
Effective July 2024

2024 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

Drug Formulary

INTRODUCTION



What is a formulary?

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

How is the drug formulary developed?

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

How do I search the formulary?

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

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

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

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

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

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

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

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

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

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

Prior Authorization (PA)

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

Step Therapy (ST)

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

Quantity Limit (QL)

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

High Dose Pain Medicine Prescriber Review

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

Drugs Limited to Select Pharmacies

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

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

Covered Diabetic Supplies

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

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

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

Mail Order Pharmacy Service

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

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

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

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

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

Specialty Drugs

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

Over-the-Counter (OTC) Drugs

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

Preventative Medications and Preferred Contraceptives

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

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

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

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

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

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			fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
celecoxib oral	1		hydrocodone-acetaminophen oral solution	1	QL
diclofenac potassium oral tablet 50 mg	1		hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
diclofenac sodium er	1		hydromorphone hcl oral	1	QL
diclofenac sodium oral	1		hydromorphone hcl rectal	1	QL
diflunisal oral	1		levorphanol tartrate oral	1	PA; QL
etodolac	1		methadone hcl intensol	1	QL
flurbiprofen oral	1		methadone hcl oral	1	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		methadose oral tablet soluble	1	QL
indomethacin er	1		morphine sulfate (concentrate)	1	QL
indomethacin oral capsule	1		morphine sulfate er oral tablet extended release	1	ST; QL
ketorolac tromethamine injection	1		morphine sulfate oral	1	QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1		morphine sulfate rectal	1	QL
meclofenamate sodium oral	1		OXYCODONE HCL ER	2	ST; QL
meloxicam oral tablet	1		oxycodone hcl oral concentrate	1	QL
nabumetone oral	1		oxycodone hcl oral solution	1	QL
naproxen oral suspension	1		oxycodone hcl oral tablet	1	QL
naproxen oral tablet	1		OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	2	QL
naproxen sodium oral tablet 275 mg, 550 mg	1		oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
piroxicam oral	1		OXYCONTIN	2	ST; QL
salsalate oral	1		tramadol hcl oral tablet 100 mg, 50 mg	1	QL
sulindac oral	1		tramadol-acetaminophen	1	QL
tolmetin sodium	1		Anesthetics		
Analgesics - Drugs for Pain					
acetaminophen-codeine	1	QL			
bac	1				
butalbital-apap-caffeine oral tablet	1				
butalbital-aspirin-caffeine	1				
codeine sulfate	1	QL			
endocet	1	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
glydo	1		NICORETTE MOUTH/THROAT LOZENGE	2	
lidocaine external patch 5 %	1		nicotine mini	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			nicotine transdermal patch 24 hour 21 mg/24hr	1	
acamprosate calcium	1		varenicline tartrate	1	
buprenorphine hcl sublingual	1	QL	varenicline tartrate (starter)	1	
buprenorphine hcl-naloxone hcl	1	QL	varenicline tartrate(continue)	1	
bupropion hcl er (smoking det)	1		VIVITROL	4	QL
disulfiram oral	1		Antibacterials		
ft nicotine	2		amoxicillin	1	
ft nicotine mini	2		amoxicillin-potassium clavulanate	1	
goodsense nicotine mouth/throat gum 2 mg	2		ampicillin	1	
goodsense nicotine mouth/throat lozenge 4 mg	2		ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 250 mg, 500 mg	1	
habitrol	1		avidoxy	1	
naloxone hcl injection	1		azithromycin oral	1	
naloxone hcl nasal	1		BICILLIN L-A	2	
naltrexone hcl oral	1		cefadroxil	1	
NARCAN	2		cefazolin sodium injection solution reconstituted 1 gm	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	2		cefdinir	1	
NICORETTE MOUTH/THROAT GUM 2 MG	2		cefixime	1	
			cefprozil	1	
			ceftazidime injection solution reconstituted 1 gm	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1		mupirocin calcium	1	
cefuroxime axetil	1		mupirocin external	1	
cephalexin oral capsule 250 mg, 500 mg	1		neomycin sulfate oral	1	
cephalexin oral suspension reconstituted	1		nitrofurantoin macrocrystal	1	
ciprofloxacin hcl oral	1		nitrofurantoin monohydrate macrocrystals	1	
clarithromycin oral	1		nitrofurantoin oral suspension 25 mg/5ml	1	
clindamycin hcl oral	1		penicillin v potassium	1	
clindamycin palmitate hcl	1		silver sulfadiazine external	1	
clindamycin phosphate vaginal	1		SIVEXTRO ORAL	4	QL
dicloxacillin sodium	1		ssd	1	
doxycycline hyclate oral capsule	1		sulfamethoxazole-trimethoprim oral	1	
doxycycline hyclate oral tablet	1		sulfatrim pediatric	1	
doxycycline monohydrate oral capsule	1		tazicef injection	1	
doxycycline monohydrate oral tablet	1		trimethoprim oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		vancomycin hcl oral capsule	1	QL
FIRVANQ	2		vancomycin hcl oral solution reconstituted	1	
gentamicin sulfate external	1		vandazole	1	
levofloxacin oral	1		Anticoagulants		
linezolid oral suspension reconstituted	1	QL	dabigatran etexilate mesylate	1	
linezolid oral tablet	1		enoxaparin sodium	1	
methenamine hippurate	1		fondaparinux sodium	4	QL
metronidazole oral tablet	1		heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1	
metronidazole vaginal	1		heparin sodium (porcine) pf	1	
minocycline hcl oral capsule	1		jantoven	1	
mondoxyne nl	1		LOVENOX	1	
moxifloxacin hcl oral	1		PRADAXA ORAL CAPSULE	1	
			warfarin sodium oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XARELTO ORAL TABLET	2	PA	primidone oral tablet 250 mg, 50 mg	1	QL
XARELTO STARTER PACK	2	PA	roweepra	1	
Anticonvulsants - Drugs for Seizures			subvenite	1	
carbamazepine er	1		topiramate oral	1	
carbamazepine oral	1		valproic acid oral	1	
clobazam oral tablet	1		VALTOCO	2	PA; QL
diazepam rectal	1	QL	zonisamide oral	1	
DILANTIN ORAL CAPSULE 30 MG	2		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
divalproex sodium er	1		donepezil hcl	1	
divalproex sodium oral	1		galantamine hydrobromide	1	
epitol	1		galantamine hydrobromide er	1	
ethosuximide oral	1		memantine hcl oral tablet 10 mg, 5 mg	1	
gabapentin oral capsule	1		rivastigmine tartrate	1	
gabapentin oral solution	1		Antidepressants		
gabapentin oral tablet 600 mg, 800 mg	1		amitriptyline hcl oral	1	
lacosamide oral	1		amoxapine	1	
lamotrigine oral tablet	1		bupropion hcl er (sr)	1	
lamotrigine oral tablet chewable	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
levetiracetam er	1		bupropion hcl oral	1	
levetiracetam oral	1		citalopram hydrobromide oral solution	1	
methsuximide	2		citalopram hydrobromide oral tablet	1	
NAYZILAM	2	PA; QL	clomipramine hcl oral	1	
oxcarbazepine	1		desipramine hcl oral	1	
phenobarbital oral	1		desvenlafaxine succinate er	1	
phenobarbital sodium injection solution 130 mg/ml	1		doxepin hcl oral capsule	1	
phenytoin infatabs	1		doxepin hcl oral concentrate	1	
phenytoin oral	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
phenytoin sodium extended oral capsule 100 mg	1				
phenytoin sodium injection	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
escitalopram oxalate oral	1		ondansetron odt	1	
fluoxetine hcl oral capsule	1		perphenazine oral	1	
fluoxetine hcl oral solution	1		prochlorperazine	1	
fluvoxamine maleate	1		prochlorperazine edisylate injection	1	
imipramine hcl oral	1		prochlorperazine maleate oral	1	
mirtazapine oral	1		promethazine hcl oral	1	
nortriptyline hcl oral	1		promethazine hcl rectal	1	
paroxetine hcl	1		promethegan	1	
paroxetine hcl er	1				
perphenazine-amitriptyline	1		Antifungals		
phenelzine sulfate oral	1		ciclodan	1	
protriptyline hcl	1		ciclopirox external	1	
sertraline hcl oral concentrate	1		ciclopirox olamine external	1	
sertraline hcl oral tablet	1		clotrimazole mouth/throat	1	
tranylcypromine sulfate	1		clotrimazole-betamethasone	1	
trazodone hcl oral	1		CRESEMBA ORAL	4	PA; QL
venlafaxine hcl	1		fluconazole oral	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		flucytosine oral	4	QL
			griseofulvin microsize oral	1	
Antiemetics - Drugs for Nausea and Vomiting			griseofulvin ultramicrosize	1	
aprepitant oral	1		itraconazole oral	1	PA
aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	1		ketoconazole external cream	1	
compro	1		ketoconazole external shampoo	1	
dimenhydrinate injection	1		ketoconazole oral	1	
dronabinol	1		klayesta	1	
granisetron hcl oral	1		nyamyc	1	
metoclopramide hcl injection	1		nystatin external	1	
metoclopramide hcl oral solution	1		nystatin mouth/throat	1	
metoclopramide hcl oral tablet	1		nystatin oral	1	
ondansetron hcl injection	1		nystatin-triamcinolone	1	
ondansetron hcl oral	1		nystop	1	
			terbinafine hcl oral	1	
			terconazole vaginal cream	1	

