
Effective May 2024

2024 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. Non-formulary drugs are not covered unless approved by the health plan as a coverage exception. The prescriber must contact Kaiser Permanente to determine the medical necessity of the non-formulary medication. An alternative formulary medication will be recommended when clinically appropriate. If a coverage exception is not approved, the patient is responsible for the full price of the drug.

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

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

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

Drug Formulary Tiers

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

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

Prior Authorization (PA)

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

Step Therapy (ST)

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

Quantity Limit (QL)

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

High Dose Pain Medicine Prescriber Review

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

Drugs Limited to Select Pharmacies

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

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

Covered Diabetic Supplies

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

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

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

Mail Order Pharmacy Service

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

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

Address: Kaiser Permanente Mail Order Pharmacy

PO Box 34383
Seattle, WA 98124-1383

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

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

Over-the-Counter (OTC) Drugs

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

Preventative Medications and Preferred Contraceptives

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

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

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

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

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

Medical Benefit Injectable Drugs

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

How do I get additional information?

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

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

Kaiser Foundation Health Plan of Washington

Table of Contents

Analgesics - Drugs for Pain and Inflammation	11
Analgesics - Drugs for Pain	11
Anesthetics	11
Anti-Addiction / Substance Abuse Treatment Agents	12
Antibacterials	12
Anticoagulants	13
Anticonvulsants - Drugs for Seizures	14
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	14
Antidepressants	14
Antiemetics - Drugs for Nausea and Vomiting	15
Antifungals	15
Antigout Agents	16
Antimigraine Agents	16
Antimyasthenic Agents	16
Antimycobacterials	16
Antineoplastics - Drugs for Cancer	16
Antiparasitics	17
Antiparkinson Agents	17
Antiplatelets	17
Antipsychotics - Drugs for Mood Disorders	17
Antivirals	18
Anxiolytics - Drugs for Anxiety	20
Bipolar Agents - Drugs for Mood Disorders	20
Blood Products and Modifiers - Drugs for Blood Disorders	20
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	20
Central Nervous System Agents - Drugs for Attention Deficit Disorder	22
Central Nervous System Agents - Drugs for Multiple Sclerosis	23
Central Nervous System Agents - Miscellaneous	23
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	23
Dermatological Agents - Drugs for Skin Conditions	24
Diabetes - Antidiabetic Agents	26
Diabetes - Glucose Monitoring	26
Diabetes - Glycemic Agents	27
Diabetes - Insulins	27
Electrolytes / Minerals / Metals / Vitamins	28

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	29
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	29
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	29
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	29
Genitourinary Agents - Drugs for Prostate Conditions	30
Hormonal Agents - Adrenal	30
Hormonal Agents - Men's Health	30
Hormonal Agents - Pituitary	31
Hormonal Agents - Prostaglandins	31
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	31
Hormonal Agents - Sex Hormones and Birth Control	31
Hormonal Agents - Thyroid	34
Immunological Agents - Drugs for Immune System Stimulation or Suppression	34
Immunological Agents - Drugs for Vaccination	35
Inflammatory Bowel Disease Agents	36
Metabolic Bone Disease Agents - Drugs for Osteoporosis	36
Metabolic Bone Disease Agents - Other	36
Miscellaneous Therapeutic Agents	36
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	39
Ophthalmic Agents - Drugs for Glaucoma	39
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	39
Otic Agents - Drugs for Ear Conditions	40
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	40
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	40
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	41
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	41
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	42
Sleep Disorder Agents	42
Index of Drugs	43

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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	ST; QL
flurbiprofen oral	1		methadone hcl oral	1	ST; QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		methadose oral tablet soluble	1	ST; 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
Analgesics - Drugs for Pain			Anesthetics		
acetaminophen-codeine	1	QL			
bac	1				
butalbital-apap-caffeine oral tablet	1				
butalbital-aspirin-caffeine	1				
codeine sulfate	1	QL			
endocet	1	QL			

Effective Date: 05/01/2024

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	2	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	

Effective Date: 05/01/2024

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	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		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	1	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 injection solution 5000 unit/0.5ml, 5000 unit/ml	1	
minocycline hcl oral capsule	1		jantoven	1	
mondoxyne nl	1		LOVENOX	1	
moxifloxacin hcl oral	1		PRADAXA ORAL CAPSULE	1	

Effective Date: 05/01/2024

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

Effective Date: 05/01/2024

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 syrup 6.25 mg/5ml	1	
nortriptyline hcl oral	1		promethazine hcl rectal	1	
paroxetine hcl	1		promethegan	1	
paroxetine hcl er	1		Antifungals		
perphenazine-amitriptyline	1		ciclodan	1	
phenelzine sulfate oral	1		ciclopirox external	1	
protriptyline hcl	1		ciclopirox olamine external	1	
sertraline hcl oral concentrate	1		clotrimazole mouth/throat	1	
sertraline hcl oral tablet	1		clotrimazole-betamethasone	1	
tranylcypromine sulfate	1		CRESEMBA ORAL	2	PA; QL
trazodone hcl oral	1		fluconazole oral	1	
venlafaxine hcl	1		flucytosine oral	2	QL
venlafaxine hcl er oral capsule extended release 24 hour	1		griseofulvin microsize oral	1	
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	

Effective Date: 05/01/2024

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

Effective Date: 05/01/2024

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

Effective Date: 05/01/2024

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

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BARACLUDE ORAL SOLUTION	2	QL	nevirapine er	1	
BIKTARVY	2	QL	nevirapine oral tablet	1	
CIMDUO	2	QL	NORVIR ORAL PACKET	2	
COMPLERA	2	PA; QL	ODEFSEY	2	QL
darunavir	1		oseltamivir phosphate oral	1	
DESCOVY	2	PA; QL	PAXLOVID (150/100)	2	QL
DOVATO	2	QL	PAXLOVID (300/100)	2	QL
EDURANT	2		PEGASYS	2	QL
efavirenz	1		PREVYMIS ORAL	2	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	2	QL	rimantadine hcl	1	
etravirine	1		ritonavir	1	
famciclovir oral	1		SELZENTRY ORAL SOLUTION	2	QL
fosamprenavir calcium	1	QL	SOFOSBUVIR-VELPATASVIR	2	QL
GENVOYA	2		STRIBILD	2	PA; QL
HARVONI	2	PA; QL	SYMFI	1	
INTELENCE ORAL TABLET 25 MG	2		SYMFI LO	1	
ISENTRESS HD	2		SYMTUZA	2	QL
ISENTRESS ORAL TABLET	2		TAMIFLU	2	
ISENTRESS ORAL TABLET CHEWABLE	2		tenofovir disoproxil fumarate	1	
JULUCA	2	QL	TIVICAY	2	
LAGEVRIO	2	QL	TIVICAY PD	2	
lamivudine	1		TRIUMEQ	2	QL
lamivudine-zidovudine	1		TRIUMEQ PD	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA; QL	TYBOST	2	PA
lopinavir-ritonavir	1		valganciclovir hcl oral	1	
maraviroc	2	QL	valganciclovir hcl	1	QL

