

Effective September 2025

2025 Drug Formulary

For large employer groups with a 4-tier in-network pharmacy benefit

Access PPO

SEBB

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

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

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

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

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

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

Prior Authorization (PA)

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

Step Therapy (ST)

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

Quantity Limit (QL)

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

High Dose Pain Medicine Prescriber Review

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

Drugs Limited to Select Pharmacies

Some drugs are required to be dispensed from a preferred specialty pharmacy vendor.

Members with an out-of-network benefit may use other pharmacies; however, they may pay a higher cost share.

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

Covered Diabetic Supplies

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

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

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

Mail Order Pharmacy Service

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

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

Address: Kaiser Permanente Mail Order Pharmacy

PO Box 34383

Seattle, WA 98124-1383

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

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

Specialty Drugs

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

Copay and Coinsurance Caps

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

Preventative Medications and Preferred Contraceptives

In accordance with the Affordable Care Act (ACA) requirements for preventive services, most plans cover preventative care medicines and contraceptives in full. ACA preventive coverage in full may not apply if your plan is grandfathered or able to opt out. If your plan offers ACA benefits, all prescribed FDA approved contraceptive methods from the Kaiser Permanente formulary list will be covered in full when obtained in-network. For plans with out-of-network (OON) benefits, contraceptives will be subject to the OON cost-share. The list of the preventative medications covered in full is available on the www.kp.org/wa/formulary webpage and at the end of this document.

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

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

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

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

Medical Benefit Injectable Drugs

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

How do I get additional information?

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

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

Kaiser Foundation Health Plan of Washington

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Analgesics - Drugs for P	ain and		indomethacin er	1	
Inflammation	2		indomethacin oral capsule	1	
ANAPROX DS	3		_ indomethacin oral	3	
ARTHROTEC	3		suspension indomethacin rectal		
CELEBREX celecoxib oral	1		suppository 50 mg	3	
	3		ketoprofen er	3	
COMBOGESIC ORAL DAYPRO	3		ketoprofen oral	3	
DICLOFENAC PATCH	3		ketorolac tromethamine injection solution 15	1	
diclofenac potassium oral capsule	3	PA	_ mg/ml KETOROLAC _ TROMETHAMINE		
diclofenac potassium oral tablet 50 mg	1		INTRAMUSCULAR SOLUTION 30 MG/ML	3	
diclofenac sodium er	1		ketorolac tromethamine		
diclofenac sodium external solution 1.5 %	3		intramuscular solution 60 mg/2ml	1	
diclofenac sodium external solution 2 %	3	PA	ketorolac tromethamine oral	3	
diclofenac sodium oral	1		ketorolac tromethaminesolution 30 mg/ml	1	
diclofenac-misoprostol	3		injection	•	
DICLOFONO	3		KETOROLAC		
diflunisal oral	1		TROMETHAMINE - SOLUTION 30 MG/ML	3	
DOLOBID ORAL TABLET 250 MG	3	PA	INJECTION KIPROFEN	3	
EC-NAPROSYN	3		- LICART	3	
ec-naproxen	3		- LODINE	3	
etodolac	1		meclofenamate sodium		
etodolac er	3		oral	1	
fenoprofen calcium oral	3		mefenamic acid oral	3	
FENOPRON	3		meloxicam oral capsule	3	
FLECTOR	3		MELOXICAM ORAL	3	
flurbiprofen oral	1		SUSPENSION	1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	3		meloxicam oral tablet nabumetone oral	1	
ibuprofen oral tablet 300 mg	3	PA	NAPRELAN ORAL TABLET EXTENDED	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		RELEASE 24 HOUR 375 MG, 500 MG	3	
INDOCIN	3		_		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NAPRELAN ORAL			butalbital-apap-caff-cod	3	QL
TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	PA	butalbital-apap-caffeine oral capsule	3	
NAPROSYN	3		 butalbital-apap-caffeine oral tablet 	1	
naproxen dr	3		 butalbital-asa-caff-	2	Ol
naproxen oral suspension	1		codeine	3	QL
naproxen oral tablet	1		butalbital-aspirin-caffeine	1	
naproxen oral tablet	3		butorphanol tartrate nasal	3	QL
delayed release			BUTRANS	3	PA; QL
naproxen sodium er	3		codeine sulfate	1	QL
naproxen sodium oral tablet 275 mg, 550 mg	1		CONZIP	3	PA; QL
	3		_ DILAUDID ORAL	3	QL
oxaprozin oral tablet PENNSAID		DA	_ endocet	1	QL
	3	PA	_ fentanyl transdermal patch 72 hour 100		
piroxicam oral	1	DA	mcg/hr, 12 mcg/hr, 25	1	PA; QL
RELAFEN DS	3	PA	_ mcg/hr, 50 mcg/hr, 75	·	ŕ
salsalate oral	1		mcg/hr		
SPRIX	3		fentanyl transdermal patch 72 hour 37.5		
sulindac oral	1		_ mcg/hr, 62.5 mcg/hr, 87.5	3	PA; QL
TOLECTIN 600	3		mcg/hr		
tolmetin sodium oral capsule	1		FIORICET/CODEINE	3	QL
tolmetin sodium oral tablet	3		hydrocodone bitartrate er	3	PA; QL
ZIPSOR	3	PA	hydrocodone- acetaminophen oral		
ZYNRELEF	3		solution 10-300 mg/15ml,	3	QL
Analgesics - Drugs for Pa	ain		10-325 mg/15ml		
acetaminophen-codeine	1	QL	hydrocodone- — acetaminophen oral		
ALLZITAL	3		solution 2.5-108 mg/5ml,	1	QL
APADAZ	3	QL	5-217 mg/10ml, 7.5-325		
apap-caff-dihydrocodeine	3	QL	— mg/15ml		
ascomp-codeine	3	QL	hydrocodone-acetaminophen oral tablet		
bac (butalbital-acetamin- caff)	1		10-300 mg, 2.5-325 mg, 5-300 mg, 7.5-300 mg	3	QL
BELBUCA	3	PA; QL	hydrocodone-		
BENZHYDROCODONE- ACETAMINOPHEN	3	QL	acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
buprenorphine	3	PA; QL	hydrocodone-ibuprofen	3	QL
butalbital-acetaminophen	3			0	QL_

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
hydromorphone hcl er	3	PA; QL	OXYCODONE-		
hydromorphone hcl oral	1	QL	ACETAMINOPHEN ORAL TABLET 10-300	3	QL
hydromorphone hcl rectal	1	QL	MG, 2.5-300 MG, 5-300	3	QL
HYSINGLA ER	3	PA; QL	MG, 7.5-300 MG	_	
JOURNAVX	3	PA	oxycodone-		
levorphanol tartrate oral	1	PA; QL	acetaminophen oral tablet 10-325 mg, 2.5-325 mg,	1	QL
meperidine hcl oral tablet	3	QL	5-325 mg, 7.5-325 mg		
methadone hcl intensol	1	QL	OXYCONTIN	2	ST; QL
methadone hcl oral	1	QL	oxymorphone hcl	3	QL
METHADOSE ORAL			oxymorphone hcl er	3	PA; QL
CONCENTRATE 10 MG/ML	3	QL	pentazocine-naloxone hcl	3	QL
methadose oral tablet			PERCOCET	3	QL
soluble	1	QL	PROLATE ORAL	3	QL
METHADOSE SUGAR- FREE	3	QL	TABLET ROXICODONE	3	QL
morphine sulfate			tencon	3	
(concentrate) oral solution 100 mg/5ml	1	QL	TRAMADOL HCL (ER BIPHASIC) ORAL		
morphine sulfate er beads	3	ST; QL	CAPSULE EXTENDED	3	PA; QL
morphine sulfate er oral capsule extended release 24 hour	3	PA; QL	RELEASE 24 HOUR tramadol hcl (er biphasic) oral tablet extended	3	PA; QL
morphine sulfate er oral tablet extended release	1	ST; QL	release 24 hour tramadol hcl er	3	PA; QL
morphine sulfate oral	1	QL	tramadol hcl oral tablet	4	01
morphine sulfate rectal	1	QL	100 mg, 50 mg	1	QL
MS CONTIN	3	ST; QL	tramadol hcl oral tablet 25 mg, 75 mg	3	PA; QL
NALOCET	3	QL		1	QL
NUCYNTA	3	PA; QL	tramadol-acetaminophen TREZIX	3	QL QL
NUCYNTA ER	3	PA; QL		S	QL
oxycodone hcl oral capsule	3	QL	Anesthetics AGONEAZE	3	
oxycodone hcl oral	1	QL	ANODYNE LPT	3	
concentrate	1	QL	ASTERO	3	
oxycodone hcl oral solution	1	QL	BRUSELIX EXTERNAL CREAM	3	
oxycodone hcl oral tablet	1	QL	COCAINE HCL NASAL	3	
OXYCODONE-			CRYODOSE TA	3	
ACETAMINOPHEN ORAL SOLUTION 5-325	2	QL	DERMACINRX LIDOGEL	3	
MG/5ML			EHA	3	
		1	_ LI IA	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ethyl chloride	3		LIDOCAINE HCL		
GEBAUERS PAIN EASE	3		SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
GEBAUERS SPRAY AND STRETCH	3		INJECTION Ildocaine hcl		
glydo	1		urethral/mucosal	1	
LDO PLUS	3		lidocaine-epinephrine		
LEVATIO	3		solution 1 %-1:100000 injection	3	
LIDO BDK	3		_ LIDOCAINE-		
lidocaine external ointment 5 %	3		EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
lidocaine external patch 5 %	1		lidocaine-prilocaine	1	
lidocaine hcl (pf) injection	3		LIDOCAN	3	
solution 0.5 %, 1.5 %	<u> </u>		- LIDODERM	3	
lidocaine hcl (pf) injection solution 1 %, 2 %	1		LIDOMAR	3	
lidocaine hcl external cream 3 %	3		LIDOPIN EXTERNAL CREAM 3 %	3	
LIDOCAINE HCL			LIDOREX	3	
EXTERNAL CREAM 4.12	3		LIDORX	3	PA
<u>%</u>			LIDO-SORB	3	PA
lidocaine hcl external lotion	3	PA	LIDOTHOL EXTERNAL PATCH	3	
lidocaine hcl external solution	3		LIDOTRAL EXTERNAL — CREAM	3	
lidocaine hcl injection solution 0.5 %	1		LIDOTRAL EXTERNAL – LIQUID	3	
LIDOCAINE HCL INJECTION SOLUTION			LIDOTRAN	3	
PREFILLED SYRINGE 10	3		LIVIXIL PAK	3	
MG/ML, 200 MG/10ML			– LYDEXA	3	
lidocaine hcl solution 1 % injection	1		NEUROZYL	3	
LIDOCAINE HCL			NUMBRINO	3	
SOLUTION 1 %	3		premium lidocaine	3	
INJECTION lidocaine hcl solution 2 %			- PRILOVIX	3	
injection	1		PRILOVIX PLUS	3	
LIDOCAINE HCL			PROXIVOL	3	
SOLUTION 2 % INJECTION	3		RELADOR PAK	3	
lidocaine hcl solution			RELADOR PAK PLUS	3	
prefilled syringe 100	3		SOOTHEE	3	
mg/5ml injection			TRIDACAINE II	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TRIDACAINE III	3		NICORETTE	_	
TRILOCAINE	3		MOUTH/THROAT GUM 2 MG	2	
XYLOCAINE	3		NICORETTE		
XYLOCAINE MPF +RFID	3		MOUTH/THROAT	2	
XYLOCAINE/EPINEPHRI			LOZENGE		
NE INJECTION SOLUTION 1 %-1:100000	3		nicotine mini	2	
XYLOCAINE-MPF	3		_ nicotine polacrilex mini	2	
XYLOCAINE-MPF +RFID	3		_ nicotine polacrilex mouth/throat	2	
ZERUVIA	3		nicotine step 1	1	
ZIONODIL	3	PA	nicotine step 2	1	
ZIONODIL 100	3	PA	nicotine step 3	1	
ZTLIDO	3		nicotine transdermal kit	1	
Anti-Addiction / Substand Treatment Agents	ce Abuse	;	nicotine transdermal patch 24 hour 21 mg/24hr	1	
acamprosate calcium	1		OPVEE	3	PA
buprenorphine hcl	1	QL	REXTOVY	3	
sublingual		QL	SUBOXONE	3	QL
buprenorphine hcl- naloxone hcl	1	QL	varenicline tartrate	1	
bupropion hcl er (smoking det)	1		varenicline tartrate (starter)	1	
disulfiram oral	1		varenicline _ tartrate(continue)	1	
ft naloxone hcl	1			4	QL
ft nicotine mini	2		ZIMHI	3	QL_
ft nicotine mouth/throat	2		ZUBSOLV	3	QL
ft nicotine transdermal	1		Antibacterials		<u> </u>
goodsense nicotine mouth/throat gum	2		amoxicillin	1	
goodsense nicotine mouth/throat lozenge 4	2		amoxicillin-potassium clavulanate	1	
mg			amoxicillin-potassium – clavulanate er	3	
habitrol	1		ampicillin	1	
KLOXXADO	3		ampicillin sodium injection		
naloxone hcl injection	1		solution reconstituted 1	1	
naloxone hcl nasal	1		gm, 250 mg, 500 mg	0	
naltrexone hcl oral	1		ARIKAYCE	3	
NARCAN	2		AUGMENTIN	3	
NICORETTE MINI	2		AUGMENTIN ES-600	3	
			avidoxy	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
azithromycin oral	1		clindamycin phosphate		
BACTRIM	3		injection solution 300 mg/2ml	1	
BACTRIM DS	3		clindamycin phosphate		
BICILLIN L-A	2		vaginal	1	
cefaclor	3		CLINDESSE	3	
cefaclor er	3		colistimethate sodium	3	
cefadroxil	1		(cba)		
cefazolin sodium injection solution reconstituted 1	1		demeclocycline hcl	3	
gm cefdinir	1		dicloxacillin sodium	1	
	3		_ doxycycline hyclate oral capsule	1	
cefepime hcl injection cefixime	1		doxycycline hyclate oral		
cefpodoxime proxetil	3		tablet	1	
cefprozil	1		 doxycycline hyclate oral 		
ceftazidime injection solution reconstituted 1	1		tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm,	1		DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
250 mg, 500 mg	1		doxycycline monohydrate oral capsule	1	
cephalexin oral capsule 250 mg, 500 mg	1		doxycycline monohydrate oral suspension reconstituted	3	
cephalexin oral capsule 750 mg	3		doxycycline monohydrate oral tablet	1	
cephalexin oral suspension reconstituted	1		E.E.S. 400	3	
cephalexin oral tablet	3		E.E.S. GRANULES	3	
CIPRO	3		ERYPED 400	3	
ciprofloxacin hcl oral	1		erythromycin base oral	3	
clarithromycin er	3		erythromycin		
clarithromycin oral	1		ethylsuccinate oralsuspension reconstituted	1	
CLEOCIN	3		suspension reconstituted erythromycin oral	3	
CLEOCIN PHOSPHATE			FIRVANQ	2	
INJECTION SOLUTION 300 MG/2ML	3		fosfomycin tromethamine	3	
clindamycin hcl oral	1		gentamicin sulfate	1	
clindamycin palmitate hcl	1		external	0	
-			HIPREX	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMATIN	3		SILVADENE	3	
levofloxacin oral	1		silver nitrate external	3	
LIKMEZ	3	PA	silver sulfadiazine	1	
LINCOCIN	3		external	·	
lincomycin hcl injection	3		SIVEXTRO ORAL	4	QL
linezolid oral	1	QL	SOLOSEC .	3	
MACROBID	3		ssd 	1	
MACRODANTIN	3		─ streptomycin sulfate — intramuscular	3	
methenamine hippurate	1		_ sulfadiazine oral	3	
methenamine mandelate oral	3		sulfamethoxazole- _ trimethoprim oral	1	
metronidazole oral	3		SULFAMYLON	3	
capsule metronidazole oral tablet			sulfatrim pediatric	1	
125 mg	3	PA	TARGADOX	3	
metronidazole oral tablet	1		tazicef injection	1	
250 mg, 500 mg			tetracycline hcl oral	1	
metronidazole vaginal	1		capsule		
minocycline hcl er	3	PA	TETRACYCLINE HCL ORAL TABLET	3	
minocycline hcl oral capsule	1		tinidazole oral	3	
minocycline hcl oral tablet	3		trimethoprim oral	1	
mondoxyne nl	1		vancomycin hcl oral	1	QL
moxifloxacin hcl oral	1		capsule	•	
mupirocin cream	1		vancomycin hcl oral solution reconstituted	1	
mupirocin ointment	1		- VANDAZOLE	3	
neomycin sulfate oral	1		— XACIATO	3	
neomycin-polymyxin b gu	3		— ZITHROMAX ORAL	3	
nitrofurantoin	1		ZITHROMAX TRI-PAK	3	
macrocrystal nitrofurantoin			ZITHROMAX Z-PAK	3	
monohydrate macrocrystals	1		Anticoagulants		
nitrofurantoin oral	1		dabigatran etexilate mesylate	1	
suspension 25 mg/5ml, 50 mg/10ml			ELIQUIS	3	PA
NUVESSA	3		─ ELIQUIS DVT/PE STARTER PACK	3	PA
ofloxacin oral	3		enoxaparin sodium	1	
ORLYNVAH	3		enoxapann sodidm fondaparinux sodium	4	QL
penicillin v potassium	1			•	Q ∟

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FRAGMIN			DEPAKOTE SPRINKLES	3	
SUBCUTANEOUS SOLUTION 10000	3		diazepam rectal	1	QL
UNIT/4ML			DILANTIN INFATABS	3	
FRAGMIN SUBCUTANEOUS	3	PA	DILANTIN ORAL CAPSULE 100 MG	3	
SOLUTION 95000 UNIT/3.8ML	<u> </u>	ГА	DILANTIN ORAL CAPSULE 30 MG	2	
FRAGMIN SUBCUTANEOUS			DILANTIN-125	3	
SOLUTION PREFILLED	3		divalproex sodium er	1	
SYRINGE			divalproex sodium oral	1	
heparin sodium (porcine)			epitol	1	
injection solution 1000 unit/ml, 10000 unit/ml,	1		EPRONTIA	3	PA
5000 unit/ml			ethosuximide oral	1	
heparin sodium (porcine)	1		felbamate	3	QL
pf	1		FYCOMPA	3	PA; QL
jantoven			gabapentin oral capsule	1	
LOVENOX	3		gabapentin oral solution	1	
PRADAXA ORAL CAPSULE	3		gabapentin oral tablet 600 _ mg, 800 mg	1	
REGIOCIT	3		_ KEPPRA ORAL	3	
rivaroxaban oral tablet	1	PA	SOLUTION		
SAVAYSA	3	PA	KEPPRA ORAL TABLET	3	PA
warfarin sodium oral	1		KEPPRA XR	3	PA
XARELTO ORAL TABLET 10 MG, 15 MG,	2	PA	lacosamide oral	1	
20 MG	_	FA	LAMICTAL ORT	3	PA
XARELTO ORAL	1	PA	LAMICTAL STARTER	3	PA
TABLET 2.5 MG		170	LAMICTAL STARTER LAMICTAL XR	3	PA PA
XARELTO STARTER PACK	2	PA		3	PA
Anticonvulsants - Drugs	for Seizı	ıres	lamotrigine er	3	
carbamazepine er	1			1	
carbamazepine oral	1		lamotrigine oral tablet lamotrigine oral tablet	1	
CARBATROL	1		chewable	1	
CELONTIN	3		lamotrigine oral tablet dispersible	3	
clobazam oral suspension 2.5 mg/ml	1		lamotrigine starter kit-blue	3	
clobazam oral tablet	1		lamotrigine starter kit-	3	
DEPAKOTE	3		─ green — lamotrigine starter kit-		
DEPAKOTE ER	3		orange	3	
Effective Dete: 00/01/2025					

