

Kaiser Permanente

2022 Comprehensive Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 09/01/21. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regions

CALIFORNIA REGIONS

Kaiser Permanente Senior Advantage (HMO)

Member Service Contact Center

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid Plan (HMO D-SNP)

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION

(District of Columbia, Maryland, and Virginia)

Kaiser Permanente Medicare Advantage (HMO)

Member Services

1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-877-221-8221 TTY 711



Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Senior Advantage or Kaiser Permanente Medicare Advantage, , depending upon the region in which you are enrolled.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2022. For an updated formulary, please visit our website at kp.org/seniorrx or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. The formulary and pharmacy network may change at any time. You will receive notice when necessary.

What is the Kaiser Permanente Formulary?

A formulary is a list of covered drugs selected by Kaiser Permanente in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your **Evidence of Coverage**.

Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Kaiser Permanente may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

New generic drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when

adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Kaiser Permanente Formulary?”

Drugs removed from the market

If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes

effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will include information on how to request an exception. You can find information in the section below entitled "How do I request an exception to the Kaiser Permanente Formulary?"

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2022. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

In the event of a midyear non-maintenance formulary change, we will provide details in the Medicare Part D **Explanation of Benefits** that we send you or **Provision of Notice** posted at kp.org/seniorrx.

How do I use the formulary?

There are two ways to find your drug within the formulary:

Medical condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 67. The index provides an alphabetical list of all the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred brand-name drugs, specialty-tier drugs, and injectable vaccines are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Cost sharing for preferred generic drugs may be different than for generic drugs. Please see

your **Evidence of Coverage** for more information.

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. Cost sharing for preferred brand-name drugs may be different than for nonpreferred brand-name drugs. Please see your **Evidence of Coverage** for more information.

What are specialty-tier drugs?

Specialty-tier drugs are very high-cost drugs approved by the FDA that are on our formulary.

What are injectable Part D vaccines?

Part D vaccines are certain injectable vaccines that are covered under Medicare Part D (for example, Zostavax for shingles, Adacel for Diphtheria, Tetanus, and Pertussis, which are approved by the FDA).

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan may require you or your network provider to get prior authorization for certain drugs. This means that you will need

to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Note: If your prescription has more than one refill remaining, you can only get one refill at a time, unless authorized because you will be away from our service area for an extended period of time.

For certain drugs, we may limit the amount of an extended day supply (amounts that exceed a 30-day supply) that you can receive. Also, if there is a shortage in the marketplace, we may fill your prescription for a limited quantity.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization restriction. You may also ask us to send you a copy. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Kaiser Permanente formulary?" for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included on this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2022 Comprehensive Formulary** at kp.org/seniorrx or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region and confirm if your drug is covered.

If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2022 Comprehensive Formulary**, you have two options:

- You can ask your network provider to prescribe a similar drug that is included on our formulary.
- You can ask us to make an exception and cover your drug. See the next section for information about how to request an exception.

How do I request an exception to the Kaiser Permanente Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our **Kaiser Permanente 2022 Comprehensive Formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- In accord with our tiering exception process, you can ask us to cover a Part D formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug. **Note:** Specialty tier (Tier 5) drugs are not eligible for a tier exception.
- You can ask us to waive coverage restrictions or limits on your drug. For example, if your drug requires prior authorization, you can ask us to waive the prior authorization requirement for your Part D drug.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception you should submit a statement from your network provider supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your network provider believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Please note: You can only request an exception for drugs that are considered

Medicare Part D prescription drugs by the Centers for Medicare & Medicaid Services (CMS). You cannot get an exception for drugs that are excluded under Medicare Part D. Please refer to your **Evidence of Coverage** for more information about requesting exceptions, including the appeals process.

What do I do before I can talk to my network provider about changing my drugs or requesting an exception?

In some cases, you might be taking Medicare Part D drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your network provider to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your network provider to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your Part D drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a 30-day supply of medication. After your first 30-day supply, we may cover an additional refill, as medically necessary. After you have used these refills, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our

formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

For current members with level of care changes, if you enter into or are discharged from a hospital, skilled nursing facility, or long-term care facility to a different care setting or home, this is what is known as a level of care change. When your level of care changes, you may require an additional fill of your medication. We will generally cover up to a one-month supply of your Part D drugs during this level of care transition period even if the drug is not on our Drug List.

For more information

For more detailed information about your Kaiser Permanente prescription drug coverage, please review your **Evidence of Coverage** and other plan materials.

If you have questions about our plan, please call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit <http://www.medicare.gov>.

Kaiser Permanente's Formulary

The formulary below/that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 67.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CIPRODEX) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The second column, "Drug Tier," will indicate what tier number the drug is in:

Tier 1 – Preferred generic drugs (the tier includes some brand-name drugs)

Tier 2 – Generic drugs (the tier includes some brand-name drugs)

Tier 3 – Preferred brand-name drugs

Tier 4 – Nonpreferred brand-name drugs (the tier includes some generic drugs)

Tier 5 – Specialty-tier drugs (the tier includes both generic and brand-name drugs)

Tier 6 – Injectable Part D vaccines (the tier includes brand-name drugs only)

Generally, the cost sharing you will pay for your drugs depends on your coverage stage, the type of network pharmacy where you purchase your drugs, and your drug's cost-sharing tier on our formulary. Please refer to your **Evidence of Coverage** for the details about your Medicare Part D prescription drug coverage, including your cost-sharing amounts.

Note: If your coverage is through an employer-sponsored group plan (including a union or trust fund), you may have different drug benefits and cost sharing, and you may have coverage for other drugs that are not covered by Medicare Part D (non-Part D drugs). The amount you pay for non-Part D drugs does not count toward your total out-of-pocket expenditures, and if you are receiving Extra Help to pay for your Medicare Part D prescription drugs, you will not receive any Extra Help to pay for non-Part D drugs. Please check with your group benefits administrator or see your **Evidence of Coverage**.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. Certain strengths or forms of the drug may be subject to the utilization management codes listed below.

HI = Home infusion drugs may be covered under our medical benefit and obtained at home infusion pharmacies. For more information, please consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. For more information, consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

MO = Mail-order drugs. You may order prescription refills of certain medications through our mail-order service online at kp.org/refill or by phone or mobile app, which may lower your costs for a three-month supply. Please contact us at least 5 days before your refills run out. Generally, you should receive them within 3 to 5 days. If not, please contact the mail-order phone number for your Kaiser Permanente Region in the chart below or the phone number on the prescription label for assistance. Not all drugs can be mailed; restrictions and limitations apply. For more information, please visit kp.org/seniorrx or call the appropriate regional phone number below.

Region	Mail-Order Contact Numbers (TTY 711)
California	Kaiser Permanente Mail Order Pharmacy Northern CA – 1-888-218-6245 Monday through Friday, 8 a.m. to 8 p.m., Saturday 8 a.m. to 6 p.m., and Sunday 9 a.m. to 6 p.m. Southern CA – 1-866-206-2983 Monday through Friday, 7 a.m. to 7 p.m., Saturday, 10 a.m. to 2 p.m.
Colorado	Kaiser Permanente Mail Order Pharmacy 1-866-523-6059 Monday through Friday, 8 a.m. to 6 p.m.
Georgia	Kaiser Permanente Refill Pharmacy 770-434-2008 or toll free 1-888-662-4579 Seven days a week, 24 hours
Hawaii	Kaiser Permanente Mail Order Pharmacy 808-643-7979 (Oahu and neighbor islands) Monday through Friday, 8:00 a.m. to 5 p.m.
Mid-Atlantic States	Kaiser Permanente Mid-Atlantic Automated Refill Center 703-466-4900 or toll-free 1-800-733-6345 Monday through Friday, 7 a.m. to 6 p.m., Saturday, 8:30 a.m. to 4 p.m.
Northwest	Kaiser Permanente Mail Order Pharmacy 1-800-548-9809 Monday through Friday, 8 a.m. to 5:30 p.m.

NDS = Non-extended Day Supply drugs that are dispensed up to a 30-day supply to monitor for possible adverse effects and to avoid medication waste.

