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Effective May 2025

# 2025 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, drugs for weight loss, and drugs used for cosmetic purposes. Please consult your Benefit Booklet for limitations and exclusions, and plan specific benefit coverage.

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

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

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

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

### Drug Formulary Tiers

Tier	Description
<b>Tier 1</b>	<b>Preferred generic:</b> 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.
<b>Tier 2</b>	<b>Preferred brand:</b> 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](http://www.kp.org/wa/formulary) webpage.

## **Covered Diabetic Supplies**

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

- Preferred blood glucose strips:
  - One Touch Verio
  - One Touch Ultra
  - Prodigy – prior authorization required
  - Contour Next – 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

## **Copay and Coinsurance Caps**

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

## **Preventative Medications and Preferred Contraceptives**

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most plans cover preventative care medicines and contraceptives in full. 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](http://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](http://www.kp.org/wa/formulary) webpage.

## **How do I get additional information?**

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

**The most current drug formulary is available at [www.kp.org/wa/formulary](http://www.kp.org/wa/formulary).**

## Kaiser Foundation Health Plan of Washington

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain and Inflammation</b>			endocet	1	QL
celecoxib 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
diclofenac potassium oral tablet 50 mg	1		hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL
diclofenac sodium er	1		hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
diclofenac sodium oral	1		hydromorphone hcl oral	1	QL
diflunisal oral	1		hydromorphone hcl rectal	1	QL
etodolac	1		levorphanol tartrate oral	1	PA; QL
flurbiprofen oral	1		methadone hcl intensol	1	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		methadone hcl oral	1	QL
indomethacin er	1		methadose oral tablet soluble	1	QL
indomethacin oral capsule	1		morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL
ketorolac tromethamine injection	1		morphine sulfate er oral tablet extended release	1	ST; QL
ketorolac tromethamine intramuscular solution 60 mg/2ml	1		morphine sulfate oral	1	QL
meclofenamate sodium oral	1		morphine sulfate rectal	1	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				
tolmetin sodium oral capsule	1				
<b>Analgesics - Drugs for Pain</b>					
acetaminophen-codeine	1	QL			
bac (butalbital-acetaminocaff)	1				
butalbital-apap-caffeine oral tablet	1				
butalbital-aspirin-caffeine	1				
codeine sulfate	1	QL			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tramadol-acetaminophen	1	QL	NICORETTE MOUTH/THROAT LOZENGE	2	
<b>Anesthetics</b>			nicotine mini	2	
glydo	1		nicotine polacrilex mini	2	
lidocaine external patch 5 %	1		nicotine polacrilex mouth/throat	2	
lidocaine hcl (pf) injection solution 1 %, 2 %	1		nicotine step 1	1	
lidocaine hcl injection solution	1		nicotine step 2	1	
lidocaine hcl urethral/mucosal	1		nicotine step 3	1	
lidocaine-prilocaine	1		nicotine transdermal kit	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>			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	2	QL
disulfiram oral	1		<b>Antibacterials</b>		
ft nicotine mini	2		amoxicillin	1	
ft nicotine mouth/throat	2		amoxicillin-potassium clavulanate	1	
ft nicotine transdermal	1		ampicillin	1	
goodsense nicotine mouth/throat gum	2		ampicillin sodium injection solution reconstituted 1 gm, 250 mg, 500 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	2		avidoxy	1	
habitrol	1		azithromycin oral	1	
naloxone hcl injection	1		BICILLIN L-A	2	
naloxone hcl nasal	1		cefadroxil	1	
naltrexone hcl oral	1		cefazolin sodium injection solution reconstituted 1 gm	1	
NARCAN	2		cefdinir	1	
NICORETTE MINI	2		cefixime	1	
NICORETTE MOUTH/THROAT GUM 2 MG	2		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		moxifloxacin hcl oral	1	
cefuroxime axetil	1		mupirocin cream	1	
cephalexin oral capsule 250 mg, 500 mg	1		mupirocin ointment	1	
cephalexin oral suspension reconstituted	1		neomycin sulfate oral	1	
ciprofloxacin hcl oral	1		nitrofurantoin macrocrystal	1	
clarithromycin oral	1		nitrofurantoin monohydrate macrocrystals	1	
clindamycin hcl oral	1		nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	1	
clindamycin palmitate hcl	1		penicillin v potassium	1	
clindamycin phosphate injection solution 300 mg/2ml	1		silver sulfadiazine external	1	
clindamycin phosphate vaginal	1		SIVEXTRO ORAL	2	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		tetracycline hcl oral capsule	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		trimethoprim oral	1	
FIRVANQ	2		vancomycin hcl oral capsule	1	QL
gentamicin sulfate external	1		vancomycin hcl oral solution reconstituted	1	
levofloxacin oral	1		<b>Anticoagulants</b>		
linezolid oral	1	QL	dabigatran etexilate mesylate	1	
methenamine hippurate	1		enoxaparin sodium	1	
metronidazole oral tablet 250 mg, 500 mg	1		fondaparinux sodium	1	QL
metronidazole vaginal	1		heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	1	
minocycline hcl oral capsule	1		heparin sodium (porcine) pf	1	
mondoxyne nl	1		jantoven	1	
			rivaroxaban	1	PA
			warfarin sodium oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XARELTO ORAL TABLET	2	PA	phenytoin sodium injection	1	
XARELTO STARTER PACK	2	PA	primidone oral tablet 250 mg, 50 mg	1	
<b>Anticonvulsants - Drugs for Seizures</b>			roweepra	1	
carbamazepine er	1		subvenite	1	
carbamazepine oral	1		topiramate oral	1	
clobazam oral suspension 2.5 mg/ml	1		valproic acid oral	1	
clobazam oral tablet	1		VALTOCO 10 MG DOSE	2	PA; QL
diazepam rectal	1	QL	VALTOCO 15 MG DOSE	2	PA; QL
DILANTIN ORAL CAPSULE 30 MG	2		VALTOCO 20 MG DOSE	2	PA; QL
divalproex sodium er	1		VALTOCO 5 MG DOSE	2	PA; QL
divalproex sodium oral	1		zonisamide oral	1	
epitol	1		<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ethosuximide oral	1		donepezil hcl	1	
gabapentin oral capsule	1		galantamine hydrobromide	1	
gabapentin oral solution	1		galantamine hydrobromide er	1	
gabapentin oral tablet 600 mg, 800 mg	1		memantine hcl oral tablet 10 mg, 5 mg	1	
lacosamide oral	1		rivastigmine tartrate	1	
lamotrigine oral tablet	1		<b>Antidepressants</b>		
lamotrigine oral tablet chewable	1		amitriptyline hcl oral	1	
levetiracetam er	1		amoxapine	1	
levetiracetam oral solution	1		bupropion hcl er (sr)	1	
levetiracetam oral tablet	1		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
methsuximide	2		bupropion hcl oral	1	
NAYZILAM	2	PA; QL	citalopram hydrobromide oral solution	1	
oxcarbazepine	1		citalopram hydrobromide oral tablet	1	
phenobarbital oral	1		clomipramine hcl oral	1	
phenobarbital sodium injection solution 130 mg/ml	1		desipramine hcl oral	1	
phenytoin infatabs	1		desvenlafaxine succinate er	1	
phenytoin oral	1		doxepin hcl oral capsule	1	
phenytoin sodium extended oral capsule 100 mg	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
doxepin hcl oral concentrate	1		metoclopramide hcl injection	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		metoclopramide hcl oral solution	1	
escitalopram oxalate oral	1		metoclopramide hcl oral tablet	1	
fluoxetine hcl oral capsule	1		ondansetron hcl +rfid	1	
fluoxetine hcl oral solution	1		ondansetron hcl injection	1	
fluoxetine hcl oral tablet	1		ondansetron hcl oral	1	
fluvoxamine maleate	1		ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
imipramine hcl oral	1		perphenazine oral	1	
mirtazapine oral	1		prochlorperazine	1	
nortriptyline hcl oral	1		prochlorperazine edisylate injection	1	
paroxetine hcl	1		prochlorperazine maleate oral	1	
paroxetine hcl er	1		promethazine hcl oral	1	
perphenazine-amitriptyline	1		promethazine hcl rectal	1	
phenelzine sulfate oral	1		promethegan	1	
protriptyline hcl	1				
sertraline hcl oral concentrate	1		<b>Antifungals</b>		
sertraline hcl oral tablet	1		ciclodan	1	
tranylcypromine sulfate	1		ciclopirox external	1	
trazodone hcl oral	1		ciclopirox olamine external	1	
venlafaxine hcl	1		clotrimazole mouth/throat	1	
venlafaxine hcl er oral capsule extended release 24 hour	1		clotrimazole-betamethasone	1	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>			CRESEMBA ORAL	2	PA; QL
aprepitant oral	1		fluconazole oral	1	
aprepitant oral capsule 125 mg, 80 & 125 mg, 80 mg	1		flucytosine oral	2	QL
compro	1		griseofulvin microsize oral	1	
dimenhydrinate injection	1		griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
dronabinol	1		itraconazole oral	1	PA
granisetron hcl oral	1		ketoconazole external cream	1	
			ketoconazole external shampoo	1	