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
levetiracetam er	1		subvenite starter kit-	3	
levetiracetam oral solution	1		orange	3	
levetiracetam oral tablet	1		TEGRETOL VP		
LEVETIRACETAM ORAL			TEGRETOL-XR	3	
TABLET DISINTEGRATING	3		tiagabine hcl	3	
SOLUBLE			TOPAMAX OPPINICLE	3	PA
methsuximide	2		TOPAMAX SPRINKLE	3	PA
NAYZILAM	2	PA; QL	─ topiramate er ─ topiramate oral capsule	3	PA
NEURONTIN	3		_ sprinkle	1	
oxcarbazepine	1		topiramate oral solution	3	PA
oxcarbazepine er	3		topiramate oral tablet	1	
OXTELLAR XR	3		TRILEPTAL	3	
pentobarbital sodium	3		TROKENDI XR	3	PA
injection		DA 01	ualproic acid oral	1	
perampanel	3	PA; QL	VALTOCO 10 MG DOSE	2	PA; QL
phenobarbital oral	1		VALTOCO 15 MG DOSE	2	PA; QL
phenobarbital sodium injection solution 130	1		VALTOCO 20 MG DOSE	2	PA; QL
mg/ml	·		VALTOCO 5 MG DOSE	2	PA; QL
phenytek	3		VIMPAT ORAL	3	
phenytoin infatabs	1		ZARONTIN	3	
phenytoin oral	1		ZONEGRAN	3	
phenytoin sodium			ZONISADE	3	PA
extended oral capsule 100 mg	1		zonisamide oral	1	
phenytoin sodium			Antidementia Agents - Di Alzheimer's Disease and		a
extended oral capsule 200 mg, 300 mg	3		ADLARITY	3	PA
phenytoin sodium			ARICEPT	3	
injection	1		donepezil hcl	1	
primidone oral tablet 125 mg	3	PA; QL	EXELON	3	
primidone oral tablet 250 mg, 50 mg	1		galantamine hydrobromide	1	
roweepra	1		− galantamine _ hydrobromide er	1	
SPRITAM	3		memantine hcl er	3	PA
subvenite	1		memantine hcl oral	3	
subvenite starter kit-blue	3		solution	3	
subvenite starter kit-green	3		memantine hcl oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	3		doxepin hcl oral concentrate	1	
memantine hcl-donepezil	3		DRIZALMA SPRINKLE	3	
hcl NAMENDA TITRATION PAK	3		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg,	1	
NAMZARIC	3		60 mg duloxetine hcl oral		
rivastigmine	3		capsule delayed release	3	
rivastigmine tartrate	1		particles 40 mg		
ZUNVEYL	3	PA	EFFEXOR XR	3	
Antidepressants			escitalopram oxalate oral	1	
amitriptyline hcl oral	1		FETZIMA	3	PA
amoxapine	1		FETZIMA TITRATION	3	PA
ANAFRANIL	3		fluoxetine hcl (pmdd)	3	
APLENZIN	3		fluoxetine hcl oral capsule	1	
bupropion hcl er (sr) bupropion hcl er (xl) oral	1		fluoxetine hcl oral capsule delayed release	3	
tablet extended release	1		fluoxetine hcl oral solution	1	
24 hour 150 mg, 300 mg			_ fluoxetine hcl oral tablet	1	
BUPROPION HCL ER (XL) ORAL TABLET			fluvoxamine maleate	1	
EXTENDED RELEASE	3	PA	fluvoxamine maleate er	3	
24 HOUR 450 MG			FORFIVO XL	3	PA
bupropion hcl oral	1		imipramine hcl oral	1	
CELEXA	3		imipramine pamoate	3	
chlordiazepoxide- amitriptyline	3	QL	LEXAPRO	3	
CITALOPRAM			MARPLAN	3	
HYDROBROMIDE ORAL	3	PA	mirtazapine oral	1	
CAPSULE			NARDIL	3	
citalopram hydrobromide oral solution	1		nefazodone hcl	3	
citalopram hydrobromide			NORPRAMIN	3	
oral tablet	1		nortriptyline hcl oral	1	
clomipramine hcl oral	1		olanzapine-fluoxetine hcl	3	
desipramine hcl oral	1		PAMELOR	3	
DESVENLAFAXINE ER			PARNATE	3	
(authorized generic Khedezla)	3	PA	paroxetine hcl	1	
desvenlafaxine succinate	1		paroxetine hcl er	1	
er			paroxetine mesylate	3	
doxepin hcl oral capsule	1		PAXIL	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PAXIL CR	3		AKYNZEO ORAL	3	
perphenazine-	1		ANZEMET	3	
amitriptyline			aprepitant oral	1	
phenelzine sulfate oral	1		aprepitant oral capsule		
PRISTIQ	3		_ 125 mg, 80 & 125 mg, 80 _ mg	1	
protriptyline hcl	1		aprepitant oral capsule 40	0	
PROZAC	3		_ mg	3	
REMERON	3		BONJESTA	3	PA
REMERON SOLTAB	3		_ compro	1	
sertraline hcl capsule 150 mg oral	3		DICLEGIS	3	PA
SERTRALINE HCL			dimenhydrinate injection	1	
CAPSULE 150 MG ORAL	3		doxylamine-pyridoxine	3	PA
sertraline hcl capsule 200	3		dronabinol	1	
mg oral			_ EMEND BIPACK	3	
SERTRALINE HCL CAPSULE 200 MG ORAL	3		EMEND ORAL	3	
sertraline hcl oral	4		EMEND TRIPACK	3	
concentrate	1		granisetron hcl oral	1	
sertraline hcl oral tablet	1		MARINOL	3	
SYMBYAX	3		meclizine hcl oral tablet	3	
tranylcypromine sulfate	1		12.5 mg, 25 mg metoclopramide hcl		
trazodone hcl oral	1		_ injection	1	
trimipramine maleate oral	3		metoclopramide hcl oral	1	
TRINTELLIX	3	PA; QL	solution	'	
VENLAFAXINE BESYLATE ER	3		metoclopramide hcl oral tablet	1	
venlafaxine hcl	1		metoclopramide hcl oral tablet dispersible	3	
venlafaxine hcl er oral capsule extended release	1		ondansetron hcl +rfid	1	
24 hour	•		ondansetron hcl injection	1	
venlafaxine hcl er oral			ondansetron hcl oral	1	
tablet extended release 24 hour	3		ondansetron odt oral tablet dispersible 16 mg	3	PA
VIIBRYD	3	PA	ondansetron odt oral		
vilazodone hcl	3	PA	_ tablet dispersible 4 mg, 8	1	
WELLBUTRIN SR	3		mg		
WELLBUTRIN XL	3		perphenazine oral	1	
ZOLOFT	3		PHENERGAN	3	
Antiemetics - Drugs for Nausea and Vomiting			prochlorperazine	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
prochlorperazine edisylate injection	1		griseofulvin ultramicrosize oral tablet 125 mg, 250	1	
prochlorperazine maleate oral	1		mg GYNAZOLE-1	3	
promethazine hcl injection	3		itraconazole oral	1	PA
promethazine hcl oral	1		JUBLIA	3	PA
promethazine hcl rectal	1		ketoconazole external	1	
promethegan	1		cream	•	
REGLAN	3		ketoconazole external foam	3	
SANCUSO	3	PA	ketoconazole external		
scopolamine	3		shampoo	1	
SYNDROS	3		ketoconazole oral	1	
TIGAN	3	PA	ketodan	3	
trimethobenzamide hcl	3	PA	klayesta	1	
oral			_ LULICONAZOLE	3	
VARUBI (180 MG DOSE)	3	PA; QL	LUZU	3	
Antifungals		D.4. G.1	miconazole 3	3	
BREXAFEMME ciclodan	3 1	PA; QL	MICONAZOLE-ZINC OXIDE-PETROLAT	3	
ciclopirox external	1		naftifine hcl	3	
ciclopirox olamine	1		NAFTIN	3	
external			NOXAFIL ORAL PACKET	3	
CLOBEZIN	3		nyamyc	1	
clotrimazole external	3		nystatin external	1	
clotrimazole mouth/throat	1		nystatin mouth/throat	1	
clotrimazole- betamethasone	1		nystatin oral	1	
CRESEMBA ORAL	4	PA; QL	nystatin-triamcinolone	1	
DIFLUCAN ORAL	·	, ~ _	nystop	1	
SUSPENSION	3		ORAVIG	3	
RECONSTITUTED			oxiconazole nitrate	3	
econazole nitrate external	3		- OXISTAT	3	
ECOZA	3			3	PA
ERTACZO	3		tavaborole	3	PA
EXELDERM	3		terbinafine hcl oral	1	
exoderm external lotion	3		terconazole vaginal	4	
fluconazole oral	1		cream	1	
flucytosine oral	4	QL	terconazole vaginal	3	
griseofulvin microsize oral	1		suppository		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
voriconazole oral	1		ergotamine-caffeine	1	
VUSION	3		FROVA	3	PA
Antigout Agents			frovatriptan succinate	3	PA
allopurinol oral tablet 100	1		IMITREX	3	
mg, 300 mg			_ IMITREX STATDOSE	3	
allopurinol oral tablet 200 mg	3	PA	REFILL _ IMITREX STATDOSE	3	
colchicine oral	1		SYSTEM	ა 	
colchicine-probenecid	1		MAXALT	3	
febuxostat	1		MAXALT-MLT	3	
GLOPERBA	3		MIGERGOT	2	
MITIGARE	3		naratriptan hcl	1	
probenecid	1		NURTEC	3	PA; QL
ULORIC	3		RELPAX	3	
Antimigraine Agents - Dr	ugs for N	Migraines	REYVOW	3	PA; QL
SYMBRAVO	3	PA	rizatriptan benzoate	1	
Antimigraine Agents			sumatriptan nasal	1	
AIMOVIG SUBCUTANEOUS			sumatriptan succinate oral	1	
SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	3	PA	sumatriptan succinate refill subcutaneous solution cartridge	1	
AJOVY	2	PA	sumatriptan succinate	1	
almotriptan malate	3	PA	subcutaneous	•	
CAMBIA	3	PA	sumatriptan-naproxen – sodium	3	PA
diclofenac potassium(migraine)	3	PA	TOSYMRA	3	
dihydroergotamine	1	QL	TREXIMET	3	PA
mesylate injection	· ·	Ψ=	TRUDHESA	3	PA
dihydroergotamine mesylate nasal	4		UBRELVY	3	PA; QL
eletriptan hydrobromide	1		ZEMBRACE SYMTOUCH	3	
EMGALITY	<u> </u>		— ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	
SUBCUTANEOUS SOLUTION AUTO- INJECTOR 120 MG/ML	3	PA	zolmitriptan nasal solution 5 mg	3	
EMGALITY			zolmitriptan oral	1	
SUBCUTANEOUS SOLUTION PREFILLED	3	DV· OI	ZOMIG	3	
SYRINGE 100 MG/ML, 120 MG/ML	3	PA; QL	Antimyasthenic Agents MESTINON ORAL	-	
ERGOMAR	2		SOLUTION	2	
			<u> </u>		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MESTINON ORAL	3		BRUKINSA	2	PA; QL
TABLET	-		_ CABOMETYX	3	PA; QL
MESTINON ORAL TABLET EXTENDED	3		CALQUENCE	2	PA; QL
RELEASE	3		capecitabine	1	QL
pyridostigmine bromide er	1		CAPRELSA	3	PA; QL
pyridostigmine bromide	4		CASODEX	3	
oral	1		COMETRIQ	3	PA; QL
Antimycobacterials			COPIKTRA	3	PA; QL
cycloserine oral	3		COTELLIC	2	PA; QL
dapsone oral	1		cyclophosphamide oral	1	
ethambutol hcl oral	1		─ capsule ─ CYCLOPHOSPHAMIDE		
isoniazid oral	1		ORAL TABLET	3	
PRETOMANID	3		DANZITEN	3	PA; QL
PRIFTIN	2		dasatinib	1	PA; QL
pyrazinamide oral	1		DAURISMO	3	PA; QL
rifabutin	1		DROXIA	2	
rifampin oral	1		ENSACOVE	3	PA; QL
Antineoplastics - Drugs f	or Cance	er	ERIVEDGE	3	PA; QL
abiraterone acetate	1	QL	ERLEADA	3	PA; QL
ABIRTEGA	3	PA; QL	erlotinib hcl	1	PA; QL
AFINITOR	3	PA; QL	etoposide oral	1	QL
AFINITOR DISPERZ	3	PA; QL	EULEXIN	3	QL
AKEEGA	3	PA; QL	everolimus oral tablet 10	1	PA; QL
ALECENSA	3	PA; QL	mg, 2.5 mg, 5 mg, 7.5 mg		
ALUNBRIG	3	PA; QL	─ everolimus oral tablet _ soluble	1	PA; QL
anastrozole oral	1		_ exemestane	1	
ARIMIDEX	3		_ FARESTON	3	PA
AROMASIN	3		_ FEMARA	3	
AUGTYRO	3	PA; QL	_ FOTIVDA	3	PA; QL
AVMAPKI FAKZYNJA CO-PACK	3	PA; QL	FRUZAQLA	3	PA; QL
AYVAKIT	3	PA; QL	- GAVRETO	3	PA; QL
BALVERSA	3	PA; QL	gefitinib	2	PA; QL
BESREMI	3	PA; QL	- GILOTRIF	2	PA; QL
bexarotene	3	PA; QL	- GLEEVEC	3	QL
bicalutamide	1	, -,-	- GLEOSTINE	2	
BOSULIF	3	PA; QL	HYCAMTIN ORAL	3	QL
BRAFTOVI	3	PA; QL	HYDREA	3	