PA = Prior authorization medications may be covered under Medicare Part D or Medicare Part B depending on how they are administered (e.g., via infusion pump, nebulizer, or other Durable Medical Equipment device), where they are administered (at home or in a long-term care facility), and what medical condition they are administered for. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs</i>	2	NDS
<i>emverm chew</i>	2	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	2	MO
ANTIBACTERIALS		
<i>amikacin sulfate soln</i>	2	
<i>amikacin sulfate soln injection</i>	2	HI
<i>amoxicillin caps</i>	2	
<i>amoxicillin chew</i>	2	
<i>amoxicillin susr</i>	2	
<i>amoxicillin tabs</i>	2	
<i>amoxicillin-pot clavulanate chew</i>	2	
<i>amoxicillin-pot clavulanate er tb12</i>	2	
<i>amoxicillin-pot clavulanate susr</i>	2	
<i>amoxicillin-pot clavulanate tabs</i>	2	
<i>ampicillin caps</i>	2	
<i>ampicillin sodium solr</i>	2	
<i>ampicillin sodium solr injection 1gm, 125mg</i>	2	HI
<i>ampicillin sodium solr intravenous</i>	2	HI
<i>ampicillin-sulbactam sodium solr</i>	2	
<i>ampicillin-sulbactam sodium solr injection</i>	2	HI
<i>ampicillin-sulbactam sodium solr intravenous</i>	2	HI
<i>ARIKAYCE SUSP</i>	5	PA,LD,NDS
<i>AUGMENTIN SUSR</i>	3	
<i>azithromycin solr intravenous</i>	2	HI
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	2	MO
<i>aztreonam solr injection</i>	2	HI
<i>bacitracin solr</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>BICILLIN C-R 900/300 SUSP</i>	4	
<i>BICILLIN C-R SUSP</i>	4	
<i>BICILLIN L-A SUSP</i>	3	
<i>cefaclor caps</i>	2	
<i>cefaclor er tb12</i>	2	
<i>cefaclor susr</i>	2	
<i>cefadroxil caps</i>	2	
<i>cefadroxil susr</i>	2	
<i>cefadroxil tabs</i>	2	
<i>cefazolin sodium solr</i>	2	
<i>cefazolin sodium solr injection 1gm, 10gm, 500mg</i>	2	HI
<i>cefdinir caps</i>	2	
<i>cefdinir susr</i>	2	
<i>cefepime hcl solr injection 1gm, 2gm</i>	2	HI
<i>cefixime caps</i>	2	
<i>cefixime susr</i>	2	
<i>cefotaxime sodium solr</i>	2	
<i>cefotetan disodium solr injection 1gm, 2gm</i>	2	HI
<i>cefoxitin sodium solr injection</i>	2	HI
<i>cefoxitin sodium solr intravenous 1gm, 2gm</i>	2	HI
<i>cefopodoxime proxetil susr</i>	2	
<i>cefopodoxime proxetil tabs</i>	2	
<i>ceprozil susr</i>	2	
<i>ceprozil tabs</i>	2	
<i>ceftazidime solr injection 1gm, 2gm, 6gm</i>	2	HI
<i>CEFTIN SUSR</i>	3	
<i>ceftriaxone sodium solr injection 1gm, 2gm, 250mg, 500mg</i>	2	HI
<i>ceftriaxone sodium solr intravenous</i>	2	HI
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium solr injection 7.5gm, 750mg</i>	2	HI

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
cefuroxime sodium solr <i>intravenous</i>	2	HI
cephalexin caps	2	
cephalexin susr	2	
cephalexin tabs	2	
chloramphenicol sod <i>succinate solr</i>	2	
ciprofloxacin hcl tabs	2	
ciprofloxacin in d5w soln	2	
ciprofloxacin in d5w soln <i>intravenous</i>	2	HI
ciprofloxacin susr	2	
ciprofloxacin-ciproflox hcl er tb24	2	
clarithromycin er tb24	2	
clarithromycin susr	2	
clarithromycin tabs	2	
cleocin phosphate soln	2	
cleocin solr	2	
clindamycin hcl caps	2	
clindamycin palmitate hcl solr	2	
clindamycin phosphate in d5w soln <i>intravenous</i>	2	HI
clindamycin phosphate soln	2	
clindamycin phosphate soln injection 300mg/2ml, 600mg/4ml, 900mg/6ml	2	HI
colistimethate sodium (cba) solr injection	2	HI
DALVANCE SOLR <i>INTRAVENOUS</i>	5	HI
daptomycin solr <i>intravenous</i> 350mg, 500mg	5	HI
demeclocycline hcl tabs	2	
dicloxacillin sodium caps	2	
DIFICID SUSR	5	NDS
DIFICID TABS	5	NDS
doxy 100 solr <i>intravenous</i>	2	HI
doxycycline hydiate caps 50mg, 100mg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
doxycycline hydiate tabs 20mg, 75mg, 100mg, 150mg	2	MO
doxycycline hydiate tbec 50mg, 75mg, 100mg, 150mg, 200mg	2	MO
doxycycline monohydrate caps 50mg, 150mg	2	MO
doxycycline monohydrate susr	2	MO
doxycycline monohydrate tabs 50mg, 75mg, 100mg, 150mg	2	MO
e.e.s. 400 tabs	2	
ertapenem sodium solr <i>injection</i>	2	HI
ery-tab tbec	2	
ERYTHROCIN LACTOBIONATE SOLR <i>INTRAVENOUS</i>	2	HI
erythrocine stearate tabs	2	
erythromycin base cpep	2	MO
erythromycin base tabs	2	
erythromycin base tbec	2	
erythromycin ethylsuccinate susr	2	
erythromycin ethylsuccinate tabs	2	
FETROJA SOLR	5	NDS
gentamicin in saline soln	2	
gentamicin in saline soln <i>intravenous</i>	2	HI
gentamicin sulfate soln	2	
gentamicin sulfate soln <i>injection</i>	2	HI
imipenem-cilastatin solr <i>intravenous</i>	2	HI
KIMYRSA SOLR	5	NDS
levofloxacin in d5w soln	2	
levofloxacin in d5w soln <i>intravenous</i>	2	HI
levofloxacin soln	2	
levofloxacin soln <i>intravenous</i>	2	HI

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin tabs</i>	2	
<i>lincomycin hcl soln</i>	2	
<i>linezolid soln intravenous</i>	2	HI
<i>linezolid susr</i>	5	NDS
<i>linezolid tabs</i>	2	NDS
<i>meropenem solr intravenous 1gm, 500mg</i>	2	HI
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	2	MO
<i>minocycline hcl er tb24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg</i>	2	MO
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	2	MO
<i>morgidox caps</i>	2	MO
<i>moxifloxacin hcl in nacl soln intravenous</i>	2	HI
<i>moxifloxacin hcl tabs</i>	2	
<i>nafcillin sodium solr</i>	2	
<i>nafcillin sodium solr injection</i>	2	HI
<i>nafcillin sodium solr intravenous</i>	2	HI
<i>neomycin sulfate tabs</i>	2	
<i>NUZYRA SOLR</i>	5	HI,NDS
<i>NUZYRA TABS</i>	5	NDS
<i>ofloxacin tabs</i>	2	
<i>ORBACTIV SOLR</i>	5	NDS
<i>OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS</i>	3	HI
<i>oxacillin sodium solr injection 1gm, 2gm</i>	2	HI
<i>oxacillin sodium solr intravenous</i>	2	HI
<i>PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS</i>	3	HI
<i>penicillin g potassium solr injection</i>	2	HI
<i>penicillin g procaine susp</i>	2	
<i>penicillin g sodium solr injection</i>	2	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>penicillin v potassium solr</i>	2	
<i>penicillin v potassium tabs</i>	2	
<i>piperacillin sod- tazobactam so solr</i>	2	
<i>piperacillin sod- tazobactam so solr intravenous</i>	2	HI
<i>polymyxin b sulfate solr injection</i>	2	HI
<i>RECARBRIOL SOLR</i>	5	NDS
<i>SEYSARA TABS 60mg, 100mg, 150mg</i>	5	NDS
<i>SIVEXTRO SOLR INTRAVENOUS</i>	5	HI
<i>SIVEXTRO TABS</i>	5	NDS
<i>streptomycin sulfate solr</i>	5	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole- trimethoprim soln</i>	2	
<i>sulfamethoxazole- trimethoprim susp</i>	2	MO
<i>sulfamethoxazole- trimethoprim tabs</i>	2	MO
<i>sulfasalazine tabs</i>	2	
<i>sulfasalazine tbec</i>	2	
<i>SULFATRIM PEDIATRIC SUSP</i>	2	MO
<i>suprax chew</i>	2	
<i>SYNERCID SOLR</i>	3	
<i>targadox tabs</i>	2	MO
<i>tazicef solr injection 1gm, 2gm, 6gm</i>	2	HI
<i>TEFLARO SOLR INTRAVENOUS</i>	5	HI
<i>tetracycline hcl caps 250mg, 500mg</i>	2	MO
<i>TIGECYCLINE SOLR INTRAVENOUS</i>	5	HI
<i>tobramycin sulfate soln injection 80mg/2ml, 10mg/ml</i>	2	HI
<i>vancomycin hcl caps</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hcl solr 250mg/5ml</i>	2	
<i>vancomycin hcl solr intravenous 1gm, 10gm, 500mg</i>	2	HI
<i>vancomycin hcl solr intravenous 5gm, 750mg</i>	2	
XENLETA SOLN	5	NDS
XENLETA TABS	5	NDS
XIFAXAN TABS 200mg, 550mg	5	NDS
ZEMDRI SOLN INTRAVENOUS	5	HI
ZERBAXA SOLR INTRAVENOUS	5	HI
ANTIFUNGALS		
AMBISOME SUSR INTRAVENOUS	5	HI
<i>amphotericin b solr intravenous</i>	2	HI
<i>caspofungin acetate solr intravenous 70mg</i>	4	HI
<i>caspofungin acetate solr intravenous</i>	5	HI
CRESEMBA CAPS	5	NDS
CRESEMBA SOLR	5	NDS
<i>fluconazole in sodium chloride soln intravenous</i>	2	HI
<i>fluconazole susr</i>	2	
<i>fluconazole tabs</i>	2	
<i>flucytosine caps 250mg, 500mg</i>	5	NDS
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	2	
<i>griseofulvin ultramicrosize tabs</i>	2	
<i>itraconazole caps</i>	2	
ITRACONAZOLE SOLN	5	MO
<i>ketoconazole tabs</i>	2	
<i>micafungin sodium solr intravenous 50mg, 100mg</i>	2	HI
NOXAFIL SUSP	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>posaconazole tbec</i>	5	NDS
<i>terbinafine hcl tabs</i>	2	
TOLSURA CAPS	5	NDS
<i>voriconazole solr intravenous</i>	5	HI
<i>voriconazole susr</i>	5	
<i>voriconazole tabs</i>	2	
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	2	
<i>dapsone tabs 25mg, 100mg</i>	2	MO
<i>ethambutol hcl tabs 100mg, 400mg</i>	2	MO
<i>isoniazid soln</i>	2	
<i>isoniazid syrup</i>	2	MO
<i>isoniazid tabs 100mg, 300mg</i>	2	MO
<i>paser pack</i>	2	MO
PRETOMANID TABS	3	
PRIFTIN TABS	4	MO
<i>pyrazinamide tabs</i>	2	MO
RIFABUTIN CAPS	2	MO
RIFADIN CAPS	2	MO
<i>rifamate caps</i>	2	MO
<i>rifampin caps 150mg, 300mg</i>	2	MO
<i>rifampin solr intravenous</i>	2	HI
SIRTURO TABS 20mg, 100mg	5	NDS
TRECATOR TABS	4	MO
ANTIPROTOZOALS		
ARTESUNATE SOLR	5	NDS
<i>atovaquone susp</i>	3	NDS
<i>atovaquone-proguanil hcl tabs</i>	2	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	2	NDS
COARTEM TABS	3	
<i>humatin caps</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
hydroxychloroquine sulfate tabs	2	MO,NDS
IMPAVIDO CAPS	5	NDS
KRINTAFEL TABS	3	
mefloquine hcl tabs	2	
metronidazole caps	2	
metronidazole in nacl soln	2	
METRONIDAZOLE IN NACL SOLN INTRAVENOUS	2	HI
metronidazole tabs	2	
nitazoxanide tabs	5	
paromomycin sulfate caps	2	
pentamidine isethionate inh	2	PA
pentamidine isethionate inj	2	
PRIMAQUINE PHOSPHATE TABS	2	
pyrimethamine tabs	5	
quinine sulfate caps	2	NDS
tinidazole tabs	2	
ANTIVIRALS		
abacavir sulfate soln	2	
abacavir sulfate tabs	2	MO
abacavir sulfate-lamivudine tabs	2	MO
abacavir-lamivudine-zidovudine tabs	2	MO
acyclovir caps	2	MO
acyclovir sodium soln intravenous	2	HI
acyclovir susp	2	MO
acyclovir tabs 400mg, 800mg	2	MO
adefovir dipivoxil tabs	3	NDS
APTIVUS CAPS	3	MO
APTIVUS SOLN	3	MO
atazanavir sulfate caps 150mg, 200mg, 300mg	2	MO
BARACLUDE SOLN	3	MO
BIKTARVY TABS	3	