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ketoconazole oral	1		<b>Antimyasthenic Agents</b>		
klayesta	1		MESTINON ORAL SOLUTION	2	
nyamyc	1		pyridostigmine bromide er	1	
nystatin external	1		pyridostigmine bromide oral	1	
nystatin mouth/throat	1		<b>Antimycobacterials</b>		
nystatin oral	1		dapsone oral	1	
nystatin-triamcinolone	1		ethambutol hcl oral	1	
nystop	1		isoniazid oral	1	
terbinafine hcl oral	1		PRIFTIN	2	
terconazole vaginal cream	1		pyrazinamide oral	1	
voriconazole oral	1		rifabutin	1	
<b>Antigout Agents</b>			rifampin oral	1	
allopurinol oral tablet 100 mg, 300 mg	1		<b>Antineoplastics - Drugs for Cancer</b>		
colchicine oral	1		abiraterone acetate	1	QL
colchicine-probenecid	1		AFINITOR DISPERZ	2	PA; QL
febuxostat	1		anastrozole oral	1	
probenecid	1		bicalutamide	1	
<b>Antimigraine Agents</b>			BRUKINSA	2	PA; QL
dihydroergotamine mesylate injection	1	QL	CALQUENCE	2	PA; QL
dihydroergotamine mesylate nasal	1		capecitabine	1	QL
eletriptan hydrobromide	1		COTELLIC	2	PA; QL
ERGOMAR	2		cyclophosphamide oral capsule	1	
ergotamine-caffeine	1		dasatinib	1	PA; QL
MIGERGOT	2		DROXIA	2	
naratriptan hcl	1		erlotinib hcl	1	PA; QL
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
			GLEOSTINE	2	
			hydroxyurea oral	1	
			imatinib mesylate	1	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IMBRUVICA ORAL CAPSULE	2	PA; QL	albendazole oral	1	
IMBRUVICA ORAL TABLET 140 MG, 420 MG	2	PA; QL	atovaquone	1	QL
lapatinib ditosylate	1	PA; QL	BILTRICIDE	2	
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	
mercaptapurine oral tablet	1		praziquantel oral	1	
mesna	1		primaquine phosphate	1	
MESNEX ORAL	2		pyrimethamine oral	1	PA; QL
MYLERAN	2	QL	quinine sulfate	1	
NUBEQA	2	PA; QL	<b>Antiparkinson Agents</b>		
pazopanib hcl	1	PA; QL	amantadine hcl oral	1	
ROZLYTREK	2	PA; QL	benztropine mesylate	1	
RYDAPT	2	PA; QL	bromocriptine mesylate oral	1	
sorafenib tosylate	1	PA; QL	carbidopa oral	1	
SPRYCEL	2	PA; QL	carbidopa-levodopa er	1	
STIVARGA	2	PA; QL	carbidopa-levodopa oral tablet	1	
sunitinib malate	1	PA; QL	carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1	
TABLOID	2		carbidopa-levodopa-entacapone	1	
TAFINLAR	2	PA; QL	DUOPA	2	PA; QL
TAGRISSO	2	PA; QL	entacapone	1	
tamoxifen citrate oral	1		pramipexole dihydrochloride	1	
temozolomide	1	QL	rasagiline mesylate oral	1	PA
THALOMID	2	PA; QL	ropinirole hcl	1	
torpenz	1	PA; QL	ropinirole hcl er	1	
tretinoin oral	1	QL	selegiline hcl oral	1	
VENCLEXTA	2	PA; QL	trihexyphenidyl hcl	1	
VENCLEXTA STARTING PACK	2	PA; QL	<b>Antiplatelets</b>		
XTANDI ORAL CAPSULE	2	PA; QL			
ZELBORAF	2	PA; QL			
ZYDELIG	2	PA; QL			
<b>Antiparasitics</b>					

