		sprintec 28	1	
norgestimate-eth estradiol	1		sronyx	1	
norgestimate-ethinyl estradiol triphasic	1		syeda	1	
norlyda	1		take action	1	
norlyroc	1		tarina 24 fe	1	
nortrel 0.5/35 (28)	1		tarina fe 1/20	1	
nortrel 1/35 (21)	1		tarina fe 1/20 eq	1	
nortrel 1/35 (28)	1		tri femynor	1	
nortrel 7/7/7	1		tri-estarylla	1	
nylia 1/35	1		tri-linyah	1	
nylia 7/7/7	1		tri-lo-estarylla	1	
nymyo	1		tri-lo-marzia	1	
ocella	1		tri-lo-mili	1	
opcicon one-step	1		tri-lo-sprintec	1	
option 2	1		tri-mili	1	
orsythia	1		tri-nymyo	1	
PARAGARD INTRAUTERINE COPPER	2		tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
philith	1		tri-sprintec	1	
pimtrea	1		trivora (28)	1	
pirmella 1/35	1		tri-vylibra	1	
pirmella 7/7/7	1		tri-vylibra lo	1	
portia-28	1		tulana oral tablet 0.35 mg	1	
PREMARIN VAGINAL	2		tyblume	1	
previfem oral tablet 0.25-35 mg-mcg	1		velivet	1	
progesterone intramuscular	1		vestura	1	
progesterone oral	1		vienva	1	
react	1		viorele	1	
reclipsen	1		volnea	1	
setlakin	1		vyfemla	1	
sharobel	1		vylibra	1	
simliya	1		wera	1	
simpesse	1		xulane	1	
SKYLA	2		yuvaferm	1	
			zafemy	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
zarah oral tablet 3-0.03 mg	1		HUMIRA PEN-CD/UC/HS STARTER	2	PA; QL
zovia 1/35 (28)	1		HUMIRA PEN-PEDIATRIC UC START	2	PA; QL
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1		HUMIRA PEN-PS/UV/ADOL HS START	2	PA; QL
zumandimine	1		HUMIRA PEN-PSOR/UEIT STARTER	2	PA; QL
Hormonal Agents - Thyroid			HYPERHEP B	2	
levothyroxine sodium oral tablet	1		HYQVIA	2	PA; QL
liothyronine sodium oral	1		icatibant acetate	2	PA; QL
methimazole oral	1		leflunomide oral	1	
propylthiouracil oral	1		methotrexate oral	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			methotrexate sodium	1	
azathioprine oral tablet 50 mg	1		methotrexate sodium (pf)	1	
BERINERT	2	PA; QL	mycophenolate mofetil oral	1	
COSENTYX (300 MG DOSE)	2	PA; QL	mycophenolate sodium	1	
COSENTYX 150 MG/ML	2	PA; QL	NABI-HB	2	
COSENTYX SENSOREADY (300 MG)	2	PA; QL	ORENCIA CLICKJECT	2	PA; QL
COSENTYX SENSOREADY PEN	2	PA; QL	ORENCIA SUBCUTANEOUS	2	PA; QL
CUVITRU	2	PA; QL	OTEZLA	2	PA; QL
cyclosporine modified	1		RASUVO	2	
cyclosporine oral	1		RIDAURA	2	QL
ENBREL	2	PA; QL	sajazir	2	PA; QL
ENBREL MINI	2	PA; QL	sirolimus oral	1	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL	SKYRIZI (150 MG DOSE)	2	PA; QL
ENBREL SURECLICK	2	PA; QL	SKYRIZI PEN	2	PA; QL
ENVARUSUS XR	2		SKYRIZI SUBCUTANEOUS	2	PA; QL
engraf	1		STELARA SUBCUTANEOUS	2	PA; QL
HIZENTRA	2	PA; QL	tacrolimus oral	1	
HUMIRA	2	PA; QL	TREMFYA	2	PA; QL
HUMIRA PEDIATRIC CROHNS START	2	PA; QL	XELJANZ	2	PA; QL
HUMIRA PEN	2	PA; QL	XELJANZ XR	2	PA; QL
			Immunological Agents - Drugs for Vaccination		
			ACTHIB	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ADACEL	2		PNEUMOVAX 23	2	
AFLURIA QUADRIVALENT	1		PREHEVBRIO	2	
BEXSERO	2		PREVNAR 13	2	
BOOSTRIX	2		PREVNAR 20	2	
DAPTACEL	2		PRIORIX	2	
DIPHThERIA-TETANUS TOXOIDS DT	2		PROQUAD	2	
ENGRIX-B	2		QUADRACEL	2	
FLUAD QUADRIVALENT	1		RECOMBIVAX HB	2	
FLUARIX QUADRIVALENT	1		ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
FLUBLOK QUADRIVALENT	1		ROTATEQ	2	
FLUCELVAX QUADRIVALENT	1		SHINGRIX	2	
FLULAVAL QUADRIVALENT	1		TDVAX	2	
FLUMIST QUADRIVALENT	1		TENIVAC	2	
FLUZONE HIGH-DOSE QUADRIVALENT	1		TETANUS-DIPHThERIA TOXOIDS TD	2	
FLUZONE QUADRIVALENT	1		TRUMENBA	2	
GARDASIL 9	2		VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2	
HAVRIX	2		VARIVAX	2	
HEPLISAV-B	2		VAXELIS	2	
HIBERIX	2		VAXNEUVANCE	2	
INFANRIX	2		Inflammatory Bowel Disease Agents		
IPOL	2		APRISO	1	ST
KINRIX INTRAMUSCULAR SUSPENSION	2		balsalazide disodium	1	
MENACTRA	2		CORTIFOAM	2	
MENQUADFI	2		hydrocortisone (perianal) external cream 2.5 %	1	
MENVEO	2		hydrocortisone rectal	1	
M-M-R II	2		LIALDA	1	
PEDIARIX	2		mesalamine er oral capsule 500 mg	1	PA
PEDVAX HIB	2		mesalamine er oral capsule 0.375 gm	1	ST
PENTACEL	2		mesalamine oral capsule delayed release 400 mg	1	ST