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voriconazole oral	1	PA	rifabutin	1	
Antigout Agents			rifampin oral	1	
allopurinol oral tablet 100 mg, 300 mg	1		Antineoplastics - Drugs for Cancer		
colchicine oral	1		abiraterone acetate	1	QL
colchicine-probenecid	1		AFINITOR DISPERZ	2	PA; QL
febuxostat	1		anastrozole oral	1	
probenecid	1		bicalutamide	1	
Antimigraine Agents			BRUKINSA	2	PA; QL
dihydroergotamine mesylate injection	1	QL	CALQUENCE	2	PA; QL
dihydroergotamine mesylate nasal	4		capecitabine	1	QL
ERGOMAR	2		COTELLIC	2	PA; QL
ergotamine-caffeine	1		cyclophosphamide oral capsule	1	
MIGERGOT	2		DROXIA	2	
naratriptan hcl	1		erlotinib hcl	1	PA
rizatriptan benzoate	1		etoposide oral	1	QL
sumatriptan nasal	1		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; QL
sumatriptan succinate oral	1		everolimus oral tablet soluble	1	PA; QL
sumatriptan succinate refill subcutaneous solution cartridge	1		exemestane	1	
sumatriptan succinate subcutaneous	1		gefitinib	2	PA; QL
zolmitriptan oral	1		GILOTRIF	2	PA; QL
Antimyasthenic Agents			GLEOSTINE	2	
MESTINON ORAL SOLUTION	2		hydroxyurea oral	1	
pyridostigmine bromide er	1		imatinib mesylate	1	QL
pyridostigmine bromide oral	1		IMBRUVICA ORAL CAPSULE	2	PA; QL
Antimycobacterials			IMBRUVICA ORAL TABLET 140 MG, 420 MG	2	PA; QL
dapsone oral	1		lapatinib ditosylate	1	PA; QL
ethambutol hcl oral	1		lenalidomide	1	PA; QL
isoniazid oral	1		letrozole oral	1	
PRIFTIN	2		leucovorin calcium oral	1	
pyrazinamide oral	1		LEUKERAN	2	
			MATULANE	2	QL
			MEKINIST	2	PA; QL
			mercaptopurine oral	1	