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
aspirin-dipyridamole er	1		quetiapine fumarate	1	
BRILINTA	2		quetiapine fumarate er	1	
cilostazol	1		RISPERDAL CONSTA SUSPENSION	1	
clopidogrel bisulfate oral	1		RECONSTITUTED ER 12.5 MG		
dipyridamole oral	1		INTRAMUSCULAR	2	
prasugrel hcl	1		RISPERDAL CONSTA SUSPENSION		
<b>Antipsychotics - Drugs for Mood Disorders</b>			RECONSTITUTED ER 12.5 MG	1	
ABILIFY ASIMTUFII	2		INTRAMUSCULAR		
ABILIFY MAINTENA	2		RISPERDAL CONSTA SUSPENSION	1	
aripiprazole oral solution	1		RECONSTITUTED ER 25 MG INTRAMUSCULAR		
aripiprazole oral tablet	1		RISPERDAL CONSTA SUSPENSION	2	
ARISTADA	2		RECONSTITUTED ER 25 MG INTRAMUSCULAR		
ARISTADA INITIO	2		RISPERDAL CONSTA SUSPENSION	1	
chlorpromazine hcl injection	1		RECONSTITUTED ER 25 MG INTRAMUSCULAR		
chlorpromazine hcl oral tablet	1		RISPERDAL CONSTA SUSPENSION	2	
clozapine oral tablet	1		RECONSTITUTED ER 37.5 MG		
ERZOFRI	2		INTRAMUSCULAR	1	
fluphenazine decanoate injection	1		RISPERDAL CONSTA SUSPENSION		
fluphenazine hcl	1		RECONSTITUTED ER 37.5 MG	2	
haloperidol decanoate intramuscular	1		INTRAMUSCULAR		
haloperidol lactate injection	1		RISPERDAL CONSTA SUSPENSION	1	
haloperidol lactate oral concentrate 2 mg/ml	1		RECONSTITUTED ER 50 MG INTRAMUSCULAR		
haloperidol oral	1		RISPERDAL CONSTA SUSPENSION	2	
INVEGA HAFYERA	2		RECONSTITUTED ER 50 MG INTRAMUSCULAR		
INVEGA SUSTENNA	2		risperidone microspheres er	1	
INVEGA TRINZA	2		risperidone oral solution		
loxapine succinate	1		risperidone oral tablet	1	
lurasidone hcl	1		RYKINDO	2	
olanzapine	1		thioridazine hcl oral	1	
paliperidone er	1		thiothixene	1	
PERSERIS	2		trifluoperazine hcl	1	
pimozide	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
UZEDY	2		ISENTRESS ORAL TABLET	2	
ziprasidone hcl	1		ISENTRESS ORAL TABLET CHEWABLE	2	
<b>Antivirals</b>			JULUCA	2	
abacavir sulfate	1		KALETRA ORAL SOLUTION	2	
abacavir sulfate-lamivudine	1		LAGEVRIO	2	QL
acyclovir external ointment	1		lamivudine oral solution 10 mg/ml	1	
acyclovir oral	1		lamivudine oral tablet	1	
adefovir dipivoxil	1	QL	lamivudine-zidovudine	1	
APTIVUS	2		lopinavir-ritonavir	1	
atazanavir sulfate	1		maraviroc	2	
BARACLUDE ORAL SOLUTION	2	QL	nevirapine er	1	
BIKTARVY	2		nevirapine oral tablet	1	
CIMDUO	2		NORVIR ORAL PACKET	2	
COMPLERA	2	PA	ODEFSEY	2	
darunavir	1		oseltamivir phosphate oral	1	
DESCOVY	2		PAXLOVID (150/100)	2	QL
DOVATO	2		PAXLOVID (300/100)	2	QL
EDURANT	2		PEGASYS	2	QL
efavirenz	1		PREVYMIS ORAL	2	PA; QL
efavirenz-emtricitab-tenofo df	1		PREZCOBIX	2	
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	2	QL	rimantadine hcl	1	
etravirine	1		ritonavir	1	
famciclovir oral	1		SELZENTRY ORAL SOLUTION	2	
fosamprenavir calcium	1		SOFOSBUVIR-VELPATASVIR	2	QL
GENVOYA	2		STRIBILD	2	PA
INTELENCE ORAL TABLET 25 MG	2				
ISENTRESS HD	2				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SYMFI	1		midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml	1	QL
SYMFI LO	1				
SYMTUZA	2		midazolam hcl injection solution 10 mg/2ml, 5 mg/ml	1	QL
TAMIFLU	2				
tenofovir disoproxil fumarate	1		oxazepam	1	QL
TIVICAY	2		triazolam	1	QL
TIVICAY PD	2		<b>Bipolar Agents - Drugs for Mood Disorders</b>		
TRIUMEQ	2		lithium	1	
TRIUMEQ PD	2		lithium carbonate er	1	
TYBOST	2	PA	lithium carbonate oral	1	
valacyclovir hcl oral	1		<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
valganciclovir hcl	1	QL			
VIRACEPT	2		ALVAIZ	2	PA; QL
VIREAD ORAL POWDER	2		anagrelide hcl	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2		EPOGEN	2	PA
			GRANIX	2	QL
VOSEVI	2	PA; QL	HEMLIBRA	2	PA; QL
zidovudine	1		LEUKINE	2	
<b>Anxiolytics - Drugs for Anxiety</b>			NIVESTYM	2	PA; QL
alprazolam er	1	QL	PROCRIT	2	PA
alprazolam oral tablet	1	QL	tranexamic acid oral	1	QL
alprazolam xr	1	QL	ZARXIO	2	PA; QL
bupirone hcl oral	1		<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
chlordiazepoxide hcl	1	QL	acebutolol hcl oral	1	
clonazepam oral	1	QL	alprostadiil injection	1	
clorazepate dipotassium	1	QL	amiloride hcl oral	1	
diazepam injection	1	QL	amiloride-hydrochlorothiazide	1	
diazepam oral solution	1	QL	amiodarone hcl oral	1	
diazepam oral tablet	1	QL	amlodipine besylate oral	1	
hydroxyzine hcl oral	1		amlodipine besylate-benazepril hcl	1	
hydroxyzine pamoate oral	1		amlodipine-olmesartan	1	
lorazepam injection solution 2 mg/ml	1	QL	atenolol oral	1	
lorazepam intensol	1	QL	atenolol-chlorthalidone	1	
lorazepam oral concentrate 2 mg/ml	1	QL	atorvastatin calcium oral	1	
lorazepam oral tablet	1	QL	benazepril hcl oral	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
benazepril-hydrochlorothiazide	1		enalapril maleate oral tablet	1	
betaxolol hcl oral	1		enalapril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1		ENTRESTO ORAL TABLET	2	PA; QL
bisoprolol-hydrochlorothiazide	1		epinephrine injection solution	1	
bumetanide oral	1		epinephrine pf	1	
captopril oral	1		eplerenone	1	
captopril-hydrochlorothiazide	1		ethacrynic acid	1	PA
cartia xt	1		ezetimibe	1	
carvedilol	1		ezetimibe-simvastatin	1	
chlorthalidone	1		felodipine er	1	
cholestyramine light	1		fenofibrate micronized	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	
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 beads (generic Tiazac)	1		furosemide oral	1	
diltiazem hcl er coated beads (generic Cardizem CD)	1		gemfibrozil oral	1	
diltiazem hcl er oral capsule extended release 12 hour	1		guanfacine hcl	1	
diltiazem hcl er oral capsule extended release 24 hour	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	
dofetilide	1		isosorbide dinitrate	1	
doxazosin mesylate oral	1		isosorbide mononitrate	1	
			isosorbide mononitrate er	1	
			isradipine	1	
			labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lisinopril oral	1		olmesartan-amlodipine-hctz	1	
lisinopril-hydrochlorothiazide	1		pacerone oral tablet 100 mg, 200 mg	1	
losartan potassium oral	1		papaverine hcl injection	1	
losartan potassium-hctz	1		pentoxifylline er	1	
lovastatin oral	1		perindopril erbumine	1	
methyldopa oral tablet 250 mg	1		phenoxybenzamine hcl oral	1	QL
metolazone	1		phentolamine mesylate injection	1	
metoprolol succinate er	1		pindolol	1	
metoprolol tartrate oral	1		pravastatin sodium	1	
metoprolol-hydrochlorothiazide	1		prazosin hcl oral	1	
mexiletine hcl oral	1		prevalite	1	
midodrine hcl	1		procainamide hcl injection	1	
minoxidil oral	1		propafenone hcl	1	
moexipril hcl	1		propafenone hcl er	1	