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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
VOSEVI	2	PA; QL	HEMLIBRA	2	PA; QL
zidovudine	1		LEUKINE	2	
Anxiolytics - Drugs for Anxiety			NIVESTYM	2	QL
alprazolam er	1	QL	PROCRT	2	PA
alprazolam oral tablet	1	QL	tranexamic acid oral	1	QL
alprazolam xr	1	QL	ZARXIO	2	QL
bupirone 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	
			cholestyramine light	1	
			cholestyramine oral	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
clonidine	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
clonidine hcl oral	1		fenofibrate oral tablet 160 mg, 54 mg	1	
colestipol hcl	1		fenofibric acid	1	
digoxin injection	1		flecainide acetate	1	
digoxin oral solution	1		fosinopril sodium	1	
digoxin oral tablet 125 mcg, 250 mcg	1		fosinopril sodium-hctz	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 injection	1	
diltiazem hcl er oral capsule extended release 12 hour	1		furosemide oral	1	
diltiazem hcl er oral capsule extended release 24 hour	1		gemfibrozil oral	1	
diltiazem hcl oral	1		guanfacine hcl	1	
dilt-xr	1		hydralazine hcl oral	1	
disopyramide phosphate	1		hydrochlorothiazide oral	1	
DIURIL	2		indapamide	1	
doxazosin mesylate oral	1		irbesartan	1	
enalapril maleate oral tablet	1		irbesartan- hydrochlorothiazide	1	
enalapril- hydrochlorothiazide	1		isosorbide dinitrate	1	
ENTRESTO	2	PA	isosorbide mononitrate	1	
epinephrine injection solution	1		isosorbide mononitrate er	1	
epinephrine injection solution prefilled syringe 1 mg/10ml	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	
			metoprolol succinate er	1	
			metoprolol tartrate oral	1	
			metoprolol- hydrochlorothiazide	1	
			mexiletine hcl oral	1	
			midodrine hcl	1	
			minoxidil oral	1	
			moexipril hcl	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
nadolol oral	1		propafenone hcl er	1	
nebivolol hcl	1		propranolol hcl er	1	
nicardipine hcl oral	1		propranolol hcl oral	1	
nifedipine er	1		quinapril hcl	1	
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	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	1		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	
			ADDERALL XR	2	
			amphetamine- dextroamphetamine	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine er	1		methylphenidate hcl oral tablet (generic Ritalin)	1	
atomoxetine hcl	1		relexxii oral tablet extended release 72 mg	1	
clonidine hcl er oral tablet extended release 12 hour	1		zenzedi oral tablet 10 mg, 5 mg	1	
CONCERTA	2		Central Nervous System Agents - Drugs for Multiple Sclerosis		
dexmethylphenidate hcl	1		AVONEX PEN	2	PA; QL
dextroamphetamine sulfate er	1		AVONEX PREFILLED	2	PA; QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		BETASERON	1	QL
guanfacine hcl er	1		dimethyl fumarate oral	1	
methylphenidate hcl er (cd) (generic Metadate)	1		dimethyl fumarate starter pack	1	
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	ST; QL	fingolimod hcl	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg (generic Concerta)	1		GILENYA ORAL CAPSULE 0.25 MG	2	PA; QL
methylphenidate hcl er (osm) tablet extended release 27 mg oral (generic Concerta)	1		glatiramer acetate	1	QL
methylphenidate hcl er (osm) tablet extended release 36 mg oral (generic Concerta)	1		glatopa	1	QL
methylphenidate hcl er (osm) tablet extended release 54 mg oral (generic Concerta)	1		REBIF	2	PA; QL
methylphenidate hcl er oral tablet extended release (generic Methylin)	1		REBIF REBIDOSE	2	PA; QL
methylphenidate hcl er oral tablet extended release 24 hour (generic Methylin)	1	QL	REBIF REBIDOSE TITRATION PACK	2	PA; QL
			REBIF TITRATION PACK	2	PA; QL
			teriflunomide	1	QL
			Central Nervous System Agents - Miscellaneous		
			caffeine citrate oral	1	
			pregabalin oral	1	QL
			riluzole	1	QL
			Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
			chlorhexidine gluconate mouth/throat	1	
			kourzeq	1	
			lidocaine viscous hcl	1	
			oralone	1	
			periogard	1	
			pilocarpine hcl oral tablet 5 mg	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
triamcinolone acetonide mouth/throat	1		clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
Dermatological Agents - Drugs for Skin Conditions			clindamycin phosphate external gel	1	
acutane	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 prop emollient base external cream 0.05 %	1	
adapalene treatment	1		clobetasol propionate e	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1		clobetasol propionate external cream	1	
alclometasone dipropionate	1		clobetasol propionate external gel	1	
AMELUZ	2	QL	clobetasol propionate external lotion	1	
amnesteem	1		clobetasol propionate external ointment	1	
avar cleanser	1		clobetasol propionate external solution	1	
azelaic acid external	1		CONDYLOX	2	
AZELEX	2		CORDRAN	2	
benzoyl peroxide-erythromycin	1		desonide external cream	1	
betamethasone dipropionate aug	1		desonide external lotion	1	
betamethasone dipropionate external	1		desonide external ointment	1	
betamethasone valerate external	1		desoximetasone external cream	1	
calcipotriene external cream	1		desoximetasone external gel	1	
calcipotriene external ointment	1		desoximetasone external ointment	1	
calcipotriene external solution	1		DIFFERIN EXTERNAL LOTION	2	
calcitrene	1		DRYSOL	2	
calcitriol external	1		erythromycin external	1	
CAPEX	2		FINACEA EXTERNAL FOAM	2	
claravis	1				
clindacin etz external swab	1				
clindacin-p	1				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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 cream 5 %	1		podofilox external	1	
fluorouracil external solution	1		PRAMOSONE EXTERNAL CREAM 1-1 %	2	
fluticasone propionate external cream	1		PRAMOSONE EXTERNAL LOTION	2	
fluticasone propionate external ointment	1		RETIN-A	1	
halobetasol propionate external cream	1		RETIN-A MICRO GEL 0.04 %, 0.1 %	1	
halobetasol propionate external ointment	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		SANTYL	2	
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	1	QL	TAZORAC EXTERNAL CREAM 0.05 %	2	
metronidazole external cream	1		tretinoin external cream	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tretinoin external gel 0.01 %, 0.025 %	1		ACCU-CHEK FASTCLIX LANCET KIT	1	
tretinoin microsphere external gel 0.04 %, 0.1 %	1		ACCU-CHEK GUIDE CONTROL	1	
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1		ACCU-CHEK GUIDE TEST STRIPS	1	PA; QL
triamcinolone acetonide external cream	1		ACCU-CHEK SMARTVIEW CONTROL	1	
triamcinolone acetonide external lotion	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		AGAMATRIX CONTROL LEVEL 2	1	
triderm	1		AGAMATRIX CONTROL LEVEL 4	1	
urea external cream 40 %	1		AUTOLET II CLINISAFE	1	
uremez-40	1		AUTOLET LANCING DEVICE	1	
VECTICAL	1		BLULINK CONTROL HIGH & LOW	1	
zenatane	1		CARESENS CONTROL SOLUTION A/B	1	
Diabetes - Antidiabetic Agents			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 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		CLEVER CHOICE COMFORT EZ	1	
metformin hcl oral solution	1		CONTOUR CONTROL SOLUTION	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		CONTOUR NEXT CONTROL SOLUTION	1	
OZEMPIC	2	PA; QL	CONTOUR NEXT GEN TEST STRIPS	1	PA; QL
VICTOZA	2	PA; QL	DIATHRIVE GLUCOSE CONTROL SOLN	1	
Diabetes - Glucose Monitoring					

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DIATHRIVE LANCING DEVICE	1		ONETOUCH VERIO IN VITRO LIQUID HIGH	1	
DROPLET GENTEEL LANCING DEVICE	1		ONETOUCH VERIO TEST STRIPS	1	QL
EASY TALK PLUS II CONTROL	1		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
EASY TOUCH LANCING DEVICE	1		PIP GLUCOSE CONTROL SOLUTION	1	
EASY TRAK II CONTROL	1		TECHLITE LANCETS 26G	1	
EASYMAX 15 LEVEL 2-3 CONTROL	1		TRUE METRIX LEVEL 1	1	
EASYMAX CONTROL	1		TRUE METRIX LEVEL 2	1	
GLUCOSE CONTROL SOLUTIONS	1		TRUE METRIX LEVEL 3	1	
EMBRACE LANCING DEVICE/EJECTOR	1		UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	
EMBRACE TALK GLUCOSE CONTROL	1		VERIFINE SAFE LANCET MINI 21G	1	
FORTISCARE 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 LANCING DEVICE	1	
LANCETS	1				
MICROLET NEXT LANCING DEVICE	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		
			AQ INSULIN SYRINGE	1	
			BD ULTRA-FINE INSULIN SYRINGES	1	
			DROPSAFE SAFETY SYRINGE/NEEDLE	1	
			HUMALOG	2	
			HUMALOG KWIKPEN	2	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG U-100 JUNIOR KWIKPEN	2		curity sterile saline	1	
HUMULIN 70/30 KWIKPEN	1		cyanocobalamin injection solution 1000 mcg/ml	1	
HUMULIN 70/30 VIAL	1		cytra k crystals	1	
HUMULIN N KWIKPEN	1		deferasirox granules	1	QL
HUMULIN N VIAL	1		deferasirox oral packet	1	QL
HUMULIN R U-500 KWIKPEN	1		deferasirox oral tablet	1	
HUMULIN R U-500 VIAL	1		deferasirox oral tablet soluble	1	
HUMULIN R VIAL	1		ergocalciferol oral capsule	1	
INSULIN 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	
LEVEMIR FLEXPEN	2	PA	klor-con m20	1	
LEVEMIR U-100 VIAL	2	PA	levocarnitine oral solution	1	
ULTIGUARD SAFEPACK SYR/NEEDLE	1		levocarnitine oral tablet	1	
VERIFINE INSULIN SYRINGE	1		levocarnitine sf	1	
Electrolytes / Minerals / Metals / Vitamins			ORACIT	2	
ARGYLE STERILE SALINE	1		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	
			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	
			potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
potassium chloride er oral tablet extended release 15 meq	2		Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
potassium chloride oral	1		belladonna alkaloids-opium	1	QL
potassium citrate er	1		chlordiazepoxide-clidinium	1	QL
potassium citrate-citric acid	1		constulose	1	
sod citrate-citric acid	1		dicyclomine hcl oral	1	
sodium chloride (pf)	1		diphenoxylate-atropine	1	
sodium chloride irrigation	1		enulose	1	
sodium fluoride oral solution	1		gavilyte-c	1	
sodium fluoride oral tablet 1.1 (0.5 f) mg	1		gavilyte-g	1	
sodium fluoride oral tablet chewable	1		generlac	1	
sodium polystyrene sulfonate	1		glycopyrrolate injection solution	1	
sps	1		glycopyrrolate oral tablet 1 mg, 2 mg	1	
tricitrates	1		HELIDAC THERAPY	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1		lactulose encephalopathy	1	
vitamin k1 injection	1		lactulose oral solution	1	
wes-phos 250 neutral	1		loperamide hcl oral capsule	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer			opium	1	QL
cimetidine oral	1		peg 3350-kcl-na bicarb-nacl	1	
famotidine oral suspension reconstituted	1		peg-3350/electrolytes	1	
famotidine oral tablet 20 mg, 40 mg	1		RELISTOR SUBCUTANEOUS	2	PA
lansoprazole oral capsule delayed release	1		ursodiol oral capsule 300 mg	1	
misoprostol oral	1		ursodiol oral tablet	1	
omeprazole oral capsule delayed release	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
pantoprazole sodium oral tablet delayed release	1		CERDELGA	2	PA; QL
rabeprazole sodium oral tablet delayed release	1	ST	CREON	2	
sucralfate oral	1		CYSTAGON	2	PA
			ZENPEP	2	
			Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
			acetic acid irrigation	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
bethanechol chloride oral	1		terazosin hcl	1	
calcium acetate (phos binder)	1		Hormonal Agents - Adrenal		
calcium acetate oral tablet 667 mg	1		DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	2	
CERVIDIL	2		dexamethasone intensol	2	
darifenacin hydrobromide er	1		dexamethasone oral elixir	1	
ELMIRON	2		dexamethasone oral solution	1	
flavoxate hcl	1		dexamethasone oral tablet	1	
oxybutynin chloride er	1		dexamethasone sod phosphate pf injection solution	1	
oxybutynin chloride oral solution	1		dexamethasone sodium phosphate injection solution	1	
oxybutynin chloride oral tablet 5 mg	1		fludrocortisone acetate oral	1	
penicillamine oral capsule	1	PA; QL	hydrocortisone oral	1	
penicillamine oral tablet	2	PA; QL	MEDROL ORAL TABLET 2 MG	2	
PENTOSAN POLYSULFATE SODIUM ORAL	2		methylprednisolone oral	1	
phenazo oral tablet 200 mg	1		methylprednisolone sodium succ injection solution reconstituted 125 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		prednisolone oral solution	1	
PREPIDIL	2		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
sevelamer carbonate	1		prednisone oral	1	
sevelamer hcl	1	PA	SOLU-CORTEF	2	
solifenacin succinate	1		Hormonal Agents - Men's Health		
tolterodine tartrate	1		danazol oral	1	
tolterodine tartrate er	1		DEPO-TESTOSTERONE (brand testosterone cypionate intramuscular)	1	
tropium chloride	1		testosterone cypionate intramuscular	1	
tropium chloride er	1		testosterone enanthate intramuscular	1	
Genitourinary Agents - Drugs for Prostate Conditions					
alfuzosin hcl er	1				
dutasteride oral	1				
finasteride oral tablet 5 mg	1				
silodosin	1				
tamsulosin hcl	1				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
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	SANDOSTATIN LAR DEPOT	2	QL
Hormonal Agents - Pituitary			Hormonal Agents - Prostaglandins		
ACTHAR	2	PA; QL	MIFEPREX	1	
cabergoline	1		mifepristone oral tablet 200 mg	1	
CORTROPHIN	2	PA; QL	Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
desmopressin ace spray refrig	1		raloxifene hcl	1	
desmopressin acetate injection	1		Hormonal Agents - Sex Hormones and Birth Control		
DESMOPRESSIN ACETATE NASAL	2		afirmelle	1	
desmopressin acetate oral	1		aftera	1	
desmopressin acetate pf	1		AFTERPILL	1	
desmopressin acetate spray	1		altavera	1	
ELIGARD	2		alyacen 1/35	1	
leuprolide acetate injection	1		alyacen 7/7/7	1	
LUPRON DEPOT (1-MONTH)	2		apri	1	
LUPRON DEPOT (3-MONTH)	2		aranelle	1	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2		ashlyna	1	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2		aubra eq	1	
LUPRON DEPOT-PED (1-MONTH)	2		aurovela 1.5/30	1	
LUPRON DEPOT-PED (3-MONTH)	2		aurovela 1/20	1	
octreotide acetate	1		aurovela 24 fe	1	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; QL	aurovela fe 1.5/30	1	
			aurovela fe 1/20	1	
			aviane	1	
			ayuna	1	
			azurette	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	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CLIMARA	1		falmina	1	
cryselle-28	1		FEMRING	2	
curae	1		hailey 1.5/30	1	
cyred eq	1		hailey 24 fe	1	
dasetta 1/35	1		hailey fe 1.5/30	1	
dasetta 7/7/7	1		hailey fe 1/20	1	
daysee	1		haloette	1	
deblitane	1		heather	1	
DELESTROGEN	2		her style	1	
delyla	1		iclevia	1	
DEPO-ESTRADIOL	2		incassia	1	
desogestrel-ethinyl estradiol oral tablet 0.15- 0.02/0.01 mg (21/5)	1		introvale	1	
dotti	1		isibloom	1	
drospirenone-ethinyl estradiol	1		jaimiess	1	
econtra one-step	1		jasmiel	1	
elinest	1		jencycla	1	
ELLA	2		jolessa	1	
eluryng	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	
			larin fe 1.5/30	1	
			larin fe 1/20	1	
			leena	1	
			lessina	1	
			levonest	1	