Drug Name	Drug Tier	Requirements/ Limits
CABENUVA SUER	4	
cidofovir soln	2	
CIMDUO TABS	2	MO
COMPLERA TABS	3	MO
CRIXIVAN CAPS 200mg, 400mg	3	MO
DAKLINZA TABS 30mg, 60mg, 90mg	5	PA,NDS
DELSTRIGO TABS	4	MO
DESCOVY TABS	3	MO
didanosine cpdr 200mg, 250mg, 400mg	2	MO
DOVATO TABS	3	MO
EDURANT TABS	3	MO
efavirenz caps 50mg, 200mg	2	MO
efavirenz tabs	2	MO
efavirenz-emtricitab-tenofovir tabs	2	MO
emtricitabine caps	2	MO
emtricitabine-tenofovir df tabs	2	MO
EMTRIVA SOLN	3	MO
entecavir tabs .5mg, 1mg	2	MO
EPCLUSA TABS	5	PA,NDS
EPIVIR HBV SOLN	3	MO
etravirine tabs 100mg, 200mg	2	MO
EVOTAZ TABS	4	MO
famciclovir tabs 125mg, 250mg, 500mg	2	MO
fosamprenavir calcium tabs	2	MO
FUZEON SOLR	3	NDS
ganciclovir sodium soln	2	
ganciclovir sodium solr	2	
GENVOYA TABS	3	MO
HARVONI PACK	5	PA,NDS
HARVONI TABS	5	PA,NDS
INTELENCE TABS 25mg, 100mg, 200mg	3	MO
INVIRASE CAPS	3	MO
INVIRASE TABS	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
ISENTRESS CHEW 25mg, 100mg	3	MO
ISENTRESS HD TABS	3	MO
ISENTRESS PACK	3	MO
ISENTRESS TABS	3	MO
JULUCA TABS	3	MO
KALETRA TABS	3	MO
<i>lamivudine soln</i>	2	MO
<i>lamivudine tabs 100mg, 150mg, 300mg</i>	2	MO
<i>lamivudine-zidovudine tabs</i>	2	MO
<i>ledipasvir-sofosbuvir tabs</i>	5	PA,NDS
LEXIVA SUSP	4	MO
<i>lopinavir-ritonavir soln</i>	2	MO
<i>lopinavir-ritonavir tabs</i>	2	MO
MAVYRET TABS	5	PA,NDS
<i>nevirapine er tb24 100mg, 400mg</i>	2	MO
<i>nevirapine susp</i>	2	MO
<i>nevirapine tabs</i>	2	MO
NORVIR CAPS	3	MO
NORVIR PACK	4	MO
NORVIR SOLN	3	MO
ODEFSEY TABS	3	MO
OLYSIO CAPS	5	PA,NDS
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	2	MO
<i>oseltamivir phosphate susr</i>	2	MO
PEGASYS PROCLICK SOLN 135mcg/0.5ml, 180mcg/0.5ml	5	NDS
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	NDS
PEGINTRON KIT	5	NDS
PIFELTRO TABS	4	MO
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	5	NDS
PREVYMIS TABS 240mg, 480mg	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
PREZCOBIX TABS	3	MO
PREZISTA SUSP	3	MO
PREZISTA TABS 75mg, 150mg, 600mg, 800mg	3	MO
RAPIVAB SOLN	5	NDS
REBETOL SOLN	4	MO
RELENZA DISKHALER AEPB	3	MO
SCRIPTOR TABS 100mg, 200mg	3	MO
RETROVIR SOLN	3	MO
REYATAZ PACK	4	MO
<i>ribasphere caps</i>	2	MO
<i>ribasphere ribapak (1000 pack) tbpk</i>	2	MO
<i>ribasphere ribapak (1200 pack) tbpk</i>	2	MO
<i>ribasphere tabs</i>	2	MO
<i>ribavirin caps</i>	2	MO
<i>ribavirin solr</i>	2	
<i>ribavirin tabs</i>	2	MO
<i>rimantadine hcl tabs</i>	2	MO
<i>ritonavir tabs</i>	2	MO
RUKOBIA TB12	4	
SELZENTRY SOLN	4	MO
SELZENTRY TABS 25mg, 75mg, 150mg, 300mg	3	MO
<i>sofosbuvir-velpatasvir tabs</i>	5	PA,NDS
SOVALDI PACK 150mg, 200mg	5	PA,NDS
SOVALDI TABS 200mg, 400mg	5	PA,NDS
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	2	MO
STRIBILD TABS	3	MO
SYMFI LO TABS	2	MO
SYMFI TABS	2	MO
SYMTUZA TABS	4	MO
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	5	NDS
<i>tenofovir disoproxil fumarate tabs</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
TIVICAY PD TBSO	3	MO
TIVICAY TABS 10mg, 25mg, 50mg	3	MO
TRIUMEQ TABS	3	MO
TRIZIVIR TABS	3	MO
TYBOST TABS	3	MO
<i>valacyclovir hcl tabs 1gm, 500mg</i>	2	MO
<i>valganciclovir hcl solr</i>	2	NDS
<i>valganciclovir hcl tabs</i>	2	NDS
VEMLIDY TABS	5	
VIDEX EC CPDR	4	MO
VIDEX SOLR 2gm, 4gm	3	MO
VIEKIRA PAK TBPK	5	PA,NDS
VIEKIRA XR TB24	5	PA,NDS
VIRACEPT TABS 250mg, 625mg	3	MO
VIREAD POWD	3	MO
VIREAD TABS 150mg	3	MO
VIREAD TABS 200mg, 250mg	4	MO
VOCABRIA TABS	4	MO
VOSEVI TABS	5	PA,NDS
XOFLUZA (40 MG DOSE) TBPK	4	MO
XOFLUZA (80 MG DOSE) TBPK	4	MO
ZEPATIER TABS	5	PA,NDS
<i>zidovudine caps</i>	2	MO
<i>zidovudine syrup</i>	2	MO
<i>zidovudine tabs</i>	2	MO
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack</i>	2	
ME/NAPHOS/MB/HYO1 TABS	2	
<i>methenamine hippurate tabs</i>	2	
METHENAMINE MANDELATE TABS	2	
NITROFURANTOIN MACROCRYSTAL CAPS	2	