nadolol oral	1		propranolol hcl er	1	
nebivolol hcl	1		propranolol hcl oral	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 capsule	1		ramipril	1	
NITRO-BID	2		ranolazine er	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2		rosuvastatin calcium oral	1	
nitroglycerin rectal	1		simvastatin oral	1	
nitroglycerin sublingual	1		sotalol hcl (af)	1	
nitroglycerin transdermal	1		sotalol hcl oral	1	
nitro-time oral capsule extended release 9 mg	1		spironolactone oral tablet	1	
NORPACE CR	2		spironolactone-hctz	1	
olmesartan medoxomil oral	1		telmisartan	1	
olmesartan medoxomil- hctz	1		tiadylt er	1	
			timolol maleate oral	1	
			torse mide	1	
			trandolapril	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamterene oral	1		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1	
triamterene-hctz	1		methylphenidate hcl er oral tablet extended release (generic Methylin)	1	
valsartan oral tablet	1		methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL
valsartan-hydrochlorothiazide	1		methylphenidate hcl oral tablet (generic Ritalin)	1	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1		relexxii oral tablet extended release 72 mg	1	
verapamil hcl er oral tablet extended release	1		zenzedi oral tablet 10 mg, 5 mg	1	
verapamil hcl oral	1		<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>			AVONEX PEN	2	PA; QL
ADDERALL	2		AVONEX PREFILLED	2	PA; QL
ADDERALL XR	2		BETASERON	1	QL
amphetamine-dextroamphetamine	1		dalfampridine er	1	
amphetamine-dextroamphetamine er	1		dimethyl fumarate oral	1	
atomoxetine hcl	1		dimethyl fumarate starter pack	1	
clonidine hcl er	1		fingolimod hcl	1	QL
CONCERTA	2		GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL
dexmethylphenidate hcl	1		glatiramer acetate	1	QL
dexmethylphenidate hcl er	1	QL	glatopa	1	QL
dextroamphetamine sulfate er	1		REBIF	2	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		REBIF REBIDOSE	2	PA; QL
guanfacine hcl er	1		REBIF REBIDOSE TITRATION PACK	2	PA; QL
methylphenidate hcl er (cd) (generic Metadate)	1		REBIF TITRATION PACK	2	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
			<b>Central Nervous System Agents - Miscellaneous</b>		
			caffeine citrate oral	1	
			pregabalin oral	1	QL
			riluzole	1	QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>			calcipotriene external solution	1	
chlorhexidine gluconate mouth/throat	1		calcitrene	1	
kourzeq	1		calcitriol external	1	
lidocaine viscous hcl	1		claravis	1	
oralone	1		clindacin etz external swab	1	
periogard	1		clindacin-p	1	
pilocarpine hcl oral	1		clindamycin phos (once-daily)	1	
triamcinolone acetonide mouth/throat	1		clindamycin phos (twice-daily)	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>			clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
accutane	1		clindamycin phosphate external lotion	1	
acitretin	1	QL	clindamycin phosphate external solution	1	
adapalene external cream	1		clindamycin phosphate external swab	1	
adapalene external gel	1		clobetasol propionate e	1	
adapalene treatment	1		clobetasol propionate external cream 0.05 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1		clobetasol propionate external foam	1	
alclometasone dipropionate	1		clobetasol propionate external gel	1	
AMELUZ	2	QL	clobetasol propionate external liquid	1	
amnesteem	1		clobetasol propionate external lotion	1	
avar cleanser	1		clobetasol propionate external ointment	1	
azelaic acid external	1		clobetasol propionate external solution	1	
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				
calcipotriene external ointment	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desoximetasone external cream	1		hydrocortisone external ointment 1 %, 2.5 %	1	
desoximetasone external gel	1		hydrocortisone valerate	1	
desoximetasone external ointment	1		imiquimod external cream 5 %	1	
DIFFERIN EXTERNAL LOTION	2		isotretinoin oral	1	
DRYSOL	2		LEVULAN KERASTICK	2	QL
erythromycin external	1		methoxsalen rapid	1	QL
FINACEA EXTERNAL FOAM	2		metronidazole external cream	1	
fluocinolone acetonide body	1		metronidazole external gel 0.75 %	1	
fluocinolone acetonide external	1		mometasone furoate external	1	
fluocinolone acetonide scalp	1		neuac	1	
fluocinonide emulsified base	1		pimecrolimus cream 1 % external	1	
fluocinonide external	1		PIMECROLIMUS CREAM 1 % EXTERNAL	1	
fluorouracil external	1		podofilox external	1	
fluticasone propionate external cream	1		PRAMOSONE EXTERNAL CREAM	2	
fluticasone propionate external ointment	1		PRAMOSONE EXTERNAL LOTION	2	
halobetasol propionate external cream	1		RETIN-A	1	
halobetasol propionate external ointment	1		RETIN-A MICRO GEL 0.04 %, 0.1 %	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
hydrocortisone butyrate external cream	1		SANTYL	2	
hydrocortisone butyrate external ointment	1		selenium sulfide external lotion	1	
hydrocortisone butyrate external solution	1		sodium sulfacetamide external shampoo 10 %	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide sodium (acne)	1	
hydrocortisone external lotion 2.5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %	1	
			sulfacetamide sodium-sulfur external lotion 10-5 %	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
sulfacetamide-sulfur in urea	1		metformin hcl oral solution	1	
synalar	1		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
tacrolimus external	1		OZEMPIC	2	PA; QL
tazarotene external cream	1		SITAGLIPTIN	2	
tazarotene external gel	1		<b>Diabetes - Glucose Monitoring</b>		
TAZORAC EXTERNAL CREAM 0.05 %	1				
tretinoin external cream	1		ACCU-CHEK FASTCLIX LANCET KIT	1	
tretinoin external gel 0.01 %, 0.025 %	1		ACCU-CHEK GUIDE CONTROL	1	
tretinoin microsphere external gel 0.04 %, 0.1 %	1		ACCU-CHEK GUIDE TEST	1	PA; QL
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1		ACCU-CHEK SMARTVIEW CONTROL	1	
triamcinolone acetonide external cream	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triamcinolone acetonide external lotion	1		AGAMATRIX CONTROL LEVEL 2	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		AGAMATRIX CONTROL LEVEL 4	1	
triderm	1		AUTOLET II CLINISAFE	1	
urea external cream 40 %	1		AUTOLET LANCING DEVICE	1	
uremez-40	1		AUTOLET LITE LANCING DEVICE	1	
VECTICAL	1		BLULINK CONTROL HIGH & LOW	1	
zenatane	1		CARESENS CONTROL SOLUTION A/B	1	
<b>Diabetes - Antidiabetic Agents</b>			CARESENS LANCETS 30G	1	