Dydroxyurea oral 1	Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
IBTROZI	hydroxyurea oral	1		LEUKERAN	2	
ICLUSIG 3	IBRANCE	3	PA; QL	LONSURF	3	PA; QL
IDHIFA 3	IBTROZI	3	PA; QL	LORBRENA	3	PA; QL
imatinib mesylate oral 1 QL LYSODREN 3 PA; QL IMBRUVICA ORAL CAPSULE 2 PA; QL LYTGOBI (12 MG DAILY DOSE) 3 PA; QL IMBRUVICA ORAL SUSPENSION 3 PA; QL LYTGOBI (16 MG DAILY DOSE) 3 PA; QL IMBRUVICA ORAL TABLET 140 MG, 420 2 PA; QL DOSE) MATULANE 2 QL IMBRUVICA ORAL TABLET 280 MG 3 PA; QL MEKINIST 2 PA; QL IMKELDI 3 PA; QL MEKINIST 2 PA; QL INQOVI 3 PA; QL MEKTOVI 3 PA; QL INQOVI 3 PA; QL MEKTOVI 3 PA; QL INREBIC 3 PA; QL MEKTOVI 3 PA; QL INREBIC 3 PA; QL MEKTOVI 3 PA; QL INREBIC 3 PA; QL MESNEX ORAL 2 QL INVERSA 3 PA; QL MESNEX ORAL 2 QL INSQALI (200	ICLUSIG	3	PA; QL	LUMAKRAS	3	PA; QL
IMBRUVICA ORAL CAPSULE 2	IDHIFA	3	PA; QL	LYNPARZA	3	PA; QL
CAPSULE 2 PA; QL DOSE) 3 PA; QL IMBRUVICA ORAL SUSPENSION 3 PA; QL LYTGOBI (16 MG DAILY DOSE) 3 PA; QL IMBRUVICA ORAL TABLET 140 MG, 420 MG 2 PA; QL LYTGOBI (20 MG DAILY DOSE) 3 PA; QL IMBRUVICA ORAL TABLET 280 MG 3 PA; QL MEKINIST 2 PA; QL IMKELDI 3 PA; QL MEKTOVI 3 PA; QL INLYTA 3 PA; QL mercaptopurine oral suspension 3 PA; QL INQOVI 3 PA; QL mercaptopurine oral tablet 1 mercaptopurine oral tablet 1 INREBIC 3 PA; QL MESNEX ORAL 2 QL INVEBIC 3 PA; QL MESNEX ORAL 2 QL JAYPIRCA 3 PA; QL MYLERAN 2 QL JAYPIRCA 3 PA; QL NEXAVAR 3 PA; QL KISQALI (200 MG DOSE) 3 PA; QL NEXAVAR 3 PA; QL <td>imatinib mesylate oral</td> <td>1</td> <td>QL</td> <td>LYSODREN</td> <td>3</td> <td>PA; QL</td>	imatinib mesylate oral	1	QL	LYSODREN	3	PA; QL
SUSPENSION 3		2	PA; QL		3	PA; QL
TABLET 140 MG, 420 MG PA; QL DOSE) 3 PA; QL MG MATULANE 2 QL IMBRUVICA ORAL TABLET 280 MG 3 PA; QL MEKINIST 2 PA; QL IMKELDI 3 PA; QL MEKTOVI 3 PA; QL INLYTA 3 PA; QL MEKTOVI 3 PA; QL INQOVI 3 PA; QL MEKTOVI 3 PA; QL INQOVI 3 PA; QL MERCaptopurine oral suspension 3 PA INREBIC 3 PA; QL MESNEX ORAL 1 MESNEX ORAL 2 IRESSA 3 PA; QL MESNEX ORAL 2 QL JAKAFI 3 PA; QL MERLYNX 3 PA; QL JAYPIRCA 3 PA; QL NERLYNX 3 PA; QL KISQALI (200 MG DOSE) 3 PA; QL NILANDRON 3 PA; QL KISQALI (400 MG DOSE) 3 PA; QL NILOTINIB D-TARTRATE 3 P		3	PA; QL		3	PA; QL
MBRUVICA ORAL TABLET 280 MG	TABLET 140 MG, 420	2	PA; QL	`	3	PA; QL
TABLET 280 MG 3 PA; QL MEKTIOVI 3 PA; QL IMKELDI 3 PA; QL MEKTOVI 3 PA; QL INLYTA 3 PA; QL mercaptopurine oral suspension 3 PA INQOVI 3 PA; QL mercaptopurine oral tablet 1 INREBIC 3 PA; QL mercaptopurine oral tablet 1 IRESSA 3 PA; QL MESNEX ORAL 2 JAKAFI 3 PA; QL MYLERAN 2 QL JAYPIRCA 3 PA; QL NERLYNX 3 PA; QL KISQALI (200 MG DOSE) 3 PA; QL NILANDRON 3 PA; QL KISQALI (600 MG DOSE) 3 PA; QL NILOTINIB D-TARTRATE 3 PA; QL KISQALI (600 MG DOSE) 3 PA; QL NILOTINIB D-TARTRATE 3 PA; QL Inpatinib ditosylate 1 PA; QL NINLARO 3 PA; QL LENVIMA ORAL 1 PA; QL ODOMZO				MATULANE	2	QL
MKELDI		3	PA; QL	MEKINIST	2	PA; QL
INLYTA 3	-	3	₽Δ: ΟΙ	MEKTOVI	3	PA; QL
INQOVI 3	-		-	• •	3	PA
INREBIC 3	-		-	-	4	
RESSA 3	-		-		-	
MESNEX ORAL 2	-			-	-	
DAKAFI 3	-		-		-	
NERLYNX 3	-		-		-	
NEXAVAR 3			*			
KISQALI (400 MG DOSE) 3 PA; QL NILANDRON 3 PA KISQALI (600 MG DOSE) 3 PA; QL nilotinib D-TARTRATE 3 PA; QL KRAZATI 3 PA; QL nilotinib hcl 3 PA; QL Iapatinib ditosylate 1 PA; QL nilutamide 3 PA; QL LAZCLUZE 3 PA; QL NINLARO 3 PA; QL Ienalidomide 1 PA; QL NUBEQA 2 PA; QL LENVIMA ORAL ODOMZO 3 PA; QL ODOMZO 3 PA; QL OGSIVEO 3 PA; QL OJEMDA 3 PA; QL OJJAARA 3 PA; QL ONUREG 3 PA; QL ORGOVYX 3 PA; QL Ietrozole oral 1 ORSERDU 3 PA; QL Ieucovorin calcium injection solution 100 3 PA; QL PARETIN 3 PA; QL			-			
NILOTINIB D-TARTRATE 3			-	-		
KRAZATI 3 PA; QL Iapatinib ditosylate 1 PA; QL LAZCLUZE 3 PA; QL Ienalidomide 1 PA; QL Ienalidomide 1 PA; QL LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG, 10 MG, 2 X 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG, 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG, 4 MG PA; QL OUJAARA ONUREG 3 PA; QL ORGOVYX 3 PA; QL Ietrozole oral 1 ORSERDU 3 PA; QL PA; QL PA; QL ORSERDU 3 PA; QL Ieucovorin calcium injection solution 100 3 PA; QL PA; QL				-		
Iapatinib ditosylate						
LAZCLUZE 3 PA; QL lenalidomide 1 PA; QL LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG 3 PA; QL ODOMZO 3 PA; QL OJEMDA 3 PA; QL OJJAARA 3 PA; QL ONUREG 3 PA; QL ORGOVYX 3 PA; QL letrozole oral 1 ORSERDU 3 PA; QL leucovorin calcium injection solution 100 3 PA; QL 1 PA; QL						
Ienalidomide	•					
DDOMZO 3	-			-		
CAPSULE THERAPY OGSIVEO 3 PA; QL PACK 10 & 4 MG, 10 MG, OJEMDA 3 PA; QL 10 MG & 2 X 4 MG, 2 X 3 PA; QL 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 4 MG ONUREG 3 PA; QL ONUREG 3 PA; QL ORGOVYX 3 PA; QL Ietrozole oral 1 ORSERDU 3 PA; QL Ieucovorin calcium injection solution 100 3 PA; QL PANRETIN 3 PA; QL PAY QL 1 PA; QL		<u> </u>	,			
10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG ONUREG ORGOVYX ORGOVYX ORSERDU PANRETIN PA; QL PANRETIN PA; QL PA; QL	CAPSULE THERAPY				-	
10 MG, 2 X 10 MG & 4 ONUREG 3 PA; QL 4 MG ORGOVYX 3 PA; QL letrozole oral 1 ORSERDU 3 PA; QL leucovorin calcium injection solution 100 3 PANRETIN 3 PA; QL pazopanih hcl 1 PA: QL	•	2	DA: OI			
MG, 2 X 4 MG, 3 X 4 MG, 4 MG ONUREG ORGOVYX 3 PA; QL letrozole oral 1 ORSERDU 3 PA; QL leucovorin calcium injection solution 100 PANRETIN 3 PA; QL pazopanih hcl 1 PA; QL		3	PA, QL	-		
letrozole oral1ORSERDU3PA; QLleucovorin calcium injection solution 100PANRETIN3PA; QLpazopanib hcl1PA; QL	MG, 2 X 4 MG, 3 X 4 MG,					
leucovorin calcium a PANRETIN 3 PA; QL injection solution 100 3 pazopanib hcl 1 PA: QL	4 MG			_		
injection solution 100 3 pazopanib hcl 1 PA: QI	letrozole oral	1		ORSERDU		PA; QL
		_		PANRETIN	3	PA; QL
HIO/ TOTAL	injection solution 100 mg/10ml	3		pazopanib hcl		PA; QL
leucovorin calcium oral 1 PEMAZYRE 3 PA; QL		1		PEMAZYRE	3	PA; QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PIQRAY	3	PA; QL	TURALIO	3	PA; QL
POMALYST	3	PA; QL	TYKERB	3	PA; QL
PURIXAN	3	PA	VANFLYTA	3	PA; QL
QINLOCK	3	PA; QL	VENCLEXTA	2	PA; QL
RETEVMO	3	PA; QL	VENCLEXTA STARTING	2	PA; QL
REVLIMID	3	PA; QL	PACK		
REVUFORJ	3	PA; QL	VERZENIO	3	PA; QL
REZLIDHIA	3	PA; QL	VITRAKVI	3	PA; QL
ROMVIMZA	3	PA; QL	VIZIMPRO	3	PA; QL
ROZLYTREK	2	PA; QL	VONJO	3	PA; QL
RUBRACA	3	PA; QL	VORANIGO	3	PA; QL
RYDAPT	2	PA; QL	VOTRIENT	3	PA; QL
SCEMBLIX	3	PA; QL	WELIREG	3	PA; QL
SOLTAMOX	3		XALKORI	3	PA; QL
sorafenib tosylate	1	PA; QL	XELODA	3	PA; QL
SPRYCEL	3	PA; QL	XOSPATA	3	PA; QL
STIVARGA	2	PA; QL	XPOVIO (100 MG ONCE WEEKLY)	3	PA; QL
sunitinib malate	1	PA; QL	XPOVIO (40 MG ONCE	3	DA: OI
SUTENT	3	PA; QL	WEEKLY)	S	PA; QL
TABLOID	2		XPOVIO (40 MG TWICE	3	PA; QL
TABRECTA	3	PA; QL	WEEKLY)		,
TAFINLAR	2	PA; QL	XPOVIO (60 MG ONCE WEEKLY)	3	PA; QL
TAGRISSO	2	PA; QL	XPOVIO (60 MG TWICE		
TALZENNA	3	PA; QL	WEEKLY)	3	PA; QL
tamoxifen citrate oral	1		_ XPOVIO (80 MG ONCE	3	PA; QL
TARCEVA	3	PA; QL	WEEKLY)	<u> </u>	FA, QL
TARGRETIN	3	PA; QL	XPOVIO (80 MG TWICE	3	PA; QL
TASIGNA	3	PA; QL	WEEKLY)		
TAZVERIK	3	PA; QL	XTANDI ORAL CAPSULE	2	PA; QL
temozolomide	1	QL	XTANDI ORAL TABLET	3	PA; QL
TEPMETKO	3	PA; QL	YONSA	3	PA; QL
THALOMID	2	PA; QL	ZEJULA	3	PA; QL
TIBSOVO	3	PA; QL	ZELBORAF	2	PA; QL
toremifene citrate	3	PA	ZOLINZA	3	PA; QL
torpenz	1	PA; QL	ZYDELIG	2	PA; QL
tretinoin oral	1	QL	ZYKADIA	3	PA; QL
TRUQAP	3	PA; QL	ZYTIGA	3	PA; QL
TUKYSA	3	PA; QL	Antiparasitics		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
albendazole oral	1		carbidopa oral	1	
atovaquone	4	QL	carbidopa-levodopa er	1	
BENZNIDAZOLE	3	QL	carbidopa-levodopa oral	1	
BILTRICIDE	2		tablet	'	
chloroquine phosphate oral	1		carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg	1	
COARTEM	3				
CROTAN	2		tablet dispersible 25-250	3	
ELIMITE	3		mg		
EMVERM	3		carbidopa-levodopa- _ entacapone	1	
hydroxychloroquine sulfate oral	1		CREXONT	3	PA
ivermectin oral	3	PA	DHIVY	3	PA
KRINTAFEL	2		DUOPA	4	PA; QL
LAMPIT	3		entacapone	1	
malathion	3		LODOSYN	3	
NATROBA	3		NEUPRO	3	
NEBUPENT	3		ONGENTYS	3	PA; QL
nitazoxanide oral	2		PARLODEL	3	
OVIDE	3		─ pramipexole _ dihydrochloride	1	
PENTAM	3		pramipexole	3	
pentamidine isethionate	3		dihydrochloride er	J	
permethrin external	1		rasagiline mesylate oral	1	
PLAQUENIL	3		ropinirole hcl	1	
praziquantel oral	1		ropinirole hcl er	1	
primaquine phosphate	1		RYTARY	3	PA
PRURADIK	2		selegiline hcl oral	1	
pyrimethamine oral	4	PA; QL	SINEMET	3	
quinine sulfate	1		trihexyphenidyl hcl	1	
SOVUNA	3		XADAGO	3	PA
spinosad	3		Antiplatelets		
STROMECTOL	3	PA	aspirin-dipyridamole er	1	
Antiparkinson Agents			BRILINTA	3	PA
amantadine hcl oral	1		cilostazol	1	
AZILECT	3	PA	clopidogrel bisulfate oral	1	
benztropine mesylate	1		dipyridamole oral	1	
bromocriptine mesylate oral	1		EFFIENT	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PLAVIX	3		haloperidol decanoate	1	
prasugrel hcl	1		intramuscular	•	
ticagrelor	1		─ haloperidol lactate _ injection	1	
YOSPRALA	3		haloperidol lactate oral	1	
ZONTIVITY	3		concentrate 2 mg/ml	I .	
Antipsychotics - Drugs f	or Mood	Disorders	haloperidol oral	1	
ABILIFY	3		INVEGA	3	
ABILIFY ASIMTUFII	4		INVEGA HAFYERA	4	
ABILIFY MAINTENA	4		INVEGA SUSTENNA	4	
aripiprazole oral solution	1		INVEGA TRINZA	4	
aripiprazole oral tablet	1		loxapine succinate	1	
aripiprazole oral tablet	3		lurasidone hcl	1	
dispersible			_ molindone hcl	3	
ARISTADA	4		_ olanzapine	1	
ARISTADA INITIO	4	DA	_ paliperidone er	1	
asenapine maleate chlorpromazine hcl	3	PA	_ PERSERIS	4	
injection	1		pimozide	1	
chlorpromazine hcl oral	3		quetiapine fumarate	1	
concentrate			quetiapine fumarate er	1	
chlorpromazine hcl oral tablet	1		REXULTI	3	PA; QL
clozapine oral tablet	1		- RISPERDAL CONCTA	3	
clozapine oral tablet			RISPERDAL CONSTA SUSPENSION		
dispersible	3		RECONSTITUTED ER	1	
CLOZARIL	3		12.5 MG INTRAMUSCULAR		
ERZOFRI	4		RISPERDAL CONSTA		
FANAPT	3	PA; QL	SUSPENSION		
FANAPT TITRATION PACK A	3	PA; QL	RECONSTITUTED ER 12.5 MG	2	
FANAPT TITRATION PACK B	3	PA; QL	RISPERDAL CONSTA		
FANAPT TITRATION PACK C	3	PA; QL	SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	1	
fluphenazine decanoate injection	1		RISPERDAL CONSTA SUSPENSION		
fluphenazine hcl	1		RECONSTITUTED ER 25	2	
GEODON	3		MG INTRAMUSCULAR		
HALDOL DECANOATE	3		_		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
RISPERDAL CONSTA SUSPENSION			acyclovir external ointment	1	
RECONSTITUTED ER 37.5 MG	1		acyclovir oral	1	
INTRAMUSCULAR			adefovir dipivoxil	1	QL
RISPERDAL CONSTA			APTIVUS	4	
SUSPENSION RECONSTITUTED ER	2		atazanavir sulfate	1	
37.5 MG INTRAMUSCULAR	۷		BARACLUDE ORAL SOLUTION	4	QL
RISPERDAL CONSTA			BIKTARVY	4	
SUSPENSION	1		CIMDUO	4	
RECONSTITUTED ER 50 MG INTRAMUSCULAR			COMPLERA	4	PA
RISPERDAL CONSTA			darunavir	1	
SUSPENSION	2		DENAVIR	3	
RECONSTITUTED ER 50 MG INTRAMUSCULAR			DESCOVY	4	
risperidone microspheres			DOVATO	4	
er	1		EDURANT	2	
risperidone oral solution	1		efavirenz	1	
risperidone oral tablet	1		efavirenz-emtricitab-	1	
risperidone oral tablet dispersible	3		tenofo df efavirenz-lamivudine-	1	
RYKINDO	4		tenofovir		
SAPHRIS	3	PA	emtricitabine	1	
SECUADO	3	PA	emtricitabine-tenofovir df	1	
SEROQUEL	3		emtricitab-rilpivir-tenofov — df	4	PA
SEROQUEL XR	3		— EMTRIVA ORAL	_	
thioridazine hcl oral	1		CAPSULE	3	PA
thiothixene	1		EMTRIVA ORAL	2	
trifluoperazine hcl	1		SOLUTION		
UZEDY	4		entecavir	1	
VERSACLOZ	3		EPCLUSA	4	QL
ziprasidone hcl	1		EPIVIR	3	
ziprasidone mesylate	3		etravirine	1	
ZYPREXA	3		famciclovir oral	1	
Antivirals			fosamprenavir calcium	4	
abacavir sulfate	1		GENVOYA	4	
abacavir sulfate- lamivudine	1		TABLET 100 MG, 200 MG	3	
acyclovir external cream	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 25 MG	2		PREZISTA ORAL TABLET 600 MG, 800	3	
ISENTRESS HD	2		MG	0	
ISENTRESS ORAL PACKET	3		RELENZA DISKHALER RETROVIR ORAL	3	
ISENTRESS ORAL TABLET	2		REYATAZ ORAL PACKET	2	
ISENTRESS ORAL TABLET CHEWABLE	2		ribavirin inhalation	3	01
JULUCA	4		ribavirin oral	1	QL
KALETRA ORAL SOLUTION	2		rimantadine hcl	1	
KALETRA ORAL TABLET	3		SELZENTRY ORAL SOLUTION	4	
LAGEVRIO	2	QL		3	
lamivudine	1		SOFOSBUVIR-	4	01
lamivudine-zidovudine	1		VELPATASVIR	4	QL
lopinavir-ritonavir	1		STRIBILD	4	PA
maraviroc	4		SYMFI	1	
nevirapine er	1		SYMTUZA	4	
nevirapine oral suspension	3		TAMIFLU tenofovir disoproxil	2	
nevirapine oral tablet	1		fumarate	1	
NORVIR ORAL PACKET	2		TIVICAY	2	
NORVIR ORAL TABLET	3		TIVICAY PD	2	
ODEFSEY	4		TRIUMEQ	4	
oseltamivir phosphate oral	1		TRIUMEQ PD	4	
PAXLOVID (150/100)	2	QL	_ TYBOST	2	PA
PAXLOVID (300/100 & 150/100)	2	QL	ualacyclovir hcl oral valganciclovir hcl	1 4	QL
PAXLOVID (300/100)	2	QL	VALTREX	3	
PEGASYS	4	QL	VIRACEPT	2	
penciclovir	3		VIREAD ORAL POWDER	2	
PREVYMIS ORAL	4	PA; QL	VIREAD ORAL TABLET		
PREZCOBIX	2	, '	– 150 MG, 200 MG, 250 MG	2	
PREZISTA ORAL SUSPENSION	2		MG VIREAD ORAL TABLET 300 MG	3	PA
PREZISTA ORAL	2		 VOSEVI	4	PA; QL
TABLET 150 MG, 75 MG	2		-XERESE	3	171, QL
			,		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XOFLUZA (40 MG DOSE)	3		lorazepam oral concentrate 2 mg/ml	1	QL
XOFLUZA (80 MG	3		lorazepam oral tablet	1	QL
DOSE)			_ LOREEV XR	3	QL
ZIAGEN	3		_ meprobamate	3	
zidovudine	1		midazolam hcl (pf)		
ZOVIRAX	3		injection solution 10 ■ mg/2ml, 5 mg/ml	1	QL
Anxiolytics - Drugs for A	nxiety		midazolam hcl injection		
alprazolam er	1	QL	_ solution 10 mg/2ml, 5	1	QL
alprazolam intensol	3	QL	mg/ml		
alprazolam oral tablet	1	QL	MIDAZOLAM HCL		
alprazolam oral tablet dispersible	3	QL	INJECTION SOLUTION 2 MG/2ML, 5 MG/5ML	3	QL
alprazolam xr	1	QL	midazolam hcl oral	3	QL
ATIVAN INJECTION	3	QL	oxazepam	1	QL
SOLUTION 2 MG/ML			quazepam	3	QL
ATIVAN ORAL	3	QL	triazolam	1	QL
buspirone hcl oral	1		VALIUM	3	QL
chlordiazepoxide hcl	1	QL	XANAX	3	QL
clonazepam oral	1	QL	XANAX XR	3	QL
clorazepate dipotassium	1	QL	Bipolar Agents - Drugs fo	or Mood	Disorders
diazepam injection solution 10 mg/2ml	1	QL	EQUETRO — lithium	3	
diazepam intensol	3	QL		1	
diazepam oral concentrate	3	QL	lithium carbonate er lithium carbonate oral	1	
diazepam oral solution	1	QL	LITHOBID	3	
diazepam oral tablet	1	QL	Blood Products and Mod	ifiers - D	rugs for
diazepam solution 5 mg/ml injection	1	QL	Blood Disorders AGRYLIN	3	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	QL	ALVAIZ	4	PA; QL
estazolam	3	QL	aminocaproic acid oral	3	
HALCION	3	QL	anagrelide hcl	1	
hydroxyzine hcl oral	1	QL	ARANESP (ALBUMIN FREE)	3	PA
hydroxyzine pamoate oral	1		EPOGEN	2	PA
KLONOPIN	3	QL	GRANIX	4	QL
lorazepam injection	1	QL	HEMLIBRA	4	PA; QL
solution 2 mg/ml	4		LEUKINE	2	
lorazepam intensol	1	QL	MIRCERA	3	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NIVESTYM	4	PA; QL	AZOR	3	
PROCRIT	2	PA	benazepril hcl oral	1	
RETACRIT	3	PA	benazepril-	1	
tranexamic acid oral	1	QL	hydrochlorothiazide	•	
ZARXIO	4	PA; QL	BENICAR	3	
Cardiovascular Agents - and Circulation Condition		r Heart	BENICAR HCT BETAPACE	3	
ACCUPRIL	3		BETAPACE AF	3	
ACCURETIC	3		betaxolol hcl oral	1	
acebutolol hcl oral	1		-	3	
acetazolamide sodium	3		BIDIL	. J	
ALDACTONE	3		_ bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
aliskiren fumarate	3	PA	bisoprolol fumarate oral	3	
alprostadil injection	1		tablet 2.5 mg		
ALTACE	3		[─] bisoprolol- _ hydrochlorothiazide	1	
ALTOPREV	3		bumetanide oral	1	
amiloride hcl oral	1		BUMEX	3	
amiloride- hydrochlorothiazide	1		BYSTOLIC	3	
amiodarone hcl oral	1		CADUET	3	
amlodipine besylate oral	1		candesartan cilexetil	3	
amlodipine besylate-			candesartan cilexetil-hctz	3	
benazepril hcl	1		captopril oral	1	
amlodipine besylate- valsartan	3	PA	captopril- hydrochlorothiazide	1	
amlodipine-atorvastatin	3		CARDIZEM	3	
amlodipine-olmesartan	1		CARDIZEM CD	3	
amlodipine-valsartan-hctz	3		CARDIZEM LA	3	
ARBLI	3	PA	CARDURA	3	
ASPRUZYO SPRINKLE	3	PA	CAROSPIR	3	
ATACAND	3		cartia xt	1	
ATACAND HCT	3		carvedilol	1	
atenolol oral	1		carvedilol phosphate er	3	
atenolol-chlorthalidone	1		CATAPRES-TTS-1	3	
ATORVALIQ	3	PA	CATAPRES-TTS-2	3	
atorvastatin calcium oral	1		CATAPRES-TTS-3	3	
AVALIDE	3		chlorthalidone	1	
AVAPRO	3		cholestyramine light	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
cholestyramine oral	1		doxazosin mesylate oral	1	
clonidine	1		DYRENIUM	3	
CLONIDINE ER	3		EDARBI	3	PA
clonidine hcl oral	1		EDARBYCLOR	3	PA
colesevelam hcl	3		EDECRIN	3	PA
COLESTID	3		enalapril maleate oral – solution	3	
colestipol hcl	1		enalapril maleate oral		
CONJUPRI	3	PA	_ tablet	1	
COREG	3		enalapril-	1	
COREG CR	3		hydrochlorothiazide		
CORLANOR	3	PA	ENTRESTO ORAL CAPSULE SPRINKLE	3	PA
COZAAR	3		- ENTRESTO ORAL		
CRESTOR	3		TABLET	2	PA; QL
DEMSER	3		EPANED	3	
digoxin injection	1		epinephrine injection	1	
digoxin oral solution	1		solution 10 mg/10ml		
digoxin oral tablet 125	1		epinephrine pf	1	
mcg, 250 mcg digoxin oral tablet 62.5	3		epinephrine solution 1 mg/ml injection	1	
mcg diltiazem hcl er beads (generic Tiazac)	1		EPINEPHRINE SOLUTION 1 MG/ML INJECTION	3	
diltiazem hcl er coated			eplerenone	1	
beads (generic Cardizem	1		ethacrynic acid	1	PA
CD)			_ EXFORGE	3	PA
diltiazem hcl er oral capsule extended release	1		EXFORGE HCT	3	PA
12 hour	•		EZALLOR SPRINKLE	3	
diltiazem hcl er oral			ezetimibe	1	
capsule extended release 24 hour	1		ezetimibe-simvastatin	1	
diltiazem hcl er oral tablet			felodipine er	1	
extended release 24 hour	3		fenofibrate micronized	1	
diltiazem hcl oral	1		fenofibrate oral capsule	1	
dilt-xr	1		134 mg, 200 mg, 67 mg	·	
DIOVAN	3		[─] fenofibrate oral capsule _ 150 mg, 50 mg	3	
DIOVAN HCT	3		fenofibrate oral tablet 120		
disopyramide phosphate	1		mg, 145 mg, 40 mg, 48	3	
DIURIL	2		mg 		
dofetilide	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
fenofibrate oral tablet 160	1		isosorbide mononitrate er	1	
mg, 54 mg			_ isradipine	1	
fenofibric acid	1		_ ivabradine hcl	3	PA
flecainide acetate	1		_ KAPSPARGO SPRINKLE	3	
FLOLIPID	3		_ KATERZIA	3	
fluvastatin sodium	3		labetalol hcl oral tablet	1	
fluvastatin sodium er	3		100 mg, 200 mg, 300 mg	•	
fosinopril sodium	1		labetalol hcl oral tablet – 400 mg	3	
fosinopril sodium-hctz	1		LANOXIN	3	
furosemide oral	1		LANOXIN PEDIATRIC	3	
furosemide solution 10 mg/ml injection	1		LASIX	3	
FUROSEMIDE			LESCOL XL	3	
SOLUTION 10 MG/ML INJECTION	3		LEVAMLODIPINE MALEATE	3	PA
gemfibrozil oral	1		LIPITOR	3	
guanfacine hcl	1		LIPOFEN	3	
HEMANGEOL	3	PA	 _ lisinopril oral	1	
HEMICLOR	3		 _ lisinopril-		
hydralazine hcl oral	1		hydrochlorothiazide	1	
hydrochlorothiazide oral	1		LIVALO	3	
HYZAAR	3		LODOCO	3	PA
icosapent ethyl	3	PA	LOPID	3	
indapamide	1		LOPRESSOR ORAL	3	PA
INDERAL LA	3		SOLUTION LOPRESSOR ORAL		
INDERAL XL	3		_ TABLET	3	
INNOPRAN XL	3		losartan potassium oral	1	
INPEFA	3	PA	 _ losartan potassium-hctz	1	
INSPRA	3		 _LOTENSIN	3	
INZIRQO	3	PA	LOTENSIN HCT	3	
irbesartan	1		_ LOTREL	3	
irbesartan- hydrochlorothiazide	1		lovastatin oral	1	
ISORDIL TITRADOSE	3		LOVAZA	3	
isosorb dinitrate- hydralazine	3		matzim la methyldopa oral tablet	3	
isosorbide dinitrate	1		250 mg	1	
isosorbide mononitrate	1		methyldopa oral tablet _ 500 mg	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
metolazone	1		nitroglycerin sublingual	1	
metoprolol succinate er	1		nitroglycerin transdermal	1	
metoprolol tartrate oral	1		nitroglycerin translingual	3	
metoprolol-	1		NITROLINGUAL	3	
hydrochlorothiazide			_ NITROSTAT	3	
metyrosine	3		_ nitro-time oral capsule	1	
mexiletine hcl oral	1		extended release 9 mg		
MICARDIS	3		NORLIQVA	3	PA
MICARDIS HCT	3		NORPACE	3	
midodrine hcl	1		NORPACE CR	2	
minoxidil oral	1		NORVASC	3	
moexipril hcl	1		olmesartan medoxomil	1	
MULTAQ	3		─ oral ─ olmesartan medoxomil-		
nadolol oral	1		_ hctz	1	
nebivolol hcl	1		olmesartan-amlodipine-	1	
NEXICLON XR	3		hctz	Į.	
NEXLETOL	3	PA	omega-3-acid ethyl esters	3	
NEXLIZET	3	PA	pacerone	1	
niacin (antihyperlipidemic)	3		papaverine hcl injection	1	
niacin er	3		pentoxifylline er	1	
(antihyperlipidemic)			_ perindopril erbumine	1	
niacor	3		_ phenoxybenzamine hcl	4	QL
nicardipine hcl oral	1		oral		
nifedipine er	1		phentolamine mesylate injection	1	
nifedipine er osmotic release	1		pindolol	1	
nifedipine oral	1		' pitavastatin calcium	3	
nimodipine oral capsule	1		pravastatin sodium	1	
nisoldipine er	3		prazosin hcl oral	1	
NITRO-BID	2		PRESTALIA	3	
NITRO-DUR			 prevalite	1	
TRANSDERMAL PATCH	•		procainamide hcl injection	1	
24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6	3		PROCARDIA XL	3	
MG/HR			_ propafenone hcl	1	
NITRO-DUR			propafenone hcl er	1	
TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8	2		propranolol hcl er	1	
MG/HR			_ propranolol hcl oral	1	
nitroglycerin rectal	1				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PROSTIN VR	3		TIAZAC	3	
QBRELIS	3		TIKOSYN	3	
QUESTRAN	3		timolol maleate oral	1	
QUESTRAN LIGHT	3		TOPROL XL	3	
quinapril hcl	1		torsemide	1	
quinapril-	1		trandolapril	1	
hydrochlorothiazide quinidine gluconate er	1		_ trandolapril-verapamil hcl er	3	
quinidine sulfate	1		triamterene oral	1	
ramipril	1		triamterene-hctz	1	
ranolazine er	1		TRIBENZOR	3	
RECTIV	3		TRICOR	3	
REPATHA	3	PA	TRYVIO	3	PA
REPATHA			valsartan oral tablet	1	.,,
PUSHTRONEX SYSTEM	3	PA	valsartan solution 4 mg/ml		D.4
REPATHA SURECLICK	3	PA	oral	3	PA
rosuvastatin calcium oral	1		VALSARTAN SOLUTION	3	PA
sacubitril-valsartan	1	PA; QL	4 MG/ML ORAL		
simvastatin oral	1		valsartan- _ hydrochlorothiazide	1	
SOAANZ	3	PA	VASCEPA	3	PA
sotalol hcl (af)	1		VASERETIC	3	
sotalol hcl oral	1		VASOTEC	3	
SOTYLIZE	3		verapamil hcl er oral		
spironolactone oral suspension	3		capsule extended release 24 hour 100 mg, 200 mg,	3	
spironolactone oral tablet	1		300 mg		
spironolactone-hctz	1		verapamil hcl er oral capsule extended release		
SULAR	3		24 hour 120 mg, 180 mg,	1	
TEKTURNA	3	PA	240 mg, 360 mg		
telmisartan	1		verapamil hcl er oral tablet extended release	1	
telmisartan-amlodipine	3		verapamil hcl oral	1	
telmisartan-hctz	3		VERELAN	3	
TENORETIC 100	3		VERQUVO	3	PA
TENORETIC 50	3		- VYTORIN	3	ГЛ
TENORMIN	3		- WELCHOL	3	
THALITONE	3		- <u>WELCHOL</u> - ZESTORETIC	3	
tiadylt er	1			3	
			_ZESTRIL	J	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ZETIA	3		guanfacine hcl er	1	
ZOCOR	3		INTUNIV	3	
ZYPITAMAG	3		JORNAY PM	3	PA; QL
Central Nervous System Attention Deficit Disorde	Agents - r	Drugs for	lisdexamfetamine dimesylate	3	PA; QL
ADDERALL	2		METADATE CD	3	
ADDERALL XR	2		methamphetamine hcl	3	
ADZENYS XR-ODT	3	PA	METHYLIN	3	
amphetamine sulfate	3	PA	methylphenidate (generic	3	PA; QL
amphetamine- dextroamphetamine	1		Aptensio XR) methylphenidate hcl er	1	
amphetamine- dextroamphetamine er	1		(cd) (generic Metadate) methylphenidate hcl er		
amphet-dextroamphet 3- bead er	3	PA; QL	 (la) oral capsule extended release 24 hour 10 mg (generic Ritalin LA) 	3	PA; QL
APTENSIO XR	3	PA; QL	methylphenidate hcl er		
atomoxetine hcl	1		_ (la) oral capsule extended		
AZSTARYS	3	PA	release 24 hour 20 mg,	1	QL
clonidine hcl er	1		─ 30 mg, 40 mg, 60 mg _ (generic Ritalin LA,		
CONCERTA	2		generic Methylin LA)		
COTEMPLA XR-ODT	3	PA; QL	methylphenidate hcl er		
DAYTRANA	3	PA; QL	(osm) oral tablet extendedrelease 18 mg, 27 mg, 36	1	
DEXEDRINE	3		_ mg, 54 mg, 72 mg	·	
dexmethylphenidate hcl	1		(generic Concerta)		
dexmethylphenidate hcl er	1	QL	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED		
dextroamphetamine sulfate er	1		RELEASE 45 MG, 63 MG (authorized generic	3	
dextroamphetamine sulfate oral solution	3		Relexxii ER) _ methylphenidate hcl er		DA: OI
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1		(xr) (generic Aptensio XR) methylphenidate hcl er oral tablet extended	3	PA; QL
dextroamphetamine			_ oral tablet extended release (generic Methylin)	1	
sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	3		methylphenidate hcl er oral tablet extended release 24 hour (generic	1	QL
DYANAVEL XR	3	PA	Methylin)		
EVEKEO	3	PA	methylphenidate hcl oral	2	
FOCALIN	3		_ solution (generic _ Methylin)	3	
FOCALIN XR	3	QL			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
methylphenidate hcl oral tablet (generic Ritalin)	1		GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL
methylphenidate hcl oral			glatiramer acetate	4	QL
tablet chewable (generic	3		glatopa	4	QL
Methylin) MYDAYIS	3	PA; QL	REBIF	4	PA; QL
ONYDA XR	3	PA, QL	REBIF REBIDOSE	4	PA; QL
PROCENTRA	3	17	REBIF REBIDOSE	4	PA; QL
QELBREE	3	PA	_ TITRATION PACK	4	
QUILLICHEW ER	3	PA	REBIF TITRATION PACK	4	PA; QL
QUILLIVANT XR	3	PA; QL	_ teriflunomide	1 Againta	QL
RELEXXII ORAL TABLET		174, 002	Central Nervous System Miscellaneous	Agents -	
EXTENDED RELEASE 18 MG, 27 MG, 36 MG,	3	PA	caffeine citrate oral	1	
45 MG, 54 MG, 63 MG			CAFFEINE-SODIUM BENZOATE	3	
relexxii oral tablet extended release 72 mg	1	PA	gabapentin (once-daily)	3	
RITALIN	3		GRALISE	3	
RITALIN LA ORAL			HORIZANT	3	
CAPSULE EXTENDED	3	PA; QL	LYRICA	3	QL
RELEASE 24 HOUR 10 MG			LYRICA CR	3	PA
RITALIN LA ORAL			NUEDEXTA	3	PA
CAPSULE EXTENDED RELEASE 24 HOUR 20	3	QL	phentermine-topiramate er	3	PA
MG, 30 MG, 40 MG			_ pregabalin er	3	PA
VYVANSE	3	PA; QL	_ pregabalin oral	1	QL
XELSTRYM	3	PA	_ QSYMIA	3	PA
zenzedi oral tablet 10 mg, 5 mg	1		riluzole	1	QL
ZENZEDI ORAL TABLET			- SAVELLA	3	PA
15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3		SAVELLA TITRATION PACK	3	PA
Central Nervous System	Agents -	Drugs for	ZEPBOUND	3	PA; QL
Multiple Sclerosis			Dental and Oral Agents -	Drugs fo	r Mouth
AVONEX PEN	4	PA; QL	and Throat Conditions	0	
AVONEX PREFILLED	4	PA; QL	cevimeline hcl	3	
BETASERON	4	QL	chlorhexidine gluconate mouth/throat	1	
dalfampridine er	1		DEBACTEROL	3	
dimethyl fumarate oral	1		- EVOXAC	3	
dimethyl fumarate starter pack	1		FIRST-MOUTHWASH BLM	3	
fingolimod hcl	1	QL			