Drug Name	Drug Tier	Requirements/ Limits
NITROFURANTOIN MONOHYD MACRO CAPS	2	
<i>nitrofurantoin susp</i>	2	
PHOSPHASAL TABS	2	
<i>trimethoprim tabs</i>	2	MO
URETRON D/S TABS	2	
URIN DS TABS	2	
URYL TABS	2	
USTELL CAPS	2	
UTICAP CAPS	2	
UTIRA-C TABS	2	
UTRONA-C TABS	2	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>carbinoxamine maleate soln</i>	2	
<i>carbinoxamine maleate tabs</i>	2	
<i>cetirizine hcl soln</i>	2	
<i>clemastine fumarate tabs</i>	2	
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hcl tabs</i>	2	
<i>desloratadine tabs</i>	2	
<i>desloratadine tbdp</i>	2	
<i>dexchlorpheniramine maleate soln</i>	2	
<i>di-phen elix</i>	2	
<i>diphen elix</i>	2	
<i>diphenhydramine hcl elix</i>	2	
<i>diphenhydramine hcl soln</i>	2	
<i>levocetirizine dihydrochloride soln</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	
<i>phenadoz supp</i>	2	
<i>phenergan soln</i>	2	
<i>promethazine hcl soln</i>	2	
<i>promethazine hcl supp</i>	2	
<i>promethazine hcl syrup</i>	2	
<i>promethazine hcl tabs</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine-phenylephrine syrp</i>	2	
<i>promethegan supp</i>	2	
<i>ryclora soln</i>	2	
<i>ryvent tabs</i>	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg, 500mg</i>	5	NDS
ABRAXANE SUSR	3	
<i>adriamycin soln</i>	2	
<i>adriamycin solr</i>	2	
<i>adrucil soln</i>	2	
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	5	NDS
AFINITOR TABS	5	NDS
ALECENSA CAPS	5	NDS
ALIMTA SOLR	3	
ALIQOPA SOLR	5	NDS
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS
ALUNBRIG TBPK	5	NDS
<i>anastrozole tabs</i>	2	
ARRANON SOLN	3	
<i>arsenic trioxide soln</i>	5	NDS
ARZERRA CONC 1000mg/50ml, 100mg/5ml	5	NDS
ASPARLAS SOLN	5	NDS
AVASTIN SOLN	5	
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS
<i>azacitidine susr</i>	2	
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS
BAVENCIO SOLN	5	NDS
BCG VACCINE INJ	3	
BELEODAQ SOLR	5	NDS
BELRAPZO SOLN	5	NDS
BENDAMUSTINE HCL SOLN	5	NDS
BENDEKA SOLN	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
BESPONSA SOLR	5	NDS
<i>bexarotene caps</i>	5	NDS
<i>bicalutamide tabs</i>	2	
<i>bleomycin sulfate solr</i>	2	
BLINCYTO SOLR	5	NDS
BORTEZOMIB SOLR	3	
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS
BRAFTOVI CAPS 50mg, 75mg	5	NDS
BRUKINSA CAPS	5	NDS
<i>busulfan soln</i>	2	
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS
CALQUENCE CAPS	5	NDS
CAPRELSA TABS 100mg, 300mg	5	LD,NDS
<i>carboplatin soln</i>	2	
<i>carmustine solr</i>	2	
<i>cisplatin soln</i>	2	
CISPLATIN SOLR 50mg	5	NDS
<i>cladribine soln</i>	2	
<i>clofarabine soln</i>	2	
COMETRIQ (100 MG DAILY DOSE) KIT	5	LD,NDS
COMETRIQ (140 MG DAILY DOSE) KIT	5	LD,NDS
COMETRIQ (60 MG DAILY DOSE) KIT	5	LD,NDS
COPIKTRA CAPS 15mg, 25mg	5	NDS
COTELLIC TABS	5	NDS
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	2	PA
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	5	NDS
<i>cyclophosphamide solr</i>	2	
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	NDS
<i>cytarabine (pf) soln</i>	2	
<i>cytarabine soln</i>	2	
<i>dacarbazine solr</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
dactinomycin soln	2	
DANYELZA SOLN	5	NDS
DARZALEX FASPRO SOLN	5	NDS
DARZALEX SOLN 400mg/20ml, 100mg/5ml	5	NDS
daunorubicin hcl soln	2	
DAURISMO TABS 25mg, 100mg	5	NDS
decitabine soln	2	
DOCETAXEL (NON- ALCOHOL) SOLN 80mg/4ml, 160mg/8ml, 20mg/ml	5	NDS
docetaxel conc	2	
docetaxel soln	2	
doxorubicin hcl liposomal inj	2	
DOXORUBICIN HCL SOLN	2	
doxorubicin hcl soln	2	
DROXIA CAPS	4	
ELIGARD KIT	4	
ELLENCE SOLN	2	
ELZONRIS SOLN	5	NDS
EMCYT CAPS	5	NDS
EMPLICITI SOLR 300mg, 400mg	5	NDS
ENHERTU SOLR	5	NDS
epirubicin hcl soln	2	
ERBITUX SOLN	3	
ERIVEDGE CAPS	5	NDS
ERLEADA TABS	5	NDS
erlotinib hcl tabs 25mg, 100mg, 150mg	5	NDS
ERWINASE SOLR	5	NDS
ERWINAZE SOLR	5	NDS
ETOPOPHOS SOLR	5	NDS
etoposide soln	2	
everolimus tabs 2.5mg, 5mg, 7.5mg	5	NDS
EVOMELA SOLR	5	NDS
exemestane tabs	2	

Drug Name	Drug Tier	Requirements/ Limits
FARYDAK CAPS 10mg, 15mg, 20mg	5	LD,NDS
FENSOLVI (6 MONTH) KIT	5	
FIRMAGON (240 MG DOSE) SOLR	4	
FIRMAGON SOLR	4	
flouxuridine soln	2	
fludarabine phosphate soln	2	
fludarabine phosphate soln	2	
fluorouracil soln	2	
flutamide caps	2	
FOTIVDA CAPS .89mg, 1.34mg	5	NDS
fulvestrant soln	5	NDS
GAVRETO CAPS	5	NDS
GAZYVA SOLN	5	NDS
gemcitabine hcl soln	2	
gemcitabine hcl soln	2	
GILOTrif TABS 20mg, 30mg, 40mg	5	NDS
HERCEPTIN HYLECTA SOLN	5	NDS
HERCEPTIN SOLR 150mg, 440mg	5	NDS
HERZUMA SOLR 150mg, 420mg	5	NDS
HEXALEN CAPS	5	NDS
hydroxyurea caps	2	
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS
IDAMYCIN PFS SOLN	2	
idarubicin hcl soln	2	
IDHIFA TABS 50mg, 100mg	5	NDS
ifosfamide soln	2	
IFOSFAMIDE SOLR	2	
imatinib mesylate tabs	2	