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-metformin hcl	1		CHEMSTRIP 2 GP	2	
glyburide oral	1		CHEMSTRIP 5 OB	2	
JARDIANCE	2	QL			
liraglutide	1	PA; QL			
metformin hcl er	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CHEMSTRIP 7	2		GENTEEL LANCING KIT (BLUE)	1	
CHEMSTRIP 9	2		GOJJI CONTROL	1	
CHOSEN LANCETS 30G	1		GOJJI LANCING DEVICE/CLEAR CAP	1	
CHOSEN LANCING DEVICE	1		IHEALTH CONTROL SOLUTION	1	
CHOSEN SAFETY LANCETS 28G	1		IHEALTH LANCING DEVICE	1	
CLEVER CHOICE COMFORT EZ	1		LANCETS	1	
COMFORT TOUCH TWIST LANCET 30G	1		LANCETS 28G THIN	1	
CONTOUR CONTROL SOLUTION	1		LANCETS SUPER THIN	1	
CONTOUR NEXT CONTROL SOLUTION	1		MICROLET NEXT LANCING DEVICE	1	
CONTOUR NEXT GEN TEST STRIPS	1	PA; QL	ONETOUCH DELICA PLUS LANCING	1	
DIATHRIVE GLUCOSE CONTROL SOLN	1		ONETOUCH DELICA SAFETY LANCING	1	
DIATHRIVE LANCING DEVICE	1		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
DROPLET GENTEEL LANCING DEVICE	1		ONETOUCH ULTRA BLUE TEST	1	QL
DROPSAFE ACTI-LANCE 23G	1		ONETOUCH ULTRA IN VITRO LIQUID	1	
EASY TALK PLUS II CONTROL	1		ONETOUCH ULTRA IN VITRO STRIP	1	QL
EASY TOUCH HEALTHPRO HIGH/LOW	1		ONETOUCH ULTRA TEST STRIPS	1	QL
EASY TOUCH LANCING DEVICE	1		ONETOUCH VERIO FLEX SYSTEM KIT	1	
EASY TRAK II CONTROL	1		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
EASYMAX 15 LEVEL 2-3 CONTROL	1		ONETOUCH VERIO TEST STRIPS	1	QL
EASYMAX CONTROL	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GLUCOSE CONTROL SOLUTIONS	1		PERFECT POINT SAFETY LANCETS	1	
EMBRACE LANCING DEVICE/EJECTOR	1		PIP GLUCOSE CONTROL SOLUTION	1	
EMBRACE TALK GLUCOSE CONTROL	1		TECHLITE LANCETS 26G	1	
FREESTYLE TEST	1	PA; QL	TRUE METRIX LEVEL 1	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TRUE METRIX LEVEL 2	1		HUMALOG	2	
TRUE METRIX LEVEL 3	1		HUMALOG KWIKPEN	2	
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1		HUMALOG U-100 JUNIOR KWIKPEN	2	
VERIFINE SAFE LANCET MINI 21G	1		HUMULIN 70/30 KWIKPEN	2	
VERIFINE SAFE LANCET MINI 23G	1		HUMULIN 70/30 VIAL	2	
VERIFINE SAFE LANCET MINI 28G	1		HUMULIN N KWIKPEN	2	
VERIFINE SAFE LANCET MINI 28G	1		HUMULIN N VIAL	2	
VERIFINE SAFE LANCET MINI 30G	1		HUMULIN R U-500 KWIKPEN	1	PA
VIVAGUARD INO CONTROL SOLUTION	1		HUMULIN R U-500 VIAL	1	PA
VIVAGUARD LANCETS 30G	1		HUMULIN R VIAL	1	
VIVAGUARD LANCING DEVICE	1		INSULIN DEGLUDEC	2	PA
VIVAGUARD SAFETY LANCETS 28G	1		INSULIN DEGLUDEC FLEXTOUCH	2	PA
			INSULIN GLARGINE-YFGN	1	
			INSULIN LISPRO	2	
			INSULIN LISPRO (1 UNIT DIAL)	2	
<b>Diabetes - Glycemic Agents</b>					
BAQSIMI ONE PACK	2				
BAQSIMI TWO PACK	2				
diazoxide oral	2				
glucagon emergency kit injection kit	1				
<b>Diabetes - Insulins</b>					
AQ INSULIN SYRINGE	1				
BD ULTRA-FINE INSULIN SYRINGES	1				
DROPSAFE SAFETY SYRINGE/NEEDLE	1				
EMBECTA INS SYR U/F 1/2 UNIT	1				
EMBECTA INSULIN SYRINGE	1				
EMBECTA INSULIN SYRINGE U/F	1				
EMBECTA INSULIN SYRINGE U-100	1				
EMBECTA INSULIN SYRINGE U-500	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" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 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	
			ULTIGUARD SAFEPACK SYR/NEEDLE	1	
			VERIFINE INSULIN SYRINGE	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Electrolytes / Minerals / Metals / Vitamins</b>			potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
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	1	QL	sodium chloride (pf)	1	
deferasirox oral packet	1	QL	sodium chloride irrigation	1	
deferasirox oral tablet	1		sodium fluoride oral solution	1	
deferasirox oral tablet soluble	1		sodium fluoride oral tablet 1.1 (0.5 f) mg	1	
ergocalciferol oral capsule	1		sodium fluoride oral tablet chewable	1	
folic acid injection	1		sodium polystyrene sulfonate	1	
folic acid oral tablet 1 mg	1		sps (sodium polystyrene sulf)	1	
klor-con	1		tricitrates	1	
klor-con 10	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
klor-con m10	1		vitamin k1 injection	1	
klor-con m15	2		wes-phos 250 neutral	1	
klor-con m20	1		<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
levocarnitine oral solution	1		cimetidine hcl	1	
levocarnitine oral tablet	1		cimetidine oral	1	
levocarnitine sf	1		famotidine oral suspension reconstituted	1	
ORACIT	2		famotidine oral tablet 20 mg, 40 mg	1	
ORAL CITRATE	2		lansoprazole oral capsule delayed release	1	
phospha 250 neutral	1		misoprostol oral	1	
phosphorous	1		omeprazole oral capsule delayed release	1	
phospho-trin 250 neutral	1		pantoprazole sodium oral tablet delayed release	1	
phytonadione injection	1				
phytonadione oral	1				
pot & sod cit-cit ac	1				
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1				
potassium chloride crys er oral tablet extended release 15 meq	2				
potassium chloride er oral capsule extended release	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
rabeprazole sodium oral tablet delayed release	1	ST	peg-3350/electrolytes	1	
sucralfate oral	1		RELISTOR SUBCUTANEOUS	2	PA
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>			ursodiol oral capsule 300 mg	1	
belladonna alkaloids-opium	1	QL	ursodiol oral tablet	1	
chlordiazepoxide-clidinium	1	QL	<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
constulose	1		CERDELGA	2	PA; QL
dicyclomine hcl oral capsule	1		CREON	2	
dicyclomine hcl oral solution 10 mg/5ml	1		CYSTAGON	2	PA
dicyclomine hcl oral tablet	1		ZENPEP	2	
diphenoxylate-atropine	1		<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
enulose	1		acetic acid irrigation	1	
gavilyte-c	1		bethanechol chloride oral	1	
gavilyte-g	1		calcium acetate (phos binder)	1	
gavilyte-n with flavor pack	1		calcium acetate oral tablet 667 mg	1	
generlac	1		CERVIDIL	2	
glycopyrrolate injection solution	1		darifenacin hydrobromide er	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1		ELMIRON	2	
HELIDAC THERAPY	2		flavoxate hcl	1	
hyoscyamine sulfate er	1		mirabegron er	1	
hyoscyamine sulfate oral	1		oxybutynin chloride er	1	
hyoscyamine sulfate sublingual	1		oxybutynin chloride oral solution	1	
hyosyne	1		oxybutynin chloride oral tablet 5 mg	1	
lactulose encephalopathy	1		penicillamine oral capsule	1	PA; QL
lactulose oral solution	1		penicillamine oral tablet	2	PA; QL
loperamide hcl oral capsule	1		PENTOSAN POLYSULFATE SODIUM ORAL	2	
nulev	1		phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
opium	1	QL	PREPIDIL	2	
oscimin	1		sevelamer carbonate	1	
peg 3350-kcl-na bicarb-nacl	1		sevelamer hcl	1	PA