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
kourzeq	1		ALTRENO	3	
lidocaine hcl mouth/throat	3		amcinonide	3	
lidocaine viscous hcl	1		AMELUZ	2	QL
oralone	1		ammonium lactate	3	
periogard	1		external		
pilocarpine hcl oral	1		amnesteem	1	
SALAGEN	3		AMZEEQ	3	
triamcinolone acetonide mouth/throat	1		ARAZLO arzol silver nit applicators	3	
Dermatological Agents -	Drugs fo	r Skin	ATRALIN	3	
Conditions			avar cleanser	1	
ABSORICA	3		_ AVAR LS CLEANSER	3	
ABSORICA LD	3		AVAR-E EMOLLIENT	3	
ACANYA	3		azelaic acid external	1	
accutane	1		AZELEX	2	
ACIOXIA	3		BENZAMYCIN	3	
acitretin	1	QL	BENZOYL PEROX-	3	
ACZONE	3		HYDROCORTISONE	3	
adapalene external cream	1		BENZOYL PEROXIDE	3	
adapalene external gel	1		EXTERNAL GEL 6.5 %, 8 _ %	3	
ADAPALENE EXTERNAL PAD	3		BENZOYL PEROXIDE FORTE- HC	3	
ADAPALENE EXTERNAL SOLUTION	3		benzoyl peroxide- — erythromycin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1		betamethasone dipropionate aug	1	
adapalene-benzoyl peroxide external gel 0.3-	3		betamethasone dipropionate external	1	
2.5 % ADAPALENE-BENZOYL			betamethasone valerate external	1	
PEROXIDE EXTERNAL	3	PA	bp 10-1	3	
ADVANCED ALLERGY	3		_ brimonidine tartrate external	3	
COLLECTION		D.A	BRYHALI	3	
AKLIEF	3	PA	CABTREO	3	PA
ALA SCALP	3		_ calcipotriene external	1	
ala-cort alclometasone dipropionate	1		CALCIPOTRIENE EXTERNAL FOAM	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
calcipotriene external ointment	1		clobetasol propionate external cream 0.05 %	1	
calcipotriene external solution	1		clobetasol propionate external foam	1	
calcipotriene-betameth diprop	3		clobetasol propionate external gel	1	
calcitrene	1		clobetasol propionate	1	
calcitriol external	1		external liquid		
cem-urea	3		─ clobetasol propionate _ external lotion	1	
claravis	1		clobetasol propionate	1	
CLEOCIN-T	3		external ointment	'	
clindacin	3		clobetasol propionate — external shampoo	3	
clindacin etz external swab	1		clobetasol propionate external solution	1	
clindacin-p	1		- CLOBEX	3	
CLINDAGEL	3		CLOBEX SPRAY	3	
clindamycin phos (once- daily)	1		clocortolone pivalate	3	
clindamycin phos (twice-	1		clodan	3	
daily)	'		CLODERM	3	
clindamycin phos-benzoyl perox external gel 1.2-2.5	3		CONDYLOX	3	
%, 1.2-3.75 %			CORDRAN	2	
clindamycin phos-benzoyl	_		dapsone external	3	
perox external gel 1-5 %, 1.2-5 %	1		DERMACINRX UREA	3	
clindamycin phosphate external foam	3		DERMA-SMOOTHE/FS BODY	3	
clindamycin phosphate external lotion	1		DERMA-SMOOTHE/FS SCALP	3	
clindamycin phosphate			desonide external cream	1	
external solution	1		desonide external gel	3	
clindamycin phosphate external swab	1		desonide external lotion	1	
clindamycin-tretinoin	3		desonide external ointment	1	
clobetasol propionate e	1		DESOWEN	3	
clobetasol propionate emulsion	3		desoximetasone external cream	1	
CLOBETASOL PROPIONATE	3	PA	desoximetasone external gel	1	
EXTERNAL CREAM 0.025 %	J	1 73	desoximetasone external liquid	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
desoximetasone external ointment	1		fluorouracil external solution	1	
diclofenac sodium	3		flurandrenolide	3	
external gel 3 % DIFFERIN EXTERNAL	3		 fluticasone propionate external cream 	1	
CREAM DIFFERIN EXTERNAL	3		 fluticasone propionate external lotion 	3	
GEL 0.3 % DIFFERIN EXTERNAL	2		 fluticasone propionate external ointment 	1	
LOTION	3		halcinonide external	3	
diflorasone diacetate	3		cream HALCINONIDE		
DIPROLENE devenin hal external	3		EXTERNAL SOLUTION	3	
doxepin hcl external doxycycline	3	PA	halobetasol propionate	1	
DRYSOL	2	171	_ external cream	•	
DYCLOPRO	3		_ halobetasol propionate external foam	3	
ELIDEL	3		halobetasol propionate	1	
ENSTILAR	3		external ointment	-	
EPIDUO	3		HALOG	3	
EPIDUO FORTE	3		HYDRO 40	3	
EPIFOAM	3		hydrocortisone ace-pramoxine external cream	1	
EPSOLAY	3	PA	2.5-1 %		
ery pad 2%	3		hydrocortisone butyrate	1	
ERYGEL	3		external cream		
erythromycin external	1		hydrocortisone butyrateexternal lotion	3	
EUCRISA	3	PA; QL	hydrocortisone butyrate	1	
FABIOR	3		external ointment	. '	
FINACEA EXTERNAL FOAM	2		hydrocortisone butyrate external solution	1	
fluocinolone acetonide body	1		hydrocortisone external cream 1 %	3	
fluocinolone acetonide external	1		hydrocortisone external cream 2.5 %	1	
fluocinolone acetonide scalp	1		hydrocortisone external lotion 2 %	3	
fluocinonide emulsified base	1		hydrocortisone external lotion 2.5 %	1	
fluocinonide external	1		hydrocortisone external	1	
fluorouracil external cream 5 %	1		ointment 1 %, 2.5 % HYDROCORTISONE EXTERNAL SOLUTION	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
hydrocortisone valerate	1		ONEXTON	3	
imiquimod external cream	3		ORACEA	3	PA
3.75 % imiquimod external cream	1		OVACE PLUS EXTERNAL CREAM	3	
5 % imiquimod pump	3		_ OVACE PLUS EXTERNAL SHAMPOO	3	
IMPOYZ	3	PA	OVACE PLUS WASH	3	
isotretinoin oral	1		OVACE WASH	3	
ivermectin external cream	3		pimecrolimus cream 1 %		
KERALYT EXTERNAL GEL 6 %	3		external PIMECROLIMUS CREAM	1	
KERALYT EXTERNAL	3		1 % EXTERNAL	1	
SHAMPOO			PLEXION	3	
KLARON	3		PLEXION CLEANSER	3	
lactic acid e	3		PLEXION CLEANSING CLOTH	3	
LEVULAN KERASTICK	2	QL		3	
LEXETTE	3		PODOCON-25		
LIDOCAINE- HYDROCORTISONE ACE EXTERNAL	3		podofilox external PRAMOSONE EXTERNAL CREAM	2	
methoxsalen rapid	4	QL	PRAMOSONE	2	
METROCREAM	3		EXTERNAL LOTION		
METROGEL	3		PRUDOXIN	3	
METROLOTION	3		PYROGALLIC ACID	3	
metronidazole external	4		QBREXZA	3	PA; QL
cream	1		RESORCINOL-SULFUR	3	
metronidazole external	1		RETIN-A	1	
gel 0.75 % metronidazole external	3		_ RETIN-A MICRO GEL 0.04 %, 0.1 %	1	
gel 1 % metronidazole external lotion	3		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
MICORT HC	3		RETIN-A MICRO PUMP		
MIRVASO	3		EXTERNAL GEL 0.06 %,	3	
mometasone furoate external	1		- 0.08 % RHOFADE	3	
NEO-SYNALAR	3		salicylic acid external	3	
neuac	1		salicylic acid wart – remover	3	
NORITATE	3		- SALIMEZ	3	
NUCORT	3		SALIMEZ FORTE	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SALVAX	3		sulfacetamide-sulfur in	1	
SALYCIM	3		urea		
SANTYL	2		sulfacleanse 8/4	3	
selenium sulfide external	1		sulfamez wash	3	
lotion	'		SUMADAN WASH	3	
selenium sulfide external shampoo 2.25 %	3		SUMAXIN — synalar	3	
SERNIVO	3		— <u>syrialal</u> — TACLONEX	3	
sodium sulfacetamide external shampoo 10 %	1		tacrolimus external	1	
sodium sulfacetamide			tazarotene external cream	1	
wash	3		TAZAROTENE	3	
SOFDRA	3	PA	EXTERNAL FOAM		
SOOLANTRA	3		tazarotene external gel	1	
SORILUX	3		TAZORAC EXTERNAL — CREAM 0.05 %	1	
sss 10-5 external cream	3		TAZORAC EXTERNAL	3	
SSS 10-5 EXTERNAL FOAM	3		CREAM 0.1 %	3	
sulfacetamide sodium	1		— TAZORAC EXTERNAL GEL	3	
(acne)	•		- TELIORA	3	
sulfacetamide sodium (cleans)	3		TEXACORT	3	
sulfacetamide sodium	3		TOLAK	3	PA
external	<u> </u>		TOPICORT	3	
sulfacetamide sodium- sulfur external cream	3		TOPICORT SPRAY	3	
sulfacetamide sodium-			tovet	3	
sulfur external liquid 10-2	3		tretinoin external cream	1	
%, 9-4 %, 9-4.5 %, 9.8- 4.8 %	-		tretinoin external gel 0.01 %, 0.025 %	1	
sulfacetamide sodium- sulfur external liquid 10-5 %	1		tretinoin external gel 0.05	3	
sulfacetamide sodium- sulfur external lotion 10-5 %	1		TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %	1	
sulfacetamide sodium- sulfur external lotion 9.8- 4.8 %	3		tretinoin microsphere external gel 0.08 %	3	
sulfacetamide sodium- sulfur external suspension 10-5 %, 8-4 %	3		TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %	1	
sulfacetamide sod-sulfur wash	3				

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
tretinoin microsphere	3		ZITHRANOL	3	
pump external gel 0.08 %			_ ZONALON	3	
triamcinolone acetonide external aerosol solution	3		ZORYVE	3	PA
triamcinolone acetonide			_ ZYCLARA	3	
external cream	1		ZYCLARA PUMP	3	
triamcinolone acetonide external lotion	1		Diabetes - Antidiabetic A		
triamcinolone acetonide			acarbose oral	1	
external ointment 0.025	1		ACTOPLUS MET	3	
%, 0.1 %, 0.5 %			ACTOS	3	
triamcinolone acetonide external ointment 0.05 %	3		ALOGLIPTIN BENZOATE	3	PA
triamcinolone in	3		ALOGLIPTIN- METFORMIN HCL	3	PA
absorbase triderm	1		- Alogliptin- Pioglitazone	3	PA
TWYNEO	3	PA	BEXAGLIFLOZIN	3	PA
ULTRAVATE	3		BRENZAVVY	3	PA
UMECTA MOUSSE	3		CYCLOSET	3	PA
URAMAXIN	3		DAPAGLIFLOZIN PRO- METFORMIN ER	3	PA; QL
urea external cream 39 %, 41 %, 45 %, 47 %	3		DAPAGLIFLOZIN	3	PA; QL
urea external cream 40 %	1		PROPANEDIOL		
UREA EXTERNAL FOAM	3		DUETACT	3	DA: OI
urea nail	3		EXENATIDE FARXIGA	3	PA; QL
uredeb	3				PA; QL
uremez-40	1		glimepiride	1 1	
URESOL	3		glipizide er	<u> </u>	
VANOS	3		glipizide oral tablet 10 mg,5 mg	1	
VANOXIDE-HC	3		glipizide oral tablet 2.5 mg	3	PA
VECTICAL	1		glipizide-metformin hcl	1	
VEREGEN	3		GLUCOTROL XL	3	
VIRASAL	3		glyburide micronized	3	
WINLEVI	3	PA	glyburide oral	1	
XALIX	3		glyburide-metformin	3	
xurea	3		GLYXAMBI	3	PA; QL
ZACLIR CLEANSING	3		INVOKAMET	3	PA; QL
zenatane	1		INVOKAMET XR	3	PA; QL
ZIANA	3		INVOKANA	3	PA; QL
			JANUMET	3	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
JANUMET XR	3	PA	STEGLATRO	3	PA; QL
JANUVIA	3	PA	STEGLUJAN	3	PA; QL
JARDIANCE	2	QL	SYNJARDY	3	PA; QL
JENTADUETO	3	PA	SYNJARDY XR	3	PA; QL
JENTADUETO XR	3	PA	TRADJENTA	3	PA
liraglutide	1	PA; QL	TRIJARDY XR	3	PA; QL
metformin hcl er	1		TRULICITY	3	PA; QL
metformin hcl er (mod)	3	PA	VICTOZA	3	PA; QL
metformin hcl er (osm)			XIGDUO XR	3	PA; QL
oral tablet extended	3	PA	XULTOPHY	3	PA; QL
release 24 hour 1000 mg			- ZITUVIMET	3	PA
metformin hcl er (osm) oral tablet extended	3		ZITUVIMET XR	3	PA
release 24 hour 500 mg			ZITUVIO	3	PA
metformin hcl oral solution	1		Diabetes - Glucose Moni	toring	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ACCU-CHEK FASTCLIX LANCET KIT	1	
miglitol	3	PA	— ACCU-CHEK GUIDE — CONTROL	1	
MOUNJARO	3	PA; QL	ACCU-CHEK GUIDE		
nateglinide	3		TEST	1	PA; QL
ONGLYZA	3	PA	ACCU-CHEK	1	
OZEMPIC	2	PA; QL	SMARTVIEW CONTROL	,	
pioglitazone hcl	3		ACCU-CHEK SOFTCLIX - LANCET DEVICE KIT	1	
pioglitazone hcl- glimepiride	3		ADVOCATE SAFETY	1	
pioglitazone hcl- metformin hcl	3		ADVOCATE SAFETY	1	
repaglinide	3		- LANCETS 23G		
RIOMET	3		– ADVOCATE SAFETY LANCETS 28G	1	
RYBELSUS	3	PA; QL	AGAMATRIX CONTROL		
saxagliptin hcl	3	PA	LEVEL 2	1	
saxagliptin-metformin er	3	PA	AGAMATRIX CONTROL	1	
SEGLUROMET	3	PA; QL	LEVEL 4		
SITAGLIPT BASE- METFORM HCL ER	3	PA	AUTOLET II CLINISAFE AUTOLET LANCING	1	
SITAGLIPTIN	2		DEVICE	I	
SITAGLIPTIN BASE- METFORMIN HCL	3	PA	- AUTOLET LITE LANCING DEVICE	1	
SOLIQUA	3	PA; QL	— BLULINK CONTROL _ HIGH & LOW	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
CARESENS CONTROL SOLUTION A/B	1		EASY TOUCH LANCING DEVICE	1	
CARESENS LANCETS	1		EASY TRAK II CONTROL	1	
30G CARETOUCH CONTROL	1		EASYMAX 15 LEVEL 2-3 CONTROL	1	
SOL LEVEL 2			EASYMAX CONTROL	1	
CARETOUCH LANCING/EJECTOR	1		GLUCOSE CONTROL SOLUTIONS	1	
CHEMSTRIP 10 MD	2		EMBRACE LANCING	1	
CHEMSTRIP 10/SG	2		DEVICE/EJECTOR	1	
CHEMSTRIP 2 GP	2		EMBRACE TALK GLUCOSE CONTROL	1	
CHEMSTRIP 5 OB	2		FREESTYLE TEST		
CHEMSTRIP 7	2		_ STRIPS	1	PA; QL
CHEMSTRIP 9	2		GENTEEL LANCING KIT	1	
CHOSEN LANCETS 30G	1		(BLUE)	•	
CHOSEN LANCING DEVICE	1		GOJJI CONTROL	1	
CHOSEN SAFETY			_ GOJJI LANCING DEVICE/CLEAR CAP	1	
LANCETS 28G	1		IHEALTH CONTROL		
CLEVER CHOICE	1		SOLUTION	1	
COMFORT EZ	'		_ IHEALTH LANCING	1	
COMFORT TOUCH TWIST LANCET 30G	1			1	
CONTOUR CONTROL SOLUTION	1		LANCETS 28G THIN	1	
CONTOUR NEXT	,		LANCETS SUPER THIN	1	
CONTROL SOLUTION	1		MICROLET NEXT	1	
CONTOUR NEXT GEN TEST STRIPS	1	PA; QL	MOBILE LANCETS 30G	1	
DIASTIX REAGENT	3		ONETOUCH DELICA	<u> </u>	
DIATHRIVE GLUCOSE			PLUS LANCING	1	
CONTROL SOLN	1		ONETOUCH DELICA	1	
DIATHRIVE LANCING DEVICE	1		SAFETY LANCING ONETOUCH ULTRA 2	1	
DROPLET GENTEEL	1		KIT W/DEVICE		
LANCING DEVICE	'		ONETOUCH ULTRA BLUE TEST	1	QL
DROPSAFE ACTI- LANCE 23G	1		ONETOUCH ULTRA IN	1	
EASY TALK PLUS II CONTROL	1		VITRO LIQUID ONETOUCH ULTRA IN	1	QL
EASY TOUCH	1		VITRO STRIP		QL_
HEALTHPRO HIGH/LOW	ı		ONETOUCH ULTRA TEST STRIPS	1	QL