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Drug Name	Drug Tier	Requirements/ Limits
IMBRUICA CAPS 70mg, 140mg	5	NDS
IMBRUICA TABS 140mg, 280mg, 420mg, 560mg	5	NDS
IMFINZI SOLN 500mg/10ml, 120mg/2.4ml	5	NDS
INFUGEM SOLN	5	NDS
INLYTA TABS 1mg, 5mg	5	NDS
INQOVI TABS	5	NDS
INREBIC CAPS	5	NDS
INTRON A SOLN 10mu/ml, 6000000unit/ml	5	NDS
INTRON A SOLR 10mu, 18mu, 50mu	5	NDS
IRESSA TABS	5	NDS
<i>irinotecan hcl soln</i>	2	
IXEMPRA KIT SOLR	5	NDS
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS
JEMPERLI SOLN	5	
KADCYLA SOLR 100mg, 160mg	5	NDS
KANJINTI SOLR 150mg, 420mg	5	NDS
KEYTRUDA SOLN	5	NDS
KISQALI (200 MG DOSE) TBPK	5	NDS
KISQALI (400 MG DOSE) TBPK	5	NDS
KISQALI (600 MG DOSE) TBPK	5	NDS
KISQALI FEMARA (400 MG DOSE) TBPK	5	NDS
KISQALI FEMARA (600 MG DOSE) TBPK	5	NDS
KISQALI FEMARA(200 MG DOSE) TBPK	5	NDS
KOSELUGO CAPS 10mg, 25mg	5	NDS
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>lapatinib ditosylate tabs</i>	5	NDS
LARTRUVO SOLN 190mg/19ml, 500mg/50ml	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (12 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (14 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (18 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (20 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (24 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (4 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (8 MG DAILY DOSE) CPPK	5	LD,NDS
<i>letrozole tabs</i>	2	
LEUKERAN TABS	5	NDS
<i>leuprolide acetate kit</i>	2	
LIBTAYO SOLN	5	NDS
LIPODOX 50 INJ	2	
LONSURF TABS	5	NDS
LORBRENA TABS 25mg, 100mg	5	NDS
LUMAKRAS TABS	5	NDS
LUMOXITI SOLR	5	NDS
LUPANETA PACK KIT	5	
LUPRON DEPOT (1- MONTH) KIT	5	
LUPRON DEPOT (3- MONTH) KIT	5	
LUPRON DEPOT (4- MONTH) KIT	5	
LUPRON DEPOT (6- MONTH) KIT	5	
LUPRON DEPOT-PED (1-MONTH) KIT	3	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	4	
LUPRON DEPOT-PED (3-MONTH) KIT	4	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
LYNPARZA CAPS	5	NDS
LYNPARZA TABS 100mg, 150mg	5	NDS
LYSODREN TABS	5	NDS
MARGENZA SOLN	5	NDS
MARQIBO SUSP	5	NDS
MATULANE CAPS	5	NDS
<i>megestrol acetate susp</i>	2	
<i>megestrol acetate tabs</i>	2	
MEKINIST TABS .5mg, 2mg	5	NDS
MEKTOVI TABS	5	NDS
<i>melphalan hcl solr</i>	2	
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium (pf) soln</i>	2	
<i>methotrexate sodium soln</i>	2	
<i>methotrexate sodium solr</i>	2	
<i>methotrexate tabs</i>	2	PA
<i>mitomycin solr</i>	2	
<i>mitoxantrone hcl conc</i>	2	
MONJUVI SOLR	5	NDS
<i>mutamycin solr</i>	2	
MVASI SOLN 400mg/16ml, 100mg/4ml	5	NDS
MYLOTARG SOLR	5	NDS
NERLYNX TABS	5	NDS
NEXAVAR TABS	5	NDS
<i>nilutamide tabs</i>	5	
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS
NUBEQA TABS	5	NDS
ODOMZO CAPS	5	NDS
OGIVRI SOLR	5	NDS
ONIVYDE INJ	5	NDS
ONTRUZANT SOLR 150mg, 420mg	5	NDS
ONUREG TABS 200mg, 300mg	5	NDS
OPDIVO SOLN 100mg/10ml, 240mg/24ml, 40mg/4ml	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>oxaliplatin soln</i>	2	
<i>oxaliplatin solr</i>	2	
<i>paclitaxel conc</i>	2	
PADCEV SOLR 20mg, 30mg	5	NDS
<i>paraplatin soln</i>	2	
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS
PEPAXTO SOLR	5	NDS
PERJETA SOLN	5	NDS
PHESGO SOLN	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPK	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPK	5	NDS
PIQRAY (300 MG DAILY DOSE) TBPK	5	NDS
POLIVY SOLR 30mg, 140mg	5	NDS
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS
PORTRAZZA SOLN	5	NDS
POTELIGEO SOLN	5	NDS
PROLEUKIN SOLR	5	NDS
PURIXAN SUSP	5	NDS
QINLOCK TABS	5	NDS
RETEVMO CAPS 40mg, 80mg	5	NDS
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NDS
RITUXAN HYCELA SOLN	5	
RITUXAN SOLN	5	
ROMIDEPSIN SOLN	5	NDS
ROZLYTREK CAPS 100mg, 200mg	5	NDS
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
RYBREVANT SOLN	5	NDS
RYDAPT CAPS	5	NDS
RYLAZE SOLN	5	NDS
SARCLISA SOLN 500mg/25ml, 100mg/5ml	5	NDS
SIKLOS TABS	5	NDS
SOLTAMOX SOLN	5	
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS
STIVARGA TABS	5	NDS
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS
SYLATRON KIT 600 MCG	4	
SYLATRON KIT	5	
SYLVANT SOLR 100mg, 400mg	5	NDS
SYNRIBO SOLR	5	NDS
TABLOID TABS	3	
TABRECTA TABS 150mg, 200mg	5	NDS
TAFINLAR CAPS 50mg, 75mg	5	NDS
TAGRISSO TABS 40mg, 80mg	5	NDS
TALZENNA CAPS .25mg, 1mg	5	NDS
<i>tamoxifen citrate tabs</i>	2	
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS
TAZVERIK TABS	5	NDS
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS
<i>temsirolimus soln</i>	2	
TENIPOSIDE SOLN	3	
TEPADINA SOLR	5	NDS
TEPMETKO TABS	5	NDS
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	5	NDS
<i>thiotepa solr 15mg, 100mg</i>	5	NDS
TIBSOVO TABS	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>toposar soln</i>	2	
TOPOTECAN HCL SOLN	2	
<i>topotecan hcl solr</i>	2	
<i>toremifene citrate tabs</i>	5	NDS
TRAZIMERA SOLR 150mg, 420mg	5	NDS
TRELSTAR MIXJECT SUSR	5	
<i>tretinoin caps</i>	5	NDS
<i>trexall tabs 5mg, 7.5mg, 10mg, 15mg</i>	2	PA
TRISENOX SOLN	5	NDS
TRODELVY SOLR	5	NDS
TRUSELTIQ (100MG DAILY DOSE) CPPK	5	NDS
TRUSELTIQ (125MG DAILY DOSE) CPPK	5	NDS
TRUSELTIQ (50MG DAILY DOSE) CPPK	5	NDS
TRUSELTIQ (75MG DAILY DOSE) CPPK	5	NDS
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3	NDS
TUKYSA TABS 50mg, 150mg	5	NDS
TURALIO CAPS	5	NDS
UKONIQ TABS	5	NDS
UNITUXIN SOLN	5	NDS
<i>valrubicin soln</i>	2	
VANTAS KIT	3	
VELCADE SOLR	3	
VENCLEXTA STARTING PACK TBPK	5	NDS
VENCLEXTA TABS 10mg	4	NDS
VENCLEXTA TABS 50mg, 100mg	5	NDS
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS
<i>vinblastine sulfate soln</i>	2	
<i>vincasar pfs soln</i>	2	
<i>vincristine sulfate soln</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
vinorelbine tartrate soln	2	
VITRAKVI CAPS 25mg, 100mg	5	NDS
VITRAKVI SOLN	5	NDS
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS
VOTRIENT TABS	5	NDS
VYXEOS SUSR	5	NDS
XALKORI CAPS 200mg, 250mg	5	NDS
XATMEP SOLN	4	PA,NDS
XOSPATA TABS	5	NDS
XPOVIO (100 MG ONCE WEEKLY) TBPK 20mg, 50mg	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPK 20mg, 40mg	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPK 20mg, 40mg	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPK 20mg, 60mg	5	NDS
XPOVIO (60 MG TWICE WEEKLY) TBPK	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPK 20mg, 40mg	5	NDS
XPOVIO (80 MG TWICE WEEKLY) TBPK	5	NDS
XTANDI CAPS	5	NDS
XTANDI TABS 40mg, 80mg	5	NDS
YEROVY SOLN	3	
YONDELIS SOLR	5	NDS
YONSA TABS	5	NDS
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	NDS
ZEJULA CAPS	5	NDS
ZELBORA TABS	5	NDS
ZEPZELCA SOLR	5	NDS
ZIRABEV SOLN 400mg/16ml, 100mg/4ml	5	NDS
ZOLINZA CAPS	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
ZYDELIG TABS 100mg, 150mg	5	NDS
ZYKADIA CAPS	5	NDS
ZYKADIA TABS	5	NDS
ZYNLONTA SOLR	5	NDS
ZYTIGA TABS	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE SOLN	2	
ATROPINE SULFATE SOSY	2	
ATROVENT HFA AERS	3	MO
<i>chlordiazepoxide- clidinium caps</i>	2	
CUVPOSA SOLN	3	MO
<i>dicyclomine hcl caps</i>	2	MO
<i>dicyclomine hcl soln</i>	2	MO
<i>dicyclomine hcl tabs</i>	2	MO
DUAKLIR PRESSAIR AEPB	5	NDS
<i>glycate tabs</i>	2	
<i>glycopyrrolate pf sosy</i>	2	
<i>glycopyrrolate soln</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>ipratropium bromide soln .02%</i>	1	PA,MO
<i>ipratropium bromide soln .03%, .06%</i>	2	MO
LONHALA MAGNAIR REFILL KIT SOLN	5	NDS
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	2	MO
<i>propantheline bromide tabs</i>	2	MO
SPIRIVA RESPIMAT AERS 2.5mcg/act	3	MO
SPIRIVA RESPIMAT AERS	4	MO
STIOLTO RESPIMAT AERS	3	MO
YUPELRI SOLN	5	PA,NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK TABS	3	MO
CHANTIX STARTING MONTH PAK TABS	3	MO
CHANTIX TABS .5mg, 1mg	3	MO
NICOTROL INHA	3	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg	2	MO
CEVIMELINE HCL CAPS	2	MO
donepezil hcl tabs 5mg, 10mg, 23mg	2	MO
donepezil hcl tbdp 5mg, 10mg	2	MO
galantamine hydrobromide er cp24 8mg, 16mg, 24mg	2	MO
galantamine hydrobromide soln	2	MO
galantamine hydrobromide tabs 4mg, 8mg, 12mg	2	MO
GUANIDINE HCL TABS	4	MO
MESTINON SOLN	2	MO
pilocarpine hcl tabs 5mg, 7.5mg	2	MO
pyridostigmine bromide er tbc	2	MO
pyridostigmine bromide soln	2	MO
pyridostigmine bromide tabs 30mg, 60mg	2	MO
REGONOL SOLN	3	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	MO
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	2	MO
urecholine tabs 5mg, 10mg, 25mg, 50mg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
SKELETAL MUSCLE RELAXANTS		
baclofen soln	2	
baclofen tabs 5mg, 10mg, 20mg	2	MO
carisoprodol tabs 250mg, 350mg	2	PA,NDS
carisoprodol-aspirin tabs	2	PA,NDS
carisoprodol-aspirin-codeine tabs	2	PA,NDS
chlorzoxazone tabs 375mg, 500mg, 750mg	2	NDS
cyclobenzaprine hcl er cp24 15mg, 30mg	2	PA
cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg	2	PA
dantrolene sodium caps	2	
dantrolene sodium soln	2	
fexmid tabs	2	PA
metaxall tabs	2	
metaxalone tabs	2	
methocarbamol soln	2	
methocarbamol tabs	2	
orphenadrine citrate er tb12	2	
orphenadrine citrate soln	2	
succinylcholine chloride soln	2	
tizanidine hcl caps	2	
tizanidine hcl tabs	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er tb24	2	MO
dihydroergotamine mesylate soln	2	NDS
ergoloid mesylates tabs	2	MO
ergomar subl	2	
phenoxybenzamine hcl caps	5	NDS
silodosin caps 4mg, 8mg	2	MO
tamsulosin hcl caps	2	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
albuterol sulfate er tb12 4mg, 8mg	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
ALBUTEROL SULFATE HFA AERS 108mcg/act	2	MO,NDS
<i>albuterol sulfate nebu</i> .083%, 2.5mg/0.5ml, .63mg/3ml, 1.25mg/3ml	2	PA,MO
<i>albuterol sulfate syrup</i>	2	MO
<i>albuterol sulfate tabs</i> 2mg, 4mg	2	MO
<i>arformoterol tartrate</i> <i>nebu</i>	5	PA,MO,NDS
BROVANA NEBU	5	PA,MO,NDS
COMBIVENT RESPIMAT AERS	3	MO
<i>dobutamine hcl soln</i>	2	
DOBUTAMINE IN D5W SOLN	2	
<i>dopamine hcl soln</i>	2	
DOPAMINE IN D5W SOLN	2	
<i>droxidopa caps</i>	4	
<i>epinephrine</i> (anaphylaxis) soln	2	
<i>epinephrine soaj</i>	2	
EPINEPHRINE SOSY	2	
<i>ipratropium-albuterol</i> <i>soln</i>	2	PA,MO
<i>isoproterenol hcl soln</i>	2	
LEVALBUTEROL HCL NEBU 1.25mg/0.5ml, 1.25mg/3ml, .31mg/3ml, .63mg/3ml	2	PA,MO
<i>levalbuterol tartrate aero</i>	2	MO
<i>metaproterenol sulfate</i> <i>syrp</i>	2	MO
<i>metaproterenol sulfate</i> <i>tabs 10mg, 20mg</i>	2	MO
<i>midodrine hcl tabs</i> 2.5mg, 5mg, 10mg	2	MO
<i>norepinephrine bitartrate</i> <i>soln</i>	2	
<i>phenylephrine hcl soln</i>	2	
SEREVENT DISKUS AEPB	3	MO
STRIVERDI RESPIMAT AERS	3	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>terbutaline sulfate soln</i>	2	
<i>terbutaline sulfate tabs</i> 2.5mg, 5mg	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
ADAKVEO SOLN	5	NDS
<i>icatibant acetate soln</i>	5	NDS
OXBRYTA TABS	5	NDS
RUCONEST SOLR INTRAVENOUS	5	HI
COAGULANTS AND ANTICOAGULANTS		
<i>aminocaproic acid soln</i>	2	MO
<i>aminocaproic acid tabs</i> 500mg, 1000mg	2	MO
<i>anagrelide hcl caps</i> .5mg, 1mg	2	MO
<i>argatroban soln</i>	2	
<i>aspirin-dipyridamole er</i> cp12	2	MO
BRILINTA TABS 60mg, 90mg	3	MO
<i>cilostazol tabs 50mg,</i> 100mg	2	MO
<i>clopidogrel bisulfate tabs</i> 75mg, 300mg	2	MO
ELIQUIS TABS	4	MO
<i>enoxaparin sodium soln</i> 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 300mg/3ml, 100mg/ml, 150mg/ml	2	NDS
<i>eptifibatide soln</i>	2	
<i>fondaparinux sodium</i> <i>soln 2.5mg/0.5ml</i>	2	NDS
<i>fondaparinux sodium</i> <i>soln 5mg/0.4ml,</i> 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
<i>heparin (porcine) in nacl</i> <i>soln</i>	2	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
HEPARIN SOD (PORCINE) IN D5W SOLN	2	
<i>heparin sodium (porcine) pf soln</i>	2	PA
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	2	PA
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MO
LOVENOX SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 300mg/3ml, 100mg/ml, 150mg/ml	2	NDS
<i>pentoxifylline er tbcr</i>	2	MO
PRADAXA CAPS 75mg, 110mg, 150mg	3	MO
<i>prasugrel hcl tabs 5mg, 10mg</i>	2	MO
<i>tranexamic acid soln</i>	2	
<i>tranexamic acid tabs</i>	2	MO
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 10mg</i>	1	MO
XARELTO STARTER PACK TBPK	4	MO
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	4	MO
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	5	PA,NDS
ARANESP (ALBUMIN FREE) SOSY 60mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.4ml, 100mcg/0.5ml,	5	PA,NDS