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
solifenacin succinate	1		methylprednisolone sodium succ injection solution reconstituted 125 mg	1	
tolterodine tartrate	1		prednisolone oral solution	1	
tolterodine tartrate er	1		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
tropium chloride	1		prednisone oral	1	
tropium chloride er	1		SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	1	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>			<b>Hormonal Agents - Men's Health</b>		
alfuzosin hcl er	1		danazol oral	1	
dutasteride oral	1		DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
finasteride oral tablet 5 mg	1		TESTOSTERONE CYPIONATE INJECTION	1	
silodosin	1		testosterone cypionate intramuscular	1	
tamsulosin hcl	1		testosterone enanthate intramuscular	1	
terazosin hcl	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
<b>Hormonal Agents - Adrenal</b>			<b>Hormonal Agents - Pituitary</b>		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2		ACTHAR	2	PA; QL
dexamethasone intensol	2		ACTHAR GEL	2	PA; QL
dexamethasone oral elixir	1		cabergoline	1	
dexamethasone oral solution	1		CORTROPHIN	2	PA; QL
dexamethasone oral tablet	1		CORTROPHIN GEL	2	PA; QL
dexamethasone sod phos +rfid	1		desmopressin ace spray refrig	1	
dexamethasone sod phosphate pf injection solution	1		desmopressin acetate injection	1	
dexamethasone sodium phosphate injection	1				
fludrocortisone acetate oral	1				
hydrocortisone oral	1				
hydrocortisone sod suc (pf)	1				
MEDROL ORAL TABLET 2 MG	2				
methylprednisolone oral	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DESMOPRESSIN ACETATE NASAL	2		<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
desmopressin acetate oral	1		raloxifene hcl	1	
desmopressin acetate pf	1		<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
desmopressin acetate spray	1		afirmelle	1	
ELIGARD	2		aftera	1	
leuprolide acetate injection	1		AFTERPILL	1	
LUPRON DEPOT (1-MONTH)	2		altavera	1	
LUPRON DEPOT (3-MONTH)	2		alyacen 1/35	1	
LUPRON DEPOT (4-MONTH)	2		alyacen 7/7/7	1	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2		apri	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2		aranelle	1	
LUPRON DEPOT-PED (1-MONTH)	2		ashlyna	1	
LUPRON DEPOT-PED (3-MONTH)	2		aubra eq	1	
octreotide acetate injection	1		aurovela 1.5/30	1	
octreotide acetate intramuscular kit 10 mg	2	QL	aurovela 1/20	1	
octreotide acetate intramuscular kit 20 mg, 30 mg	1	QL	aurovela 24 fe	1	
octreotide acetate subcutaneous	1		aurovela fe 1.5/30	1	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL	aurovela fe 1/20	1	
SANDOSTATIN LAR DEPOT	2	QL	aviane	1	
<b>Hormonal Agents - Prostaglandins</b>			ayuna	1	
MIFEPREX	1		azurette	1	
mifepristone oral tablet 200 mg	1		balziva	1	
			blisovi 24 fe	1	
			blisovi fe 1.5/30	1	
			blisovi fe 1/20	1	
			briellyn	1	
			camila	1	
			camrese	1	
			camrese lo	1	
			chateal eq	1	
			CLIMARA	1	
			cryselle-28	1	
			cyred eq	1	
			dasetta 1/35 (28)	1	
			dasetta 7/7/7	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
daysee	1		gallifrey	1	
deblitane	1		hailey 1.5/30	1	
DELESTROGEN	2		hailey 24 fe	1	
delyla	1		hailey fe 1.5/30	1	
DEPO-ESTRADIOL	2		hailey fe 1/20	1	
desogestrel-ethinyl estradiol	1		haloette	1	
dotti	1		heather	1	
drospirenone-ethinyl estradiol	1		her style	1	
econtra one-step	1		iclevia	1	
elinest	1		incassia	1	
ELLA	2		introvale	1	
eluryng	1		isibloom	1	
emzahh	1		jaimiess	1	
enilloring	1		jasmiel	1	
enpresse-28	1		jencycla	1	
enskyce	1		jolessa	1	
errin	1		juleber	1	
estarylla	1		junel 1.5/30	1	
estradiol oral	1		junel 1/20	1	
estradiol transdermal patch twice weekly	1		junel fe 1.5/30	1	
estradiol transdermal patch weekly	1		junel fe 1/20	1	
estradiol vaginal	1		junel fe 24	1	
estradiol valerate intramuscular	1		kalliga	1	
estradiol-norethindrone acet	1		kariva	1	
ESTRING	2		kelnor 1/35	1	
ethynodiol diac-eth estradiol	1		kelnor 1/50	1	
etonogestrel-ethinyl estradiol	1		kurvelo	1	
falmina	1		larin 1.5/30	1	
feirza 1.5/30	1		larin 1/20	1	
feirza 1/20	1		larin 24 fe	1	
FEMRING	2		larin fe 1.5/30	1	
			larin fe 1/20	1	
			leena	1	
			lessina	1	
			levonest	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
levonorgest-eth estrad 91-day	1		nora-be	1	
levonorgestrel	1		norelgestromin-eth estradiol	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1		norethin ace-eth estrad-fe oral tablet	1	
levonorg-eth estrad triphasic	1		norethindrone acetate oral	1	
levora 0.15/30 (28)	1		norethindrone acet-ethinyl est	1	
lojaimiess	1		norethindrone oral	1	
loryna	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