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mesalamine oral tablet delayed release 1.2 gm	1		BD AUTOSHIELD DUO PEN NEEDLES	1	
mesalamine rectal	1		BD ULTRA-FINE PEN NEEDLES	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA	BREATHE COMFORT CHAMBER/ADULT	2	
PROCTOFOAM HC	2		BREATHE COMFORT CHAMBER/CHILD	2	
procto-med hc	1		BREATHE EASE LARGE	2	
proctosol hc	1		BREATHE EASE MEDIUM	2	
proctozone-hc	1		BREATHE EASE SMALL	2	
sulfasalazine oral	1		CAYA	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis			CLEVER CHOICE HOLDING CHAMBER	2	
alendronate sodium	1		COMPACT SPACE CHAMBER	2	
calcitonin (salmon) nasal	1		COMPACT SPACE CHAMBER/LG MASK	2	
ibandronate sodium oral	1		COMPACT SPACE CHAMBER/MED MASK	2	
risedronate sodium oral tablet	1		COMPACT SPACE CHAMBER/SM MASK	2	
Metabolic Bone Disease Agents - Other			deferoxamine mesylate injection solution reconstituted 500 mg	1	
calcitriol oral	1		DROPSAFE ALCOHOL PREP	1	
cinacalcet hcl	1	PA	EASIVENT	2	
Miscellaneous Therapeutic Agents			FEMCAP	2	
AEROCHAMBER MINI CHAMBER	2		FLEXICHAMBER	2	
AEROCHAMBER MV	2		FLEXICHAMBER ADULT MASK/SMALL	2	
AEROCHAMBER PLUS FLO-VU	2		FLEXICHAMBER CHILD MASK/LARGE	2	
AEROCHAMBER PLUS FLOW VU	2		FLEXICHAMBER CHILD MASK/SMALL	2	
AEROCHAMBER W/FLOWSIGNAL	2		GLUCAGEN DIAGNOSTIC	2	
ALCOHOL PREP PADS PAD , 70 %	1		GLUCAGON HCL (DIAGNOSTIC)	2	
ALCOHOL PREP PADS SHEET 70 %	1		INCONTROL ULTICARE PEN NEEDLES	1	
AUM MINI INSULIN PEN NEEDLE	1				
AUM READYGARD DUO PEN NEEDLE	1				
AUM SAFETY PEN NEEDLE	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5MM , 30G X 8MM , 31G X 4MM , 31G X 5MM , 31G X 6MM , 31G X 8MM , 32G X 4MM , 32G X 5MM , 32G X 6MM , 32G X 8MM , 33G X 4MM , 33G X 5MM , 33G X 6MM	1		PIP PEN NEEDLES 32G X 4MM	1	
methergine	1		pocket spacer	2	
methylergonovine maleate	1		PRO COMFORT SPACER ADULT	2	
MICROCHAMBER	2		PRO COMFORT SPACER CHILD	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		PRO COMFORT SPACER INFANT	2	
NOVOFINE PEN NEEDLE	1		PROCARE SPACER/ADULT MASK	2	
NOVOFINE PLUS PEN NEEDLE	1		PROCARE SPACER/CHILD MASK	2	
NOVOTWIST PEN NEEDLE 32G X 5MM	1		PURE COMFORT SPACER CHAMBER	2	
NOZIN NASAL SANITIZER	1		RAYA SURE PEN NEEDLE	1	
NOZIN NASAL SANITIZER POPSWAB	1		SAFETY PEN NEEDLES	1	
OPTICHAMBER DIAMOND	2		VORTEX VALVED HOLDING CHAMBER	2	
OPTICHAMBER DIAMOND-LG MASK	2		WIDE-SEAL DIAPHRAGM 60	2	
OPTICHAMBER DIAMOND-MD MASK	2		WIDE-SEAL DIAPHRAGM 65	2	
OPTICHAMBER DIAMOND-SM MASK	2		WIDE-SEAL DIAPHRAGM 70	2	
PANDA MASK LARGE	2		WIDE-SEAL DIAPHRAGM 75	2	
PANDA MASK MEDIUM	2		WIDE-SEAL DIAPHRAGM 80	2	
PANDA MASK SMALL	2		WIDE-SEAL DIAPHRAGM 85	2	
PEDIATRIC PANDA MASK	2		WIDE-SEAL DIAPHRAGM 90	2	
PIP PEN NEEDLES 31G X 5MM	1		WIDE-SEAL DIAPHRAGM 95	2	
			Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
			ACULAR	2	
			ALOMIDE	2	
			azelastine hcl ophthalmic	1	
			bacitracin ophthalmic	1	
			CILOXAN	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ciprofloxacin hcl ophthalmic	1		TOBRADEX OPHTHALMIC OINTMENT	2	
cromolyn sodium ophthalmic	1		tobramycin ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1		tobramycin-dexamethasone	1	
diclofenac sodium ophthalmic	1		TOBREX	2	
difluprednate	1		trifluridine	1	
erythromycin ophthalmic	1		VIGAMOX	2	
fluorometholone	1		Ophthalmic Agents - Drugs for Glaucoma		
flurbiprofen sodium	1		acetazolamide er	1	