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mesna	1		pyrimethamine oral	4	PA; QL
MESNEX ORAL	2		Antiparkinson Agents		
MYLERAN	2	QL	amantadine hcl oral	1	
pazopanib hcl	1	PA; QL	benztropine mesylate	1	
REVLIMID	2	PA; QL	bromocriptine mesylate oral	1	
ROZLYTREK	2	PA; QL	carbidopa oral	1	
RYDAPT	2	PA; QL	carbidopa-levodopa er	1	
sorafenib tosylate	1	PA	carbidopa-levodopa oral tablet	1	
SPRYCEL	2	PA; QL	carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1	
STIVARGA	2	PA	carbidopa-levodopa-entacapone	1	
sunitinib malate	1	PA; QL	DUOPA	4	PA
TABLOID	2		entacapone	1	
TAFINLAR	2	PA; QL	pramipexole dihydrochloride	1	
TAGRISSO	2	PA; QL	rasagiline mesylate oral	1	PA
tamoxifen citrate oral	1		ropinirole hcl	1	
temozolomide	1	QL	selegiline hcl oral	1	
THALOMID	2	PA; QL	trihexyphenidyl hcl	1	
tretinoin oral	1	QL	Antiplatelets		
VENCLEXTA	2	PA; QL	aspirin-dipyridamole er	1	
VENCLEXTA STARTING PACK	2	PA; QL	BRILINTA	2	
XTANDI ORAL CAPSULE	2	PA; QL	cilostazol	1	
ZELBORAF	2	PA	clopidogrel bisulfate oral	1	
ZYDELIG	2	PA; QL	dipyridamole oral	1	
Antiparasitics			prasugrel hcl	1	
albendazole oral	1		Antipsychotics - Drugs for Mood Disorders		
ALINIA ORAL SUSPENSION RECONSTITUTED	2		ABILIFY ASIMTUFII	4	
atovaquone	4		ABILIFY MAINTENA	4	
chloroquine phosphate oral	1		aripiprazole oral solution	1	
hydroxychloroquine sulfate oral	1		aripiprazole oral tablet	1	
KRINTAFEL	2		ARISTADA	4	QL
nitazoxanide oral	2		ARISTADA INITIO	4	
permethrin external	1		chlorpromazine hcl injection	1	
praziquantel oral	1				
primaquine phosphate	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
chlorpromazine hcl oral tablet	1		RISPERDAL CONSTA SUSPENSION		
clozapine oral tablet	1		RECONSTITUTED ER 37.5 MG	1	
fluphenazine decanoate injection	1		INTRAMUSCULAR		
fluphenazine hcl	1		RISPERDAL CONSTA SUSPENSION		
haloperidol decanoate intramuscular	1		RECONSTITUTED ER 37.5 MG	2	
haloperidol lactate injection	1		INTRAMUSCULAR		
haloperidol lactate oral concentrate 2 mg/ml	1		RISPERDAL CONSTA SUSPENSION	1	
haloperidol oral	1		RECONSTITUTED ER 50 MG INTRAMUSCULAR		
INVEGA HAFYERA	4		RISPERDAL CONSTA SUSPENSION	2	
INVEGA SUSTENNA	4		RECONSTITUTED ER 50 MG INTRAMUSCULAR		
INVEGA TRINZA	4	QL	risperidone microspheres er	1	
loxapine succinate	1		risperidone oral solution	1	
lurasidone hcl	1		risperidone oral tablet	1	
olanzapine	1		RYKINDO	4	
paliperidone er	1		thiothixene	1	
PERSERIS	4		trifluoperazine hcl	1	
pimozide	1		UZEDY	4	
quetiapine fumarate	1		ziprasidone hcl	1	
quetiapine fumarate er	1		ZYPREXA RELPREVV	2	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	1		Antivirals		
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	2		abacavir sulfate	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1		abacavir sulfate-lamivudine	1	
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	2		acyclovir external ointment	1	
			acyclovir oral	1	
			adefovir dipivoxil	1	QL
			APTIVUS	4	QL
			atazanavir sulfate	1	
			BARACLUDE ORAL SOLUTION	4	QL
			BIKTARVY	4	QL
			CIMDUO	4	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COMPLERA	4	PA; QL	ODEFSEY	4	QL
darunavir	1		oseltamivir phosphate oral	1	
DESCOVY	4	PA; QL	PAXLOVID (150/100)	2	QL
DOVATO	4	QL	PAXLOVID (300/100)	2	QL
EDURANT	2		PEGASYS	4	QL
efavirenz	1		PREVYMIS ORAL	4	PA; QL
efavirenz-emtricitab-tenofo df	1		PREZCOBIX	2	QL
efavirenz-lamivudine-tenofovir	1		PREZISTA ORAL SUSPENSION	2	
emtricitabine	1		PREZISTA ORAL TABLET 150 MG, 75 MG	2	
emtricitabine-tenofovir df	1		RELENZA DISKHALER	2	
EMTRIVA ORAL SOLUTION	2		REYATAZ ORAL PACKET	2	
entecavir	1		ribavirin oral	1	QL
EPCLUSA	4	QL	rimantadine hcl	1	
etravirine	1		ritonavir	1	
famciclovir oral	1		SELZENTRY ORAL SOLUTION	4	QL
fosamprenavir calcium	4	QL	SOFOSBUVIR-VELPATASVIR	4	QL
GENVOYA	4		STRIBILD	4	PA; QL
HARVONI	4	PA; QL	SYMFI	1	
INTELENCE ORAL TABLET 25 MG	2		SYMFI LO	1	
ISENTRESS HD	2		SYMTUZA	4	QL
ISENTRESS ORAL TABLET	2		TAMIFLU	2	
ISENTRESS ORAL TABLET CHEWABLE	2		tenofovir disoproxil fumarate	1	
JULUCA	4	QL	TIVICAY	2	
LAGEVRIO	2	QL	TIVICAY PD	2	
lamivudine	1		TRIUMEQ	4	QL
lamivudine-zidovudine	1		TRIUMEQ PD	4	QL
LEDIPASVIR-SOFOSBUVIR	4	PA; QL	TYBOST	2	PA
lopinavir-ritonavir	1		valacyclovir hcl oral	1	
maraviroc	4	QL	valganciclovir hcl	4	QL
nevirapine er	1		VIRACEPT	2	
nevirapine oral tablet	1		VIREAD ORAL POWDER	2	
NORVIR ORAL PACKET	2				

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VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		EPOGEN	2	PA
VOSEVI	4	PA; QL	HEMLIBRA	4	PA; QL
zidovudine	1		LEUKINE	2	
Anxiolytics - Drugs for Anxiety			NIVESTYM	4	QL
alprazolam er	1	QL	PROCRIPT	2	PA
alprazolam oral tablet	1	QL	tranexamic acid oral	1	QL
alprazolam xr	1	QL	ZARXIO	4	QL
buspirone hcl oral	1		Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
chlordiazepoxide hcl	1	QL	acebutolol hcl oral	1	
clonazepam oral	1	QL	amiloride hcl oral	1	
clorazepate dipotassium	1	QL	amiloride- hydrochlorothiazide	1	
diazepam injection	1	QL	amiodarone hcl oral	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			captropril oral	1	
lithium	1		captropril- hydrochlorothiazide	1	
lithium carbonate er	1		cartia xt	1	
lithium carbonate oral	1		carvedilol	1	
Blood Products and Modifiers - Drugs for Blood Disorders			chlorthalidone	1	
ALVAIZ	4	PA; QL	cholestyramine light	1	
anagrelide hcl	1		cholestyramine oral	1	
			clonidine	1	
			clonidine hcl oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
colestipol hcl	1		flecainide acetate	1	
digoxin injection	1		fosinopril sodium	1	
digoxin oral solution	1		fosinopril sodium-hctz	1	
digoxin oral tablet 125 mcg, 250 mcg	1		furosemide injection	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg (generic Cardizem CD)	1		furosemide oral	1	
diltiazem hcl er oral capsule extended release 12 hour	1		gemfibrozil oral	1	
diltiazem hcl er oral capsule extended release 24 hour	1		guanfacine hcl	1	
diltiazem hcl oral	1		hydralazine hcl oral	1	
dilt-xr	1		hydrochlorothiazide oral	1	
disopyramide phosphate	1		indapamide	1	
DIURIL	2		irbesartan	1	
doxazosin mesylate oral	1		irbesartan-hydrochlorothiazide	1	
enalapril maleate oral tablet	1		isosorbide dinitrate	1	
enalapril-hydrochlorothiazide	1		isosorbide mononitrate	1	
ENTRESTO	2	PA; QL	isosorbide mononitrate er	1	
epinephrine injection solution	1		isradipine	1	
epinephrine pf	1		labetalol hcl oral	1	
eplerenone	1		lisinopril oral	1	
ethacrynic acid	1	PA	lisinopril-hydrochlorothiazide	1	
ezetimibe	1		losartan potassium oral	1	
ezetimibe-simvastatin	1		losartan potassium-hctz	1	
felodipine er	1		lovastatin oral	1	
fenofibrate micronized	1		metolazone	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		metoprolol succinate er	1	
fenofibrate oral tablet 160 mg, 54 mg	1		metoprolol tartrate oral	1	
fenofibric acid	1		metoprolol-hydrochlorothiazide	1	
			mexiletine hcl oral	1	
			midodrine hcl	1	
			minoxidil oral	1	
			moexipril hcl	1	
			nadolol oral	1	
			nebivolol hcl	1	
			nicardipine hcl oral	1	
			nifedipine er	1	