Drug Name	Drug Tier	Requirements/ Limits
300mcg/0.6ml, 500mcg/ml		
CABLIVI KIT	5	NDS
DOPTELET TABS	5	NDS
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	PA,NDS
EPOGEN SOLN	5	PA,NDS
FULPHILA SOSY	5	NDS
GRANIX SOLN 480mcg/1.6ml, 300mcg/ml	5	NDS
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
LEUKINE SOLR	5	NDS
MULPLETA TABS	5	NDS
NEULASTA ONPRO PSKT	5	NDS
NEULASTA SOSY	5	NDS
NEUPOGEN SOLN 480mcg/1.6ml, 300mcg/ml	5	NDS
NEUPOGEN SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
NIVESTYM SOLN 480mcg/1.6ml, 300mcg/ml	5	NDS
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
NPLATE SOLR	5	NDS
NYVEPRIA SOSY	5	NDS
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA,NDS
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	PA,NDS
PROMACTA PACK 12.5mg, 25mg	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 12.5mg, 25mg, 50mg, 75mg	5	NDS
REBLOZYL SOLR 25mg, 75mg	5	NDS
RETACRIT SOLN 20000unit/ml	4	PA,NDS
RETACRIT SOLN	5	PA,NDS
TAVALISSE TABS 100mg, 150mg	5	NDS
UDENYCA SOSY	5	NDS
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
ZIEXTENZO SOSY	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
DEMSER CAPS	5	NDS
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	2	MO
<i>metyrosine caps</i>	5	NDS
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	2	MO
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	2	MO
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	MO
<i>cholestyramine light pack</i>	2	MO
<i>cholestyramine light powd</i>	2	MO
<i>cholestyramine pack</i>	2	MO
<i>cholestyramine powd</i>	2	MO
COLESEVELAM HCL PACK	2	MO
<i>colesevelam hcl tabs</i>	2	MO
<i>colestipol hcl gran</i>	2	MO
<i>colestipol hcl pack</i>	2	MO
<i>colestipol hcl tabs</i>	2	MO
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe tabs</i>	1	MO
<i>ezetimibe-simvastatin tabs</i>	2	MO
<i>fenofibrate caps 50mg, 150mg</i>	2	MO
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	2	MO
<i>fenofibrate tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	2	MO
<i>fenofibric acid cpdr 45mg, 135mg</i>	2	MO
<i>fluvastatin sodium caps 20mg, 40mg</i>	2	MO
<i>fluvastatin sodium er tb24</i>	2	MO
<i>gemfibrozil tabs</i>	2	MO
<i>icosapent ethyl caps</i>	2	MO
<i>JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg</i>	5	PA,LD,NDS
KYNAMRO SOSY	5	PA,LD,NDS
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	MO
<i>niacin er (antihyperlipidemic) tbcr 500mg, 750mg, 1000mg</i>	2	MO
<i>niacor tabs</i>	2	MO
<i>omega-3-acid ethyl esters caps</i>	2	MO
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	2	MO
<i>prevalite pack</i>	2	MO
<i>prevalite powd</i>	2	MO
<i>questran light powd</i>	2	MO
<i>questran pack</i>	2	MO
<i>questran powd</i>	2	MO
REPATHA SOSY	4	PA,NDS
REPATHA SURECLICK SOAJ	4	PA,NDS
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	1	MO
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl caps 200mg, 400mg	2	MO
atenolol tabs 25mg, 50mg, 100mg	1	MO
atenolol-chlorthalidone tabs	2	MO
betaxolol hcl tabs 10mg, 20mg	2	MO
bisoprolol fumarate tabs 5mg, 10mg	1	MO
bisoprolol- hydrochlorothiazide tabs	2	MO
carvedilol phosphate er cp24 10mg, 20mg, 40mg, 80mg	2	MO
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	MO
ESMOLOL HCL SOLN	2	
esmolol hcl-sodium chloride soln	2	
labetalol hcl soln	2	
labetalol hcl tabs 100mg, 200mg, 300mg	2	MO
metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg	2	MO
metoprolol tartrate soct	2	
metoprolol tartrate soln	2	
metoprolol tartrate tabs 25mg, 50mg, 100mg	1	MO
metoprolol tartrate tabs 37.5mg, 75mg	2	MO
metoprolol- hydrochlorothiazide tabs	2	MO
nadolol tabs 20mg, 40mg, 80mg	2	MO
nadolol- bendroflumethiazide tabs	2	MO
pindolol tabs 5mg, 10mg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg	2	MO
propranolol hcl soln 20mg/5ml, 40mg/5ml	2	MO
propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg	2	MO
propranolol-hctz tabs	2	MO
sorine tabs 80mg, 120mg, 160mg, 240mg	2	MO
sotalol hcl (af) tabs 80mg, 120mg, 160mg	2	MO
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	2	MO
SOTYLIZE SOLN	4	MO
timolol maleate tabs 5mg, 10mg, 20mg	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besy- benazepril hcl caps	2	MO
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	MO
amlodipine besylate- valsartan tabs	2	MO
amlodipine-atorvastatin tabs	2	MO
amlodipine-olmesartan tabs	2	MO
amlodipine-valsartan- hctz tabs	2	MO
CARDENE IV SOLN	3	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	MO
CONSENSI TABS	5	NDS
dilt-xr cp24 120mg, 180mg, 240mg	2	MO
diltiazem hcl er beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
diltiazem hcl er coated beads tb24 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
diltiazem hcl er cp12 60mg, 90mg, 120mg	2	MO
diltiazem hcl er cp24 120mg, 180mg, 240mg	2	MO
diltiazem hcl soln	2	
diltiazem hcl solr	2	
diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg	2	MO
felodipine er tb24 2.5mg, 5mg, 10mg	2	MO
isradipine caps 2.5mg, 5mg	2	MO
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
nicardipine hcl caps 20mg, 30mg	2	MO
NICARDIPINE HCL SOLN	2	
nifedipine caps 10mg, 20mg	2	MO
nifedipine er osmotic release tb24 30mg, 60mg, 90mg	2	MO
nifedipine er tb24 30mg, 60mg, 90mg	2	MO
nimodipine caps	2	MO
nisoldipine er tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	MO
NYMALIZE SOLN 60mg/20ml, 6mg/ml	5	NDS
olmesartan-amlodipine-hctz tabs	2	MO
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
telmisartan-amlodipine tabs	2	MO