Effective Date: 05/01/2024

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	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		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	
			sharobel	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
simliya	1		Hormonal Agents - Thyroid		
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		Immunological Agents - Drugs for Immune System Stimulation or Suppression		
take action	1		AMJEVITA	2	PA; QL
tarina 24 fe	1		AMJEVITA-PED 10KG TO <15KG	2	PA; QL
tarina fe 1/20 eq	1		AMJEVITA-PED 15KG TO <30KG	2	PA; QL
tri-estarylla	1		azathioprine oral tablet 50 mg	1	
tri-linyah	1		BERINERT	2	PA; QL
tri-lo-estarylla	1		COSENTYX (300 MG DOSE)	2	PA; QL
tri-lo-marzia	1		COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA; QL
tri-lo-mili	1		COSENTYX SENSOREADY (300 MG)	2	PA; QL
tri-lo-sprintec	1		COSENTYX SENSOREADY PEN	2	PA; QL
tri-mili	1		COSENTYX UNOREADY	2	PA; QL
tri-nymyo	1		CUVITRU	2	PA; QL
tri-sprintec	1		cyclosporine modified	1	
trivora (28)	1		cyclosporine oral	1	
tri-vylibra	1		ENBREL	2	PA; QL
tri-vylibra lo	1		ENBREL MINI	2	PA; QL
turqoz	1		ENBREL SURECLICK	2	PA; QL
tyblume	1		ENVARUSUS XR	2	
velivet	1		gengraf	1	
vestura	1		HIZENTRA	2	PA; QL
vienva	1		HUMIRA (2 PEN)	2	PA; QL
viorele	1		HUMIRA (2 SYRINGE)	2	PA; QL
volnea	1		HUMIRA-CD/UC/HS STARTER	2	PA; QL
vyfemla	1		HUMIRA-PED<40KG CROHNS STARTER	2	PA; QL
vylibra	1				
wera	1				
xulane	1				
yuvaferm	1				
zafemy	1				
zovia 1/35 (28)	1				
zumandimine	1				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMIRA-PED>=40KG CROHNS START	2	PA; QL	AFLURIA QUADRIVALENT	1	
HUMIRA-PED>=40KG UC STARTER	2	PA; QL	AREXVY	2	
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA; QL	BEXSERO	2	
HYPERHEP B	2		BOOSTRIX	2	
HYQVIA	2	PA; QL	COMIRNATY	2	
icatibant acetate	2	PA; QL	DAPTACEL	2	
leflunomide oral	1		ENGERIX-B	2	
methotrexate sodium	1		FLUAD QUADRIVALENT	1	
methotrexate sodium (pf)	1		FLUARIX QUADRIVALENT	1	
mycophenolate mofetil oral	1		FLUBLOK QUADRIVALENT	1	
mycophenolate sodium	1		FLUCELVAX QUADRIVALENT	1	
mycophenolic acid	1		FLULAVAL QUADRIVALENT	1	
NABI-HB	2		FLUMIST QUADRIVALENT	1	
ORENCIA CLICKJECT	2	PA; QL	FLUZONE HIGH-DOSE QUADRIVALENT	1	
ORENCIA SUBCUTANEOUS	2	PA; QL	FLUZONE QUADRIVALENT	1	
OTEZLA	2	PA; QL	GARDASIL 9	2	
RASUVO	2		HAVRIX	2	
RIDAURA	2	QL	HEPLISAV-B	2	
sajazir	2	PA; QL	HIBERIX	2	
sirolimus oral	1		INFANRIX	2	
SKYRIZI PEN	2	PA; QL	IPOL	2	
SKYRIZI SUBCUTANEOUS	2	PA; QL	KINRIX	2	
STELARA SUBCUTANEOUS	2	PA; QL	MENQUADFI	2	
tacrolimus oral	1		MENVEO	2	
TREMFYA	2	PA; QL	M-M-R II	2	
XELJANZ	2	PA; QL	MODERNA COVID-19 VAC 6M-11Y	2	
XELJANZ XR	2	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				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PENTACEL	2		mesalamine er oral capsule 500 mg	1	PA
PFIZER COVID-19 VAC-TRIS 5-11Y	2		mesalamine er oral capsule 0.375 gm	1	
PFIZER COVID-19 VAC-TRIS 6M-4Y	2		mesalamine oral capsule delayed release 400 mg	1	ST
PNEUMOVAX 23	2		mesalamine oral tablet delayed release 1.2 gm	1	
PREHEVBRIO	2		mesalamine rectal	1	
PREVNAR 13	2		PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	2	PA
PREVNAR 20	2		PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	1	PA
PRIORIX	2		PROCTOFOAM HC	2	
PROQUAD	2		procto-med hc	1	
QUADRACEL	2		proctosol hc	1	
RECOMBIVAX HB	2		proctozone-hc	1	
ROTARIX	2		sulfasalazine oral	1	
ROTATEQ	2		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
SHINGRIX	2		alendronate sodium	1	
SPIKEVAX	2		calcitonin (salmon) nasal	1	
TDVAX	2		ibandronate sodium oral	1	
TENIVAC	2		risedronate sodium oral tablet	1	
TETANUS-DIPHThERIA TOXOIDS TD	2		Metabolic Bone Disease Agents - Other		
TRUMENBA	2		calcitriol oral	1	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	2		cinacalcet hcl	1	PA
VARIVAX	2		Miscellaneous Therapeutic Agents		
VAXELIS	2		ADVOCATE INSULIN PEN NEEDLE	1	
VAXNEUVANCE	2		AEROCHAMBER HOLDING CHAMBER	2	
Inflammatory Bowel Disease Agents			AEROCHAMBER MINI CHAMBER	2	
APRISO	1		AEROCHAMBER MV	2	
balsalazide disodium	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
budesonide oral (generic Entocort)	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
CORTIFOAM	2				
hydrocortisone (perianal) external cream 2.5 %	1				
hydrocortisone rectal	1				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2		CAYA	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		CLEVER CHOICE HOLDING CHAMBER	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2		COMFORT EZ PRO PEN NEEDLES	1	
AEROCHAMBER PLUS FLOW VU	2		COMPACT SPACE CHAMBER	2	
AEROCHAMBER W/FLOWSIGNAL	2		COMPACT SPACE CHAMBER/LG MASK	2	
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 INSULIN SAFETY PEN NEEDLE	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 MINI INSULIN PEN NEEDLE	1		FEMCAP	2	
AUM PEN NEEDLE	1		FLEXICHAMBER	2	
AUM READYGARD DUO PEN NEEDLE	1		FLEXICHAMBER ADULT MASK/SMALL	2	
AUM SAFETY PEN NEEDLE	1		FLEXICHAMBER CHILD MASK/LARGE	2	
BD AUTOSHIELD DUO PEN NEEDLES	1		FLEXICHAMBER CHILD MASK/SMALL	2	
BD ULTRA-FINE PEN NEEDLES	1		GLUCAGEN DIAGNOSTIC	2	
BREATHE COMFORT CHAMBER/ADULT	2		GLUCAGON HCL (DIAGNOSTIC)	2	
BREATHE COMFORT CHAMBER/CHILD	2		INCONTROL ULTICARE PEN NEEDLES	1	
BREATHE EASE LARGE	2				
BREATHE EASE MEDIUM	2				
BREATHE EASE SMALL	2				
BREATHERITE VALVED MDI CHAMBER	2				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 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		PIP PEN NEEDLES 32G X 4MM	1	
methergine	1		pocket spacer	2	
methylergonovine maleate	1		PRO COMFORT SPACER ADULT	2	
MICROCHAMBER DEVICE	2		PRO COMFORT SPACER CHILD	2	
NOVOFINE AUTOCOVER PEN NEEDLE	1		PRO COMFORT SPACER INFANT	2	
NOVOFINE PEN NEEDLE	1		PROCARE SPACER/ADULT MASK	2	
NOVOFINE PLUS PEN NEEDLE	1		PROCARE SPACER/CHILD MASK	2	
NOZIN NASAL SANITIZER	1		PURE COMFORT SAFETY PEN NEEDLE	1	
NOZIN NASAL SANITIZER POPSWAB	1		PURE COMFORT SPACER CHAMBER	2	
OPTICHAMBER DIAMOND	2		RAYA SURE PEN NEEDLE	1	
OPTICHAMBER DIAMOND-LG MASK	2		SAFETY PEN NEEDLES	1	
OPTICHAMBER DIAMOND-MD MASK	2		UNIFINE PROTECT PEN NEEDLE	1	
OPTICHAMBER DIAMOND-SM MASK	2		VERIFINE INSULIN PEN NEEDLE	1	
PANDA MASK LARGE	2		VERIFINE PLUS PEN NEEDLE	1	
PANDA MASK MEDIUM	2		VORTEX VALVED HOLDING CHAMBER	2	
PANDA MASK SMALL	2		WIDE-SEAL DIAPHRAGM 60	2	
PARI VORTEX ADULT MASK	2		WIDE-SEAL DIAPHRAGM 65	2	
PEDIATRIC PANDA MASK	2		WIDE-SEAL DIAPHRAGM 70	2	
PIP PEN NEEDLES 31G X 5MM	1		WIDE-SEAL DIAPHRAGM 75	2	
			WIDE-SEAL DIAPHRAGM 80	2	
			WIDE-SEAL DIAPHRAGM 85	2	
			WIDE-SEAL DIAPHRAGM 90	2	
			WIDE-SEAL DIAPHRAGM 95	2	