low-ogestrel	1		norgestimate-ethinyl estradiol triphasic	1	
lo-zumandimine	1		norlyroc	1	
luteria	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		ocella	1	
megestrol acetate oral tablet	1		opcicon one-step	1	
microgestin 1.5/30	1		OPILL	1	
microgestin 1/20	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	
mimvey	1		portia-28	1	
MIRENA (52 MG)	2		PREMARIN VAGINAL	2	
mono-linyah	1		progesterone intramuscular	1	
my choice	1		progesterone oral	1	
my way	1		react	1	
necon 0.5/35 (28)	1		reclipsen	1	
new day	1		setlakin	1	
nikki	1		sharobel	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
simliya	1		<b>Hormonal Agents - Thyroid</b>		
simpesse	1		levothyroxine sodium oral tablet	1	
SKYLA	2		liothyronine sodium oral	1	
sprintec 28	1		methimazole oral	1	
sronyx	1		propylthiouracil oral	1	
syeda	1		<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
take action	1		AMJEVITA	2	PA
tarina 24 fe	1		AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	2	PA
tarina fe 1/20 eq	1		AMJEVITA-PED 15KG TO <30KG	2	PA
tri-estarylla	1		AURANOFIN	2	PA; QL
tri-linyah	1		azathioprine oral tablet 50 mg	1	
tri-lo-estarylla	1		BERINERT	2	PA; QL
tri-lo-marzia	1		COSENTYX (300 MG DOSE)	2	PA; QL
tri-lo-mili	1		COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA; QL
tri-lo-sprintec	1		COSENTYX SENSOREADY (300 MG)	2	PA; QL
tri-mili	1		COSENTYX SENSOREADY PEN	2	PA; QL
tri-sprintec	1		COSENTYX UNOREADY	2	PA; QL
trivora (28)	1		CUVITRU	2	PA; QL
tri-vylibra	1		cyclosporine modified	1	
tri-vylibra lo	1		cyclosporine oral	1	
turqoz	1		ENBREL	2	PA; QL
tyblume	1		ENBREL MINI	2	PA; QL
valtya 1/50	1		ENBREL SURECLICK	2	PA; QL
velivet	1		ENVARUSUS XR	2	
vestura	1		gengraf	1	
vienva	1		HIZENTRA	2	PA; QL
viorele	1		HYPERHEP B	2	
volnea	1		HYQVIA	2	PA; QL
vyfemla	1		icatibant acetate	2	PA; QL
vylibra	1				
wera	1				
xulane	1				
yuvaferm	1				
zafemy	1				
zovia 1/35 (28)	1				
zumandimine	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
leflunomide oral	1		BEXSERO	2	
methotrexate sodium	1		BOOSTRIX	2	
methotrexate sodium (pf)	1		CAPVAXIVE	2	
mycophenolate mofetil oral	1		COMIRNATY	2	
mycophenolate sodium	1		DAPTACEL	2	
mycophenolic acid	1		ENGERIX-B	2	
NABI-HB	2		FLUAD	1	
ORENCIA CLICKJECT	2	PA; QL	FLUARIX	1	
ORENCIA SUBCUTANEOUS	2	PA; QL	FLUBLOK	1	
OTEZLA	2	PA; QL	FLUCELVAX	1	
RASUVO	2		FLULAVAL	1	
RIDAURA	2	PA; QL	FLUMIST	1	
sajazir	2	PA; QL	FLUZONE HIGH-DOSE	1	
sirolimus oral	1		FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SKYRIZI PEN	2	PA; QL	GARDASIL 9	2	
SKYRIZI SUBCUTANEOUS	2	PA; QL	HAVRIX	2	
			HEPLISAV-B	2	
tacrolimus oral	1		HIBERIX	2	
TREMFYA CROHNS INDUCTION	2	PA; QL	INFANRIX	2	
TREMFYA SUBCUTANEOUS	2	PA; QL	IPOL	2	
XELJANZ	2	PA; QL	KINRIX	2	
XELJANZ XR	2	PA; QL	MENQUADFI	2	
YESINTEK SUBCUTANEOUS	2	PA	MENVEO	2	
<b>Immunological Agents - Drugs for Vaccination</b>			M-M-R II	2	
ABRYSVO	2		MODERNA COVID-19 VAC 6M-11Y	2	
ACTHIB	2		MRESVIA	2	
ADACEL	2		NOVAVAX COVID-19 VACCINE	2	
AFLURIA	1		PEDIARIX	2	
AFLURIA PRESERVATIVE FREE	1		PEDVAX HIB	2	
AREXVY	2		PENBRAYA	2	
AUDENZ	2		PENTACEL	2	
			PFIZER COVID-19 VAC-TRIS 5-11Y	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PFIZER COVID-19 VAC-TRIS 6M-4Y	2		mesalamine er oral capsule 0.375 gm	1	
PNEUMOVAX 23	2		mesalamine oral capsule delayed release 400 mg	1	ST
PREVNAR 20	2		mesalamine oral tablet delayed release 1.2 gm	1	
PRIORIX	2		mesalamine rectal	1	
PROQUAD	2		PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA
QUADRACEL	2		PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA
RECOMBIVAX HB	2		PROCTOFOAM HC	2	
ROTARIX	2		procto-med hc	1	
ROTATEQ	2		proctosol hc	1	
SHINGRIX	2		proctozone-hc	1	
SPIKEVAX	2		sulfasalazine oral	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2		<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
TENIVAC	2		alendronate sodium	1	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2		calcitonin (salmon) nasal	1	
TRUMENBA	2		ibandronate sodium oral	1	
TWINRIX	2		risedronate sodium oral tablet	1	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2		<b>Metabolic Bone Disease Agents - Other</b>		
VARIVAX	2		calcitriol oral	1	
VAXELIS	2		cinacalcet hcl	1	
VAXNEUVANCE	2		<b>Miscellaneous Therapeutic Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>			AEROCHAMBER HOLDING CHAMBER	2	
APRISO	1		AEROCHAMBER MINI CHAMBER	2	
balsalazide disodium	1		AEROCHAMBER MV	2	
budesonide oral (generic Entocort)	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
CORTIFOAM	2		AEROCHAMBER PLUS FLO-VU INTERM	2	
hydrocortisone (perianal) external cream 2.5 %	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
hydrocortisone rectal	1				