Drug Name	Drug Tier	Requirements/ Limits
tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
trandolapril-verapamil hcl er tbcr	2	MO
verapamil hcl er tbcr 120mg, 180mg, 240mg	2	MO
verapamil hcl soln	2	
verapamil hcl tabs 40mg, 80mg, 120mg	2	MO
CARDIAC DRUGS		
adenosine soln	2	
amiodarone hcl soln	2	
amiodarone hcl tabs 100mg, 200mg, 400mg	2	MO
CORLANOR SOLN	4	MO
CORLANOR TABS 5mg, 7.5mg	4	MO
digitek tabs .125mg, .25mg	2	MO
digox tabs	2	
digoxin soln	2	
digoxin tabs 125mcg, 250mcg	2	MO
disopyramide phosphate caps 100mg, 150mg	2	MO
dofetilide caps 125mcg, 250mcg, 500mcg	2	MO
flecainide acetate tabs 50mg, 100mg, 150mg	2	MO
ibutilide fumarate soln	2	
LANOXIN PEDIATRIC SOLN	3	
lidocaine hcl (cardiac) pf sosy	2	
lidocaine hcl (cardiac) sosy	2	
LIDOCAINE IN D5W SOLN	2	
mexiletine hcl caps 150mg, 200mg, 250mg	2	MO
milrinone lactate in dextrose soln	2	
milrinone lactate soln	2	
MULTAQ TABS	4	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
NORPACE CR CP12 100mg, 150mg	3	MO
pacerone tabs 100mg, 200mg, 400mg	2	MO
procainamide hcl soln	2	
propafenone hcl er cp12 225mg, 325mg, 425mg	2	MO
propafenone hcl tabs 150mg, 225mg, 300mg	2	MO
quinidine gluconate er tbcr	2	MO
QUINIDINE GLUCONATE SOLN	3	
quinidine sulfate tabs 200mg, 300mg	2	MO
ranolazine er tb12 500mg, 1000mg	2	MO
VYNDAMAX CAPS	5	NDS
VYNDAQEL CAPS	5	NDS
HYPOTENSIVE AGENTS		
clonidine hcl (analgesia) soln	2	
clonidine hcl er tb12	2	MO
clonidine hcl tabs .1mg, .2mg, .3mg	2	MO
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	2	MO
guanfacine hcl tabs 1mg, 2mg	2	MO
hydralazine hcl soln	2	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	MO
methyldopa tabs 250mg, 500mg	2	MO
methyldopa- hydrochlorothiazide tabs	2	MO
minoxidil tabs 2.5mg, 10mg	2	MO
nitropress soln	2	
nitroprusside sodium soln	2	
vecamyl tabs	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
aliskiren fumarate tabs 150mg, 300mg	2	MO
benazepril hcl tabs 5mg, 10mg, 20mg, 40mg	1	MO
benazepril- hydrochlorothiazide tabs	2	MO
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	2	MO
candesartan cilexetil- hctz tabs	2	MO
captopril tabs 12.5mg, 25mg, 50mg, 100mg	2	MO
captopril- hydrochlorothiazide tabs	2	MO
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	2	MO
enalapril- hydrochlorothiazide tabs	2	MO
enalaprilat inj	2	
ENTRESTO TABS	3	MO
eplerenone tabs 25mg, 50mg	2	MO
eprosartan mesylate tabs	2	MO
fosinopril sodium tabs 10mg, 20mg, 40mg	2	MO
fosinopril sodium-hctz tabs	2	MO
irbesartan tabs 75mg, 150mg, 300mg	2	MO
irbesartan- hydrochlorothiazide tabs	2	MO
lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	MO
lisinopril- hydrochlorothiazide tabs	1	MO
losartan potassium tabs 25mg, 50mg, 100mg	1	MO
losartan potassium-hctz tabs	1	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
moexipril hcl tabs 7.5mg, 15mg	2	MO
olmesartan medoxomil tabs 5mg, 20mg, 40mg	2	MO
olmesartan medoxomil-hctz tabs	2	MO
perindopril erbumine tabs 2mg, 4mg, 8mg	2	MO
quinapril hcl tabs 5mg, 10mg, 20mg, 40mg	2	MO
quinapril-hydrochlorothiazide tabs	2	MO
ramipril caps 1.25mg, 2.5mg, 5mg, 10mg	2	MO
spironolactone tabs 25mg, 50mg, 100mg	1	MO
spironolactone-hctz tabs	2	MO
telmisartan tabs 20mg, 40mg, 80mg	2	MO
telmisartan-hctz tabs	2	MO
trandolapril tabs 1mg, 2mg, 4mg	2	MO
valsartan tabs 40mg, 80mg, 160mg, 320mg	2	MO
valsartan-hydrochlorothiazide tabs	2	MO
VASODILATING AGENTS		
alyq tabs	2	PA
dipyridamole tabs 25mg, 50mg, 75mg	2	MO
isosorbide dinitrate er tbcr	2	MO
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	2	MO
isosorbide mononitrate er tb24 30mg, 60mg	1	MO
isosorbide mononitrate er tb24	2	MO
isosorbide mononitrate tabs 10mg, 20mg	2	MO
minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	2	MO
nitro-bid oint	2	MO

Drug Name	Drug Tier	Requirements/ Limits
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	MO
nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	2	MO
nitroglycerin soln	2	MO
nitroglycerin subl .3mg, .4mg, .6mg	2	MO
sildenafil citrate soln	2	PA,NDS
sildenafil citrate susr	2	PA
sildenafil citrate tabs	2	PA,MO
tadalafil (pah) tabs 20mg	2	PA
tadalafil tabs 2.5mg, 5mg	2	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
acamprosate calcium tbec	2	MO
antabuse tabs 250mg, 500mg	2	MO
disulfiram tabs 250mg, 500mg	2	MO
ANALGESICS AND ANTIPYRETICS		
acetaminophen-codeine #3 tabs	2	NDS
acetaminophen-codeine soln	2	NDS
acetaminophen-codeine tabs	2	NDS
allzital tabs	2	
apap-caff-dihydrocodeine tabs	2	NDS
ascomp-codeine caps	2	NDS
benzhydrocodone-acetaminophen tabs	2	
bupap tabs	2	
butalbital-acetaminophen tabs	2	
butalbital-apap-caff-cod caps	2	NDS
butalbital-apap-caffeine caps	2	
butalbital-apap-caffeine tabs	2	
butalbital-asa-caff-codeine caps	2	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
butalbital-aspirin-caffeine caps	2	
butalbital-aspirin-caffeine tabs	2	
butorphanol tartrate soln	2	NDS
celecoxib caps	2	
CODEINE SULFATE TABS 15mg, 30mg, 60mg	2	NDS
diclofenac sodium er tb24	2	
diclofenac sodium tbec	2	
diclofenac-misoprostol tbec	2	
diflunisal tabs	2	
DUEXIS TABS	5	NDS
dvorah tabs	2	NDS
endocet tabs	2	NDS
esgc caps	2	
esgc tabs	2	
etodolac caps	2	
etodolac er tb24	2	
etodolac tabs	2	
fenoprofen calcium caps	2	
fenoprofen calcium tabs	2	
fenortho caps	2	
fentanyl citrate (pf) soct	2	NDS
FENTANYL CITRATE (PF) SOLN 50mcg/ml, 1000mcg/20ml, 2500mcg/50ml	2	NDS
fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	2	PA,NDS
fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	NDS
fioricet caps	2	
fioricet/codeine caps	2	NDS
flurbiprofen tabs	2	