Effective Date: 05/01/2024

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

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
atropine sulfate ophthalmic solution 1 %	1		clemastine fumarate oral	1	
bacitracin-polymyxin b	1		cyproheptadine hcl oral	1	
bacitra-neomycin-polymyxin-hc	1		desloratadine	1	
CEQUA	2	PA	diphenhydramine hcl injection	1	
CYCLOGYL OPTHALMIC SOLUTION 0.5 %	2		flunisolide nasal	1	
cyclopentolate hcl ophthalmic	1		guaifenesin-codeine	2	QL
cyclosporine ophthalmic	1	PA	hydrocodone bit-homatrop mbr	1	
homatropaire	1		hydromet	1	
LACRISERT	2		ipratropium bromide nasal	1	
neomycin-polymyxin-gramicidin	1		levocetirizine dihydrochloride oral	1	
neo-polycin hc	1		maxi-tuss ac	2	QL
phenylephrine hcl ophthalmic	1		nebusal inhalation nebulization solution 3 %	1	
polycin	1		olopatadine hcl nasal	1	
polymyxin b-trimethoprim	1		potassium iodide oral	2	
sulfacetamide-prednisolone	1		promethazine vc	1	
XIIDRA	2	PA	promethazine-dm	1	
Otic Agents - Drugs for Ear Conditions			pulmosal	1	
acetic acid otic	1		ryvent	1	
CIPRO HC	2		sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	1	
ciprofloxacin-dexamethasone	1		SSKI	2	
flac	1		SURVANTA	2	
fluocinolone acetonide otic	1		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
neomycin-polymyxin-hc otic	1		acetylcysteine inhalation	1	
ofloxacin otic	1		ADVAIR HFA	2	
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 HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	QL
benzonatate oral capsule 100 mg, 200 mg	1		albuterol sulfate inhalation	1	
carbinoxamine maleate	1				

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albuterol sulfate oral	1		montelukast sodium oral	1	
ALVESCO	2		OFEV	2	PA; QL
ASMANEX (120 METERED DOSES)	2	ST	pirfenidone oral capsule	2	PA; QL
ASMANEX (14 METERED DOSES)	2	ST	pirfenidone oral tablet 267 mg, 801 mg	1	PA; QL
ASMANEX (30 METERED DOSES)	2	ST	pirfenidone oral tablet 534 mg	2	PA; QL
ASMANEX (60 METERED DOSES)	2	ST	SEREVENT DISKUS	2	ST
ASMANEX HFA	2	ST	SPIRIVA HANDIHALER	1	
ATROVENT HFA	2		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
breyna	1	PA; QL	SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
budesonide inhalation	1		STIOLTO RESPIMAT	2	
budesonide-formoterol fumarate	1	PA; QL	STRIVERDI RESPIMAT	2	PA
COMBIVENT RESPIMAT	2		terbutaline sulfate oral	1	
cromolyn sodium inhalation	1		theophylline er	1	
elixophyllin	1		theophylline oral	1	
epinephrine injection solution auto-injector	1		tiotropium bromide monohydrate	1	
FLUTICASONE PROPIONATE DISKUS	2	PA	wixela inhub	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA	Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2		PULMOZYME	2	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	2		tobramycin inhalation nebulization solution 300 mg/5ml	1	PA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1		Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ipratropium bromide inhalation	1		alyq	1	
ipratropium-albuterol	1		ambrisentan	1	PA; QL
			bosentan	1	PA; QL
			OPSUMIT	2	PA; QL
			sildenafil citrate oral suspension reconstituted	1	PA; QL
			sildenafil citrate oral tablet 20 mg	1	PA
			tadalafil (pah)	1	

Effective Date: 05/01/2024

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TYVASO	2	PA; QL	dantrolene sodium oral	1	
TYVASO REFILL	2	PA; QL	methocarbamol injection	1	
TYVASO STARTER	2	PA; QL	methocarbamol oral	1	QL
UPTRAVI ORAL	2	PA; QL	orphenadrine citrate er	1	QL
UPTRAVI TITRATION	2	PA; QL	tizanidine hcl oral tablet	1	
VENTAVIS	2	PA; QL	Sleep Disorder Agents		
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm			armodafinil	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1		eszopiclone	1	QL
chlorzoxazone oral tablet 250 mg	1		flurazepam hcl	1	QL
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL	modafinil oral	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL	temazepam oral capsule 15 mg, 30 mg, 7.5 mg	1	QL
			zaleplon	1	QL
			zolpidem tartrate oral tablet	1	QL

Index of Drugs

A

abacavir sulfate	18	AEROCHAMBER PLUS		AMJEVITA-PED 10KG TO	
abacavir sulfate-lamivudine		FLO-VU LARGE	36	<15KG.....	34
.....	18	AEROCHAMBER PLUS		AMJEVITA-PED 15KG TO	
ABILIFY ASIMTUFII	17	FLO-VU MEDIUM.....	37	<30KG.....	34
ABILIFY MAINTENA.....	17	AEROCHAMBER PLUS		amlodipine besylate	20
abiraterone acetate.....	16	FLO-VU SMALL	37	amlodipine besylate-	
ABRYSVO	35	AEROCHAMBER PLUS		benazepril hcl	20
acamprosate calcium.....	12	FLOW VU	37	amlodipine-olmesartan	20
acarbose	26	AEROCHAMBER		amnesteem	24
ACCU-CHEK FASTCLIX		W/FLOWSIGNAL	37	amoxapine	14
LANCET KIT	26	AFINITOR DISPERZ	16	amoxicillin	12
ACCU-CHEK GUIDE		afirmelle	31	amoxicillin-potassium	
CONTROL.....	26	AFLURIA QUADRIVALENT		clavulanate	12
ACCU-CHEK GUIDE TEST		.....	35	amphetamine-	
STRIPS	26	aftera.....	31	dextroamphetamine.....	22
ACCU-CHEK SMARTVIEW		AFTERPILL	31	amphetamine-	
CONTROL.....	26	AGAMATRIX CONTROL		dextroamphetamine er	23
ACCU-CHEK SOFTCLIX		LEVEL 2	26	ampicillin	12
LANCET DEVICE KIT..	26	AGAMATRIX CONTROL		ampicillin sodium.....	12
accutane.....	23	LEVEL 4	26	anagrelide hcl.....	20
acebutolol hcl	20	albendazole.....	17	anastrozole	16
acetaminophen-codeine ..	11	albuterol sulfate.....	40, 41	aprepitant.....	15
acetazolamide	39	albuterol sulfate hfa.....	40	apri.....	31
acetazolamide er	39	ALBUTEROL SULFATE		APRISO	36
acetic acid	29, 40	HFA.....	40	APTIVUS.....	18
acetylcysteine.....	40	alclometasone dipropionate		AQ INSULIN SYRINGE... 27	
acitretin.....	23	.....	24	AQINJECT PEN NEEDLE	
ACTHAR	30	ALCOHOL PREP PADS..	37	.....	37
ACTHIB.....	35	alendronate sodium.....	36	aranelle	31
ACULAR.....	39	alfuzosin hcl er	30	AREXVY	35
acyclovir	18	ALINIA.....	17	ARGYLE STERILE SALINE	
ADACEL.....	35	allopurinol.....	16	.....	28
adapalene	23, 24	ALOMIDE	39	aripiprazole	17
adapalene treatment.....	24	alprazolam.....	20	ARISTADA.....	18
adapalene-benzoyl peroxide		alprazolam er	20	ARISTADA INITIO.....	18
.....	24	alprazolam xr.....	20	armodafinil	42
ADDERALL	22	altafrin	39	ashlyna	31
ADDERALL XR	22	altavera	31	ASMANEX (120 METERED	
adefovir dipivoxil.....	18	ALVAIZ.....	20	DOSES)	41
ADVAIR HFA.....	40	ALVESCO	41	ASMANEX (14 METERED	
ADVOCATE INSULIN PEN		alyacen 1/35.....	31	DOSES)	41
NEEDLE	36	alyacen 7/7/7	31	ASMANEX (30 METERED	
AEROCHAMBER		alyq	41	DOSES)	41
HOLDING CHAMBER .	36	amantadine hcl.....	17	ASMANEX (60 METERED	
AEROCHAMBER MINI		ambrisentan	41	DOSES)	41
CHAMBER	36	AMELUZ	24	ASMANEX HFA	41
AEROCHAMBER MV	36	amiloride hcl	20	aspirin-dipyridamole er ...	17
AEROCHAMBER PLS		amiloride-		ASSURE ID DUO PRO	
FLOVU MTHPIECE	36	hydrochlorothiazide	20	PEN NEEDLES	37
AEROCHAMBER PLUS		amiodarone hcl.....	20	ASSURE ID PRO PEN	
FLO-VU INTERM.....	36	amitriptyline hcl	14	NEEDLES	37
		AMJEVITA.....	34	atazanavir sulfate.....	18
				atenolol	20