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		BREATHE EASE SMALL	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		BREATHERITE VALVED MDI CHAMBER	2	
AEROCHAMBER PLUS FLOW VU	2		CAYA	2	
AEROCHAMBER W/FLOWSIGNAL	2		CLEVER CHOICE HOLDING CHAMBER	2	
ALCOHOL PREP PADS PAD , 70 %	1		COMFORT EZ PRO PEN NEEDLES	1	
ALCOHOL PREP PADS SHEET 70 %	1		COMPACT SPACE CHAMBER	2	
AQINJECT PEN NEEDLE	1		COMPACT SPACE CHAMBER/LG MASK	2	
ASSURE ID DUO PRO PEN NEEDLES	1		COMPACT SPACE CHAMBER/MED MASK	2	
ASSURE ID PRO PEN NEEDLES	1		COMPACT SPACE CHAMBER/SM MASK	2	
AUM ALCOHOL PREP PADS	1		deferoxamine mesylate injection solution reconstituted 500 mg	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1		DROPSAFE ALCOHOL PREP	1	
AUM MINI INSULIN PEN NEEDLE	1		EASIVENT	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1		EMBECTA AUTOSHIELD DUO	1	
AUM READYGARD DUO PEN NEEDLE	1		EMBECTA PEN NEEDLE NANO	1	
AUM SAFETY PEN NEEDLE	1		EMBECTA PEN NEEDLE NANO 2 GEN	1	
BD AUTOSHIELD DUO PEN NEEDLES	1		EMBECTA PEN NEEDLE U/F	1	
BD ULTRA-FINE PEN NEEDLES	1		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
BREATHE COMFORT CHAMBER/ADULT	2		FEMCAP	2	
BREATHE COMFORT CHAMBER/CHILD	2		FLEXICHAMBER	2	
BREATHE EASE LARGE	2		FLEXICHAMBER ADULT MASK/SMALL	2	
BREATHE EASE MEDIUM	2		FLEXICHAMBER CHILD MASK/LARGE	2	
			FLEXICHAMBER CHILD MASK/SMALL	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GLUCAGON HCL (DIAGNOSTIC)	2		PARI VORTEX PEDIATRIC MASK	2	
GOODSENSE ALCOHOL SWABS	1		PEDIATRIC PANDA MASK	2	
INCONTROL ULTICARE PEN NEEDLES	1		PEN NEEDLE/5-BEVEL TIP	1	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1		PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	
methergine	1		PIP PEN NEEDLES 32G X 4MM	1	
methylergonovine maleate	1		pocket spacer	2	
MICROCHAMBER DEVICE	2		PRO COMFORT SPACER ADULT	2	
NOVOFINE PEN NEEDLE	1		PRO COMFORT SPACER CHILD	2	
NOVOFINE PLUS PEN NEEDLE	1		PRO COMFORT SPACER INFANT	2	
NOZIN NASAL SANITIZER	1		PROCARE SPACER/ADULT MASK	2	
NOZIN NASAL SANITIZER POPSWAB	1		PROCARE SPACER/CHILD MASK	2	
OPTICHAMBER DIAMOND	2		PURE COMFORT SAFETY PEN NEEDLE	1	
OPTICHAMBER DIAMOND-LG MASK	2		PURE COMFORT SPACER CHAMBER	2	
OPTICHAMBER DIAMOND-MD MASK	2		QUICK TOUCH INSULIN PEN NEEDLE	1	
OPTICHAMBER DIAMOND-SM MASK	2		RAYA SURE PEN NEEDLE	1	
PANDA MASK LARGE	2		SAFETY PEN NEEDLES	1	
PANDA MASK MEDIUM	2		TRUE COMFORT SAFETY PEN NEEDLE	1	
PANDA MASK SMALL	2		UNIFINE OTC PEN NEEDLES	1	
PARI VORTEX ADULT MASK	2		UNIFINE PROTECT PEN NEEDLE	1	
			VERIFINE INSULIN PEN NEEDLE	1	
			VERIFINE PLUS PEN NEEDLE	1	
			VORTEX VALVE CHAMBER-PEDI MASK	2	
			VORTEX VALVED HOLDING CHAMBER	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 60	2		moxifloxacin hcl ophthalmic	1	
WIDE-SEAL DIAPHRAGM 65	2		NATACYN	2	
WIDE-SEAL DIAPHRAGM 70	2		neomycin-polymyxin- dexameth ophthalmic ointment	1	
WIDE-SEAL DIAPHRAGM 75	2		neomycin-polymyxin- dexameth ophthalmic suspension 3.5-10000-0.1	1	
WIDE-SEAL DIAPHRAGM 80	2		ofloxacin ophthalmic	1	
WIDE-SEAL DIAPHRAGM 85	2		PRED MILD	2	
WIDE-SEAL DIAPHRAGM 90	2		prednisolone acetate ophthalmic	1	
WIDE-SEAL DIAPHRAGM 95	2		prednisolone acetate p-f	1	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>			sulfacetamide sodium ophthalmic	1	
ACULAR	2		TOBRADEX	2	
azelastine hcl ophthalmic	1		tobramycin ophthalmic	1	
bacitracin ophthalmic	1		tobramycin- dexamethasone	1	
CILOXAN	2		TOBREX	2	
ciprofloxacin hcl ophthalmic	1		trifluridine	1	
cromolyn sodium ophthalmic	1		VIGAMOX	2	
dexamethasone sodium phosphate ophthalmic	1		<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
diclofenac sodium ophthalmic	1		acetazolamide er	1	
difluprednate	1		acetazolamide oral	1	
erythromycin ophthalmic	1		betaxolol hcl ophthalmic	1	
fluorometholone	1		BETOPTIC-S	2	
flurbiprofen sodium	1		bimatoprost ophthalmic	1	
FML FORTE	2		brimonidine tartrate ophthalmic solution 0.2 %	1	
gatifloxacin ophthalmic	1		brinzolamide	1	
gentamicin sulfate ophthalmic	1		carteolol hcl	1	
ketorolac tromethamine ophthalmic	1		dorzolamide hcl ophthalmic	1	
moxifloxacin hcl (2x day)	1		dorzolamide hcl-timolol mal	1	
			latanoprost ophthalmic	1	
			levobunolol hcl	1	
			LUMIGAN	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methazolamide oral	1		fluocinolone acetonide otic	1	
pilocarpine hcl ophthalmic	1		neomycin-polymyxin-hc otic	1	
timolol maleate ophthalmic	1		ofloxacin otic	1	
travoprost (bak free)	1				
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>			<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
altafrin	1		azelastine hcl nasal	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	1		benzonatate oral capsule 100 mg, 200 mg	1	
atropine sulfate ophthalmic solution 1 %	1		carbinoxamine maleate	1	
bacitracin-polymyxin b	1		clemastine fumarate oral	1	
bacitra-neomycin-polymyxin-hc	1		cyproheptadine hcl oral	1	
CEQUA	2	PA	desloratadine	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	2		diphenhydramine hcl injection	1	
cyclopentolate hcl ophthalmic	1		flunisolide nasal	1	
cyclosporine ophthalmic	1	PA	guaifenesin-codeine	2	QL
homatropaire	1		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		maxi-tuss ac	2	QL
polymyxin b-trimethoprim	1		nebulal inhalation nebulization solution 3 %	1	
sulfacetamide-prednisolone	1		olopatadine hcl nasal	1	
XIIDRA	2	PA	potassium iodide (expectorant)	2	
<b>Otic Agents - Drugs for Ear Conditions</b>			promethazine vc	1	
acetic acid otic	1		promethazine-dm	1	
CIPRO HC	2		promethazine-phenylephrine	1	
ciprofloxacin-dexamethasone	1		pulmosal	1	
flac	1		ryvent	1	
			sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
			SSKI	2	
			SURVANTA	2	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>			elixophyllin	1	
			epinephrine injection solution auto-injector	1	
acetylcysteine inhalation	1		FLUTICASON E PROPIONATE DISKUS	2	PA
ADVAIR HFA	2		FLUTICASON E 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	FLUTICASON E PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL	FLUTICASON- SALMETEROL INHALATION AEROSOL	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 syrup 2 mg/5ml	1		ipratropium bromide inhalation	1	
albuterol sulfate oral tablet	1		ipratropium-albuterol	1	
ALVESCO	2		montelukast sodium oral	1	
ASMANEX (120 METERED DOSES)	2	ST	OFEV	2	PA; QL
ASMANEX (14 METERED DOSES)	2	ST	pirfenidone oral capsule	2	PA; QL
ASMANEX (30 METERED DOSES)	2	ST	pirfenidone oral tablet 267 mg, 801 mg	1	PA; QL
ASMANEX (60 METERED DOSES)	2	ST	pirfenidone oral tablet 534 mg	2	PA; QL
ASMANEX HFA	2	ST	SEREVENT DISKUS	2	ST
ATROVENT HFA	2		SPIRIVA HANDIHALER	1	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	2		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	1		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
breyna	1	PA; QL	STIOLTO RESPIMAT	2	
budesonide inhalation	1		STRIVERDI RESPIMAT	2	PA
budesonide-formoterol fumarate	1	PA; QL			
COMBIVENT RESPIMAT	2				
cromolyn sodium inhalation	1				

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