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nifedipine er osmotic release	1		quinapril-hydrochlorothiazide	1	
nifedipine oral	1		quinidine gluconate er	1	
nimodipine oral	1		quinidine sulfate	1	
NITRO-BID	2		ramipril	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		ranolazine er	1	
nitroglycerin rectal	1		RECTIV	2	
nitroglycerin sublingual	1		rosuvastatin calcium oral	1	
nitroglycerin transdermal	1		simvastatin oral	1	
nitro-time oral capsule extended release 9 mg	1		sotalol hcl (af)	1	
NORPACE CR	2		sotalol hcl oral	1	
olmesartan medoxomil oral	1		spironolactone oral tablet	1	
olmesartan medoxomil- hctz	1		spironolactone-hctz	1	
olmesartan-amlodipine- hctz	1		telmisartan	1	
pacerone oral tablet 100 mg, 200 mg	1		timolol maleate oral	1	
papaverine hcl injection	1		torseamide	1	
pentoxifylline er	1		trandolapril	1	
perindopril erbumine	1		triamterene oral	1	
phenoxybenzamine hcl oral	4		triamterene-hctz	1	
phentolamine mesylate injection	1		valsartan oral tablet	1	
pindolol	1		valsartan- hydrochlorothiazide	1	
pravastatin sodium	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
prazosin hcl oral	1		verapamil hcl er oral tablet extended release	1	
prevalite	1		verapamil hcl oral	1	
procainamide hcl injection	1		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
propafenone hcl	1		ADDERALL	2	
propafenone hcl er	1		ADDERALL XR	2	
propranolol hcl er	1		amphetamine- dextroamphetamine	1	
propranolol hcl oral	1		amphetamine- dextroamphetamine er	1	
quinapril hcl	1		atomoxetine hcl	1	
			clonidine hcl er oral tablet extended release 12 hour	1	

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CONCERTA	2		glatiramer acetate	4	QL
dexmethylphenidate hcl	1		glatopa	4	QL
dextroamphetamine sulfate er	1		REBIF	4	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		REBIF REBIDOSE	4	PA; QL
guanfacine hcl er	1		REBIF REBIDOSE TITRATION PACK	4	PA; QL
methylphenidate hcl er (cd) (generic Metadate)	1		REBIF TITRATION PACK	4	PA; QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg, 60 mg (generic Ritalin LA, generic Methylin LA)	1	QL	teriflunomide	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1		Central Nervous System Agents - Miscellaneous		
methylphenidate hcl er oral tablet extended release (generic Methylin)	1		caffeine citrate oral	1	
methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL	pregabalin oral	1	QL
methylphenidate hcl oral tablet (generic Ritalin)	1		riluzole	1	QL
relexxii oral tablet extended release 72 mg	1		Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
zenzedi oral tablet 10 mg, 5 mg	1		chlorhexidine gluconate mouth/throat	1	
Central Nervous System Agents - Drugs for Multiple Sclerosis			kourzeq	1	
AVONEX PEN	4	PA; QL	lidocaine viscous hcl	1	
AVONEX PREFILLED	4	PA; QL	oralone	1	
BETASERON	4	QL	periogard	1	
dimethyl fumarate oral	1		pilocarpine hcl oral tablet 5 mg	1	
dimethyl fumarate starter pack	1		triamcinolone acetonide mouth/throat	1	
fingolimod hcl	1	QL	Dermatological Agents - Drugs for Skin Conditions		
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL	accutane	1	
			acitretin	1	QL
			adapalene external cream	1	
			adapalene external gel	1	
			adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
			alclometasone dipropionate	1	
			AMELUZ	2	QL
			amnesteem	1	
			avar cleanser	1	
			azelaic acid external	1	