atenolol-chlorthalidone	20	belladonna alkaloids-opium	29	buprenorphine hcl	12
atomoxetine hcl	23	.....	29	buprenorphine hcl-naloxone	12
atorvastatin calcium.....	20	benazepril hcl	20	hcl	12
atovaquone	17	benazepril-		bupropion hcl	14
atropine sulfate.....	39, 40	hydrochlorothiazide	20	bupropion hcl er (smoking	12
ATROPINE SULFATE	39	benzonatate	40	det).....	12
ATROVENT HFA.....	41	benzoyl peroxide-		bupropion hcl er (sr)	14
aubra eq	31	erythromycin.....	24	bupropion hcl er (xl)	14
AUM INSULIN SAFETY		benztropine mesylate	17	buspirone hcl.....	20
PEN NEEDLE.....	37	BERINERT	34	butalbital-apap-caffeine... 11	
AUM MINI INSULIN PEN		betamethasone		butalbital-aspirin-caffeine 11	
NEEDLE	37	dipropionate	24	C	
AUM PEN NEEDLE.....	37	betamethasone		cabergoline	30
AUM READYGARD DUO		dipropionate aug.....	24	caffeine citrate.....	23
PEN NEEDLE.....	37	betamethasone valerate ..	24	calcipotriene	24
AUM SAFETY PEN		BETASERON	23	calcitonin (salmon)	36
NEEDLE	37	betaxolol hcl	20, 39	calcitrene.....	24
aurovela 1.5/30.....	31	bethanechol chloride	29	calcitriol	24, 36
aurovela 1/20.....	31	BETOPTIC-S.....	39	calcium acetate	29
aurovela 24 fe.....	31	BEXSERO.....	35	calcium acetate (phos	
aurovela fe 1.5/30.....	31	bicalutamide	16	binder).....	29
aurovela fe 1/20.....	31	BICILLIN L-A.....	12	CALQUENCE.....	16
AUTOLET II CLINISAFE..	26	BIKTARVY	19	camila	31
AUTOLET LANCING		bimatoprost	39	camrese	31
DEVICE	26	bisoprolol fumarate.....	20	camrese lo	31
avar cleanser	24	bisoprolol-		capecitabine.....	16
aviane.....	31	hydrochlorothiazide	20	CAPEX.....	24
avidoxy.....	12	blisovi 24 fe	31	captopril	20
AVONEX PEN	23	blisovi fe 1.5/30	31	captopril-	
AVONEX PREFILLED	23	blisovi fe 1/20	31	hydrochlorothiazide	20
ayuna	31	BLULINK CONTROL HIGH		carbamazepine	14
azathioprine.....	34	& LOW.....	26	carbamazepine er	14
azelaic acid	24	BOOSTRIX.....	35	carbidopa	17
azelastine hcl.....	39, 40	bosentan	41	carbidopa-levodopa.....	17
AZELEX	24	BREATHE COMFORT		carbidopa-levodopa er....	17
azithromycin	12	CHAMBER/ADULT.....	37	carbidopa-levodopa-	
azurette	31	BREATHE COMFORT		entacapone	17
B		CHAMBER/CHILD.....	37	carbinoxamine maleate ...	40
bac	11	BREATHE EASE LARGE	37	CARESENS CONTROL	
bacitracin.....	39	BREATHE EASE MEDIUM		SOLUTION A/B	26
bacitracin-polymyxin b	40	.....	37	CARESENS LANCETS 30G	
bacitra-neomycin-		BREATHE EASE SMALL	37	.....	26
polymyxin-hc	40	BREATHERRITE VALVED		CARETOUCH CONTROL	
baclofen.....	42	MDI CHAMBER.....	37	SOL LEVEL 2.....	26
balsalazide disodium	36	breyna	41	CARETOUCH	
balziva	31	briellyn.....	31	LANCING/EJECTOR... 26	
BAQSIMI ONE PACK.....	27	BRILINTA.....	17	carteolol hcl.....	39
BAQSIMI TWO PACK	27	brimonidine tartrate	39	cartia xt	20
BARACLUDGE	19	brinzolamide.....	39	carvedilol.....	20
BD AUTOSHIELD DUO		bromocriptine mesylate ...	17	CAYA	37
PEN NEEDLES	37	BRUKINSA.....	16	cefadroxil.....	12
BD ULTRA-FINE INSULIN		budesonide.....	36, 41	cefazolin sodium	12
SYRINGES	27	budesonide-formoterol		cefdinir	12
BD ULTRA-FINE PEN		fumarate	41	cefixime.....	12
NEEDLES.....	37	bumetanide	20	cefprozil	12

ceftazidime	12	clobetasol prop emollient		COTELLIC	16
ceftriaxone sodium	13	base	24	CREON	29
cefuroxime axetil	13	clobetasol propionate	24	CRESEMBA	15
celecoxib	11	clobetasol propionate e	24	cromolyn sodium	39, 41
cephalexin	13	clomipramine hcl	14	CROTAN	17
CEQUA	40	clonazepam	20	cryselle-28	31
CERDELGA	29	clonidine	21	curae	31
CERVIDIL	29	clonidine hcl	21	curity sterile saline	28
chateal eq	31	clonidine hcl er	23	CUVITRU	34
CHEMSTRIP 10 MD	26	clopidogrel bisulfate	17	cyanocobalamin	28
CHEMSTRIP 10/SG	26	clorazepate dipotassium	20	cyclobenzaprine hcl	42
CHEMSTRIP 2 GP	26	clotrimazole	15	CYCLOGYL	40
CHEMSTRIP 5 OB	26	clotrimazole-betamethasone		cyclopentolate hcl	40
CHEMSTRIP 7	26	.....	15	cyclophosphamide	16
CHEMSTRIP 9	26	clozapine	18	cyclosporine	34, 40
chlordiazepoxide hcl	20	codeine sulfate	11	cyclosporine modified	34
chlordiazepoxide-clidinium		colchicine	16	cyproheptadine hcl	40
.....	29	colchicine-probenecid	16	cyred eq	31
chlorhexidine gluconate	23	colestipol hcl	21	CYSTAGON	29
chloroquine phosphate	17	COMBIVENT RESPIMAT	41	cytra k crystals	28
chlorpromazine hcl	18	COMFORT EZ PRO PEN		D	
chlorthalidone	20	NEEDLES	37	dabigatran etexilate	
chlorzoxazone	42	COMIRNATY	35	mesylate	13
cholestyramine	20	COMPACT SPACE		danazol	30
cholestyramine light	20	CHAMBER	37	dantrolene sodium	42
ciclodan	15	COMPACT SPACE		dapsone	16
ciclopirox	15	CHAMBER/LG MASK	37	DAPTACEL	35
ciclopirox olamine	15	COMPACT SPACE		darifenacin hydrobromide er	
cilostazol	17	CHAMBER/MED MASK		.....	30
CILOXAN	39	.....	37	darunavir	19
CIMDUO	19	COMPACT SPACE		dasetta 1/35	31
cimetidine	29	CHAMBER/SM MASK	37	dasetta 7/7/7	31
cinacalcet hcl	36	COMPLERA	19	daysee	32
CIPRO HC	40	compro	15	deblitane	32
ciprofloxacin hcl	13, 39	CONCERTA	23	deferasirox	28
ciprofloxacin-		CONDYLOX	24	deferasirox granules	28
dexamethasone	40	constulose	29	deferroxamine mesylate	37
citalopram hydrobromide	14	CONTOUR CONTROL		DELESTROGEN	32
claravis	24	SOLUTION	26	delyla	32
clarithromycin	13	CONTOUR NEXT		DEPO-ESTRADIOL	32
clemastine fumarate	40	CONTROL SOLUTION	26	DEPO-MEDROL	30
CLEVER CHOICE		CONTOUR NEXT GEN		DEPO-TESTOSTERONE	30
COMFORT EZ	26	TEST STRIPS	26	DESCOVY	19
CLEVER CHOICE		CORDRAN	24	desipramine hcl	14
HOLDING CHAMBER	37	CORTIFOAM	36	desloratadine	40
CLIMARA	31	CORTROPHIN	31	desmopressin ace spray	
clindacin etz	24	COSENTYX (300 MG		refrig	31
clindacin-p	24	DOSE)	34	desmopressin acetate	31
clindamycin hcl	13	COSENTYX 150 MG/ML	34	DESMOPRESSIN	
clindamycin palmitate hcl	13	COSENTYX		ACETATE	31
clindamycin phosphate	13,	SENSOREADY (300 MG)		desmopressin acetate pf	31
24		.....	34	desmopressin acetate spray	
clindamycin phosphate-		COSENTYX		.....	31
benzoyl peroxide	24	SENSOREADY PEN	34	desogestrel-ethinyl estradiol	
clobazam	14	COSENTYX UNOREADY	34	.....	32

desonide.....	24	DOVATO	19	ENBREL	34
desoximetasone	24	doxazosin mesylate.....	21	ENBREL MINI	34
desvenlafaxine succinate er	14	doxepin hcl	14	ENBREL SURECLICK	34
dexamethasone	30	doxycycline hyclate	13	endocet.....	11
dexamethasone intensol..	30	doxycycline monohydrate	13	ENGERIX-B	35
dexamethasone sod phosphate pf.....	30	dronabinol	15	enilloring	32
dexamethasone sodium phosphate.....	30, 39	DROPLET GENTEEL LANCING DEVICE	26	enoxaparin sodium.....	13
dexmethylphenidate hcl...23		DROPSAFE ALCOHOL PREP	37	enpresse-28.....	32
dextroamphetamine sulfate	23	DROPSAFE SAFETY SYRINGE/NEEDLE	27	enskyce.....	32
dextroamphetamine sulfate er.....	23	drosiprenone-ethinyl estradiol.....	32	entacapone	17
DIATHRIVE GLUCOSE CONTROL SOLN	26	DROXIA	16	entecavir	19
DIATHRIVE LANCING DEVICE	26	DRYSOL	24	ENTRESTO	21
diazepam.....	14, 20	duloxetine hcl	14	enulose	29
diazoxide	27	DUOPA	17	ENVARUSUS XR	34
diclofenac potassium	11	dutasteride	30	EPCLUSA	19
diclofenac sodium.....	11, 39	E		epinephrine	21, 41
diclofenac sodium er.....	11	EASIVENT	37	epinephrine pf	21
dicloxacillin sodium.....	13	EASY TALK PLUS II CONTROL.....	26	epitol	14
dicyclomine hcl	29	EASY TOUCH LANCING DEVICE.....	26	eplerenone.....	21
DIFFERIN.....	24	EASY TRAK II CONTROL	27	EPOGEN.....	20
diflunisal	11	EASYMAX 15 LEVEL 2-3 CONTROL.....	27	ergocalciferol.....	28
difluprednate.....	39	EASYMAX CONTROL	27	ERGOMAR	16
digoxin.....	21	econtra one-step	32	ergotamine-caffeine	16
dihydroergotamine mesylate	16	EDURANT	19	erlotinib hcl.....	16
DILANTIN	14	efavirenz	19	errin.....	32
diltiazem hcl.....	21	efavirenz-emtricitab-tenofo df.....	19	erythromycin	24, 39
diltiazem hcl er	21	efavirenz-lamivudine-tenofovir	19	erythromycin ethylsuccinate	13
diltiazem hcl er coated beads	21	ELIGARD	31	escitalopram oxalate	15
dilt-xr	21	elinest.....	32	estarylla	32
dimenhydrinate	15	elixophyllin.....	41	estradiol	32
dimethyl fumarate	23	ELLA	32	estradiol valerate.....	32
dimethyl fumarate starter pack.....	23	ELMIRON.....	30	ESTRING	32
diphenhydramine hcl	40	eluryng	32	eszopiclone	42
diphenoxylate-atropine	29	EMBRACE LANCING DEVICE/EJECTOR	27	ethacrynic acid	21
dipyridamole	17	EMBRACE PEN NEEDLES	37	ethambutol hcl.....	16
disopyramide phosphate .	21	EMBRACE TALK GLUCOSE CONTROL	27	ethosuximide.....	14
disulfiram.....	12	emtricitabine.....	19	ethynodiol diac-eth estradiol	32
DIURIL	21	emtricitabine-tenofovir df .	19	etodolac	11
divalproex sodium	14	EMTRIVA	19	etonogestrel-ethinyl estradiol	32
divalproex sodium er	14	enalapril maleate	21	etoposide	16
donepezil hcl	14	enalapril-hydrochlorothiazide	21	etravirine	19
dorzolamide hcl	39			everolimus.....	16
dorzolamide hcl-timolol mal	39			exemestane	16
dotti	32			ezetimibe.....	21
				ezetimibe-simvastatin.....	21
				F	
				falmina	32
				famciclovir	19
				famotidine	29
				febuxostat	16
				felodipine er	21
				FEMCAP	37