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUCH VERIO	1		PROGLYCEM	3	
FLEX SYSTEM KIT			_ ZEGALOGUE	3	PA
ONETOUCH VERIO IN VITRO LIQUID HIGH	1		Diabetes - Insulins		
ONETOUCH VERIO	1	QL	ADMELOG	3	
TEST STRIPS	<u>'</u>	QL	ADMELOG SOLOSTAR	3	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		AFREZZA	3	PA
PERFECT POINT			APIDRA SOLOSTAR	3	
SAFETY LANCETS	1		APIDRA VIAL	3	
PIP GLUCOSE CONTROL SOLUTION	1		AQ INSULIN SYRINGE BASAGLAR KWIKPEN	3	PA
TECHLITE LANCETS	1		BASAGLAR TEMPO PEN	3	PA
26G			BD ULTRA-FINE		
TRUE METRIX LEVEL 1	1		INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2"		
TRUE METRIX LEVEL 2	1		– 0.3 ML, 29G X 1/2" 0.5		
TRUE METRIX LEVEL 3	1		_ ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X		
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1		1/2" 0.5 ML, 30G X 1/2" 1	1	
VERIFINE SAFE LANCET MINI 21G	1		- ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G		
VERIFINE SAFE	1		_ X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM		
LANCET MINI 23G			0.5 ML		
VERIFINE SAFE LANCET MINI 28G	1		BD VEO INSULIN SYR ULTRAFINE	1	
VERIFINE SAFE LANCET MINI 30G	1		DROPSAFE SAFETY SYRINGE/NEEDLE	1	
VIVAGUARD INO CONTROL SOLUTION	1		EMBECTA INS SYR U/F	1	
VIVAGUARD LANCETS 30G	1		EMBECTA INSULIN SYR ULTRAFINE	1	
VIVAGUARD LANCING DEVICE	1		EMBECTA INSULIN SYRINGE	1	
VIVAGUARD SAFETY LANCETS 28G	1		EMBECTA INSULIN SYRINGE U-100	1	
Diabetes - Glycemic Age	nts		EMBECTA INSULIN	1	
BAQSIMI ONE PACK	2		SYRINGE U-500		
BAQSIMI TWO PACK	2		FIASP	3	
diazoxide oral	2		FIASP FLEXTOUCH	3	
glucagon emergency kit	1		FIASP PENFILL	3	
GLUCAGON	3		FIASP PUMPCART	3	
EMERGENCY KIT	3		HUMALOG	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
HUMALOG KWIKPEN	2		INSULIN LISPRO PROT	3	
HUMALOG MIX 50/50 KWIKPEN	3		& LISPRO INSULIN SYRINGES 27G		
HUMALOG MIX 75/25 KWIKPEN	3				
HUMALOG MIX 75/25 VIAL	3		1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML,		
HUMALOG TEMPO PEN	3	PA	29G X 1/2" 1 ML, 29G X		
HUMALOG U-100 JUNIOR KWIKPEN	2		- 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, - 30G X 1/2" 0.5 ML, 30G X		
HUMULIN 70/30 KWIKPEN	2		1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5	1	
HUMULIN 70/30 VIAL	2		ML, 30G X 5/16" 1 ML, — 31G X 1/4" 0.3 ML, 31G X		
HUMULIN N KWIKPEN	2		1/4" 0.5 ML, 31G X 1/4" 1		
HUMULIN N VIAL	2		ML, 31G X 15/64" 0.3 ML, - 31G X 15/64" 0.5 ML,		
HUMULIN R U-500 KWIKPEN	1	PA	31G X 15/64 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X		
HUMULIN R U-500 VIAL	1	PA	5/16" 0.5 ML, 31G X 5/16"		
HUMULIN R VIAL	1		1 ML		
INSULIN ASP PROT &	3		LANTUS SOLOSTAR LANTUS U-100 VIAL	3	PA
ASP FLEXPEN	3		LYUMJEV KWIKPEN	3	PA PA
INSULIN ASPART INSULIN ASPART	3		LYUMJEV TEMPO PEN	3	PA PA
FLEXPEN	3		LYUMJEV VIAL	3	PA
INSULIN ASPART	3		MERILOG	3	PA
PENFILL			MERILOG SOLOSTAR	3	PA
INSULIN ASPART PROT & ASPART	3		NOVOLIN 70/30 FLEXPEN	3	PA
INSULIN DEGLUDEC	2	PA	- NOVOLIN 70/30	3	PA
INSULIN DEGLUDEC FLEXTOUCH	2	PA	FLEXPEN RELION NOVOLIN 70/30 RELION	3	PA PA
INSULIN GLARGINE	3	PA	NOVOLIN 70/30 KELION NOVOLIN 70/30 VIAL	3	PA PA
MAX SOLOSTAR			NOVOLIN N FLEXPEN	3	PA
INSULIN GLARGINE SOLOSTAR	3	PA	NOVOLIN N FLEXPEN RELION	3	PA
INSULIN GLARGINE- YFGN	1		NOVOLIN N RELION	3	PA
INSULIN LISPRO	2		NOVOLIN N VIAL	3	PA
INSULIN LISPRO (1			NOVOLIN R FLEXPEN	3	PA
UNIT DIAL) INSULIN LISPRO	2		NOVOLIN R FLEXPEN RELION	3	PA
JUNIOR KWIKPEN	3		NOVOLIN R RELION	3	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NOVOLIN R VIAL	3	PA	deferasirox oral tablet	1	
NOVOLOG 70/30 FLEXPEN RELION	3		deferasirox oral tablet soluble	1	
NOVOLOG FLEXPEN	3		DRISDOL	3	
NOVOLOG FLEXPEN RELION	3		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
NOVOLOG MIX 70/30 FLEXPEN	3		effer-k oral tablet	3	
NOVOLOG MIX 70/30 RELION	3		effervescent 25 meq ergocalciferol oral capsule	1	
NOVOLOG MIX 70/30 VIAL	3		FERRIPROX ORAL SOLUTION	3	PA; QL
NOVOLOG PENFILL	3		folic acid injection	1	
NOVOLOG RELION	3		folic acid oral tablet 1 mg	1	
NOVOLOG U-100 VIAL	3		FOLVITE-D	3	
REZVOGLAR KWIKPEN	3	PA	iodine strong	3	
SEMGLEE (YFGN)	3	PA	KIONEX	3	
TOUJEO MAX SOLOSTAR	3	PA	klor-con	1	
TOUJEO SOLOSTAR	3	PA	klor-con 10	1	
TRESIBA	3	PA	klor-con m10	1	
TRESIBA FLEXTOUCH	3	PA	klor-con m15	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	1		klor-con m20 klor-con/ef	3	
VERIFINE INSULIN SYRINGE	1		K-PHOS	3	
Electrolytes / Minerals / N	/letals / V	itamins	K-PHOS NO 2	3	
ACCRUFER	3	PA	K-PHOS-NEUTRAL	3	
ARGYLE STERILE	4		K-PRIME	3	
SALINE	1		levocarnitine oral solution	1	
argyle sterile water	3		levocarnitine oral tablet	1	
CARNITOR ORAL	3		levocarnitine sf	1	
CARNITOR SF	3		LOKELMA	3	PA
CHEMET	3		ORACIT	2	
curity sterile saline	1		ORAL CITRATE	2	
cyanocobalamin injection solution 1000 mcg/ml	1		phospha 250 neutral	1	
cytra k crystals	1		_ phosphorous	1	
deferasirox granules	4	QL	_ phospho-trin 250 neutral	1	
deferasirox oral packet	4	QL	PHOSPHO-TRIN K500	3	
			PHOXILLUM B22K4/0	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PHOXILLUM BK4/2.5	3		UROCIT-K 10	3	
phytonadione injection	1		UROCIT-K 15	3	
phytonadione oral	1		VELTASSA	3	PA
pot & sod cit-cit ac	1		vitamin d (ergocalciferol)	4	
potassium chloride crys er oral tablet extended	1		oral capsule 1.25 mg (50000 ut), 50000 unit	1	
release 10 meq, 20 meq			vitamin k1 injection	1	
potassium chloride crys er oral tablet extended	2		water for irrigation, sterile	3	
release 15 meq	2		wes-phos 250 neutral	1	
potassium chloride er oral capsule extended release	1		Gastrointestinal Agents Reflux and Ulcer		
potassium chloride er oral			- ACIPHEX	3	PA
tablet extended release	1		CARAFATE	3	
10 meq, 20 meq, 8 meq			_ cimetidine hcl	1	
potassium chloride er oral tablet extended release	3		cimetidine oral	1	
15 meq			CYTOTEC	3	
potassium chloride oral	1		DEXILANT	3	PA
potassium citrate er	1		dexlansoprazole	3	PA
potassium citrate-citric acid	1		esomeprazole magnesium oral packet	3	PA
sod citrate-citric acid	1		famotidine oral suspension reconstituted	1	
sodium chloride (pf)	1		famotidine oral tablet 20	<u>.</u>	
SODIUM CHLORIDE INJECTION SOLUTION	3		mg, 40 mg	1	
0.9 %			FIRST-LANSOPRAZOLE	3	
sodium chloride irrigation	1		FIRST-OMEPRAZOLE	3	D.A.
sodium fluoride oral	1		KONVOMEP	3	PA
solution sodium fluoride oral tablet	1		lansoprazole oral capsule delayed release	1	
1.1 (0.5 f) mg sodium fluoride oral tablet	3		 lansoprazole oral tablet delayed release dispersible 	3	PA
2.2 (1 f) mg			misoprostol oral	1	
sodium fluoride oral tablet chewable	1		NEXIUM ORAL PACKET	3	PA
sodium polystyrene	1		nizatidine	3	. , .
sulfonate	1		omeprazole oral capsule	1	
sps (sodium polystyrene sulf)	1		delayed release OMEPRAZOLE+SYRSPE	0	
sterile water for irrigation	3		ND SF ALKA	3	
tricitrates	1		omeprazole-sodium bicarbonate oral packet	3	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
pantoprazole sodium oral	3		enulose	1	
packet			_ GASTROCROM	3	
pantoprazole sodium oral tablet delayed release	1		gavilyte-c	1	
PEPCID	3		gavilyte-g	1	
PREVACID	3		gavilyte-n with flavor pack	1	
PREVACID SOLUTAB	3	PA	generlac	1	
PRILOSEC	3		GLYCATE	3	
PROTONIX ORAL	3		glycopyrrolate injection solution	1	
rabeprazole sodium oral tablet delayed release	1	ST	glycopyrrolate oral solution	3	
sucralfate oral	1		glycopyrrolate oral tablet		
VOQUEZNA	3	PA; QL	_ 1 mg, 2 mg	1	
Gastrointestinal Agents Intestine and Stomach C	- Drugs fo onditions	or Bowel,	GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
AMITIZA	3	PA; QL	GOLYTELY	3	
amoxicill-clarithro- lansopraz	3		HELIDAC THERAPY	2	
ANASPAZ ORAL			hyoscyamine sulfate er	1	
TABLET DISPERSIBLE 0.125 MG	3		hyoscyamine sulfate injection	3	
belladonna alkaloids-	1	QL	hyoscyamine sulfate oral	1	
opium	<u> </u>	Q.2	_ hyoscyamine sulfate sl	1	
bis subcit-metronid- tetracyc	3	PA	hyoscyamine sulfate _ sublingual	1	
bismuth/metronidaz/tetrac yclin	3	PA	hyosyne	1	
chlordiazepoxide-		01	KRISTALOSE	3	
clidinium	1	QL	lactulose encephalopathy	1	
CLENPIQ	3		lactulose oral packet	3	
constulose	1		lactulose oral solution	1	
cromolyn sodium oral	3		LEVBID	3	
CUVPOSA	3		LEVSIN	3	
dicyclomine hcl	3		LEVSIN/SL	3	
intramuscular dicyclomine hcl oral			LIBRAX	3	QL
capsule	1		LINZESS ORAL CAPSULE 145 MCG, 290	3	PA; QL
dicyclomine hcl oral solution 10 mg/5ml	1		MCG		
dicyclomine hcl oral tablet	1		_ LINZESS ORAL CAPSULE 72 MCG	3	PA
diphenoxylate-atropine	1		LOMOTIL	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
loperamide hcl oral capsule	1		ursodiol oral capsule 300 mg	1	
lubiprostone	3	PA; QL	ursodiol oral tablet	1	
methscopolamine	3		VIBERZI	3	PA
bromide oral MOTEGRITY	2	DA: OI	_ VOQUEZNA DUAL PAK	3	PA; QL
MOTOFEN	3	PA; QL	_ VOQUEZNA TRIPLE PAK	3	PA; QL
MOVANTIK	3	PA; QL	Genetic or Enzyme Disor	rder - Dru	ias for
MOVIPREP	3	1 A, QL	Replacement, Modification		
MYTESI	3		betaine	3	
na sulfate-k sulfate-mg	-		CERDELGA	4	PA; QL
sulf	3		CREON	2	
nulev	1		CYSTADANE	3	
OMECLAMOX-PAK	3		CYSTAGON	2	PA
opium	1	QL	OPFOLDA	3	PA
oscimin	1		PANCREAZE	3	
peg 3350-kcl-na bicarb-	1		PERTZYE	3	
nacl	4		_ VIOKACE	3	
peg-3350/electrolytes	1		_ ZENPEP	2	
peg- 3350/electrolytes/ascorba t	3		Genitourinary Agents - D Genital and Kidney Cond		Bladder,
peg-kcl-nacl-nasulf-na	3		acetic acid irrigation	1	
asc-c	3		AURYXIA	3	PA; QL
PEG-PREP	3		bethanechol chloride oral	1	
PLENVU	3		calcium acetate (phos – binder)	1	
prucalopride succinate	3	PA; QL	calcium acetate oral tablet		
PYLERA	3	PA	= 667 mg	1	
RELISTOR ORAL	3	PA; QL	- CERVIDIL	2	
RELISTOR SUBCUTANEOUS	2	PA	CIALIS ORAL TABLET 5 — MG	3	PA
SUFLAVE	3		darifenacin hydrobromide	1	
SUPREP BOWEL PREP KIT	3		er – DETROL	3	
SUTAB	3		- <u>BLINOL</u> - ELMIRON	2	
SYMPROIC	3	PA; QL	- ENTADFI	3	PA
TALICIA	3		FEM PH	3	173
TRULANCE	3	PA; QL	 _ FERRIC CITRATE	3	PA; QL
URSO FORTE	3		fesoterodine fumarate er	3	PA
			flavoxate hcl	1	. , ,
E# 11 D 1 00/04/0005			-		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GEMTESA	3	PA	uretron d/s	3	
INTRAROSA	3	PA; QL	URIBEL	3	
LITHOSTAT	3		URIMAR-T	3	
MB CAPS	3		URNEVA	3	
me/naphos/mb/hyo1	3		UROGESIC-BLUE	3	
mirabegron er	1		uro-mp	3	
MYRBETRIQ	3		VESICARE	3	
oxybutynin chloride er	1		VESICARE LS	3	
oxybutynin chloride oral tablet 2.5 mg	3		vilamit mb	3	
oxybutynin chloride oral	4		VILEVEV MB	3	_
tablet 5 mg	1		Genitourinary Agents - D Conditions	rugs for	Prostate
oxybutynin chloride solution 5 mg/5ml oral	1		alfuzosin hcl er	1	
OXYBUTYNIN			AVODART	3	
CHLORIDE SOLUTION 5 MG/5ML ORAL	3	PA	CARDURA XL	3	
OXYTROL	3	PA	dutasteride oral	1	
penicillamine oral	4	PA; QL	dutasteride-tamsulosin hcl	3	
PENTOSAN	•	174, QL	finasteride oral tablet 5	1	
POLYSULFATE SODIUM ORAL	2		mg JALYN	3	
phenazopyridine hcl oral	4		PROSCAR	3	
tablet 100 mg, 200 mg	1		RAPAFLO	3	
PREPIDIL	2		_ silodosin	1	
PYRIDIUM	3		tamsulosin hcl	1	
RENACIDIN	3		terazosin hcl	1	
RENVELA	3		TEZRULY	3	PA
RIMSO-50	3		UROXATRAL	3	
sevelamer carbonate	1		Hormonal Agents - Adrer	nal	
sevelamer hcl	1	PA	BETAMETHASONE		
solifenacin succinate	1		SODIUM PHOSPHATE	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA	INJECTION CORTEF	3	
tolterodine tartrate	1		CORTISONE ACETATE	3	
tolterodine tartrate er	1		ORAL	J	
TOVIAZ	3	PA	DEPO-MEDROL INJECTION	2	
trospium chloride	1		SUSPENSION 20 MG/ML	2	
trospium chloride er	1				
urelle	3		_		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DEPO-MEDROL			HIDEX 6-DAY	3	
INJECTION SUSPENSION 40	3		hydrocortisone oral	1	
MG/ML, 80 MG/ML			hydrocortisone sod suc	1	
DEXAMETHASONE (LA)	3		(pf)	2	
DEXAMETHASONE ACETATE INJECTION	3		IONTOSONE 0.4% KENALOG-10	3	
dexamethasone intensol	2		KENALOG-40	3	
dexamethasone oral elixir	1		KHINDIVI	3	PA
dexamethasone oral solution	1		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
dexamethasone oral tablet	1		MEDROL ORAL TABLET 2 MG	2	
dexamethasone oral tablet therapy pack	3		MEDROL ORAL TABLET THERAPY PACK	3	
dexamethasone sod phos +rfid	1		METHYLPREDNISOLON E ACE-LIDO	3	
dexamethasone sod phosphate pf injection solution	1		METHYLPREDNISOLON E ACETATE INJECTION SUSPENSION 40	3	
dexamethasone sodium			MG/ML, 80 MG/ML	1	
phosphate injection solution 100 mg/10ml,	1		methylprednisolone oral methylprednisolone	'	
120 mg/30ml, 20 mg/5ml dexamethasone sodium phosphate injection	1		_ sodium succ injection solution reconstituted 125 mg	1	
solution prefilled syringe	•		ORAPRED ODT	3	
DEXAMETHASONE			PEDIAPRED	3	
SODIUM PHOSPHATE SOLUTION 10 MG/ML	3		prednisolone oral solution	1	
INJECTION			_ prednisolone oral tablet	3	
dexamethasone sodium phosphate solution 10 mg/ml injection	1		prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	3	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	3		prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
dexamethasone sodium phosphate solution 4 mg/ml injection	1		prednisolone sodium phosphate oral tablet dispersible	3	
DEXONTO 0.4%	3		prednisone intensol	3	
fludrocortisone acetate	1		prednisone oral	1	
oral HEMADY	3	PA	 RAYOS	3	PA
· · - IVI/ \D I	U	1 /3	<u> </u>		-