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AZELEX	2		CONDYLOX	2	
benzoyl peroxide-erythromycin	1		CORDRAN	2	
betamethasone dipropionate aug	1		desonide external cream	1	
betamethasone dipropionate external	1		desonide external lotion	1	
betamethasone valerate external	1		desonide external ointment	1	
calcipotriene external cream	1		desoximetasone external cream	1	
calcipotriene external ointment	1		desoximetasone external gel	1	
calcipotriene external solution	1		desoximetasone external ointment	1	
calcitrene	1		DIFFERIN EXTERNAL LOTION	2	
calcitriol external	1		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		fluorouracil external cream 5 %	1	
clobetasol propionate e	1		fluorouracil external solution	1	
clobetasol propionate external cream	1		fluticasone propionate external cream	1	
clobetasol propionate external gel	1		fluticasone propionate external ointment	1	
clobetasol propionate external lotion	1		halobetasol propionate external cream	1	
clobetasol propionate external ointment	1		halobetasol propionate external ointment	1	
clobetasol propionate external solution	1		hydrocortisone ace-pramoxine external cream 2.5-1 %	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
hydrocortisone butyrate external cream	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external ointment	1		sodium sulfacetamide external shampoo 10 %	1	
hydrocortisone butyrate external solution	1		sulfacetamide sodium (acne)	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %	1	
hydrocortisone external lotion 2.5 %	1		sulfacetamide sodium-sulfur external lotion 10-5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1		sulfacetamide-sulfur in urea	1	
hydrocortisone valerate	1		synalar	1	
imiquimod external cream 5 %	1		tacrolimus external	1	
isotretinoin oral	1		tazarotene external cream	1	
LEVULAN KERASTICK	2	QL	tazarotene external gel	1	
methoxsalen rapid	4	QL	TAZORAC EXTERNAL CREAM 0.05 %	2	
metronidazole external cream	1		tretinoin external cream	1	
metronidazole external gel 0.75 %	1		tretinoin external gel 0.01 %, 0.025 %	1	
mometasone furoate external	1		tretinoin microsphere external gel 0.04 %, 0.1 %	1	
neuac	1		tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	
pimecrolimus cream 1 % external	1		triamcinolone acetonide external cream	1	
PIMECROLIMUS CREAM 1 % EXTERNAL	1		triamcinolone acetonide external lotion	1	
podofilox external	1		triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2		triderm	1	
PRAMOSONE EXTERNAL LOTION	2		urea external cream 40 %	1	
RETIN-A	1		uremez-40	1	
RETIN-A MICRO GEL 0.04 %, 0.1 %	1		VECTICAL	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1		zenatane	1	
SANTYL	2		Diabetes - Antidiabetic Agents		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
acarbose oral	1		CARETOUCH CONTROL SOL LEVEL 2	1	
glimepiride	1		CARETOUCH LANCING/EJECTOR	1	
glipizide er	1		CHEMSTRIP 10 MD	2	
glipizide oral tablet 10 mg, 5 mg	1		CHEMSTRIP 10/SG	2	
glipizide xl	1		CHEMSTRIP 2 GP	2	
glipizide-metformin hcl	1		CHEMSTRIP 5 OB	2	
glyburide oral	1		CHEMSTRIP 7	2	
JARDIANCE	2	QL	CHEMSTRIP 9	2	
metformin hcl er	1		CHOSEN LANCETS 30G	1	
metformin hcl oral solution	1		CHOSEN LANCING DEVICE	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		CHOSEN SAFETY LANCETS 28G	1	
OZEMPIC	2	PA; QL	CLEVER CHOICE COMFORT EZ	1	
VICTOZA	2	PA; QL	COMFORT TOUCH TWIST LANCET 30G	1	
Diabetes - Glucose Monitoring			CONTOUR CONTROL SOLUTION	1	
ACCU-CHEK FASTCLIX LANCET KIT	1		CONTOUR NEXT CONTROL SOLUTION	1	
ACCU-CHEK GUIDE CONTROL	1		CONTOUR NEXT GEN TEST STRIPS	1	PA; QL
ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL	DIATHRIVE GLUCOSE CONTROL SOLN	1	
ACCU-CHEK SMARTVIEW CONTROL	1		DIATHRIVE LANCING DEVICE	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		DROPLET GENTEEL LANCING DEVICE	1	
AGAMATRIX CONTROL LEVEL 2	1		EASY TALK PLUS II CONTROL	1	
AGAMATRIX CONTROL LEVEL 4	1		EASY TOUCH LANCING DEVICE	1	
AUTOLET II CLINISAFE	1		EASY TRAK II CONTROL	1	
AUTOLET LANCING DEVICE	1		EASYMAX 15 LEVEL 2-3 CONTROL	1	
BLULINK CONTROL HIGH & LOW	1		EASYMAX CONTROL	1	
CARESENS CONTROL SOLUTION A/B	1		GLUCOSE CONTROL SOLUTIONS	1	
CARESENS LANCETS 30G	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EMBRACE LANCING DEVICE/EJECTOR	1		VERIFINE SAFE LANCET MINI 21G	1	
EMBRACE TALK GLUCOSE CONTROL	1		VERIFINE SAFE LANCET MINI 23G	1	
FREESTYLE TEST	1	PA; QL	VERIFINE SAFE LANCET MINI 28G	1	
GENTEEL LANCING KIT (BLUE)	1		VERIFINE SAFE LANCET MINI 30G	1	
GOJJI CONTROL	1		VIVAGUARD INO CONTROL SOLUTION	1	
GOJJI LANCING DEVICE/CLEAR CAP	1		VIVAGUARD LANCETS 30G	1	
LANCETS	1		VIVAGUARD LANCING DEVICE	1	
MICROLET NEXT LANCING DEVICE	1		VIVAGUARD SAFETY LANCETS 28G	1	
ONETOUCH DELICA PLUS LANCING	1		Diabetes - Glycemic Agents		
ONETOUCH DELICA SAFETY LANCING	1		BAQSIMI ONE PACK	2	
ONETOUCH ULTRA 2 KIT W/DEVICE	1		BAQSIMI TWO PACK	2	
ONETOUCH ULTRA IN VITRO LIQUID	1		diazoxide oral	2	
ONETOUCH ULTRA IN VITRO STRIP	1	QL	GLUCAGEN HYPOKIT	2	
ONETOUCH ULTRA TEST	1	QL	glucagon emergency kit injection kit	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1		Diabetes - Insulins		
ONETOUCH VERIO IN VITRO LIQUID HIGH	1		AQ INSULIN SYRINGE	1	
ONETOUCH VERIO TEST STRIPS	1	QL	BD ULTRA-FINE INSULIN SYRINGES	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
PIP GLUCOSE CONTROL SOLUTION	1		HUMALOG	2	
TECHLITE LANCETS 26G	1		HUMALOG KWIKPEN	2	
TRUE METRIX LEVEL 1	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
TRUE METRIX LEVEL 2	1		HUMULIN 70/30 KWIKPEN	1	
TRUE METRIX LEVEL 3	1		HUMULIN 70/30 VIAL	1	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1		HUMULIN N KWIKPEN	1	
			HUMULIN N VIAL	1	
			HUMULIN R U-500 KWIKPEN	1	
			HUMULIN R U-500 VIAL	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMULIN R VIAL	1		ergocalciferol oral capsule	1	
INSULIN DEGLUDEC	2	PA	folic acid injection	1	
INSULIN DEGLUDEC FLEXTOUCH	2	PA	folic acid oral tablet 1 mg	1	
INSULIN GLARGINE-YFGN	1		klor-con	1	
INSULIN LISPRO	2		klor-con 10	1	
INSULIN LISPRO (1 UNIT DIAL)	2		klor-con m10	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 m15	2	
			klor-con m20	1	
			levocarnitine oral solution	1	
			levocarnitine oral tablet	1	
			levocarnitine sf	1	
			ORACIT	2	
			ORAL CITRATE	2	
			phospha 250 neutral	1	
			phosphorous	1	
			phospho-trin 250 neutral	1	
			phytonadione injection	1	
			phytonadione oral	1	
			pot & sod cit-cit ac	1	
LEVEMIR FLEXPEN	2	PA	potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