FEMRING.....	32	FLUTICASONE		GLUCAGON HCL	
fenofibrate	21	PROPIONATE HFA.....	41	(DIAGNOSTIC)	37
fenofibrate micronized	21	fluticasone-salmeterol	41	GLUCOSE CONTROL	
fenofibric acid	21	FLUTICASONE-		SOLUTIONS	27
fentanyl.....	11	SALMETEROL	41	glyburide	26
FINACEA.....	24	flvoxamine maleate	15	glycopyrrolate.....	29
finasteride.....	30	FLUZONE HIGH-DOSE		glydo	12
fingolimod hcl	23	QUADRIVALENT	35	GOJJI CONTROL	27
FIRVANQ	13	FLUZONE		GOJJI LANCING	
flac	40	QUADRIVALENT	35	DEVICE/CLEAR CAP..	27
flavoxate hcl	30	FML FORTE.....	39	goodsense nicotine	12
flecainide acetate	21	folic acid	28	granisetron hcl	15
FLEXICHAMBER	37	fondaparinux sodium	13	griseofulvin microsize	15
FLEXICHAMBER ADULT		FORTISCARE CONTROL		griseofulvin ultramicrosize	15
MASK/SMALL.....	37	.....	27	guaifenesin-codeine	40
FLEXICHAMBER CHILD		fosamprenavir calcium	19	guanfacine hcl.....	21
MASK/LARGE	37	fosinopril sodium	21	guanfacine hcl er.....	23
FLEXICHAMBER CHILD		fosinopril sodium-hctz.....	21	H	
MASK/SMALL.....	37	FREESTYLE TEST	27	habitrol	12
FLUAD QUADRIVALENT	35	ft nicotine.....	12	hailey 1.5/30.....	32
FLUARIX QUADRIVALENT	35	ft nicotine mini	12	hailey 24 fe.....	32
.....	35	furosemide	21	hailey fe 1.5/30.....	32
FLUBLOK QUADRIVALENT	35	G		hailey fe 1/20.....	32
.....	35	gabapentin	14	halobetasol propionate	25
FLUCELVAX		galantamine hydrobromide		haloette	32
QUADRIVALENT.....	35	.....	14	haloperidol	18
fluconazole	15	galantamine hydrobromide		haloperidol decanoate	18
flucytosine	15	er.....	14	haloperidol lactate	18
fludrocortisone acetate	30	GARDASIL 9.....	35	HARVONI.....	19
FLULAVAL		gatifloxacin	39	HAVRIX	35
QUADRIVALENT.....	35	gavilyte-c.....	29	heather.....	32
FLUMIST QUADRIVALENT	35	gavilyte-g.....	29	HELIDAC THERAPY	29
.....	35	gefitinib.....	16	HEMLIBRA.....	20
flunisolide	40	gemfibrozil.....	21	heparin sodium (porcine). 13	
fluocinolone acetonide	24, 40	generlac	29	heparin sodium (porcine) pf	13
fluocinolone acetonide body	24	gengraf.....	34	.....	13
.....	24	gentamicin sulfate	13, 39	HEPLISAV-B.....	35
fluocinolone acetonide scalp	24	GENTEEL LANCING KIT		her style	32
.....	24	(BLUE)	27	HIBERIX	35
fluocinonide	24	GENVOYA	19	HIZENTRA	34
fluocinonide emulsified base	24	GILENYA	23	homatropaire.....	40
.....	24	GILOTRIF	16	HUMALOG.....	27
fluorometholone.....	39	glatiramer acetate.....	23	HUMALOG KWIKPEN.....	27
fluorouracil.....	25	glatopa	23	HUMALOG U-100 JUNIOR	
fluoxetine hcl	15	GLEOSTINE.....	16	KWIKPEN	27
fluphenazine decanoate ..	18	glimepiride.....	26	HUMIRA (2 PEN)	34
fluphenazine hcl	18	glipizide er.....	26	HUMIRA (2 SYRINGE)....	34
flurazepam hcl	42	glipizide ir	26	HUMIRA-CD/UC/HS	
flurbiprofen	11	glipizide xl	26	STARTER	34
flurbiprofen sodium	39	glipizide-metformin hcl....	26	HUMIRA-PED<40KG	
fluticasone propionate	25	GLUCAGEN DIAGNOSTIC		CROHNS STARTER ...	34
FLUTICASONE		.....	37	HUMIRA-PED>/=40KG	
PROPIONATE DISKUS		GLUCAGEN HYPOKIT....	27	CROHNS START	34
.....	41	glucagon emergency kit...27		HUMIRA-PED>/=40KG UC	
				STARTER	34

HUMIRA- PSORIASIS/UEVIT STARTER.....	INSULIN LISPRO (1 UNIT DIAL).....	KRINTAFEL
35	28	17
HUMULIN 70/30 KWIKPEN	INSULIN PEN NEEDLES 38	kurvelo
27	INSULIN SYRINGES.....	32
HUMULIN 70/30 VIAL	19	L
27	introvale	labetalol hcl
HUMULIN N KWIKPEN ...	32	21
27	INVEGA HAFYERA.....	lacosamide.....
HUMULIN N VIAL.....	18	14
27	INVEGA SUSTENNA	LACRISERT
HUMULIN R U-500 KWIKPEN.....	18	40
28	INVEGA TRINZA.....	lactulose.....
HUMULIN R U-500 VIAL .	18	29
28	IPOL.....	lactulose encephalopathy
HUMULIN R VIAL.....	35	29
28	ipratropium bromide ..	LAGEVRIO.....
hydalazine hcl	40, 41	19
21	ipratropium-albuterol	lamivudine.....
hydrochlorothiazide	41	19
21	irbesartan	lamivudine-zidovudine
hydrocodone bit-homatrop mbr	21	14
40	irbesartan- hydrochlorothiazide	LANCETS
hydrocodone- acetaminophen	21	27
11	ISENTRESS.....	lansoprazole.....
hydrocortisone.....	19	16
25, 30, 36	ISENTRESS HD.....	lartin 1.5/30
hydrocortisone (perianal) .	19	32
36	isibloom.....	lartin 1/20
hydrocortisone ace- pramoxine.....	32	32
25	isoniazid	lartin 24 fe
hydrocortisone butyrate ...	16	32
25	isosorbide dinitrate	lartin fe 1.5/30
hydrocortisone valerate ...	21	32
25	isosorbide mononitrate ...	lartin fe 1/20
hydromet	21	32
40	isosorbide mononitrate er	latanoprost
hydromorphone hcl.....	21	39
11	isotretinoin.....	LEDIPASVIR- SOFOSBUVIR.....
hydroxychloroquine sulfate	25	19
17	isradipine.....	leena
hydroxyurea.....	21	32
16	itraconazole.....	35
hydroxyzine hcl.....	15	leflunomide.....
20	J	lenalidomide.....
hydroxyzine pamoate	jaimiess	16
20	32	lessina.....
HYPERHEP B	jantoven	32
35	13	letrozole
HYQVIA.....	JARDIANCE.....	16
35	26	leucovorin calcium.....
I	jasmiel.....	16
ibandronate sodium	32	LEUKERAN.....
36	jencycla	16
ibuprofen	32	LEUKINE.....
11	jolessa.....	20
icatibant acetate	32	leuprolide acetate.....
35	juleber	31
iclevia	32	LEVEMIR FLEXPEN
32	JULUCA	28
imatinib mesylate.....	19	LEVEMIR U-100 VIAL
16	junel 1.5/30.....	28
IMBRUVICA	32	levetiracetam.....
16	32	14
imipramine hcl	junel 1/20	14
15	32	levobunolol hcl
imiquimod.....	32	39
25	junel fe 1.5/30.....	levocarnitine.....
incassia	32	28
32	junel fe 1/20.....	levocarnitine sf
INCONTROL ULTICARE PEN NEEDLES	32	28
37	junel fe 24	levocetirizine dihydrochloride.....
indapamide.....	32	40
21	K	levofloxacin
indomethacin	kalliga	13
11	32	levonest
indomethacin er	kariva	32
11	kelnor 1/35	levonorgest-eth estrad 91- day
INFANRIX	32	32
35	kelnor 1/50	levonorgestrel
INSULIN DEGLUDEC	32	32
28	ketoconazole	levonorgestrel-ethinyl estrad
INSULIN DEGLUDEC FLEXTOUCH.....	15	32
28	ketorolac tromethamine ..	32
INSULIN GLARGINE-YFGN	11, 39	levora 0.15/30 (28).....
28	KINRIX.....	33
INSULIN LISPRO	35	levorphanol tartrate
28	klayesta.....	11
	15	levothyroxine sodium
	klor-con	34
	28	LEVULAN KERASTICK... 25
	klor-con 10	lidocaine.....
	28	12
	klor-con m10	
	28	
	klor-con m15	
	28	
	klor-con m20	
	28	
	kourzeq	
	23	