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SOLU-CORTEF INJECTION SOLUTION	1		testosterone enanthate intramuscular	1	
RECONSTITUTED 100 MG SOLU-CORTEF	'		testosterone transdermal gel 1.62 %, 12.5 mg/act	1	Ol
INJECTION SOLUTION RECONSTITUTED 1000	2		(1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	1	QL
MG, 250 MG, 500 MG SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 125	3		_ testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL
MG TAPERDEX 12-DAY	3		_ testosterone transdermal solution	3	PA; QL
TAPERDEX 6-DAY	3		TLANDO	3	PA
TAPERDEX 7-DAY	3		UNDECATREX	3	PA
TRIAMCINOLONE			VOGELXO	3	QL
ACETONIDE INJECTION	3		VOGELXO PUMP	3	QL
SUSPENSION 50 MG/ML			XYOSTED	3	PA
triamcinolone acetonide	2		Hormonal Agents - Pituit	ary	
suspension 40 mg/ml injection	3		ACTHAR	4	PA; QL
TRIAMCINOLONE			ACTHAR GEL	4	PA; QL
ACETONIDE	3		cabergoline	1	
SUSPENSION 40 MG/ML INJECTION			CORTROPHIN	4	PA; QL
TRIAMCINOLONE	_		CORTROPHIN GEL	4	PA; QL
DIACETATE INJECTION	3		DDAVP	3	
Hormonal Agents - Men's	Health		DDAVP PF	3	
ANDROGEL PUMP	3	QL	desmopressin ace spray	1	
danazol oral	1		refrig	'	
DEPO-TESTOSTERONE (brand testosterone	1		desmopressin acetate injection	1	
cypionate intramuscular)			DESMOPRESSIN	2	
JATENZO	3	PA	ACETATE NASAL		
KYZATREX	3	PA	desmopressin acetate oral	1	
METHITEST	3	PA	desmopressin acetate pf	1	
methyltestosterone oral	3	PA	desmopressin acetate		
NATESTO	3	PA; QL	_ spray	1	
TESTIM	3	QL	EGRIFTA WR	3	
TESTONE CIK	3		ELIGARD	2	
TESTOSTERONE CYPIONATE INJECTION	1		FENSOLVI (6 MONTH)	3	
testosterone cypionate intramuscular	1		leuprolide acetate injection	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
LUPRON DEPOT (1-	2		abigale	1	
MONTH)			abigale lo	1	
LUPRON DEPOT (3- MONTH)	2		ACTIVELLA	3	
LUPRON DEPOT (4-			afirmelle	1	
MONTH)	2		aftera	1	
INTRAMUSCULAR KIT 30MG			AFTERPILL	1	
LUPRON DEPOT (6-			ALORA	3	
MONTH)	2		altavera	1	
INTRAMUSCULAR KIT 45MG			alyacen 1/35	1	
LUPRON DEPOT-PED	0		alyacen 7/7/7	1	
(1-MONTH)	2		amethyst	3	
LUPRON DEPOT-PED	2		ANGELIQ	3	
(3-MONTH)			- ANNOVERA	3	
octreotide acetate injection	1		apri	1	
octreotide acetate	2	QL	aranelle	1	
intramuscular kit 10 mg		QL	_ ashlyna	1	
octreotide acetate intramuscular kit 20 mg,	1	1 QL	aubra eq	1	
30 mg	·		aurovela 1.5/30	1	
octreotide acetate	1		aurovela 1/20	1	
subcutaneous		DA 01	_ aurovela 24 fe	1	
OMNITROPE	4	PA; QL	aurovela fe 1.5/30	1	
SANDOSTATIN SANDOSTATIN LAR	3	PA	aurovela fe 1/20	1	
DEPOT	2	QL	AVERI	3	
SYNAREL	3	QL	aviane	1	
VABRINTY			ayuna	1	
SUBCUTANEOUS KIT 22.5 MG, 45 MG	2		azurette	1	
Hormonal Agents - Prost	aglandin	S	BALCOLTRA	3	
MIFEPREX	1		balziva	1	
mifepristone oral tablet	•		BEYAZ	3	
200 mg	1		BIJUVA	3	
Hormonal Agents - Selec		ogen	blisovi 24 fe	1	
Receptor Modifying Age			blisovi fe 1.5/30	1	
EVISTA	3	D.4	_ blisovi fe 1/20	1	
OSPHENA	3	PA	_ briellyn	1	
raloxifene hcl	lo resource	and Birth	camila	1	
Hormonal Agents - Sex F Control	omione	s and birth	camrese	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
camrese lo	1		emzahh	1	
charlotte 24 fe	3		ENDOMETRIN	3	
chateal eq	1		enilloring	1	
CLIMARA	1		enpresse-28	1	
CLIMARA PRO	3		enskyce	1	
COMBIPATCH	3		errin	1	
covaryx	3		est estrogens-methyltest	3	
covaryx hs	3		est estrogens-methyltest	3	
CRINONE	3		ds	-	
cryselle-28	1		─ est estrogens-methyltest _ hs	3	
cyred eq	1		 estarylla	1	
dasetta 1/35 (28)	1		ESTRACE	3	
dasetta 7/7/7	1		estradiol oral	1	
daysee	1		estradiol transdermal gel	3	
deblitane	1		estradiol transdermal		
DELESTROGEN	3		patch twice weekly	1	
delyla	1		estradiol transdermal patch weekly	1	
DEPO-ESTRADIOL	2		estradiol vaginal	1	
DEPO-PROVERA	3		estradiol vaginar		
DEPO-SUBQ PROVERA 104	3		intramuscular	1	
desogestrel-ethinyl estradiol	1		estradiol-norethindrone acet	1	
DIVIGEL	3		estratest f.s.	3	
dolishale	3		ESTRATEST H.S.	3	
dotti	1		ESTRING	2	
drospiren-eth estrad-			- ESTROGEL	3	
levomefol	3		ethynodiol diac-eth	1	
drospirenone-ethinyl estradiol	1		estradiol etonogestrel-ethinyl	1	
DUAVEE	3		estradiol		
econtra one-step	1		- EVAMIST	3	
eemt	3		falmina	1	
eemt hs	3		feirza 1.5/30	1	
ELESTRIN	3		feirza 1/20	1	
elinest	1		FEMLYV	3	
ELLA	2		FEMRING	2	
eluryng	1		finzala	3	
			<u> </u>		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FIRST-	3		kelnor 1/50	1	
PROGESTERONE VGS			_ kurvelo	1	
fyavolv	3		_ larin 1.5/30	1	
galbriela	3		— larin 1/20	1	
gallifrey	1		_ larin 24 fe	1	
gemmily	3		larin fe 1.5/30	1	
hailey 1.5/30	1		_ larin fe 1/20	1	
hailey 24 fe	1		leena	1	
hailey fe 1.5/30	1		_ lessina	1	
hailey fe 1/20	1		_ levonest	1	
haloette	1		_ levonorgest-eth est & eth	3	
heather	1		est	3	
her style	1		levonorgest-eth estrad 91-day	1	
iclevia	1		- levonorgest-eth estradiol-		
IMVEXXY MAINTENANCE PACK	3		iron	3	
IMVEXXY STARTER	3		levonorgestrel	1	
PACK	3		levonorgestrel-ethinyl estrad oral tablet 0.1-20	1	
incassia	1		mg-mcg, 0.15-30 mg-mcg		
introvale	1		levonorgestrel-ethinyl		
isibloom	1		estrad oral tablet 90-20	3	
jaimiess	1		mcg levonorg-eth estrad		
jasmiel	1		_ triphasic	1	
jencycla	1		levora 0.15/30 (28)	1	
jinteli	3		_ LILETTA (52 MG)	3	
jolessa	1		_ LO LOESTRIN FE	3	
joyeaux	3		LOESTRIN 1.5/30 (21)	3	
juleber	1		LOESTRIN 1/20 (21)	3	
junel 1.5/30	1		LOESTRIN FE 1.5/30	3	
junel 1/20	1		LOESTRIN FE 1/20	3	
junel fe 1.5/30	1		lojaimiess	1	
junel fe 1/20	1		_ loryna	1	
junel fe 24	1		_ low-ogestrel	1	
kaitlib fe	3		lo-zumandimine	1	
kalliga	1		_ lutera	1	
kariva	1		lyleq	1	
kelnor 1/35	1		lyllana	1	
				'	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
lyza	1		norelgestromin-eth	1	
marlissa	1		estradiol		
medroxyprogesterone acetate	1		norethin ace-eth estrad-fe oral capsule	3	
megestrol acetate oral suspension 40 mg/ml,	1		norethin ace-eth estrad-fe oral tablet	1	
400 mg/10ml, 800 mg/20ml	'		norethin ace-eth estrad-fe oral tablet chewable	3	
megestrol acetate oral suspension 625 mg/5ml	3		norethindrone acetate oral	1	
megestrol acetate oral tablet	1		norethindrone acet-ethinyl est	1	
meleya	1		norethindrone oral	1	
MENEST	3		norethindrone-eth	3	
MENOSTAR	3		estradiol		
merzee	3		norethindron-ethinyl estrad-fe	3	
mibelas 24 fe	3		norethin-eth estradiol-fe	3	
microgestin 1.5/30	1		norgestimate-eth estradiol		
microgestin 1/20	1		oral tablet 0.25-35 mg- — mcg	1	
microgestin fe 1.5/30	1		norgestimate-ethinyl		
microgestin fe 1/20	1		estradiol triphasic	1	
mili	1		norlyroc	1	
mimvey	1		nortrel 0.5/35 (28)	1	
MINIVELLE	3		nortrel 1/35 (21)	1	
minzoya	3		nortrel 1/35 (28)	1	
MIRENA (52 MG)	2		nortrel 7/7/7	1	
MIUDELLA	0		NUVARING	3	
INTRAUTERINE COPPER	3		nylia 1/35	1	
mono-linyah	1		nylia 7/7/7	1	
my choice	1		ocella	1	
my way	1		opcicon one-step	1	
NATAZIA	3		OPILL	1	
necon 0.5/35 (28)	1		option 2	1	
new day	1		orquidea	1	
NEXTSTELLIS	3		PARAGARD	2	
nikki	1		— INTRAUTERINE COPPER	2	
nora-be	1		philith	1	
			pimtrea	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PLAN B ONE-STEP	3		tri-lo-estarylla	1	
portia-28	1		tri-lo-marzia	1	
PREMARIN ORAL	3	PA	tri-lo-mili	1	
PREMARIN VAGINAL	2		tri-lo-sprintec	1	
PREMPHASE	3		tri-mili	1	
PREMPRO	3		tri-sprintec	1	
progesterone intramuscular	1		tri-vylibra	1	
progesterone oral	1		— tri-vylibra lo		
PROMETRIUM	3		— turqoz	1	
PROVERA	3		- TWIRLA	3	
react	1		- tyblume	1	
reclipsen	1		- VAGIFEM	3	
rivelsa	3		— valtya 1/50	1	
rosyrah	3		— velivet	1	
SAFYRAL	3		─ vestura ·	1	
setlakin	1		- vienva	_ 1	
sharobel	1		- viorele	_ 1	
simliya	1		- VIVELLE-DOT	_ 3	
simpesse	1		- volnea	1	
SKYLA	2		- vyfemla	1	
SLYND	3		— vylibra	•	
sprintec 28	1		— wera	3	
sronyx	1		─ wymzya fe — xarah fe	3	
syeda	1		— <u>xaran ie</u> — xelria fe	3	
take action	1		— <u>xeina ie</u> — xulane	1	
tarina 24 fe	1		YASMIN 28	3	
tarina fe 1/20 eq	1		— YAZ — YAZ	3	
taysofy	3		─_ <u> </u>	1	
TAYTULLA CAPSULE 1- 20 MG-MCG(24) ORAL	3		zafemy	1	
TAYTULLA CAPSULE 1-	3	PA	zovia 1/35 (28)	1	
20 MG-MCG(24) ORAL		ГА	zumandimine	1	
tilia fe	3		Hormonal Agents - Thy	roid	
tri-estarylla	1		ADTHYZA	3	
tri-legest fe	3		ARMOUR THYROID	3	
tri-linyah	1		CYTOMEL	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ERMEZA	3	PA	BERINERT	4	PA; QL
euthyrox	3		CELLCEPT	3	
levo-t LEVOTHYROXINE	3		COSENTYX (300 MG DOSE)	4	PA; QL
SODIUM ORAL CAPSULE	3		COSENTYX 150 MG/ML SUBCUTANEOUS	4	PA; QL
levothyroxine sodium oral tablet	1		COSENTYX SENSOREADY (300 MG)	4	PA; QL
levoxyl	3		COSENTYX SENSOREADY PEN	4	PA; QL
liothyronine sodium oral	1		COSENTYX UNOREADY	4	PA; QL
methimazole oral	1		- CUVITRU	4	PA; QL
NIVA THYROID	3		cyclosporine modified	1	<u> </u>
NP THYROID	3		cyclosporine oral	1	
propylthiouracil oral	1		 _ ENBREL	4	PA; QL
RENTHYROID	3		ENBREL MINI	4	PA; QL
SYNTHROID	3		_ ENBREL SURECLICK	4	PA; QL
THYQUIDITY	3		_ ENVARSUS XR	2	
THYROID ORAL	3		_ gengraf	1	
TIROSINT	3		_ HEPAGAM B	3	
TIROSINT-SOL	3		HIZENTRA	4	PA; QL
unithroid	3		HYPERHEP B	2	
Immunological Agents - System Stimulation or So			HYPERRAB	3	
AMJEVITA	2	PA	HYPERTET	3	
AMJEVITA-PED 10KG			HYQVIA	4	PA; QL
TO <15KG	0	D.4	icatibant acetate	4	PA; QL
SUBCUTANEOUS SOLUTION PREFILLED	2	PA	IMOGAM RABIES-HT	3	
SYRINGE 10MG/0.2ML			IMURAN	3	
AMJEVITA-PED 15KG	2	PA	JYLAMVO	3	PA
TO <30KG		1 7 (KEDRAB	3	
ANTIVENIN LATRODECTUS	3		leflunomide oral	1	
MACTANS	J		methotrexate sodium	1	
ARAVA	3		methotrexate sodium (pf)	1	
ASTAGRAF XL	3		mycophenolate mofetil oral	1	
AZASAN	3		mycophenolate sodium	1	
azathioprine oral tablet	3		mycophenolic acid	1	
100 mg, 75 mg azathioprine oral tablet 50			MYFORTIC	3	
mg Ffective Date: 00/01/2025	1		NABI-HB	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
NEORAL	3		Immunological Agents -	Drugs for	
ORENCIA CLICKJECT	4	PA; QL	Vaccination	0	
ORENCIA	4	PA; QL	ABRYSVO	2	
SUBCUTANEOUS OTEZLA	4	-	ACTHIB	2	
OTREXUP	4	PA; QL	ADACEL	2	
SUBCUTANEOUS			AFLURIA AFLURIA	1	
SOLUTION AUTO- INJECTOR 10 MG/0.4ML,	3	PA	PRESERVATIVE FREE	1	
12.5 MG/0.4ML, 15 MG/0.4ML, 17.5	J		AREXVY	2	
MG/0.4ML, 22.5			AUDENZ	2	
MG/0.4ML, 25 MG/0.4ML			BEXSERO	2	
OTREXUP			BIOTHRAX	3	
SUBCUTANEOUS SOLUTION AUTO-	3		BOOSTRIX	2	
INJECTOR 20 MG/0.4ML			CAPVAXIVE	2	
PROGRAF ORAL	3		COMIRNATY	2	
RASUVO	2		DAPTACEL	2	
RHOPHYLAC	3		ENGERIX-B	2	
RIDAURA	4	PA; QL	FLUAD	1	
sajazir	4	PA; QL	FLUARIX	1	
SANDIMMUNE ORAL	3		FLUBLOK	1	
sirolimus oral	1		FLUCELVAX	1	
SKYRIZI PEN	4	PA; QL	FLULAVAL	1	
SKYRIZI SUBCUTANEOUS	4	PA; QL	FLUMIST	1	
tacrolimus oral	1		FLUZONE HIGH-DOSE	1	
TREMFYA CROHNS	4	PA; QL	FLUZONEINTRAMUSCULARSUSPENSION	1	
TREMFYA ONE-PRESS	4	PA; QL	PREFILLED SYRINGE		
TREMFYA PEN	4	PA; QL	GARDASIL 9	2	
TREMFYA SUBCUTANEOUS	4	PA; QL	HAVRIX	2	
TREXALL	3		- HEPLISAV-B	2	
	3		- HIBERIX	2	
VARIZIG XATMEP	3	DA: OI	- INFANRIX	2	
XELJANZ	4	PA; QL	- IPOL	2	
XELJANZ XR	4	PA; QL PA; QL	KINRIX	2	
YESINTEK		-	MENQUADFI	2	
SUBCUTANEOUS	2	PA	MENVEO	2	
			M-M-R II	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
MNEXSPIKE	2		anusol-hc rectal	3	
MODERNA COVID-19	2		APRISO	1	
VAC 6M-11Y			- AZULFIDINE	3	
MRESVIA	2		AZULFIDINE EN-TABS	3	
NOVAVAX COVID-19 VACCINE	2		balsalazide disodium	1	
PEDIARIX	2		budesonide oral (generic – Entocort)	1	
PEDVAX HIB	2		– <u>Entocorty</u> – budesonide rectal	3	
PENBRAYA	2		- CANASA	3	
PENMENVY	3		- COLAZAL	3	
PENTACEL	2		- CORTENEMA	3	
PFIZER COVID-19 VAC- TRIS 5-11Y	2		CORTIFOAM	2	
PFIZER COVID-19 VAC- TRIS 6M-4Y	2		HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
PNEUMOVAX 23	2		HEMMOREX-HC		
PREVNAR 20	2		SUPPOSITORY 25 MG	3	
PRIORIX	2		RECTAL		
PROQUAD	2		hemmorex-hc suppository 25 mg rectal	3	
QUADRACEL	2		hydrocortisone (perianal)	2	
RECOMBIVAX HB	2		external cream 1 %	3	
ROTARIX	2		hydrocortisone (perianal)	1	
ROTATEQ	2		external cream 2.5 %		
SHINGRIX	2		 hydrocortisone ace- pramoxine external cream 	3	
SPIKEVAX	2		1-1 %		
TENIVAC	2		hydrocortisone acetate rectal	3	
TRUMENBA	2		hydrocortisone rectal	1	
TWINRIX	2		LIALDA	3	
VAQTA INTRAMUSCULAR SUSPENSION 50	2		lidocaine-hydrocort (perianal)	3	
UNIT/ML VARIVAX	2		_ LIDOCAINE- HYDROCORTISONE	3	
VAXELIS	2		ACE RECTAL GEL		
VAXNEUVANCE	2		lidocaine-hydrocortisone ace rectal kit 1-3 %, 3-0.5	3	
Inflammatory Bowel Dise	ase Age	nts	%		
ANALPRAM-HC	3		LIDOCORT	3	
ANUCORT-HC	3		mesalamine er oral	1	
ANUSOL-HC EXTERNAL	3		capsule 0.375 gm		
Eff. 11. D. 1. 00/04/000E			_		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
mesalamine oral capsule delayed release 400 mg	1	ST	risedronate sodium oral tablet delayed release	3	
mesalamine oral tablet	1		Metabolic Bone Disease	Agents -	Other
delayed release 1.2 gm	<u> </u>		calcitriol oral	1	
mesalamine oral tablet delayed release 800 mg	3	PA	cinacalcet hcl	1	
mesalamine rectal	1		doxercalciferol oral	3	
mesalamine-cleanser	3		paricalcitol oral	3	
PENTASA ORAL			RAYALDEE	3	PA
CAPSULE EXTENDED RELEASE 250 MG	2	PA	ROCALTROL	3	
PENTASA ORAL			- SENSIPAR	3	
CAPSULE EXTENDED	1	PA	ZEMPLAR ORAL	3	
RELEASE 500 MG			Miscellaneous Therapeu	tic Agent	S
PROCORT	3		AEROCHAMBER	2	
PROCTOCORT	3		HOLDING CHAMBER AEROCHAMBER MINI		
PROCTOFOAM HC	2		CHAMBER	2	
procto-med hc	1		_ AEROCHAMBER MV	2	
proctosol hc	1		AEROCHAMBER PLS	2	
proctozone-hc	1		FLOVU MTHPIECE	2	
ROWASA	3		AEROCHAMBER PLUS FLO-VU INTERM	2	
SFROWASA	3		AEROCHAMBER PLUS		
sulfasalazine oral	1		FLO-VU LARGE DEVICE	2	
UCERIS RECTAL	3		AEROCHAMBER PLUS		
Metabolic Bone Disease Osteoporosis	Agents -	Drugs for	FLO-VU MEDIUM DEVICE	2	
ACTONEL	3		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
alendronate sodium	1		- AEROCHAMBER PLUS		
ATELVIA	3		FLOW VU	2	
BINOSTO	3		AEROCHAMBER2GO	2	
calcitonin (salmon) injection	3		ANTI-STATIC ALCOHOL PREP PADS	1	
calcitonin (salmon) nasal	1		PAD , 70 %		
FOSAMAX	3		ALCOHOL PREP PADS - SHEET 70 %	1	
FOSAMAX PLUS D	3		- ALTERNARIA		
ibandronate sodium oral	1		ALTERNATA INJECTION	3	
MIACALCIN	3		SOLUTION 24000 - PNU/ML		
risedronate sodium oral tablet	1		AQINJECT PEN NEEDLE	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ASSURE ID DUO PRO	1		CAYA	2	
PEN NEEDLES ASSURE ID PRO PEN	1		CLEVER CHOICE HOLDING CHAMBER	2	
NEEDLES AUM ALCOHOL PREP	1		COMFORT EZ PRO PEN NEEDLES	1	
PADS AUM INSULIN SAFETY			COMPACT SPACE CHAMBER	2	
PEN NEEDLE 31G X 4	1		COMPACT SPACE _ CHAMBER/LG MASK	2	
AUM MINI INSULIN PEN NEEDLE	1		COMPACT SPACE CHAMBER/MED MASK	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6	1		COMPACT SPACE CHAMBER/SM MASK	2	
MM			CORN SMUT	3	
AUM READYGARD DUO PEN NEEDLE	1		CYTOTINE ORAL POWDER	3	
AUM SAFETY PEN NEEDLE	1		deferoxamine mesylate injection solution reconstituted 500 mg	1	
BD AUTOSHIELD DUO PEN NEEDLES	1		DESFERAL	3	
BD PEN NEEDLE MICRO ULTRAFINE	1		DROPSAFE ALCOHOL PREP	1	
BD PEN NEEDLE MINI	1		EASIVENT	2	
ULTRAFINE BD PEN NEEDLE NANO	1		_ EDETATE CALCIUM DISODIUM INJECTION	3	
ULTRAFINE BD PEN NEEDLE ORIG	1		EMBECTA AUTOSHIELD DUO	1	
ULTRAFINE BD PEN NEEDLE	1		EMBECTA PEN NEEDLE NANO	1	
BD ULTRA-FINE PEN	1		EMBECTA PEN NEEDLE NANO 2 GEN	1	
NEEDLES BREATHE COMFORT	2		EMBECTA PEN NEEDLE ULTRAFINE	1	
CHAMBER/ADULT BREATHE COMFORT CHAMBER/CHILD	2		EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6	1	
BREATHE EASE LARGE	2		[−] MM , 31G X ⁸ MM , 32G − X 4 MM		
BREATHE EASE MEDIUM	2		EPICOCCUM NIGRUM INJECTION SOLUTION	3	
BREATHE EASE SMALL	2		1:20	3	
BREATHERITE VALVED MDI CHAMBER	2		FEMCAP	2	
CARELESSWEED	3		FLEXICHAMBER	2	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
FLEXICHAMBER ADULT MASK/SMALL	2		NOZIN NASAL SANITIZER POPSWAB	1	
FLEXICHAMBER CHILD	2		ODACTRA	3	PA
MASK/LARGE FLEXICHAMBER CHILD	2		OMNIPOD 5 DEXCOM INTRO KIT	3	PA
MASK/SMALL GLUCAGON HCL			_ OMNIPOD 5 DEXCOM PODS	3	PA
(DIAGNOSTIC)	2		OMNIPOD 5 LIBRE2 G6	3	PA
GOODSENSE ALCOHOL SWABS	1		INTRO G5 OMNIPOD 5 LIBRE		
GRASTEK	3	PA	PODS	3	PA
GUINEA PIG EPITHELIUM EXTRACT	3		OMNIPOD DASH INTRO KIT	3	PA
INCONTROL ULTICARE PEN NEEDLES	1		OMNIPOD DASH PDM (GEN 4)	3	PA
INSULIN PEN NEEDLES			OMNIPOD DASH PODS	3	PA
29G X 10MM , 29G X 12.7MM , 29G X 12MM ,			OMNIPOD POD PALS	3	PA
29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8			OPTICHAMBER DIAMOND	2	
MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM ,	1		OPTICHAMBER DIAMOND-LG MASK	2	
31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM ,			OPTICHAMBER DIAMOND-MD MASK	2	
33G X 4 MM , 33G X 5 MM , 33G X 6 MM			OPTICHAMBER DIAMOND-SM MASK	2	
INSUPEN32G EXTR3ME	1		ORALAIR	3	PA
IWILFIN	3	PA; QL	ORALAIR ADULT STARTER PACK	3	PA
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL	ORALAIR CHILDRENS STARTER PACK	3	PA
KERENDIA ORAL TABLET 40 MG	3		PANDA MASK LARGE	2	
methergine	1		PANDA MASK MEDIUM	2	
methylergonovine	1		PANDA MASK SMALL	2	
maleate MICROCHAMBER			_ PARI VORTEX ADULT MASK	2	
DEVICE	2		PARI VORTEX	2	
NOVOFINE PEN NEEDLE	1		PEDIATRIC MASK PEDIATRIC PANDA		
NOVOFINE PLUS PEN NEEDLE	1		MASK	2	
NOZIN NASAL	1		PEN NEEDLE/5-BEVEL TIP	1	
SANITIZER	- 1		PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
PHEXXI	3		VORTEX VALVE	2	
PIP PEN NEEDLES 32G X 4MM	1		CHAMBER-PEDI MASK VORTEX VALVED	2	
pocket spacer	2		HOLDING CHAMBER		
PRO COMFORT SPACER ADULT	2		WEED MIXED ALLERGEN	3	
PRO COMFORT SPACER CHILD	2		WESTERN RAGWEED WIDE-SEAL	2	
PRO COMFORT SPACER INFANT	2		DIAPHRAGM 60 WIDE-SEAL	2	
PROCARE SPACER/ADULT MASK	2		DIAPHRAGM 65 WIDE-SEAL	2	
PROCARE SPACER/CHILD MASK	2		DIAPHRAGM 70 WIDE-SEAL		
PURE COMFORT SAFETY PEN NEEDLE	1		DIAPHRAGM 75 WIDE-SEAL	2	
PURE COMFORT SPACER CHAMBER	2		DIAPHRAGM 80 WIDE-SEAL	2	
QUACK GRASS	3		DIAPHRAGM 85	2	
QUICK TOUCH INSULIN PEN NEEDLE	1		WIDE-SEAL DIAPHRAGM 90	2	
RAGWITEK	3	PA	[—] WIDE-SEAL — DIAPHRAGM 95	2	
RAYA SURE PEN NEEDLE	1		Ophthalmic Agents - Dru Infection and Inflammatic		e Allergy,
SAFETY PEN NEEDLES	1		ACULAR	2	
TECHLITE PLUS PEN NEEDLES	1		ACULAR LS	3	
TRUE COMFORT SAFETY PEN NEEDLE	1		ACUVAIL ALOCRIL	3	
UNIFINE OTC PEN	1		ALREX	3	
NEEDLES UNIFINE PROTECT PEN			- AZASITE	3	
NEEDLE PROTECT PEN	1		azelastine hcl ophthalmic	1	
VEOZAH	3	PA; QL	bacitracin ophthalmic	1	
VERIFINE INSULIN PEN NEEDLE	1		bepotastine besilate	3	
VERIFINE PLUS PEN			BEPREVE	3	
NEEDLE	1		BESIVANCE	3	
V-GO 20	3	PA	— BETADINE _ OPHTHALMIC PREP	3	
V-GO 30	3	PA	_ bromfenac sodium (once-	3	
V-GO 40	3	PA	daily)	3	
VISTASEAL	3		bromfenac sodium ophthalmic	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
BROMSITE	3		neomycin-polymyxin-	1	
CILOXAN	2		dexameth	<u>'</u>	
ciprofloxacin hcl ophthalmic	1		neomycin-polymyxin-hc ophthalmic	3	
cromolyn sodium	1		NEVANAC	3	
ophthalmic	'		OCUFLOX	3	
dexamethasone sodium phosphate ophthalmic	1		ofloxacin ophthalmic olopatadine hcl	1	
diclofenac sodium ophthalmic	1		ophthalmic solution 0.2 % POVIDONE-IODINE	3	
difluprednate	1		OPHTHALMIC	3	
DUREZOL	3		PRED FORTE	3	
epinastine hcl	3		PRED MILD	2	
erythromycin ophthalmic	1		PREDNISOL ACE-	3	
EYSUVIS	3	PA	MOXIFLOX-BROMFEN		
FLAREX	3		─ prednisolone acetate _ ophthalmic	1	
fluorometholone	1		prednisolone acetate p-f	1	
flurbiprofen sodium	1		_ PREDNISOLONE	2	
FML FORTE	2		ACETATE-NEPAFENAC	3	
FML LIQUIFILM	3		PREDNISOLONE ACET- MOXIFLOXACIN	3	
gatifloxacin ophthalmic	1		prednisolone sodium		
gentamicin sulfate ophthalmic	1		phosphate ophthalmic	3	
ILEVRO	3		— PREDNISOLON- GATIFLOX-	3	
INVELTYS	3		BROMFENAC		
ketorolac tromethamine ophthalmic	1		PREDNISOLON- MOXIFLOX-	3	
KLARITY-A	3		BROMFENAC		
KLARITY-L	3		 PREDNISOLON- MOXIFLOX- 	3	
levofloxacin ophthalmic	3		KETOROLAC		
LOTEMAX	3		PREDNISOLON-	3	
LOTEMAX SM	3		MOXIFLOX-NEPAFENAC		
loteprednol etabonate	3		PROLENSA	3	
MAXIDEX	3		 sulfacetamide sodium ophthalmic 	1	
MAXITROL	3		 _ TOBRADEX	2	
moxifloxacin hcl (2x day)	1		TOBRADEX ST	3	
moxifloxacin hcl ophthalmic	1		tobramycin ophthalmic	1	
NATACYN	2		 tobramycin- dexamethasone 	1	
Effective Date: 00/01/2025			аолантонназоно		

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
TOBREX	2		dorzolamide hcl-timolol	3	
trifluridine	1		mal pf		
UPNEEQ	3	PA	IOPIDINE	3	
VIGAMOX	2		ISTALOL	3	
ZERVIATE	3		IYUZEH	3	
ZIRGAN	3		latanoprost ophthalmic	1	
Ophthalmic Agents - Dru	gs for Gl	aucoma	LATANOPROST- TIMOLOL MALEATE	3	
acetazolamide er	1		_ levobunolol hcl	1	
acetazolamide oral	1		_ LUMIGAN	2	
ALPHAGAN P	3		_ methazolamide oral	1	
apraclonidine hcl	3		_ PHOSPHOLINE IODIDE	3	
AZOPT	3		_ pilocarpine hcl ophthalmic	1	
betaxolol hcl ophthalmic	1		_ QLOSI	3	PA
BETIMOL	3		RHOPRESSA	3	PA
BETOPTIC-S	2		ROCKLATAN	3	PA
bimatoprost ophthalmic	1		SIMBRINZA	3	
brimonidine tartrate	2		tafluprost (pf)	3	
ophthalmic solution 0.1 %, 0.15 %	3		timolol hemihydrate	3	
brimonidine tartrate ophthalmic solution 0.2 %	1		timolol maleate (once- daily)	3	
brimonidine tartrate-	3		timolol maleate ocudose	3	
timolol BRIMONIDINE-	3		_ timolol maleate ophthalmic	1	
DORZOLAMIDE	3		timolol maleate pf	3	
OPHTHALMIC SOLUTION 0.15-2 %	3		TIMOLOL-BRIMON- DORZOL-LATANOPR	3	
brinzolamide	1		TIMOLOL-		
carteolol hcl	1		BRIMONIDINE-		
COMBIGAN	3		DORZOLAMID — OPHTHALMIC	3	
COSOPT	3		SOLUTION 0.5-0.15-2 %		
COSOPT PF	3		TIMOLOL-		
DORZOLAMIDE HCL SOLUTION 2 %	3		DORZOLAMID- LATANOPROST	3	
OPHTHALMIC			_ TIMOPTIC OCUDOSE	3	
dorzolamide hcl solution 2 % ophthalmic	1		TRAVATAN Z	3	
dorzolamide hcl-timolol	1		travoprost (bak free)	1	
mal	1		VUITY	3	PA
			VYZULTA	3	PA