LEVEMIR U-100 VIAL	2	PA	potassium chloride crys er oral tablet extended release 15 meq	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	1		potassium chloride er oral capsule extended release	1	
VERIFINE INSULIN SYRINGE	1		potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
Electrolytes / Minerals / Metals / Vitamins			potassium chloride er oral tablet extended release 15 meq	2	
ARGYLE STERILE SALINE	1		potassium chloride oral	1	
curity sterile saline	1		potassium citrate er	1	
cyanocobalamin injection solution 1000 mcg/ml	1		potassium citrate-citric acid	1	
cytra k crystals	1		sod citrate-citric acid	1	
deferasirox granules	4	QL	sodium chloride (pf)	1	
deferasirox oral packet	4	QL	sodium chloride irrigation	1	
deferasirox oral tablet	1				
deferasirox oral tablet soluble	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sodium fluoride oral solution	1		gavilyte-g	1	
sodium fluoride oral tablet 1.1 (0.5 f) mg	1		generlac	1	
sodium fluoride oral tablet chewable	1		glycopyrrolate injection solution	1	
sodium polystyrene sulfonate	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
sps	1		HELIDAC THERAPY	2	
tricitrates	1		lactulose encephalopathy	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		lactulose oral solution	1	
vitamin k1 injection	1		loperamide hcl oral capsule	1	
wes-phos 250 neutral	1		opium	1	QL
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			peg 3350-kcl-na bicarb-nacl	1	
cimetidine hcl	1		peg-3350/electrolytes	1	
cimetidine oral	1		RELISTOR SUBCUTANEOUS	2	PA
famotidine oral suspension reconstituted	1		ursodiol oral capsule 300 mg	1	
famotidine oral tablet 20 mg, 40 mg	1		ursodiol oral tablet	1	
lansoprazole oral capsule delayed release	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
misoprostol oral	1		CERDELGA	4	PA; QL
omeprazole oral capsule delayed release	1		CREON	2	
pantoprazole sodium oral tablet delayed release	1		CYSTAGON	2	PA
rabeprazole sodium oral tablet delayed release	1	ST	ZENPEP	2	
sucralfate oral	1		Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			acetic acid irrigation	1	
chlordiazepoxide-clidinium	1	QL	bethanechol chloride oral	1	
constulose	1		calcium acetate (phos binder)	1	
dicyclomine hcl oral	1		calcium acetate oral tablet 667 mg	1	
diphenoxylate-atropine	1		CERVIDIL	2	
enulose	1		darifenacin hydrobromide er	1	
gavilyte-c	1		ELMIRON	2	
			flavoxate hcl	1	
			oxybutynin chloride er	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
oxybutynin chloride oral solution	1		dexamethasone sod phosphate pf injection solution	1	
oxybutynin chloride oral tablet 5 mg	1		dexamethasone sodium phosphate injection	1	
penicillamine oral	4	PA; QL	fludrocortisone acetate oral	1	
PENTOSAN POLYSULFATE SODIUM ORAL	2		hydrocortisone oral	1	
phenazo oral tablet 200 mg	1		MEDROL ORAL TABLET 2 MG	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		methylprednisolone oral	1	
PREPIDIL	2		methylprednisolone sodium succ injection solution reconstituted 125 mg	1	
sevelamer carbonate	1		prednisolone oral solution	1	
sevelamer hcl	1	PA	prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
solifenacin succinate	1		prednisone oral	1	
tolterodine tartrate	1		SOLU-CORTEF	2	
tolterodine tartrate er	1		Hormonal Agents - Men's Health		
tropium chloride	1		danazol oral	1	
tropium chloride er	1		DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
Genitourinary Agents - Drugs for Prostate Conditions			testosterone cypionate intramuscular	1	
alfuzosin hcl er	1		testosterone enanthate intramuscular	1	
dutasteride oral	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
finasteride oral tablet 5 mg	1		Hormonal Agents - Pituitary		
silodosin	1		ACTHAR	4	PA; QL
tamsulosin hcl	1		cabergoline	1	
terazosin hcl	1		CORTROPHIN	4	PA; QL
Hormonal Agents - Adrenal			desmopressin ace spray refrig	1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2				
dexamethasone intensol	2				
dexamethasone oral elixir	1				
dexamethasone oral solution	1				
dexamethasone oral tablet	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desmopressin acetate injection	1		AFTERPILL	1	
DESMOPRESSIN ACETATE NASAL	2		altavera	1	
desmopressin acetate oral	1		alyacen 1/35	1	
desmopressin acetate pf	1		alyacen 7/7/7	1	
desmopressin acetate spray	1		apri	1	
ELIGARD	2		aranelle	1	
leuprolide acetate injection	1		ashlyna	1	
LUPRON DEPOT (1-MONTH)	2		aubra eq	1	
LUPRON DEPOT (3-MONTH)	2		aurovela 1.5/30	1	
LUPRON DEPOT (4-MONTH)	2		aurovela 1/20	1	
LUPRON DEPOT (6-MONTH)	2		aurovela 24 fe	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 30MG	2		aurovela fe 1.5/30	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2		aurovela fe 1/20	1	
LUPRON DEPOT-PED (1-MONTH)	2		aviane	1	
LUPRON DEPOT-PED (3-MONTH)	2		ayuna	1	
octreotide acetate	1		azurette	1	
OMNITROPE	4	PA; QL	balziva	1	
SANDOSTATIN LAR DEPOT	2	QL	blisovi 24 fe	1	
Hormonal Agents - Prostaglandins			blisovi fe 1.5/30	1	
MIFEPREX	1		blisovi fe 1/20	1	
mifepristone oral tablet 200 mg	1		briellyn	1	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents			camila	1	
raloxifene hcl	1		camrese	1	
Hormonal Agents - Sex Hormones and Birth Control			camrese lo	1	
afirmelle	1		chateal eq	1	
aftera	1		CLIMARA	1	
			cryselle-28	1	
			curae	1	
			cyred eq	1	
			dasetta 1/35	1	
			dasetta 7/7/7	1	
			daysee	1	
			deblitane	1	
			DELESTROGEN	2	
			delyla	1	
			DEPO-ESTRADIOL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1		incassia	1	
dotti	1		introvale	1	
drosiprenone-ethinyl estradiol	1		isibloom	1	
econtra one-step	1		jaimiess	1	
elinest	1		jasmiel	1	
ELLA	2		jencycla	1	
eluryng	1		jolessa	1	
emzahn	1		juleber	1	
enilloring	1		junel 1.5/30	1	
enpresse-28	1		junel 1/20	1	
enskyce	1		junel fe 1.5/30	1	
errin	1		junel fe 1/20	1	
estarylla	1		junel fe 24	1	
estradiol oral	1		kalliga	1	
estradiol transdermal patch twice weekly	1		kariva	1	
estradiol transdermal patch weekly	1		kelnor 1/35	1	
estradiol vaginal	1		kelnor 1/50	1	
estradiol valerate intramuscular	1		kurvelo	1	
ESTRING	2		larin 1.5/30	1	
ethynodiol diac-eth estradiol	1		larin 1/20	1	
etonogestrel-ethinyl estradiol	1		larin 24 fe	1	
falmina	1		larin fe 1.5/30	1	
FEMRING	2		larin fe 1/20	1	
hailey 1.5/30	1		leena	1	
hailey 24 fe	1		lessina	1	
hailey fe 1.5/30	1		levonest	1	
hailey fe 1/20	1		levonorgest-eth estrad 91-day	1	
haloette	1		levonorgestrel	1	
heather	1		levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	
her style	1		levonorg-eth estrad triphasic	1	
iclevia	1		levora 0.15/30 (28)	1	
			lojaimiess	1	
			loryna	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
low-ogestrel	1		norgestimate-ethinyl estradiol triphasic	1	