lidocaine hcl	12	MEDROL.....	30	microgestin fe 1.5/30	33
lidocaine hcl (pf)	12	medroxyprogesterone		microgestin fe 1/20	33
lidocaine hcl		acetate	33	MICROLET NEXT	
urethral/mucosal	12	megestrol acetate.....	33	LANCING DEVICE	27
lidocaine viscous hcl.....	23	MEKINIST	16	midazolam hcl	20
lidocaine-prilocaine	12	meloxicam	11	midazolam hcl (pf).....	20
linezolid	13	melphalan	17	midodrine hcl.....	21
liothyronine sodium.....	34	memantine hcl.....	14	MIFEPREX.....	31
lisinopril	21	MENQUADFI.....	35	mifepristone	31
lisinopril-hydrochlorothiazide		MENVEO	35	MIGERGOT	16
.....	21	mercaptapurine	17	mili	33
lithium.....	20	mesalamine.....	36	minocycline hcl.....	13
lithium carbonate	20	mesalamine er.....	36	minoxidil	21
lithium carbonate er	20	mesna	17	MIRENA (52 MG).....	33
lojaimiess	33	MESNEX.....	17	mirtazapine	15
loperamide hcl	29	MESTINON	16	misoprostol.....	29
lopinavir-ritonavir	19	metformin hcl er	26	M-M-R II	35
lorazepam	20	metformin hcl ir.....	26	modafinil	42
lorazepam intensol	20	methadone hcl.....	11	MODERNA COVID-19 VAC	
loryna	33	methadone hcl intensol ...	11	6M-11Y	35
losartan potassium	21	methadose	11	moexipril hcl	21
losartan potassium-hctz...	21	methazolamide	39	mometasone furoate	25
lovastatin	21	methenamine hippurate...	13	mondoxyne nl.....	13
LOVENOX.....	13	methergine	38	mono-lynyah	33
low-ogestrel	33	methimazole	34	montelukast sodium	41
loxapine succinate	18	methocarbamol	42	morphine sulfate.....	11
lo-zumandimine	33	methotrexate sodium.....	35	morphine sulfate	
LUMIGAN.....	39	methotrexate sodium (pf).	35	(concentrate).....	11
LUPRON DEPOT (1-		methoxsalen rapid	25	morphine sulfate er	11
MONTH).....	31	methsuximide	14	moxifloxacin hcl.....	13, 39
LUPRON DEPOT (3-		methylergonovine maleate		moxifloxacin hcl (2x day).	39
MONTH).....	31	.....	38	mupirocin	13
LUPRON DEPOT (4-		methylphenidate hcl	23	mupirocin calcium	13
MONTH)		methylphenidate hcl er ...	23	my choice.....	33
INTRAMUSCULAR KIT		methylphenidate hcl er (cd)		my way.....	33
30MG	31	.....	23	mycophenolate mofetil ...	35
LUPRON DEPOT (6-		methylphenidate hcl er (la)		mycophenolate sodium ...	35
MONTH)		.....	23	mycophenolic acid.....	35
INTRAMUSCULAR KIT		methylphenidate hcl er		MYLERAN.....	17
45MG	31	(osm).....	23	N	
LUPRON DEPOT-PED (1-		methylprednisolone	30	NABI-HB	35
MONTH).....	31	methylprednisolone sodium		nabumetone	11
LUPRON DEPOT-PED (3-		succ.....	30	nadolol	22
MONTH).....	31	metoclopramide hcl	15	naloxone hcl.....	12
lurasidone hcl	18	metolazone.....	21	naltrexone hcl.....	12
lutera	33	metoprolol succinate er ...	21	naproxen	11
lyleq.....	33	metoprolol tartrate	21	naproxen sodium.....	11
lyllana	33	metoprolol-		naratriptan hcl	16
lyza.....	33	hydrochlorothiazide	21	NARCAN.....	12
M		metronidazole.....	13, 25	NATACYN.....	39
maraviroc	19	mexiletine hcl	21	NAYZILAM	14
marlissa.....	33	MICROCHAMBER	38	nebivolol hcl	22
MATULANE.....	16	microgestin 1.5/30	33	nebusal	40
maxi-tuss ac	40	microgestin 1/20	33	necon 0.5/35 (28).....	33
meclofenamate sodium ...	11	microgestin 24 fe.....	33	neomycin sulfate	13

neomycin-polymyxin-dexameth.....	39	nortriptyline hcl.....	15	opcicon one-step.....	33
neomycin-polymyxin-gramicidin.....	40	NORVIR.....	19	OPILL.....	33
neomycin-polymyxin-hc....	40	NOVAVAX COVID-19 VACCINE.....	35	opium.....	29
neo-polycin hc.....	40	NOVOFINE AUTOCOVER PEN NEEDLE.....	38	OPSUMIT.....	41
neucac.....	25	NOVOFINE PEN NEEDLE.....	38	OPTICHAMBER DIAMOND.....	38
nevirapine.....	19	NOVOFINE PLUS PEN NEEDLE.....	38	OPTICHAMBER DIAMOND-LG MASK..	38
nevirapine er.....	19	NOZIN NASAL SANITIZER.....	38	OPTICHAMBER DIAMOND-MD MASK..	38
new day.....	33	NOZIN NASAL SANITIZER POPSWAB.....	38	OPTICHAMBER DIAMOND-SM MASK..	38
nicardipine hcl.....	22	nyamyc.....	15	option 2.....	33
NICORETTE.....	12	nylia 1/35.....	33	ORACIT.....	28
NICORETTE MINI.....	12	nylia 7/7/7.....	33	ORAL CITRATE.....	28
nicotine.....	12	nymyo.....	33	oralone.....	23
nicotine mini.....	12	nystatin.....	15	ORENCIA.....	35
nicotine polacrilex.....	12	nystatin-triamcinolone.....	15	ORENCIA CLICKJECT...	35
nicotine polacrilex mini....	12	nystop.....	15	orphenadrine citrate er....	42
nicotine step 1.....	12	O		oseltamivir phosphate.....	19
nicotine step 2.....	12	ocella.....	33	OTEZLA.....	35
nicotine step 3.....	12	octreotide acetate.....	31	oxazepam.....	20
nifedipine.....	22	ODEFSEY.....	19	oxcarbazepine.....	14
nifedipine er.....	22	OFEV.....	41	oxybutynin chloride.....	30
nifedipine er osmotic release.....	22	ofloxacin.....	39, 40	oxybutynin chloride er....	30
nikki.....	33	olanzapine.....	18	oxycodone hcl.....	11
nimodipine.....	22	olmesartan medoxomil....	22	OXYCODONE HCL ER...	11
nitazoxanide.....	17	olmesartan medoxomil-hctz.....	22	oxycodone-acetaminophen.....	11
NITRO-BID.....	22	olmesartan-amlodipine-hctz.....	22	OXYCODONE-ACETAMINOPHEN.....	11
NITRO-DUR.....	22	olopatadine hcl.....	40	OXYCONTIN.....	11
nitrofurantoin.....	13	omeprazole.....	29	OZEMPIC.....	26
nitrofurantoin macrocrystal.....	13	OMNITROPE.....	31	P	
nitrofurantoin monohydrate macrocrystals.....	13	ondansetron hcl.....	15	pacerone.....	22
nitroglycerin.....	22	ondansetron odt.....	15	paliperidone er.....	18
nitro-time.....	22	ONETOUCH DELICA PLUS LANCING.....	27	PANDA MASK LARGE....	38
NIVESTYM.....	20	ONETOUCH DELICA SAFETY LANCING.....	27	PANDA MASK MEDIUM..	38
nora-be.....	33	ONETOUCH ULTRA 2 KIT W/DEVICE.....	27	PANDA MASK SMALL....	38
norelgestromin-eth estradiol.....	33	ONETOUCH ULTRA TEST.....	27	pantoprazole sodium.....	29
norethin ace-eth estrad-fe	33	ONETOUCH ULTRA TEST STRIPS.....	27	papaverine hcl.....	22
norethindrone.....	33	ONETOUCH VERIO FLEX SYSTEM.....	27	PARAGARD INTRAUTERINE COPPER.....	33
norethindrone acetate.....	33	ONETOUCH VERIO KIT W/DEVICE.....	27	PARI VORTEX ADULT MASK.....	38
norethindrone acet-ethinyl est.....	33	ONETOUCH VERIO REFLECT KIT W/DEVICE.....	27	paroxetine hcl.....	15
norgestimate-eth estradiol.....	33			paroxetine hcl er.....	15
norgestimate-ethinyl estradiol triphasic.....	33			PAXLOVID (150/100).....	19
norlyroc.....	33			PAXLOVID (300/100).....	19
NORPACE CR.....	22			pazopanib hcl.....	17
nortrel 0.5/35 (28).....	33			PEDIARIX.....	35
nortrel 1/35 (21).....	33			PEDIATRIC PANDA MASK.....	38
nortrel 1/35 (28).....	33			PEDVAX HIB.....	35
nortrel 7/7/7.....	33				

peg 3350-kcl-na bicarb-nacl	piroxicam.....	PROCARE
.....29	PNEUMOVAX 23	SPACER/ADULT MASK
peg-3350/electrolytes	pocket spacer .....	..... 38
PEGASYS	podofilox.....	PROCARE SPACER/CHILD
PENBRAYA.....	polycin.....	MASK.....
penicillamine.....	polymyxin b-trimethoprim	..... 38
penicillin v potassium.....	40	prochlorperazine
PENTACEL	portia-28.....	15
PENTASA	pot & sod cit-cit ac.....	prochlorperazine edisylate
PENTOSAN	28	..... 15
POLYSULFATE SODIUM	potassium chloride	prochlorperazine maleate
.....30	28	15
pentoxifylline er	potassium chloride er	PROCRIT.....
22	28	20
perindopril erbumine.....	potassium citrate er	PROCTOFOAM HC
22	28	36
perio gard	potassium citrate-citric acid	procto-med hc
23	.....28	36
permethrin	potassium iodide	proctosol hc.....
17	40	36
perphenazine.....	PRADAXA	proctozone-hc
15	13	36
perphenazine-amitriptyline	pramipexole dihydrochloride	progesterone.....
.....15	.....17	33
PERSERIS	PRAMOSONE.....	promethazine hcl.....
18	25	15
PFIZER COVID-19 VAC-	prasugrel hcl.....	promethazine vc.....
TRIS 5-11Y.....	17	40
PFIZER COVID-19 VAC-	pravastatin sodium	promethazine-dm
TRIS 6M-4Y.....	22	40
36	praziquantel.....	promethegan.....
phenazo	17	15
30	prazosin hcl.....	propafenone hcl
phenazopyridine hcl.....	22	22
30	PRED MILD.....	propafenone hcl er
phenelzine sulfate	39	22
15	prednisolone.....	propranolol hcl
phenobarbital.....	30	22
14	prednisolone acetate	propranolol hcl er
phenobarbital sodium	39	22
14	prednisolone acetate p-f..	propylthiouracil.....
phenoxybenzamine hcl....	39	34
22	prednisolone sodium	PROQUAD.....
phentolamine mesylate....	phosphate	36
22	30	protriptyline hcl.....
phenylephrine hcl	prednisone	15
40	30	pulmosal
phenytoin.....	pregabalin	40
14	23	PULMOZYME
phenytoin infatabs	PREHEVBRIO.....	41
14	36	PURE COMFORT SAFETY
phenytoin sodium	PREMARIN	PEN NEEDLE
14	33	38
phenytoin sodium extended	PREPIDIL.....	PURE COMFORT SPACER
.....14	prevalite	CHAMBER
phillith.....	PREVNAR 13.....	38
33	36	pyrazinamide.....
phospha 250 neutral.....	PREVNAR 20.....	16
28	36	pyridostigmine bromide ...
phosphorous.....	PREVYMIS.....	16
28	19	pyridostigmine bromide er
phospho-trin 250 neutral..	PREZCOBIX	16
28	19	pyrimethamine
phytonadione.....	PREZISTA.....	17
28	19	Q
pilocarpine hcl	PRIFTIN	QUADRACEL.....
23, 39	16	36
pimecrolimus	prilovix ultralite	quetiapine fumarate
25	12	18
PIMECROLIMUS.....	prilovix ultralite plus	18
25	12	quetiapine fumarate er
pimozide.....	primaquine phosphate.....	22
18	17	quinapril hcl.....
pimtrea	primidone	22
33	14	quinapril-
pindolol.....	PRIORIX	hydrochlorothiazide
22	36	22
PIP GLUCOSE CONTROL	PRO COMFORT SPACER	quinidine gluconate er
SOLUTION	ADULT	22
27	38	quinidine sulfate
PIP PEN NEEDLES 31G X	PRO COMFORT SPACER	22
5MM	CHILD	R
38	38	rabeprazole sodium.....
PIP PEN NEEDLES 32G X	PRO COMFORT SPACER	29
4MM	INFANT	31
38	38	raloxifene hcl.....
pirfenidone	probenecid	22
41	16	ramipril
	procainamide hcl	22
	22	ranolazine er
		22
		rasagiline mesylate
		17
		RASUVO.....
		35
		RAYA SURE PEN NEEDLE
		..... 38
		react.....
		33