FML FORTE	2		acetazolamide oral	1	
FML OPHTHALMIC OINTMENT 0.1 %	2		betaxolol hcl ophthalmic	1	
gatifloxacin ophthalmic	1		BETOPTIC-S	2	
gentak	1		bimatoprost ophthalmic	1	
gentamicin sulfate ophthalmic	1		brimonidine tartrate ophthalmic solution 0.2 %	1	
ketorolac tromethamine ophthalmic	1		brinzolamide	1	
moxifloxacin hcl (2x day)	1		carteolol hcl	1	
moxifloxacin hcl ophthalmic solution	1		dorzolamide hcl ophthalmic	1	
NATACYN	2		dorzolamide hcl-timolol mal	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1		latanoprost ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		levobunolol hcl	1	
ofloxacin ophthalmic	1		LUMIGAN	2	
olopatadine hcl ophthalmic solution 0.1 %	1		methazolamide oral	1	
PRED MILD	2		pilocarpine hcl ophthalmic	1	
prednisolone acetate ophthalmic	1		timolol maleate ophthalmic	1	
prednisolone acetate p-f	1		travoprost (bak free)	1	
sulfacetamide sodium ophthalmic	1		Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
			ak-poly-bac	1	
			altafrin	1	
			atropine sulfate ophthalmic ointment	1	
			ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
atropine sulfate ophthalmic solution 1 %	1		Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
bacitracin-polymyxin b ophthalmic	1		azelastine hcl nasal	1	
bacitra-neomycin- polymyxin-hc	1		benzonatate oral capsule 100 mg, 200 mg	1	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	2		carbinoxamine maleate	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	2		clemastine fumarate oral syrup	1	
CEQUA	2	PA	clemastine fumarate oral tablet 2.68 mg	1	
cyclopentolate hcl ophthalmic	1		cyproheptadine hcl oral	1	
cyclosporine ophthalmic	1	PA	desloratadine	1	
homatropaire	1		diphenhydramine hcl injection	1	
ISOPTO ATROPINE	2		flunisolide nasal	1	
LACRISERT	2		hydrocodone bit- homatrop mbr	1	
neomycin-polymyxin- gramicidin	1		hydromet	1	
neo-polycin hc	1		ipratropium bromide nasal	1	
phenylephrine hcl ophthalmic	1		levocetirizine dihydrochloride oral	1	
polycin	1		nebusal inhalation nebulization solution 3 %	1	
polymyxin b-trimethoprim	1		potassium iodide oral	2	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	2		promethazine hcl oral	1	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	2		promethazine hcl rectal	1	
sulfacetamide- prednisolone	1		promethazine vc	1	
XIIDRA	2	PA	promethazine-dm	1	
Otic Agents - Drugs for Ear Conditions			promethazine- phenylephrine	1	
acetic acid otic	1		promethegan	1	
CIPRO HC	2		pulmosal	1	
ciprofloxacin- dexamethasone	1		ryvent	1	
neomycin-polymyxin-hc otic	1		sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
ofloxacin otic	1		SSKI	2	
			SURVANTA	2	
			Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
acetylcysteine inhalation	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA
ADVAIR HFA	2		FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	
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 powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
albuterol sulfate oral	1		ipratropium bromide inhalation	1	
ALVESCO	2		ipratropium-albuterol	1	
ASMANEX (120 METERED DOSES)	2	ST	montelukast sodium oral	1	
ASMANEX (14 METERED DOSES)	2	ST	OFEV	2	PA; QL
ASMANEX (30 METERED DOSES)	2	ST	pirfenidone oral capsule	2	PA; QL
ASMANEX (60 METERED DOSES)	2	ST	pirfenidone oral tablet 267 mg, 801 mg	1	PA; QL