lo-zumandimine	1		norlyroc	1	
luteru	1		nortrel 0.5/35 (28)	1	
lyleq	1		nortrel 1/35 (21)	1	
lyllana	1		nortrel 1/35 (28)	1	
lyza	1		nortrel 7/7/7	1	
marlissa	1		nylia 1/35	1	
medroxyprogesterone acetate	1		nylia 7/7/7	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1		nymyo	1	
megestrol acetate oral tablet	1		ocella	1	
microgestin 1.5/30	1		opcicon one-step	1	
microgestin 1/20	1		OPILL	1	
microgestin 24 fe	1		option 2	1	
microgestin fe 1.5/30	1		PARAGARD INTRAUTERINE COPPER	2	
microgestin fe 1/20	1		philith	1	
mili	1		pimtrea	1	
MIRENA (52 MG)	2		portia-28	1	
mono-linyah	1		PREMARIN VAGINAL	2	
my choice	1		progesterone intramuscular	1	
my way	1		progesterone oral	1	
necon 0.5/35 (28)	1		react	1	
new day	1		reclipsen	1	
nikki	1		setlakin	1	
nora-be	1		sharobel	1	
norelgestromin-eth estradiol	1		simliya	1	
norethin ace-eth estrad-fe oral tablet	1		simpesse	1	
norethindrone acetate oral	1		SKYLA	2	
norethindrone acet-ethinyl est	1		sprintec 28	1	
norethindrone oral	1		sronyx	1	
norgestimate-eth estradiol	1		syeda	1	
			take action	1	
			tarina 24 fe	1	
			tarina fe 1/20 eq	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tri-estarylla	1		AMJEVITA-PED 10KG TO <15KG	2	PA; QL
tri-linyah	1		AMJEVITA-PED 15KG TO <30KG	2	PA; QL
tri-lo-estarylla	1		azathioprine oral tablet 50 mg	1	
tri-lo-marzia	1		BERINERT	4	PA; QL
tri-lo-mili	1		COSENTYX (300 MG DOSE)	4	PA; QL
tri-lo-sprintec	1		COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; QL
tri-mili	1		COSENTYX SENSOREADY (300 MG)	4	PA; QL
tri-nymyo	1		COSENTYX SENSOREADY PEN	4	PA; QL
tri-sprintec	1		COSENTYX UNOREADY	4	PA; QL
trivora (28)	1		CUVITRU	4	PA; QL
tri-vylibra	1		cyclosporine modified	1	
tri-vylibra lo	1		cyclosporine oral	1	
turqoz	1		ENBREL	4	PA; QL
tyblume	1		ENBREL MINI	4	PA; QL
velivet	1		ENBREL SURECLICK	4	PA; QL
vestura	1		ENVARUSUS XR	2	
vienva	1		gengraf	1	
viorele	1		HIZENTRA	4	PA; QL
volnea	1		HUMIRA (2 PEN)	4	PA; QL
vyfemla	1		HUMIRA (2 SYRINGE)	4	PA; QL
vylibra	1		HUMIRA-CD/UC/HS STARTER	4	PA; QL
wera	1		HUMIRA-PED<40KG CROHNS STARTER	4	PA; QL
xulane	1		HUMIRA-PED>=40KG CROHNS START	4	PA; QL
yuvafem	1		HUMIRA-PED>=40KG UC STARTER	4	PA; QL
zafemy	1		HUMIRA-PSORIASIS/UEVIT STARTER	4	PA; QL
zovia 1/35 (28)	1		HYPERHEP B	2	
zumandimine	1		HYQVIA	4	PA; QL
Hormonal Agents - Thyroid			icatibant acetate	4	PA; QL
levothyroxine sodium oral tablet	1		leflunomide oral	1	
liothyronine sodium oral	1				
methimazole oral	1				
propylthiouracil oral	1				
Immunological Agents - Drugs for Immune System Stimulation or Suppression					
AMJEVITA	2	PA; QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methotrexate sodium	1		FLUARIX QUADRIVALENT	1	
methotrexate sodium (pf)	1		FLUBLOK QUADRIVALENT	1	
mycophenolate mofetil oral	1		FLUCELVAX QUADRIVALENT	1	
mycophenolate sodium	1		FLULAVAL QUADRIVALENT	1	
mycophenolic acid	1		FLUMIST QUADRIVALENT	1	
NABI-HB	2		FLUZONE HIGH-DOSE QUADRIVALENT	1	
ORENCIA CLICKJECT	4	PA; QL	FLUZONE QUADRIVALENT	1	
ORENCIA SUBCUTANEOUS	4	PA; QL	FLUZONE QUADRIVALENT	1	
OTEZLA	4	PA; QL	GARDASIL 9	2	
RASUVO	2		HAVRIX	2	
RIDAURA	4	QL	HEPLISAV-B	2	
sajazir	4	PA; QL	HIBERIX	2	
sirolimus oral tablet	1		INFANRIX	2	
SKYRIZI PEN	4	PA; QL	IPOL	2	
SKYRIZI SUBCUTANEOUS	4	PA; QL	KINRIX	2	
STELARA SUBCUTANEOUS	4	PA; QL	MENQUADFI	2	
tacrolimus oral	1		MENVEO	2	
TREMFYA	4	PA; QL	M-M-R II	2	
XELJANZ	4	PA; QL	MODERNA COVID-19 VAC 6M-11Y	2	
XELJANZ XR	4	PA; QL	NOVAVAX COVID-19 VACCINE	2	
Immunological Agents - Drugs for Vaccination			PEDIARIX	2	
ABRYSVO	2		PEDVAX HIB	2	
ACTHIB	2		PENBRAYA	2	
ADACEL	2		PENTACEL	2	
AFLURIA QUADRIVALENT	1		PFIZER COVID-19 VAC-TRIS 5-11Y	2	
AREXVY	2		PFIZER COVID-19 VAC-TRIS 6M-4Y	2	
BEXSERO	2		PNEUMOVAX 23	2	
BOOSTRIX	2		PREHEVBRIO	2	
COMIRNATY	2		PREVNAR 20	2	
DAPTACEL	2		PRIORIX	2	
ENGERIX-B	2				
FLUAD QUADRIVALENT	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PROQUAD	2		PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA
QUADRACEL	2		PROCTOFOAM HC	2	
RECOMBIVAX HB	2		procto-med hc	1	
ROTARIX	2		proctosol hc	1	
ROTATEQ	2		proctozone-hc	1	
SHINGRIX	2		sulfasalazine oral	1	
SPIKEVAX	2				
TDVAX	2				
TENIVAC	2				
TETANUS-DIPHThERIA TOXOIDS TD	2				
TRUMENBA	2				
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2				
VARIVAX	2				
VAXELIS	2				
VAXNEUVANCE	2				
Inflammatory Bowel Disease Agents			Metabolic Bone Disease Agents - Drugs for Osteoporosis		
APRISO	1		alendronate sodium	1	
balsalazide disodium	1		calcitonin (salmon) nasal	1	
budesonide oral (generic Entocort)	1		ibandronate sodium oral	1	
CORTIFOAM	2		risedronate sodium oral tablet	1	
hydrocortisone (perianal) external cream 2.5 %	1				
hydrocortisone rectal	1		Metabolic Bone Disease Agents - Other		
mesalamine er oral capsule 500 mg	1	PA	calcitriol oral	1	
mesalamine er oral capsule 0.375 gm	1		cinacalcet hcl	1	PA
mesalamine oral capsule delayed release 400 mg	1	ST	Miscellaneous Therapeutic Agents		
mesalamine oral tablet delayed release 1.2 gm	1		ADVOCATE INSULIN PEN NEEDLE	1	
mesalamine rectal	1		AEROCHAMBER HOLDING CHAMBER	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA	AEROCHAMBER MINI CHAMBER	2	
			AEROCHAMBER MV	2	
			AEROCHAMBER PLS FLOVU MTHPIECE	2	
			AEROCHAMBER PLUS FLO-VU INTERM	2	
			AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
			AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
			AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
			AEROCHAMBER PLUS FLOW VU	2	
			AEROCHAMBER W/FLOWSIGNAL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ALCOHOL PREP PADS PAD , 70 %	1		COMPACT SPACE CHAMBER/MED MASK	2	
ALCOHOL PREP PADS SHEET 70 %	1		COMPACT SPACE CHAMBER/SM MASK	2	
AQINJECT PEN NEEDLE	1		deferoxamine mesylate injection solution reconstituted 500 mg	1	
ASSURE ID DUO PRO PEN NEEDLES	1		DROPSAFE ALCOHOL PREP	1	
ASSURE ID PRO PEN NEEDLES	1		EASIVENT	2	
AUM ALCOHOL PREP PADS	1		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
AUM INSULIN SAFETY PEN NEEDLE	1		FEMCAP	2	
AUM MINI INSULIN PEN NEEDLE	1		FLEXICHAMBER	2	
AUM PEN NEEDLE	1		FLEXICHAMBER ADULT MASK/SMALL	2	
AUM READYGARD DUO PEN NEEDLE	1		FLEXICHAMBER CHILD MASK/LARGE	2	
AUM SAFETY PEN NEEDLE	1		FLEXICHAMBER CHILD MASK/SMALL	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		GLUCAGEN DIAGNOSTIC	2	
BD ULTRA-FINE PEN NEEDLES	1		GLUCAGON HCL (DIAGNOSTIC)	2	
BREATHE COMFORT CHAMBER/ADULT	2		INCONTROL ULTICARE PEN NEEDLES	1	
BREATHE COMFORT CHAMBER/CHILD	2		INSULIN PEN NEEDLES 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	
BREATHE EASE LARGE	2		methergine	1	
BREATHE EASE MEDIUM	2		methylergonovine maleate	1	