REBIF.....	23	sharobel	33	sulfamethoxazole-	
REBIF REBIDOSE	23	SHINGRIX.....	36	trimethoprim	13
REBIF REBIDOSE		sildenafil citrate	41	sulfasalazine	36
TITRATION PACK.....	23	silodosin	30	sulfatrim pediatric.....	13
REBIF TITRATION PACK	23	silver sulfadiazine	13	sulindac.....	11
reclipsen.....	33	simliya	33	sumatriptan	16
RECOMBIVAX HB.....	36	simpesse	33	sumatriptan succinate	16
RECTIV	22	simvastatin	22	sumatriptan succinate refill	
RELENZA DISKHALER...	19	sirolimus	35	subcutaneous solution	
relexxii.....	23	SIVEXTRO	13	cartridge	16
RELISTOR	29	SKYLA	33	sunitinib malate	17
RETIN-A.....	25	SKYRIZI	35	SURVANTA	40
RETIN-A MICRO GEL 0.04		SKYRIZI PEN.....	35	syeda	34
%, 0.1 %	25	sod citrate-citric acid.....	29	SYMFI.....	19
RETIN-A MICRO PUMP ..	25	sodium chloride	29, 40	SYMFI LO	19
REVLIMID	17	sodium chloride (pf).....	29	SYMTUZA.....	19
REYATAZ.....	19	sodium fluoride.....	29	synalar	25
ribavirin.....	19	sodium polystyrene		T	
RIDAURA	35	sulfonate.....	29	TABLOID.....	17
rifabutin	16	sodium sulfacetamide.....	25	tacrolimus.....	25, 35
rifampin	16	SOFOSBUVIR-		tadalafil (pah)	41
riluzole.....	23	VELPATASVIR.....	19	TAFINLAR.....	17
rimantadine hcl	19	solifenacin succinate	30	TAGRISSO	17
risedronate sodium.....	36	SOLU-CORTEF	30	take action.....	34
RISPERDAL CONSTA	18	sorafenib tosylate	17	TAMIFLU.....	19
risperidone	18	sotalol hcl	22	tamoxifen citrate.....	17
risperidone microspheres er		sotalol hcl (af).....	22	tamsulosin hcl	30
.....	18	SPIKEVAX	36	tarina 24 fe.....	34
ritonavir	19	SPIRIVA HANDIHALER ..	41	tarina fe 1/20 eq.....	34
rivastigmine tartrate	14	SPIRIVA RESPIMAT	41	tazarotene	25
rizatriptan benzoate	16	spironolactone.....	22	tazicef	13
ropinirole hcl.....	17	spironolactone-hctz	22	TAZORAC.....	25
rosuvastatin calcium	22	sprintec 28.....	33	TDVAX	36
ROTARIX	36	SPRYCEL	17	TECHLITE LANCETS 26G	
ROTATEQ.....	36	sps	29	.....	27
roweepra	14	sronyx	34	telmisartan	22
ROZLYTREK.....	17	ssd	13	temazepam	42
RYDAPT.....	17	SSKI.....	40	temozolomide.....	17
RYKINDO.....	18	STELARA.....	35	TENIVAC	36
ryvent	40	STIOLTO RESPIMAT.....	41	tenofovir disoproxil fumarate	
S		STIVARGA	17	.....	19
SAFETY PEN NEEDLES.	38	STRIBILD	19	terazosin hcl.....	30
sajazir.....	35	STRIVERDI RESPIMAT ..	41	terbinafine hcl.....	15
salsalate	11	subvenite.....	14	terbutaline sulfate.....	41
SANDOSTATIN LAR		sucrafate	29	terconazole	16
DEPOT	31	sulfacetamide sodium.....	39	teriflunomide	23
SANTYL	25	sulfacetamide sodium		testosterone	30
selegiline hcl.....	17	(acne).....	25	testosterone cypionate ...	30
selenium sulfide.....	25	sulfacetamide sodium-sulfur		testosterone enanthate....	30
SELZENTRY	19	.....	25	TETANUS-DIPHTHERIA	
SEREVENT DISKUS.....	41	sulfacetamide-prednisolone		TOXOIDS TD	36
sertraline hcl	15	.....	40	THALOMID	17
setlakin	33	sulfacetamide-sulfur in urea		theophylline.....	41
sevelamer carbonate	30	.....	25	theophylline er.....	41
sevelamer hcl	30			thiothixene.....	18

timolol maleate	22, 39	TRUE METRIX LEVEL 2	27	VERIFINE PLUS PEN	
tiotropium bromide		TRUE METRIX LEVEL 3	27	NEEDLE.....	38
monohydrate	41	TRUMENBA	36	VERIFINE SAFE LANCET	
TIVICAY	19	turqoz.....	34	MINI 21G.....	27
TIVICAY PD	19	tyblume	34	VERIFINE SAFE LANCET	
tizanidine hcl.....	42	TYBOST.....	19	MINI 23G.....	27
TOBRADEX.....	39	TYVASO	42	VERIFINE SAFE LANCET	
tobramycin.....	39, 41	TYVASO REFILL.....	42	MINI 28G.....	27
tobramycin-dexamethasone		TYVASO STARTER.....	42	VERIFINE SAFE LANCET	
.....	39	U		MINI 30G.....	27
TOBEX	39	ULTIGUARD SAFEPAK		vestura	34
tolterodine tartrate	30	SYR/NEEDLE.....	28	VICTOZA	26
tolterodine tartrate er	30	UNIFINE PROTECT PEN		vienva	34
topiramate	14	NEEDLE	38	VIGAMOX	39
torse mide	22	UNISTRIP CONTROL	27	viorele	34
tramadol hcl ir.....	11	UPTRAVI	42	VIRACEPT	20
tramadol-acetaminophen .	11	UPTRAVI TITRATION.....	42	VIREAD	20
trandolapril	22	urea.....	26	vitamin d (ergocalciferol) .	29
tranexamic acid	20	uremez-40.....	26	vitamin k1.....	29
tranylcyromine sulfate....	15	ursodiol	29	VIVAGUARD INO	
travoprost (bak free)	39	UZEDY	18	CONTROL SOLUTION	27
trazodone hcl.....	15	V		VIVAGUARD LANCING	
TREMFYA	35	valacyclovir hcl	19	DEVICE.....	27
tretinoin	17, 25	valganciclovir hcl	19	VIVITROL.....	12
tretinoin microsphere	25	valproic acid	14	volnea	34
tretinoin microsphere pump		valsartan	22	voriconazole.....	16
.....	25	valsartan-		VORTEX VALVED	
triamcinolone acetonide..	23,	hydrochlorothiazide	22	HOLDING CHAMBER .	38
26		VALTOCO	14	VOSEVI	20
triamterene	22	vancomycin hcl.....	13	vyfemla	34
triamterene-hctz	22	vandazole.....	13	vylibra	34
triazolam.....	20	VAQTA.....	36	W	
tricitrates.....	29	varenicline tartrate.....	12	warfarin sodium.....	13
triderm	26	varenicline tartrate (starter)		wera	34
tri-estarylla.....	34	.....	12	wes-phos 250 neutral	29
trifluoperazine hcl	18	varenicline		WIDE-SEAL DIAPHRAGM	
trifluridine.....	39	tartrate(continue).....	12	60.....	38
trihexyphenidyl hcl.....	17	VARIVAX	36	WIDE-SEAL DIAPHRAGM	
tri-linyah.....	34	VAXELIS	36	65.....	38
tri-lo-estarylla.....	34	VAXNEUVANCE	36	WIDE-SEAL DIAPHRAGM	
tri-lo-marzia	34	VECTICAL.....	26	70.....	38
tri-lo-mili.....	34	velivet.....	34	WIDE-SEAL DIAPHRAGM	
tri-lo-sprintec.....	34	VENCLEXTA.....	17	75.....	38
trimethoprim	13	VENCLEXTA STARTING		WIDE-SEAL DIAPHRAGM	
tri-mili.....	34	PACK	17	80.....	38
tri-nymyo	34	venlafaxine hcl	15	WIDE-SEAL DIAPHRAGM	
tri-sprintec	34	venlafaxine hcl er	15	85.....	38
TRIUMEQ.....	19	VENTAVIS	42	WIDE-SEAL DIAPHRAGM	
TRIUMEQ PD	19	verapamil hcl.....	22	90.....	38
trivora (28).....	34	verapamil hcl er.....	22	WIDE-SEAL DIAPHRAGM	
tri-vylibra.....	34	VERIFINE INSULIN PEN		95.....	38
tri-vylibra lo	34	NEEDLE	38	wixela inhub	41
tropium chloride	30	VERIFINE INSULIN		X	
tropium chloride er	30	SYRINGE	28	XARELTO	14
TRUE METRIX LEVEL 1 .	27				

XARELTO STARTER PACK	
.....	14
XELJANZ	35
XELJANZ XR	35
XIIDRA	40
XTANDI	17
xulane	34
Y	
yuvafem	34

Z	
zafemy	34
zaleplon	42
ZARXIO	20
ZELBORAF	17
zenatane	26
ZENPEP	29
zenzedi	23
zidovudine	20

ziprasidone hcl	18
zolmitriptan	16
zolpidem tartrate	42
zonisamide	14
zovia 1/35 (28)	34
zumandimine	34
ZYDELIG	17
ZYPREXA RELPREVV	18

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)**.