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT	2	ST	pirfenidone oral tablet 534 mg	2	PA; QL
ASMANEX HFA	2	ST	SEREVENT DISKUS	2	ST
ATROVENT HFA	2		SPIRIVA HANDIHALER	2	
budesonide inhalation	1		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
BUDESONIDE-FORMOTEROL FUMARATE	2	PA; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
COMBIVENT RESPIMAT	2		STIOLTO RESPIMAT	2	
cromolyn sodium inhalation	1		STRIVERDI RESPIMAT	2	PA
elixophyllin	1		SYMBICORT	2	PA; QL
epinephrine injection solution auto-injector	1		terbutaline sulfate oral	1	
ESBRIET ORAL CAPSULE	2	PA; QL			
FLOVENT DISKUS	2	PA			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
theophylline	1		Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
theophylline er	1		baclofen oral tablet	1	
wixela inhub	1		cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis			dantrolene sodium oral	1	
PULMOZYME	2		methocarbamol injection	1	
tobramycin inhalation nebulization solution 300 mg/5ml	1	PA; QL	methocarbamol oral tablet 500 mg, 750 mg	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension			orphenadrine citrate er	1	QL
ambrisentan	1	PA; QL	tizanidine hcl oral tablet	1	
bosentan	1	PA; QL	Sleep Disorder Agents		
OPSUMIT	2	PA; QL	eszopiclone	1	QL
sildenafil citrate oral tablet 20 mg	1	PA	flurazepam hcl oral capsule 15 mg, 30 mg	1	QL
TYVASO	2	PA; QL	modafinil	1	
TYVASO REFILL	2	PA; QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
TYVASO STARTER	2	PA; QL	zaleplon	1	QL
UPTRAVI ORAL	2	PA; QL	zolpidem tartrate oral	1	QL
VENTAVIS	2	PA; QL			

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Notice of Nondiscrimination

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

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

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

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

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>**

Multi-language Interpreter Services

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

Español (Spanish): ATENCIÓN: Si habla español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636 (TTY 711)**.

中文 (Chinese) : 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636 (TTY 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636 (TTY 711)**.

한국어 (Korean): 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636(TTY 711)**번으로 문의하십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636 (TTY 711)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636 (TTY 711)**.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. Телефонуйте за номером **1-888-901-4636 (TTY 711)**.

ភាសាខ្មែរ (Khmer) : សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺ មានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636 (TTY 711)**។

日本語 (Japanese): 注意事項：無料の日本語での言語サポートをご利用いただけます。
1-888-901-4636 (TTY 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic)፡ ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፡ በነጻ ለእርስዎ ይቀርባሉ፡፡
ወደ **1-888-901-4636 (TTY 711)** ይደውሉ፡፡

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636 (TTY 711)** irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।
1-888-901-4636 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **1-888-901-4636 (TTY 711)**

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636 (TTY 711)**.

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.