BREATHE EASE SMALL	2		MICROCHAMBER DEVICE	2	
BREATHERITE VALVED MDI CHAMBER	2				
CAYA	2				
CLEVER CHOICE HOLDING CHAMBER	2				
COMFORT EZ PRO PEN NEEDLES	1				
COMPACT SPACE CHAMBER	2				
COMPACT SPACE CHAMBER/LG MASK	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NOVOFINE PEN NEEDLE	1		RAYA SURE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1		SAFETY PEN NEEDLES	1	
NOZIN NASAL SANITIZER	1		UNIFINE PROTECT PEN NEEDLE	1	
NOZIN NASAL SANITIZER POPSWAB	1		VERIFINE INSULIN PEN NEEDLE	1	
OPTICHAMBER DIAMOND	2		VERIFINE PLUS PEN NEEDLE	1	
OPTICHAMBER DIAMOND-LG MASK	2		VORTEX VALVED HOLDING CHAMBER	2	
OPTICHAMBER DIAMOND-MD MASK	2		WIDE-SEAL DIAPHRAGM 60	2	
OPTICHAMBER DIAMOND-SM MASK	2		WIDE-SEAL DIAPHRAGM 65	2	
PANDA MASK LARGE	2		WIDE-SEAL DIAPHRAGM 70	2	
PANDA MASK MEDIUM	2		WIDE-SEAL DIAPHRAGM 75	2	
PANDA MASK SMALL	2		WIDE-SEAL DIAPHRAGM 80	2	
PARI VORTEX ADULT MASK	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	
PIP PEN NEEDLES 32G X 4MM	1				
pocket spacer	2		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
PRO COMFORT SPACER ADULT	2		ACULAR	2	
PRO COMFORT SPACER CHILD	2		ALOMIDE	2	
PRO COMFORT SPACER INFANT	2		azelastine hcl ophthalmic	1	
PROCARE SPACER/ADULT MASK	2		bacitracin ophthalmic	1	
PROCARE SPACER/CHILD MASK	2		CILOXAN	2	
PURE COMFORT SAFETY PEN NEEDLE	1		ciprofloxacin hcl ophthalmic	1	
PURE COMFORT SPACER CHAMBER	2		cromolyn sodium ophthalmic	1	
			dexamethasone sodium phosphate ophthalmic	1	
			diclofenac sodium ophthalmic	1	
			difluprednate	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
erythromycin ophthalmic	1		brimonidine tartrate ophthalmic solution 0.2 %	1	
fluorometholone	1		brinzolamide	1	
flurbiprofen sodium	1		carteolol hcl	1	
FML FORTE	2		dorzolamide hcl ophthalmic	1	
gatifloxacin ophthalmic	1		dorzolamide hcl-timolol mal	1	
gentamicin sulfate ophthalmic	1		latanoprost ophthalmic	1	
ketorolac tromethamine ophthalmic	1		levobunolol hcl	1	
moxifloxacin hcl (2x day)	1		LUMIGAN	2	
moxifloxacin hcl ophthalmic	1		methazolamide oral	1	
NATACYN	2		pilocarpine hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1		timolol maleate ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		travoprost (bak free)	1	
ofloxacin ophthalmic	1		Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
PRED MILD	2		altafrin	1	
prednisolone acetate ophthalmic	1		atropine sulfate ophthalmic ointment	1	
prednisolone acetate p-f	1		ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	1	
sulfacetamide sodium ophthalmic	1		atropine sulfate ophthalmic solution 1 %	1	
TOBRADEX	2		bacitracin-polymyxin b	1	
tobramycin ophthalmic	1		bacitra-neomycin-polymyxin-hc	1	
tobramycin-dexamethasone	1		CEQUA	2	PA
TOBREX	2		CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	2	
trifluridine	1		cyclopentolate hcl ophthalmic	1	
VIGAMOX	2		cyclosporine ophthalmic	1	PA
Ophthalmic Agents - Drugs for Glaucoma			homatropaire	1	
acetazolamide er	1		LACRISERT	2	
acetazolamide oral	1		neomycin-polymyxin-gramicidin	1	
betaxolol hcl ophthalmic	1		neo-polycin hc	1	
BETOPTIC-S	2				
bimatoprost ophthalmic	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
phenylephrine hcl ophthalmic	1		olopatadine hcl nasal	1	
polycin	1		potassium iodide oral	2	
polymyxin b-trimethoprim	1		promethazine vc	1	
sulfacetamide-prednisolone	1		promethazine-dm	1	
XIIDRA	2	PA	pulmosal	1	
Otic Agents - Drugs for Ear Conditions			ryvent	1	
acetic acid otic	1		sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
CIPRO HC	2		SSKI	2	
ciprofloxacin-dexamethasone	1		SURVANTA	2	
flac	1		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
fluocinolone acetonide otic	1		acetylcysteine inhalation	1	
neomycin-polymyxin-hc otic	1		ADVAIR HFA	2	
ofloxacin otic	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL
azelastine hcl nasal	1		albuterol sulfate inhalation	1	
benzonatate oral capsule 100 mg, 200 mg	1		albuterol sulfate oral	1	
carbinoxamine maleate	1		ALVESCO	2	
clemastine fumarate oral	1		ASMANEX (120 METERED DOSES)	2	ST
cyproheptadine hcl oral	1		ASMANEX (14 METERED DOSES)	2	ST
desloratadine	1		ASMANEX (30 METERED DOSES)	2	ST
diphenhydramine hcl injection	1		ASMANEX (60 METERED DOSES)	2	ST
flunisolide nasal	1		ASMANEX HFA	2	ST
guaifenesin-codeine	2	QL	ATROVENT HFA	2	
hydrocodone bit-homatrop mbr	1		breyana	1	PA; QL
hydromet	1		budesonide inhalation	1	
ipratropium bromide nasal	1		budesonide-formoterol fumarate	1	PA; QL
levocetirizine dihydrochloride oral	1				
maxi-tuss ac	2	QL			
nebusal inhalation nebulization solution 3 %	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
COMBIVENT RESPIMAT	2		theophylline er	1	
cromolyn sodium inhalation	1		theophylline oral	1	
elixophyllin	1		tiotropium bromide monohydrate	1	
epinephrine injection solution auto-injector	1		wixela inhub	1	
FLUTICASONE PROPIONATE DISKUS	2	PA	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA	PULMOZYME	2	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2		tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	2		Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1		alyq	1	
ipratropium bromide inhalation	1		ambrisentan	1	PA; QL
ipratropium-albuterol	1		bosentan	1	PA; QL
montelukast sodium oral	1		OPSUMIT	4	PA; QL
OFEV	4	PA; QL	sildenafil citrate oral suspension reconstituted	4	PA; QL
pirfenidone	4	PA; QL	sildenafil citrate oral tablet 20 mg	4	PA
SEREVENT DISKUS	2	ST	tadalafil (pah)	1	
SPIRIVA HANDIHALER	1		TYVASO	2	PA; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST	TYVASO REFILL	2	PA; QL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2		TYVASO STARTER	2	PA; QL
STIOLTO RESPIMAT	2		UPTRAVI ORAL	4	PA; QL
STRIVERDI RESPIMAT	2	PA	UPTRAVI TITRATION	4	PA; QL
terbutaline sulfate oral	1		VENTAVIS	4	PA; QL
			Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
			baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
			chlorzoxazone oral tablet 250 mg	1	
			chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL
			cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL
			dantrolene sodium oral	1	
			methocarbamol injection	1	
			methocarbamol oral	1	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
orphenadrine citrate er	1	QL	modafinil oral	1	
tizanidine hcl oral tablet	1		temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
Sleep Disorder Agents			zaleplon	1	QL
armodafinil	1		zolpidem tartrate oral tablet	1	QL
eszopiclone	1	QL			
flurazepam hcl	1	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/onlineservices/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)**.