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
XALATAN	3		polymyxin b-trimethoprim	1	
XELPROS ZIOPTAN	3		PREDNISOLONE- BROMFENAC	3	
Ophthalmic Agents - Dru Miscellaneous Eye Cond	gs for		PREDNISOLONE- GATIFLOXACIN	3	
ACUICYN	3		PREDNISOLONE-	3	
AKTEN	3		MOXIFLOXACIN		
ALCAINE	3		_ proparacaine hcl ophthalmic	3	
altacaine	3		RESTASIS	3	PA
altafrin	1		RESTASIS MULTIDOSE	3	PA
ATROPINE SULFATE OPHTHALMIC	1		sulfacetamide- prednisolone	1	
SOLUTION 0.01 %			tetracaine hcl ophthalmic	3	
atropine sulfate ophthalmic solution 1 %	1		TROPICAMIDE- CYCLOPENTOLATE-PE	3	
AVENOVA	3		TROPICAMIDE-	3	
bacitracin-polymyxin b	1		PHENYLEPHRINE TROPIC-PROPARACA-		
bacitra-neomycin- polymyxin-hc	1		PE-KETOROLAC	3	
CEQUA	2	PA	TRYPTYR	3	PA
CYCLOGYL OPHTHALMIC	2		TYRVAYA XIIDRA	2	PA PA
SOLUTION 0.5 %	-		_ ZYLET	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	3		Otic Agents - Drugs for E	ar Condi	itions
CYCLOMYDRIL	3		CETRAXAL	3	
cyclopentolate hcl	1		CIPRO HC	2	
ophthalmic cyclosporine ophthalmic	1	PA	_ ciprofloxacin hcl otic	3	
GELFILM OPHTHALMIC	3	FA	_ ciprofloxacin- dexamethasone	1	
homatropaire	1		CIPROFLOXACIN-		
neomycin-bacitracin zn-			FLUOCINOLONE PF	3	
polymyx	3		CORTISPORIN-TC	3	
neomycin-polymyxin- gramicidin	1		DERMOTIC fluocinolone acetonide	3	
NEO-POLYCIN	3		otic	1	
neo-polycin hc	1		hydrocortisone-acetic acid	3	
phenylephrine hcl ophthalmic	1		neomycin-polymyxin-hc otic	1	
polycin	1		ofloxacin otic	1	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
OTOVEL	3		hydrocodone bit-	1	
PRAMOTIC	3		homatrop mbr		
Respiratory Tract / Pulmo	onary Ag	ents -	hydromet	1	
Drugs for Allergies, Coug			HYPERSAL	3	
ADRENALIN NASAL	3		INFASURF	3	
azelastine hcl nasal	1		ipratropium bromide nasal	1	
azelastine-fluticasone	3		KARBINAL ER	3	
benzonatate oral capsule 100 mg, 200 mg	1		levocetirizine dihydrochloride oral	1	
benzonatate oral capsule	3		maxi-tuss ac	2	QL
150 mg BROMPHENIRAMINE			_ MICLARA LQ	3	
MALEATE INTRAMUSCULAR	3		mometasone furoate nasal	3	PA
bromphen-pseudoeph-dm	3		nebusal inhalation nebulization solution 3 %	1	
CARBINOXAMINE MALEATE ER	3		NEBUSAL INHALATION NEBULIZATION	3	
carbinoxamine maleate oral solution	3		SOLUTION 6 % olopatadine hcl nasal	1	
carbinoxamine maleate	1		OMNARIS	3	PA
oral tablet CARBZAH	3		potassium iodide	2	
cetirizine hcl oral solution	3		(expectorant)		
CLARINEX	3		_ promethazine-codeine oral solution	3	PA
CLARINEX-D 12 HOUR	3		promethazine-dm	1	
clemastine fumarate oral	1		promethazine-	1	
CUROSURF	3		phenylephrine	•	
cyproheptadine hcl oral	1		pseudoephedrine-bromphen-dm	3	
desloratadine	1		pulmosal	1	
diphenhydramine hcl	1		QNASL	3	PA
injection			- QNASL CHILDRENS	3	PA
diphenhydramine hcl oral elixir	3		RYALTRIS	3	PA
DYMISTA	3		RYCLORA	3	
epinephrine hcl (nasal)	3		ryvent	1	
flunisolide nasal	1		sodium chloride inhalation nebulization solution 0.9	1	
guaifenesin-codeine	2	QL	%, 3 %, 7 %		
HYCODAN	3		sodium chloride inhalation nebulization solution 10 %	3	
hydrocod poli-chlorphe poli er	3		SSKI	2	
<u> </u>				_	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
SURVANTA	2		ASMANEX (30	2	ST
TUXARIN ER	3	QL	METERED DOSES)		
XHANCE	3	PA	─ ASMANEX (60 ■ METERED DOSES)	2	ST
Respiratory Tract / Pulme Drugs for Asthma and Of			ASMANEX HFA	2	ST
Conditions	mer Lunç	d	ATROVENT HFA	2	
ACCOLATE	3		AUVI-Q INJECTION		
acetylcysteine inhalation	1		SOLUTION AUTO- INJECTOR 0.1 MG/0.1ML	2	
ADVAIR DISKUS	3		_ AUVI-Q INJECTION		
ADVAIR HFA	2		SOLUTION AUTO-		
AIRSUPRA	3	PA	─ INJECTOR 0.15 — MG/0.15ML, 0.3	1	
albuterol sulfate hfa			= MG/0.15ML, 0.3 MG/0.3ML		
aerosol solution 108 (90 base) mcg/act inhalation	1	QL	BEVESPI AEROSPHERE	3	PA
albuterol sulfate hfa			BREO ELLIPTA	3	PA
aerosol solution 108 (90	3	QL	breyna	1	PA; QL
base) mcg/act inhalation			BREZTRI AEROSPHERE	3	PA
ALBUTEROL SULFATE			BROVANA	3	PA
HFA AEROSOL SOLUTION 108 (90	1	QL	budesonide inhalation	1	
BASE) MCG/ACT INHALATION		-	budesonide-formoterol fumarate	1	PA; QL
albuterol sulfate inhalation			COMBIVENT RESPIMAT	2	
nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5	1		cromolyn sodium inhalation	1	
mg/0.5ml			DALIRESP	3	
albuterol sulfate			DUAKLIR PRESSAIR	3	PA
nebulization solution (5 mg/ml) 0.5% inhalation	1		DULERA	3	PA; QL
ALBUTEROL SULFATE			elixophyllin	1	
NEBULIZATION SOLUTION (5 MG/ML)	3		epinephrine injection solution auto-injector	1	
0.5% INHALATION			EPINEPHRINE		
albuterol sulfate oral	1		INJECTION SOLUTION - PREFILLED SYRINGE	3	
ALVESCO	2		0.3 MG/0.3ML		
ANORO ELLIPTA	3	PA	_ EPINEPHRINE	3	
arformoterol tartrate	3	PA	PROFESSIONAL		
ARNUITY ELLIPTA	3	PA	EPINEPHRINESNAP	3	
ASMANEX (120 METERED DOSES)	2	ST	EPINEPHRINESNAP- EMS	3	
ASMANEX (14	2	ST	EPINEPHRINESNAP-V	3	
METERED DOSES)			EPIPEN 2-PAK	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EPIPEN JR 2-PAK	3		montelukast sodium oral	1	
FLUTICASONE	3	PA	NEFFY	3	PA
FUROATE ELLIPTA	-	1 7 4	_ OFEV	4	PA; QL
FLUTICASONE FUROATE-VILANTEROL	3	PA	PERFOROMIST	3	
FLUTICASONE			pirfenidone	4	PA; QL
PROPIONATE DISKUS	2	PA	PROAIR RESPICLICK	3	QL
FLUTICASONE PROPIONATE HFA			PULMICORT FLEXHALER	3	PA
INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	PA	PULMICORT SUSPENSION	3	
FLUTICASONE			_ QVAR REDIHALER	3	PA
PROPIONATE HFA	0		roflumilast	3	
INHALATION AEROSOL	2		SEREVENT DISKUS	2	ST
44 MCG/ACT			_ SINGULAIR	3	
FLUTICASONE- SALMETEROL			SPIRIVA HANDIHALER	1	
INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	2		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	2	ST
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act,	1		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	2	
500-50 mcg/act			_ STIOLTO RESPIMAT	2	
FLUTICASONE- SALMETEROL			STRIVERDI RESPIMAT	2	PA
INHALATION AEROSOL			SYMBICORT	3	PA; QL
POWDER BREATH ACTIVATED 113-14	3	PA	terbutaline sulfate injection	3	
MCG/ACT, 232-14 MCG/ACT, 55-14			terbutaline sulfate oral	1	
MCG/ACT			THEO-24	3	
formoterol fumarate	3		theophylline er	1	
inhalation	0	DA	theophylline oral	1	
INCRUSE ELLIPTA	3	PA	_ tiotropium bromide	1	
ipratropium bromide inhalation	1		monohydrate TRELEGY ELLIPTA	3	PA
ipratropium-albuterol	1		_ TUDORZA PRESSAIR	3	17
isoproterenol hcl injection	3		TODORZA PRESSAIR UMECLIDINIUM-		
levalbuterol hcl inhalation	3		_ OMECLIDINIOM- VILANTEROL	3	PA
LEVALBUTEROL HFA			VENTOLIN HFA	3	QL
INHALATION AEROSOL 45 MCG/ACT	3	QL	wixela inhub	1	
TO IVIOU/ACT			XOPENEX HFA	3	

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
YUPELRI	3	PA	chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	QL
zafirlukast	3		cyclobenzaprine hcl er	3	PA; QL
Respiratory Tract / Pulmo Drugs for Cystic Fibrosis	;		cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	QL
ALYFTREK	4	PA; QL	cyclobenzaprine hcl oral		
PULMOZYME	2	QL	tablet 7.5 mg	3	QL
tobramycin nebulization solution 300 mg/5ml	4	PA; QL	DANTRIUM ORAL	3	
inhalation		·	dantrolene sodium oral	1	
TRIKAFTA	4	PA; QL	FEXMID	3	QL
Respiratory Tract / Pulmo			FLEQSUVY	3	PA
Drugs for Pulmonary Hypalyq	1	on	metaxalone oral tablet 400 mg, 800 mg	3	QL
ambrisentan bosentan	1	PA; QL PA; QL	metaxalone oral tablet 640 mg	3	PA; QL
OPSUMIT	4	PA; QL	methocarbamol injection	1	
sildenafil citrate oral suspension reconstituted	4	PA; QL	methocarbamol oral tablet 500 mg, 750 mg	1	QL
sildenafil citrate oral tablet			NORGESIC	3	•
20 mg	4	PA	NORGESIC FORTE	3	QL
tadalafil (generic Adcirca)	1		orphenadrine citrate er	1	QL
TRACLEER 62.5 MG, 125 MG	3	PA; QL	orphenadrine citrate injection	3	
TYVASO	2	PA; QL	orphenadrine-aspirin-	3	
TYVASO REFILL KIT	2	PA; QL	caffeine		
TYVASO STARTER KIT	2	PA; QL	ORPHENGESIC FORTE	3	QL
UPTRAVI ORAL	4	PA; QL	OZOBAX DS	3	
UPTRAVI TITRATION	4	PA; QL	ROBAXIN	3	
VENTAVIS	4	PA; QL	SOMA	3	PA; QL
Skeletal Muscle Relaxant	ts - Drug	s for	tizanidine hcl oral capsule	3	
Muscle Pain and Spasm	2	DA. OI	tizanidine hcl oral tablet	1	
AMRIX	3	PA; QL	_ ZANAFLEX	3	
baclofen oral solution	3	DA	Sleep Disorder Agents		
baclofen oral suspension baclofen oral tablet 10	3	PA	- AMBIEN CR	3	QL
mg, 20 mg, 5 mg	1		AMBIEN ORAL TABLET – 10 MG	3	PA; QL
baclofen oral tablet 15 mg	3		AMBIEN ORAL TABLET	3	QL
carisoprodol oral	3	PA; QL	5 MG	3	QL_
chlorzoxazone oral tablet 250 mg	1		armodafinil – BELSOMRA	1 3	PA
			DELOCIVII V (0	1 / \

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
DAYVIGO	3	PA; QL	SILENOR	3	
doxepin hcl oral tablet	3		temazepam oral capsule	1	QL
EDLUAR	3	QL	15 mg, 30 mg, 7.5 mg		<u> </u>
eszopiclone	1	QL	temazepam oral capsule 22.5 mg	3	QL
flurazepam hcl	1	QL	zaleplon	1	QL
LUNESTA	3	QL	· · · · · · · · · · · · · · · · · · ·		
modafinil oral	1		zolpidem tartrate er	3	QL
NUVIGIL	3		ZOLPIDEM TARTRATEORAL CAPSULE	3	PA; QL
PROVIGIL	3		zolpidem tartrate oral	1	DA: OI
QUVIVIQ	3	PA; QL	tablet 10 mg	ı	PA; QL
ramelteon	3		_ zolpidem tartrate oral – tablet 5 mg	1	QL
RESTORIL	3	QL	zolpidem tartrate		
ROZEREM	3		_ sublingual	3	QL

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ACA Drug List



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.

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.

Below is the list of the preventative medications covered in full.

Applies to: All Non-Medicare, non-legacy Kaiser Permanente plans

CONTRACEPTIVES	
BRAND	GENERIC
AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
AFTERA	LEVONORGESTREL TAB 1.5 MG
ALTAVERA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
ALYACEN 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
ALYACEN 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG
AMETHIA	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
AMETHIA LO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)
AMETHYST	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG
APRI	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
ARANELLE	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG
ASHLYNA	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
AUBRA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
AVIANE	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
AZURETTE	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)

BALZIVA NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG BEKYREE DESOCEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) BLISOVI 24 FE NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) BLISOVI 25 MC NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG BLISOVI FE 1/20 NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG BRIELLYN NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG ANDRES RICHLYN NORETHINDRONE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG CAMILIA NORETHINDRONE ACE & ETHINYL ESTRADIOL-TAB 0.4 MG-35 MCG CAMILIA NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG CAMIRESE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAVA 101APHRAGM ARC-SPRING*** CAZIANT DESOCEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CAZIANT DESOCEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORG-ESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE ACE-ETH ESTRADIOL TAB 0.3 MC-30 MCG CYCLAFEM 1/35 NORETHINDRONE ETH ESTRADIOL TAB 0.3 MC-30 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/36 DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/37 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/36 DESOGESTREL SETRADIOL TAB 0.15 MG-30 MCG DESOGESTREL SETRADIOL TAB 0.15 MG-30 MCG DESOGESTREL SETRADIOL TAB 0.15 MG-30 MCG DESOGESTREL SETRADIOL TAB 0.15 MG-30 MC	BALCOLTRA	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)
BLISOVI 24 FE NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) BLISOVI FE 1,5/30 NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 5 MG-30 MCG BLISOVI FE 1/20 NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 15 MG-30 MCG BRIELLYN NORETHINDRONE ACE & ETHINYL ESTRADIOL ARD 14 MG-35 MCG CAMILA NORETHINDRONE TAB 0.35 MG CAMRESE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAYA 'DIAPHRAGM ARC-SPRING'** CAZIANT DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025/MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025/MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025/MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL-TAB 0.15 MG-30 MCG CRYSELLE-28 NORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-35 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 1 MG-35 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 1 MG-35 MCG NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/377 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.35 MG-MCG DASETTA 1/377 NORETHINDRONE-ETH ESTRADIOL TAB 0.35 MG-MCG DASETTA 1/377 NORETHINDRONE-ETH ESTRADIOL TAB 0.35 MG-MCG DASETTA 1/377 NORETHINDRONE-ETH ESTRAD 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) DESOGESTREL/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 0.15-0.03 MG-30 MCG DROSPIRENONE-ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ES	BALZIVA	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
BLISOVI FE 1.5/30 NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG BLISOVI FE 1/20 NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG BRIELLYN NORETHINDRONE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG ANDRESE LEVONORGE-TH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAMRESE LEVONORGE-TH EST TAB 0.10-0.03MG(84) & ETH EST TAB 0.01MG(7) CAMRESE LO LEVONORGE-TH EST TAB 0.10-0.03MG(84) & ETH EST TAB 0.01MG(7) CAYA 'DIAPHRAGM ARC-SPRING'** DESOGEST-ETHIN EST TAB 0.10-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.10-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.10-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG CYCLAFEM 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG CYCLAFEM 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 1 MG-35 MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 1 MG-35 MG-MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 1 MG-35 MG-MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 1 MG-35 MG-MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-30/0.75-35/1-35 MG-MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-30/0.75-35/1-35 MG-MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-30/0.75-36/1-35 MG-MCG DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DROSPIRENONE-ET	BEKYREE	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
BLISOVI FE 1/20 NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG BRIELLYN NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG CAMILA NORETHINDRONE TAB 0.35 MG CAMRESE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAMRESE LO LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAYA "DIAPHRAGM ARC-SPRING"** CAZIANT DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL-TAB 0.15 MG-30 MCG CRYSELLE-28 NORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG CYCLAFEM 7/77 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG CYCLAFEM 7/77 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/37 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DAYSEE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) DEBLITANE NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DESOGESTRELETHINYL ESTRADIOL DROSPIRENONE-ETH ESTRAD 8.0 15-0.03MG(84) & ETH EST TAB 0.0-15-0.02/0.01 MG(21/5) DESOGESTRELETHINYL ESTRADIOL DROSPIRENONE-ETH ESTRAD 8.0 15-0.03 MG DROSPIRENONE-ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG DROSPIRENONE-ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG DROSPIRENONE-ETHINYL ESTRADIOL TAB 0.0 15 MG-30 MCG ENCARE NONGESTIMAL ACETTATE TAB 30 MG ELURYNG MIS ETONOGESTREL & ETHIN	BLISOVI 24 FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
BRIELLYN NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG CAMILA NORETHINDRONE TAB 0.35 MG LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAMRESE LO LEVONORG-ETH EST TAB 0.10-0.03MG(84) & ETH EST TAB 0.01MG(7) CAYA "DIAPHRAGM ARC-SPRING*** DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CRYSELLE-28 NORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.3 MG-36 MCG CYCLAFEM 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/355 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DAYSEE LEVONORG-ETH EST TAB 0.1-5-0.03MG(84) & ETH EST TAB 0.01MG(7) DEBLITANE NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DEPO-SQ PROV INJ 104 MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MGG ELLA ULIPRISTAL ACETATE TAB 30 MG ELLA ULIPRISTAL ACETATE TAB 30 MG ELLA ULIPRISTAL ACETATE TAB 30 MG ELLA EMOQUETTE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENORCY ENORCY ENORCY	BLISOVI FE 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
CAMILA NORETHINDRONE TAB 0.35 MG CAMRESE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAMRESE LO LEVONORG-ETH EST TAB 0.15-0.02MG(84) & ETH EST TAB 0.01MG(7) CAYA "DIAPHRAGM ARC-SPRING"** CAZIANT DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CRYSELLE-28 NORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.15 MG-35 MCG CYCLAFEM 7/777 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.5 MG-35 MCG CYCLAFEM 7/777 NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.15 MG-36 MCG DASETTA 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.5 MG-36 MCG DASETTA 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.6-35 MCG DASETTA 1/7/7 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.6-35 MCG DASETTA 7/7/7 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.6-35 MCG DASSET & LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) DEBLITANE NORETHINDRONE TAB 0.35 MG DEPO-SQ PROV INJ 104 MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD & ETH ESTRAD TO AB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD & ETH ESTRAD TO AB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DESOGEST-ETH ESTRAD TO AB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL TAB 0.05 MG-30 MCG ELURYNG MIS ETONOGESTREL & ETHINYL ESTRADIOL TAB 0.05 MG-30 MCG ELURYNG MIS ETONOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENDRES ELEVONORGESTREL	BLISOVI FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
CAMRESE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) CAMRESE LO LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) CAYA 'DIAPHRAGM ARC-SPRING'** CAZIANT DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-TEC CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE AE ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG CYCLAFEM 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5 MG-30 MCG CYCLAFEM 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG CYCLAFEM 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.5 MG-30 MCG DASETTA 1/37 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETEL 1/20/20 MG-20/20 MG-20	BRIELLYN	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
CAMRESE LO LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) CAYA "DIAPHRAGM ARC-SPRING"" DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL TE CHEW TAB 1 MG-30 MCG CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CRYSELLE-28 NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG CYCLAFEM 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 1.5 MG-30 MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.15 MG-30 MCG DASETTA 1/35 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/37 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DASETTA 1/177 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DAYSEE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) DESOLITANE NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DEPO-SQ PROV INJ 104 MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DROSPIRENONE/ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ELLA ULIPRISTAL ACETATE TAB 3.0 MG ELVONORGESTREL & ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR EMOQUETTE DESOGESTREL & ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR EMOQUETTE DESOGESTREL & ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR EMOQUETTE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENSKYCE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENSKYCE DES	CAMILA	NORETHINDRONE TAB 0.35 MG
CAYA **DIAPHRAGM ARC-SPRING*** CAZIANT DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CESIA DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG CHARLOTTE 24 CHW FE 1/20 NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) CHATEAL LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG CRYSELLE-28 NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG CYCLAFEM 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG CYCLAFEM 7/7/7 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.5 MG-35 MCG CYCLAFEM 7/7/7 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.5 MG-35 MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG CYRED DESOGESTREL & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG DASETTA 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.6 MG-30 MCG DASETTA 1/35 NORETHINDRONE & ETHINYL ESTRADIOL TAB 1.6 MG-30 MCG DASETTA 7/7/7 NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG DAYSEE LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) DEBLITANE NORETHINDRONE TAB 0.35 MG DEPO-SO PROV INJ 104 MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL/ETHINYL ESTRADIOL DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15-0.02/0.01 MG(21/5) DESOGESTREL/ETHINYL ESTRADIOL DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG DROSPIRENONE/ETHINYL ESTRADIOL DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MCG ENSYEC LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENSYEC DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENSYCE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENSYCE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ENSYCE DESOGESTREL & ETHINYL ESTRADIOL	CAMRESE	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
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ENPRESSE-28 LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG ENSKYCE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ERRIN NORETHINDRONE TAB 0.35 MG ESTARYLLA NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	EMOQUETTE	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
ENSKYCE DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ERRIN NORETHINDRONE TAB 0.35 MG ESTARYLLA NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	ENCARE	NONOXYNOL-9 VAGINAL SUPPOS 100 MG
ERRIN NORETHINDRONE TAB 0.35 MG ESTARYLLA NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	ENPRESSE-28	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG
ESTARYLLA NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	ENSKYCE	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
	ERRIN	NORETHINDRONE TAB 0.35 MG
ETHYNODIOL TAB 1-50 ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	ESTARYLLA	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
	ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG

ETONOGESTERE MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR
FALLBACK SOLO	LEVONORGESTREL TAB 1.5 MG
FALMINA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
FAYOSIM TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG Ð EST 0.01 MG
FC FEMALE CONDOM	*CONDOMS - FEMALE***
FC2 FEMALE CONDOM	*CONDOMS - FEMALE***
FEMCAP	CERVICAL CAP 22 MM
FEMCAP	CERVICAL CAP 26 MM
FEMCAP	CERVICAL CAP 30 MM
GEMMILY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)
GIANVI	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG
GILDAGIA	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
GILDESS 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
GILDESS 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
GILDESS 24 FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
GILDESS FE 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
GILDESS FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
HEATHER	NORETHINDRONE TAB 0.35 MG
ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG
INTROVALE	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
ISIBLOOM TAB 0.15-30	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
JENCYCLA	NORETHINDRONE TAB 0.35 MG
JOLESSA	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
JOLIVETTE	NORETHINDRONE TAB 0.35 MG
JULEBER	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
JUNEL 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
JUNEL 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
JUNEL FE 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
JUNEL FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
JUNEL FE 24	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
KAITLIB FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG
KALLIGA	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
IZA DIVZA	
KARIVA	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)

KELNOR 1/50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG
KIMIDESS	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
KURVELO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
KYLEENA	PROGESTIN CONTRACEPTIVES - IUD**
LARIN 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
LARIN 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
LARIN 24 FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
LARIN FE 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
LARIN FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
LAYOLIS FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG
LEENA	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG
LESSINA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
LEVONEST	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG
LEVONORGESTREL	LEVONORGESTREL TAB 1.5 MG
LEVONORGESTREL AND ETHINYL ESTRADIOL	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)
LEVONORGESTREL AND ETHINYL ESTRADIOL	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG
LEVONORGESTREL/ETHINYL ESTRADIOL	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
LEVONORGESTREL/ETHINYL ESTRADIOL	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
LEVONORGESTREL/ETHINYL ESTRADIOL	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
LEVONORGESTREL/ETHINYL ESTRADIOL	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
LEVONORGESTREL/ETHINYL ESTRADIOL	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG
LEVONORGESTREL/ETHINYL ESTRADIOL	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 90-20 MCG
LEVORA 0.15/30-28	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
LILETTA	LEVONORGESTREL RELEASING IUD 18.6 MCG/DAY (52 MG TOTAL)
LO LOESTRIN TAB	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)
LO-ZUMANDIMI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG
LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)
LOMEDIA 24 FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
LORYNA	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG
LOW-OGESTREL	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG
LUTERA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
LYZA	NORETHINDRONE TAB 0.35 MG
MARLISSA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
MEDROXYPROGESTERONE ACETATE	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML
MIBELAS 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)
MICROGESTIN 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
MICROGESTIN 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
MICROGESTIN 24 FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)

MICROGESTIN FE	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
MICROGESTIN FE 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
MILI	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
MIRENA	LEVONORGESTREL RELEASING IUD 20 MCG/DAY (52 MG TOTAL)
MONO-LINYAH	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
MONONESSA	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
MY WAY	LEVONORGESTREL TAB 1.5 MG
MYZILRA	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG
NATAZIA	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG
NECON 0.5/35-28	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG
NECON 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
NECON 1/50-28	NORETHINDRONE & MESTRANOL TAB 1 MG-50 MCG
NECON 10/11-28	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35 MG-MCG (10/11)
NECON 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG
NEXPLANON IMP 68MG	ETONOGESTREL SUBDERMAL IMPLANT 68 MG
NEXT CHOICE ONE DOSE	LEVONORGESTREL TAB 1.5 MG
NIKKI	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG
NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
NORA-BE	NORETHINDRONE TAB 0.35 MG
NORETHINDRONE	NORETHINDRONE TAB 0.35 MG
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
NORETH/ETHIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
NORE/ETH/FER CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
NORGESTIMATE/ETHINYL ESTRADIOL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
NORGESTIMATE/ETHINYL ESTRADIOL	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
NORGESTIMATE/ETHINYL ESTRADIOL	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
NORINYL 1+50	NORETHINDRONE & MESTRANOL TAB 1 MG-50 MCG
NORLYDA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG
NORTREL 0.5/35 (28)	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG
NORTREL 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
NORTREL 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG
NYMYO TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG

OCELLA	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG
OGESTREL	NORGESTREL & ETHINYL ESTRADIOL TAB 0.5 MG-50 MCG
OMNIFLEX DIAPHRAGM	*DIAPHRAGMS***
OPCICON ONE-STEP	LEVONORGESTREL TAB 1.5 MG
OPILL	NORGESTREL TAB 0.075 MG
OPTIONS CONCEPTROL VAGINAL CONTRACEPTIVE	NONOXYNOL-9 GEL 4%
OPTIONS GYNOL II VAGINAL CONTRACEPTIVE	NONOXYNOL-9 GEL 3%
OPTION 2	LEVONORGESTREL TAB 1.5 MG
ORSYTHIA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	*COPPER IUD**
PHEXXI GEL	LACTIC ACID-CITRIC ACID-POTASSIUM BITARTRATE GEL 1.8-1-0.4%
PHILITH	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
PIMTREA	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
PIRMELLA 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
PIRMELLA 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG
PORTIA-28	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
PRENTIF CAVITY-RIM CERVICAL CAP	CERVICAL CAP 22 MM
PRENTIF CAVITY-RIM CERVICAL CAP	CERVICAL CAP 25 MM
PRENTIF CAVITY-RIM CERVICAL CAP	CERVICAL CAP 28 MM
PRENTIF CAVITY-RIM CERVICAL CAP	CERVICAL CAP 31 MM
PREVIFEM	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
QUASENSE	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
RECLIPSEN	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
RIVELSA TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG Ð EST 0.01 MG
SAFYRAL TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG
ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR
SETLAKIN	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
SHAROBEL	NORETHINDRONE TAB 0.35 MG
SHUR-SEAL	NONOXYNOL-9 GEL 2%
SIMLIYA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
SIMPESSE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
SKYLA	LEVONORGESTREL RELEASING IUD 14 MCG/DAY (13.5 MG TOTAL)
SLYND	DROSPIRENONE TAB 4 MG
SOLIA	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
SPRINTEC 28	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
SRONYX	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
SYEDA	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG

TAKE ACTION	LEVONORGESTREL TAB 1.5 MG
TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
TARINA FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
TILIA FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG
TODAY SPONGE	NONOXYNOL-9 VAGINAL SPONGE 1000 MG
TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-ESTARYLLA	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI FEMYNOR TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-LEGEST FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG
TRI-LINYAH	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-LO-ESTARYLLA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
TRI-LO-MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
TRI-LO-SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
TRINESSA	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRINESSA LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
TRI-MILI	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-PREVIFEM	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
TRIVORA-28	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG
TULANA	NORETHINDRONE TAB 0.35 MG
TWIRLA DIS 120-30	LEVONORGESTREL-ETHINYL ESTRADIOL TD PTWK 120-30 MCG/24HR
TYBLUME TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
TYDEMY	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG
VCF VAGINAL CONTRACEPTIVE FOAM	NONOXYNOL-9 FOAM 12.5%
VELIVET	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
VESTURA	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG
VIENVA	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
VIORELE	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
VYFEMLA	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
VYLIBRA	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
WERA	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	DIAPHRAGM WIDE SEAL 60 MM
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	DIAPHRAGM WIDE SEAL 65 MM
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	DIAPHRAGM WIDE SEAL 70 MM
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	DIAPHRAGM WIDE SEAL 75 MM
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	DIAPHRAGM WIDE SEAL 80 MM
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WIDE-SEAL SILICONE DIAPHRAGM KIT 85	DIAPHRAGM WIDE SEAL 85 MM
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	DIAPHRAGM WIDE SEAL 90 MM
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	DIAPHRAGM WIDE SEAL 95 MM
WYMZYA FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG
XULANE	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR
ZARAH	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG
ZENCHENT	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
ZENCHENT FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG
ZOVIA 1/35E	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
ZOVIA 1/50E	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG
ZUMANDIMINE TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG
CONDOMS LATEX LUBRICATED	MALE CONDOM
CONDOMS NON-LATEX LUBRICATED	MALE CONDOM
CONDOMS LATEX NON-LUBRICATED	MALE CONDOM

FLUORIDE PRODUCTS	
BRAND	GENERIC
FLUOR-A-DAY	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)
FLUORIDE	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
FLUORIDE	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
FLUORIDE	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)
FLUORITAB	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)
FLUORITAB	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
FLUORITAB	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
FLUORITAB	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)
FLURA-DROPS	SODIUM FLUORIDE SOLN 0.25 MG/DROP F (FROM 0.55 MG/DROP NAF)
FLURA-DROPS	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)
KARIDIUM	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)
LOZI-FLUR	SODIUM FLUORIDE LOZENGE 1 MG F (FROM 2.2 MG NAF)
LUDENT	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
LUDENT	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
LUDENT	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)
NAFRINSE	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)
NAFRINSE DROPS	SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF)
SODIUM FLUORIDE	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)
SODIUM FLUORIDE	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)
SODIUM FLUORIDE	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)
SODIUM FLUORIDE	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)

BREAST CANCER PREVENTION	
BRAND	GENERIC
ANASTROZOLE	ANASTROZOLE TAB 1 MG
EXEMESTANE	EXEMESTANE TAB 25 MG
TAMOXIFEN CITRATE	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)
TAMOXIFEN CITRATE	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)
RALOXIFENE	RALOXIFENE HCL TAB 60 MG

TOBACCO CESSATION	
BRAND	GENERIC
BUPROBAN	BUPROPION HCL (SMOKING DETERRENT) TAB SR 12HR 150 MG
BUPROPION HCL SR	BUPROPION HCL (SMOKING DETERRENT) TAB SR 12HR 150 MG
CHANTIX	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)
CHANTIX	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)
CHANTIX CONTINUING MONTH PAK	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)
CHANTIX STARTING MONTH PAK	VARENICLINE TARTRATE TAB 0.5 MG X 11 & TAB 1 MG X 42 PACK
СОММІТ	NICOTINE POLACRILEX LOZENGE 2 MG
COMMIT	NICOTINE POLACRILEX LOZENGE 4 MG
GOODSENSE NICOTINE GUM	NICOTINE POLACRILEX GUM 4 MG
NICODERM CQ	NICOTINE TD PATCH 24HR 21 MG/24HR
NICODERM CQ	NICOTINE TD PATCH 24HR 14 MG/24HR
NICODERM CQ	NICOTINE TD PATCH 24HR 7 MG/24HR
NICORELIEF	NICOTINE POLACRILEX GUM 2 MG
NICORELIEF	NICOTINE POLACRILEX GUM 4 MG
NICORETTE	NICOTINE POLACRILEX GUM 2 MG
NICORETTE	NICOTINE POLACRILEX GUM 4 MG
NICORETTE	NICOTINE POLACRILEX LOZENGE 2 MG
NICORETTE	NICOTINE POLACRILEX LOZENGE 4 MG
NICORETTE MINI	NICOTINE POLACRILEX LOZENGE 2 MG
NICORETTE MINI	NICOTINE POLACRILEX LOZENGE 4 MG
NICORETTE STARTER KIT	NICOTINE POLACRILEX GUM 2 MG
NICORETTE STARTER KIT	NICOTINE POLACRILEX GUM 4 MG
NICOTINE	NICOTINE TD PATCH 24HR 21 MG/24HR
NICOTINE	NICOTINE TD PATCH 24HR 7 MG/24HR
NICOTINE	NICOTINE TD PATCH 24HR 14 MG/24HR
NICOTINE	NICOTINE POLACRILEX LOZENGE 2 MG
NICOTINE	NICOTINE POLACRILEX LOZENGE 4 MG
NICOTINE	NICOTINE POLACRILEX GUM 4 MG
NICOTINE	NICOTINE POLACRILEX GUM 2 MG
NICOTINE MINI LOZENGE	NICOTINE POLACRILEX LOZENGE 4 MG

NICOTINE POLACRILEX	NICOTINE POLACRILEX GUM 2 MG
NICOTINE POLACRILEX	NICOTINE POLACRILEX LOZENGE 2 MG
NICOTINE POLACRILEX	NICOTINE POLACRILEX GUM 4 MG
NICOTINE POLACRILEX	NICOTINE POLACRILEX LOZENGE 4 MG
NICOTINE POLACRILEX REFILL	NICOTINE POLACRILEX GUM 2 MG
NICOTINE POLACRILEX REFILL	NICOTINE POLACRILEX GUM 4 MG
NICOTINE POLACRILEX STARTER KIT	NICOTINE POLACRILEX GUM 2 MG
NICOTINE POLACRILEX STARTER KIT	NICOTINE POLACRILEX GUM 4 MG
NICOTINE STEP 1	NICOTINE TD PATCH 24HR 21 MG/24HR
NICOTINE STEP 2	NICOTINE TD PATCH 24HR 14 MG/24HR
NICOTINE STEP 3	NICOTINE TD PATCH 24HR 7 MG/24HR
NICOTINE TRANSDERMAL SYSTEM	NICOTINE TD PATCH 24HR 7 MG/24HR
NICOTINE TRANSDERMAL SYSTEM	NICOTINE TD PATCH 24HR 14 MG/24HR
NICOTINE TRANSDERMAL SYSTEM	NICOTINE TD PATCH 24HR 21 MG/24HR
NICOTINE TRANSDERMAL SYSTEM	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR
NICOTINE TRANSDERMAL SYSTEM STEP 2	NICOTINE TD PATCH 24HR 14 MG/24HR
NICOTROL INHALER	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)
NICOTROL NS	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)
THRIVE	NICOTINE POLACRILEX GUM 2 MG
THRIVE	NICOTINE POLACRILEX GUM 4 MG

FOLIC ACID PRODUCTS	
BRAND	GENERIC
CLASSIC PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG***
ENFAMIL EXPECTA	*PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK*
FOLIC ACID	FOLIC ACID TAB 800 MCG
FOLIC ACID	FOLIC ACID TAB 400 MCG
GOODSENSE PRENATAL VITAMINS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG***
HEALTHY MAMA BE WELL ROUNDED	*PRENAT W/FEBISGLY-FA TAB 28-0.8 MG & OMEGA 3 CAP DR 450 MG*
MISSION PRENATAL	*PRENATAL VIT W/ FE GLUCONATE-FA TAB 30-0.4 MG***
MISSION PRENATAL HP	*PRENATAL VIT W/ FE GLUCONATE-FA TAB 30-0.8 MG***
MULTI PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG***
ONE A DAY WOMENS PRENATAL/DHA	*PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 223 MG PAK*
ONE A DAY WOMENS PRENATAL1	*PRENATAL VIT W/ FE CARBONYL-FA-OMEGA 3 CAP 28-0.8-235 MG***
ONE-A-DAY WOMENS PRENATAL	*PRENAT W/ FE FUM-FA TAB 28-0.8 MG & OMEGA 3 CAP 440 MG PAK*
PA PRENATAL FORMULA	*PRENATAL VIT W/ SEL-FE FUMARATE-FA TAB 9-0.5 MG***
PERRY PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA CAP 13.5-0.4 MG***
PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG***
PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG***
PRENATAL	*PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG***

PRENATAL AND IRON	*PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG***
PRENATAL COMPLETE	*PRENATAL VIT W/ FE FUMARATE-FA TAB 14-0.4 MG***
PRENATAL FORMULA	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG***
PRENATAL FORMULA	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-0.8-235 MG***
PRE-NATAL FORMULA	*PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG***
PRENATAL FORTE	*PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG***
PRENATAL LOW IRON	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG***
PRENATAL MULTI + DHA	*PRENATAL MV & MIN W/FE FUM-FA-DHA CAP 27-0.8-250 MG***
PRENATAL MULTI +DHA	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 27-0.8-228 MG***
PRENATAL MULTIVITAMIN + DHA	*PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK*
PRENATAL ONE DAILY	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG***
PRENATAL PLUS DHA	*PRENATAL MV & MIN W/FE CARBONYL-FA-DHA TAB 7-0.4-100 MG***
PRENATAL VITAMIN	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG***
PRENATAL VITAMINS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG***
PRENATAL VITAMINS	*PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG***
PRENATAL/OMEGA-3/FOLIC ACID/IRON	*PRENATAL VIT W/ FE FUM-FA-FISH OIL CAP 28-0.8-530 MG***
RIGHT STEP PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG***
STUART ONE	*PRENATAL MV & MIN W/FE CARBONYL-FA-DHA CAP 27-0.8-200 MG**
STUART PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG***
YOUR LIFE MULTI PRENATAL	*PRENATAL VIT W/ FE FUM-FA-FISH OIL CAP 28-0.8-530 MG***

IRON PRODUCTS	
BRAND	GENERIC
ELITE IRON	FERROUS BISGLYCINATE CHELATE TAB 15 MG (ELEMENTAL IRON)
EQ SLOW-RELEASE IRON	FERROUS SULFATE DRIED TAB CR 45 MG (FE EQUIVALENT)
EQL IRON SUPPLEMENT THERAPY	FERROUS SULFATE DRIED TAB 200 MG (65 MG ELEMENTAL FE)
EQL IRON SUPPLEMENT THERAPY	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
EQL SLOW RELEASE IRON	FERROUS SULFATE DRIED TAB CR 160 MG (50 MG FE EQUIVALENT)
FE ASPARTATE	FERROUS ASPARTATE TAB 112 MG (18 MG ELEMENTAL FE)
FE GLUCONATE	FERROUS GLUCONATE TAB 325 MG (36 MG ELEMENTAL FE)
FE TABS	FERROUS SULFATE TAB EC 325 MG (65 MG FE EQUIVALENT)
FEMIRON	FERROUS FUMARATE TAB 63 MG (20 MG ELEMENTAL FE)
FERATE	FERROUS GLUCONATE TAB 240 MG (27 MG ELEMENTAL FE)
FERGON	FERROUS GLUCONATE TAB 240 MG (27 MG ELEMENTAL FE)
FER-IN-SOL	FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)
FER-IRON	FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)
FEROSUL	FERROUS SULFATE ELIXIR 220 MG/5ML (44 MG/5ML ELEMENTAL FE)
FERRETTS	FERROUS FUMARATE TAB 325 MG (106 MG ELEMENTAL FE)
FERRETTS IPS	IRON SUCCINYL-PROTEIN COMPLEX SOLN 40MG/15ML (ELEMENT FE EQ)
FERRIMIN 150	FERROUS FUMARATE TAB 150 MG (FE EQUIVALENT)

FERRO-BOB	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
FERROCITE	FERROUS FUMARATE TAB 325 MG (106 MG ELEMENTAL FE)
FERRO-SEQUELS	FERROUS FUMARATE TAB CR 50 MG (FE EQUIVALENT)
FERROUS DROPS	FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)
FERROUS FUMARATE	FERROUS FUMARATE TAB 90 MG (29.5 MG ELEMENTAL FE)
FERROUS FUMARATE	FERROUS FUMARATE TAB 29 MG (FE EQUIVALENT)
FERROUS FUMARATE 324	FERROUS FUMARATE TAB 325 MG (106 MG ELEMENTAL FE)
FERROUS GLUCONATE	FERROUS GLUCONATE TAB 324 MG (38 MG ELEMENTAL IRON)
FERROUS GLUCONATE	FERROUS GLUCONATE TAB 324 MG (37.5 MG ELEMENTAL IRON)
FERROUS GLUCONATE	FERROUS GLUCONATE TAB 240 MG (27 MG ELEMENTAL FE)
FERROUS GLUCONATE	FERROUS GLUCONATE TAB 225 MG (27 MG FE EQUIVALENT)
FERROUS GLUCONATE	FERROUS GLUCONATE TAB 325 MG (36 MG ELEMENTAL FE)
FERROUS SULFATE	FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)
FERROUS SULFATE	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
FERROUS SULFATE	FERROUS SULFATE TAB EC 325 MG (65 MG FE EQUIVALENT)
FERROUS SULFATE	FERROUS SULFATE TAB CR 140 MG (45 MG FE EQUIVALENT)
FERROUS SULFATE	FERROUS SULFATE TAB EC 324 MG (65 MG FE EQUIVALENT)
FERROUS SULFATE	FERROUS SULFATE ELIXIR 220 MG/5ML (44 MG/5ML ELEMENTAL FE)
FERROUS SULFATE	FERROUS SULFATE TAB 27 MG (ELEMENTAL FE)
FERROUS SULFATE	FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)
FERROUSUL	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
HIGH POTENCY IRON	FERROUS SULFATE TAB 134 MG (27 MG ELEMENTAL FE)
IRON	FERROUS SULFATE TAB 90 MG (18 MG ELEMENTAL FE)
IRON	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
IRON	FERROUS GLUCONATE TAB 240 MG (27 MG ELEMENTAL FE)
IRON	FERROUS SULFATE TAB CR 142 MG (45 MG FE EQUIVALENT)
IRON	FERROUS SULFATE TAB 28 MG (ELEMENTAL FE)
IRON SLOW RELEASE	FERROUS SULFATE DRIED TAB CR 45 MG (FE EQUIVALENT)
IRON SUPPLEMENT	FERROUS SULFATE TAB 325 MG (65 MG ELEMENTAL FE)
IRON SUPPLEMENT CHILDRENS	FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)
MYKIDZ IRON 10	IRON SUSP 15 MG/1.5ML
PROFERRIN ES	IRON HEME POLYPEPTIDE TAB 12 MG (ELEMENTAL FE EQUIV)
SLOW FE	FERROUS SULFATE DRIED TAB CR 160 MG (50 MG FE EQUIVALENT)
SLOW IRON	FERROUS SULFATE DRIED TAB CR 160 MG (50 MG FE EQUIVALENT)
SLOW RELEASE IRON	FERROUS SULFATE DRIED TAB CR 160 MG (50 MG FE EQUIVALENT)
SLOW RELEASE IRON	FERROUS SULFATE TAB CR 50 MG (ELEMENTAL FE)
SLOW RELEASE IRON	FERROUS SULFATE TAB CR 47.5 MG (ELEMENTAL FE)
SLOW RELEASE IRON	FERROUS SULFATE DRIED TAB CR 45 MG (FE EQUIVALENT)
SLOW-RELEASE IRON	FERROUS SULFATE DRIED TAB CR 45 MG (FE EQUIVALENT)

ASPIRIN	
BRAND	GENERIC
ADULT ASPIRIN EC LOW STRENGTH	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIR-81	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN	ASPIRIN CHEW TAB 81 MG
ASPIRIN	ASPIRIN TAB 325 MG
ASPIRIN	ASPIRIN TAB DELAYED RELEASE 325 MG
ASPIRIN	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN 81	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN 81 LOW DOSE	ASPIRIN CHEW TAB 81 MG
ASPIRIN ADULT LOW DOSE	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN ADULT LOW STRENGTH	ASPIRIN CHEW TAB 81 MG
ASPIRIN ADULT LOW STRENGTH	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN CHILDRENS	ASPIRIN CHEW TAB 81 MG
ASPIRIN EC	ASPIRIN TAB DELAYED RELEASE 325 MG
ASPIRIN EC	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN EC LOW DOSE	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN ENTERIC COATED ADULT LOW STRENGTH	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN LOW DOSE	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRIN LOW DOSE	ASPIRIN CHEW TAB 81 MG
ASPIRIN LOW DOSE	ASPIRIN TAB 81 MG
ASPIRIN LOW STRENGTH	ASPIRIN CHEW TAB 81 MG
ASPIR-LOW	ASPIRIN TAB DELAYED RELEASE 81 MG
ASPIRTAB	ASPIRIN TAB DELAYED RELEASE 325 MG
CHILDRENS ASPIRIN	ASPIRIN CHEW TAB 81 MG
CHILDRENS ASPIRIN LOW STRENGTH	ASPIRIN CHEW TAB 81 MG
ECOTRIN LOW STRENGTH	ASPIRIN TAB DELAYED RELEASE 81 MG
ECOTRIN REGULAR STRENGTH	ASPIRIN TAB DELAYED RELEASE 325 MG
ECPIRIN	ASPIRIN TAB DELAYED RELEASE 325 MG
ENTERIC COATED ASPIRIN	ASPIRIN TAB DELAYED RELEASE 325 MG
NORWICH ASPIRIN	ASPIRIN TAB 325 MG
ST JOSEPH ADULT	ASPIRIN CHEW TAB 75 MG
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE	ASPIRIN CHEW TAB 75 MG
ST JOSEPH ASPIRIN	ASPIRIN TAB DELAYED RELEASE 81 MG
ST JOSEPH ASPIRIN	ASPIRIN CHEW TAB 81 MG

BOWEL PREPARATION	
BRAND	GENERIC
ALOPHEN TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG

BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
CARTERS TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
CITROMA SOL CHERRY	MAGNESIUM CITRATE SOLN
CITROMA SOL LEMON	MAGNESIUM CITRATE SOLN
CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
CORRECT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
CORRECTOL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
CVS C-LAX TAB 5MG	BISACODYL TAB DELAYED RELEASE 5 MG
CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
CVS PURELAX POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER
DUCODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
DULCOLAX POW BALANCE	POLYETHYLENE GLYCOL 3350 ORAL POWDER
EQ CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
EQL CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
EQL GENTLE TAB LAXATIVE	BISACODYL TAB DELAYED RELEASE 5 MG
EQL LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
FEENAMINT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
FEMININE LAX TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
GAVILAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
GAVILYTE-C SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM
GAVILYTE-G SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM
GAVILYTE-N SOL FLAV PK	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
GENTLE LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
GENTLELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
GLYCOLAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER
GNP BISA-LAX TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
GNP CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
GNP LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
HM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
HM LAXATIVE TAB 5MG	BISACODYL TAB DELAYED RELEASE 5 MG
HM LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
LAXACLEAR POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
LAXATIVE POL POW GLYCOL	POLYETHYLENE GLYCOL 3350 ORAL POWDER
MAG CITRATE SOL	MAGNESIUM CITRATE SOLN
MAG CITRATE SOL CHERRY	MAGNESIUM CITRATE SOLN
MAG CITRATE SOL GRAPE	MAGNESIUM CITRATE SOLN
MAG CITRATE SOL GRAPE	MAGNESIUM CITRATE SOLN
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN
NATURA-LAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER

PEG 3350 POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
PEG 3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM
PEG3350 POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
PEG-3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM
PEG-3350/KCL SOL /SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
PEGYLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER
POWDERLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
QC LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
RA LAXATIVE POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
RA LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
SB BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
SM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
SM GENTLE TAB LAXATIVE	BISACODYL TAB DELAYED RELEASE 5 MG
SM LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
SMOOTH LAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
STIM LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
SW CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER
TRILYTE SOL	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
VERCOLATE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
WOMANS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
WOMENS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG
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STATINS*	
BRAND	GENERIC
ATORVASTATIN CALCIUM TAB 10 MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)
ATORVASTATIN CALCIUM TAB 20 MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)
FLUVASTATIN SODIUM CAP 20 MG	FLUVASTATIN SODIUM CAP 20 MG
FLUVASTATIN SODIUM CAP 40 MG	FLUVASTATIN SODIUM CAP 40 MG
LOVASTATIN TAB 20 MG	LOVASTATIN TAB 20 MG
LOVASTATIN TAB 10 MG	LOVASTATIN TAB 10 MG
LOVASTATIN TAB 40 MG	LOVASTATIN TAB 40 MG
PRAVASTATIN SODIUM TAB 10 MG	PRAVASTATIN SODIUM TAB 10 MG
PRAVASTATIN SODIUM TAB 20 MG	PRAVASTATIN SODIUM TAB 20 MG
PRAVASTATIN SODIUM TAB 40 MG	PRAVASTATIN SODIUM TAB 40 MG
PRAVASTATIN SODIUM TAB 80 MG	PRAVASTATIN SODIUM TAB 80 MG
ROSUVASTATIN CALCIUM TAB 5 MG	ROSUVASTATIN CALCIUM TAB 5 MG
ROSUVASTATIN CALCIUM TAB 10 MG	ROSUVASTATIN CALCIUM TAB 10 MG
SIMVASTATIN TAB 5 MG	SIMVASTATIN TAB 5 MG
SIMVASTATIN TAB 10 MG	SIMVASTATIN TAB 10 MG

SIMVASTATIN TAB 20 MG	SIMVASTATIN TAB 20 MG
SIMVASTATIN TAB 40 MG	SIMVASTATIN TAB 40 MG

^{*}Age specific benefit only for members 40-75 years old

Pre-Exposure Prophylaxis (PrEP)**	
BRAND	GENERIC
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200/300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG
DESCOVY TAB 200/25	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG

^{**}Indication specific benefit specific only for PrEP

Nondiscrimination Notice

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- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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 (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636** (TTY **711**). You can file a grievance in person or 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.

The notice of nondiscrimination is available at https://healthy.kaiserpermanente.org/washington/language-assistance/nondiscrimination-notice

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-complaintor-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



Help in your language

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

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-901-4636** (TTY **711**).

中文 (Chinese) 注意事項:如果您說中文,您可獲得免費語言協助服務,包括適當的輔助器材和服務。致電 1-888-901-4636 (TTY 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-901-4636** (TTY **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. 1-888-901-4636로 전화해 주세요(TTY 711).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-901-4636** (ТТҮ **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-888-901-4636** (TTY **711**).

ខ្មែរ (Khmer) យកចិត្តទុកអាក់៖ បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសមស្រប ដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ 1-888-901-4636 (TTY 711)។

日本語 (Japanese) 注意:日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。1-888-901-4636までお電話ください(TTY 711)。

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-888-901-4636** irratti bilbilaa (TTY **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ 1-888-901-4636 (TTY 711).

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم 4636-901-888-1 (TTY 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-901-4636** an (TTY **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການ ບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-888-901-4636 (TTY 711).

International Symbol for ASL (American Sign Language):