Drug Name	Drug Tier	Requirements/ Limits
hydrocodone bitartrate er cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	2	NDS
hydrocodone-acetaminophen soln	2	NDS
hydrocodone-acetaminophen tabs	2	NDS
hydrocodone-ibuprofen tabs	2	NDS
hydromorphone hcl er tb24 8mg, 12mg, 16mg, 32mg	2	NDS
hydromorphone hcl liqd	2	NDS
hydromorphone hcl tabs 2mg, 4mg, 8mg	2	NDS
ibu tabs	2	
ibudone tabs	2	NDS
ibuprofen lysine soln	2	
ibuprofen susp	2	
ibuprofen tabs	2	
ILARIS SOLN	5	NDS
indocin supp	2	
indomethacin caps	2	
indomethacin er cpcr	2	
indomethacin sodium solr	2	
ketoprofen caps	2	
ketoprofen er cp24	2	
kеторолак трометамололят (кеторолак трометамол) раствор для инъекций	2	
kеторолак трометамололят (кеторолак трометамол) таблетки	2	
LAZANDA SOLN 100mcg/act, 400mcg/act	4	PA,NDS
levorphanol tartrate tabs 2mg, 3mg	5	NDS
loracet hd tabs	2	NDS
loracet plus tabs	2	NDS
loracet tabs	2	NDS
lortab elix	2	NDS
meclofenamate sodium caps	2	
mefenamic acid caps	2	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
meloxicam tabs	2	
meperidine hcl soln	2	NDS
meperidine hcl tabs 50mg, 100mg	2	NDS
methadone hcl conc	2	NDS
methadone hcl intensol conc	2	NDS
methadone hcl tabs 5mg, 10mg	2	NDS
MORPHINE SULFATE (CONCENTRATE) SOLN	2	NDS
morphine sulfate er beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	NDS
morphine sulfate er cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg	2	NDS
morphine sulfate er tbcr 15mg, 30mg, 60mg, 100mg, 200mg	2	NDS
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	2	NDS
MORPHINE SULFATE TABS 15mg, 30mg	2	NDS
nabumetone tabs	2	
nalbuphine hcl soln	2	
nalfon tabs	2	
nalocet tabs	2	NDS
naproxen sodium er tb24	2	
naproxen sodium tabs	2	
naproxen susp	2	
naproxen tabs	2	
naproxen tbec	2	
naproxen-esomeprazole tbec	2	NDS
norco tabs	2	NDS
norgesic forte tabs	2	
NUCYNTA ER TB12 200mg, 250mg	5	NDS
NUCYNTA TABS	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
orphenadrine-aspirin- caffeine tabs	2	
orphengesic forte tabs	2	
oxaprozin tabs	2	
OXAYDO TABS	5	NDS
oxycodone hcl caps	2	NDS
oxycodone hcl conc	2	NDS
oxycodone hcl er t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	NDS
oxycodone hcl soln	2	NDS
oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg	2	NDS
oxycodone-acetaminophen soln	5	NDS
oxycodone-acetaminophen tabs	2	NDS
oxycodone-acetaminophen tabs 5- 300mg, 10-300mg	5	NDS
oxycodone-aspirin tabs	2	NDS
oxycodone-ibuprofen tabs	2	NDS
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	NDS
oxymorphone hcl er tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	2	NDS
oxymorphone hcl tabs 5mg, 10mg	2	NDS
panlor tabs	2	NDS
pentazocine-naloxone hcl tabs	2	NDS
percocet tabs	2	NDS
phrenilin forte caps	2	
piroxicam caps 10mg, 20mg	2	NDS
pregabalin er tb24 82.5mg, 165mg, 330mg	2	MO
primlev tabs	2	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
prolate soln	5	NDS
prolate tabs	2	NDS
QDOLO SOLN	5	NDS
relafen ds tabs	5	NDS
SALSALATE TABS	2	
SUBSYS LIQD 1200mcg, 1600mcg	4	PA,NDS
sulindac tabs	2	
tencon tabs	2	
tolmetin sodium caps	2	
tolmetin sodium tabs	2	
tramadol hcl er (biphasic) tb24 100mg, 200mg, 300mg	2	NDS
tramadol hcl er cp24 100mg, 150mg, 200mg, 300mg	2	NDS
tramadol hcl er tb24 100mg, 200mg, 300mg	2	NDS
tramadol hcl tabs 50mg, 100mg	2	NDS
tramadol-acetaminophen tabs	2	NDS
trezix caps	2	NDS
tylenol with codeine #3 tabs	2	NDS
tylenol with codeine #4 tabs	2	NDS
vanatol iq soln	2	
vicodin es tabs	2	NDS
vicodin hp tabs	2	NDS
vicodin tabs	2	NDS
zebutal caps	2	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
adderall tabs	2	NDS
amphetamine er suer	2	NDS
amphetamine sulfate tabs 5mg, 10mg	2	NDS
amphetamine- dextroamphet er cp24	2	NDS
amphetamine- dextroamphetamine tabs	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
armodafinil tabs 50mg, 150mg, 200mg, 250mg	2	PA
caffeine citrate soln	2	
dexamphetamine hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	2	NDS
dexamphetamine hcl tabs 2.5mg, 5mg, 10mg	2	NDS
dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg	2	NDS
dextroamphetamine sulfate soln	2	NDS
dextroamphetamine sulfate tabs 5mg, 10mg	2	NDS
evekeo tabs 5mg, 10mg	2	NDS
metadate er tbcr	2	NDS
methamphetamine hcl tabs	2	PA,NDS
methylphenidate hcl chew 2.5mg, 5mg, 10mg	2	NDS
methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	2	NDS
methylphenidate hcl er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg	2	NDS
methylphenidate hcl er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	2	NDS
methylphenidate hcl er tb24 18mg, 27mg, 36mg, 54mg	2	NDS
methylphenidate hcl er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg	2	NDS
methylphenidate hcl soln 5mg/5ml, 10mg/5ml	2	NDS
methylphenidate hcl tabs 5mg, 10mg, 20mg	2	NDS
modafinil tabs 100mg, 200mg	2	PA,NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>procenutra soln</i>	2	NDS
<i>relexxii tbcr</i>	2	NDS
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	3	NDS
WAKIX TABS 4.45mg, 17.8mg	5	NDS
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	2	NDS
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	MO
BANZEL SUSP	5	
BANZEL TABS 200mg, 400mg	5	NDS
BRIVIACT SOLN	5	NDS
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS
<i>carbamazepine chew</i>	2	MO
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	2	MO
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	2	MO
<i>carbamazepine susp</i>	2	MO
<i>carbamazepine tabs</i>	2	MO
CELONTIN CAPS	3	MO
<i>clobazam susp</i>	2	MO
<i>clobazam tabs 10mg, 20mg</i>	2	MO
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	2	NDS
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	2	NDS
DIACOMIT CAPS 250mg, 500mg	5	NDS
DIACOMIT PACK 250mg, 500mg	5	NDS
DIASTAT ACUDIAL GEL 10mg, 20mg	2	NDS
DIASTAT PEDIATRIC GEL	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam gel 2.5mg, 10mg, 20mg</i>	2	NDS
<i>dilantin caps 30mg, 100mg</i>	2	MO
<i>dilantin infatabs chew</i>	2	MO
<i>divalproex sodium csdr</i>	2	MO
<i>divalproex sodium er tb24 250mg, 500mg</i>	2	MO
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	2	MO
ELEPSIA XR TB24 1000mg, 1500mg	5	NDS
EPIDIOLEX SOLN	5	PA,NDS
<i>ethosuximide caps</i>	2	MO
<i>ethosuximide soln</i>	2	MO
<i>felbamate susp</i>	5	MO
<i>felbamate tabs 400mg, 600mg</i>	2	MO
FINTEPLA SOLN	5	NDS
<i>fosphenytoin sodium soln</i>	2	
FYCOMPA SUSP	5	NDS
FYCOMPA TABS	4	
<i>gabapentin caps 100mg, 400mg</i>	2	MO
<i>gabapentin soln</i>	2	MO
<i>gabapentin tabs 600mg, 800mg</i>	2	MO
LAMICTAL XR KIT	4	MO
<i>lamotrigine chew 5mg, 25mg</i>	2	MO
<i>lamotrigine er tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	2	MO
<i>lamotrigine kit</i>	2	MO
<i>lamotrigine starter kit- blue kit</i>	2	MO
<i>lamotrigine starter kit- green kit</i>	2	MO
<i>lamotrigine starter kit- orange kit</i>	2	MO
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	2	MO
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
levetiracetam er tb24 500mg, 750mg	2	MO
levetiracetam in nacl soln	2	
levetiracetam soln	2	MO
levetiracetam tabs 250mg, 500mg, 750mg, 1000mg	2	MO
magnesium sulfate soln	2	
MAGNESIUM SULFATE SOLN INJECTION 50%	2	HI
NAYZILAM SOLN	5	NDS
oxcarbazepine susp	2	MO
oxcarbazepine tabs 150mg, 300mg, 600mg	2	MO
OXTELLAR XR TB24 150mg, 300mg, 600mg	4	MO
PEGANONE TABS	4	MO
phenytek caps 200mg, 300mg	2	MO
phenytoin chew	2	MO
phenytoin sodium extended caps 100mg, 200mg, 300mg	2	MO
phenytoin sodium soln	2	
phenytoin susp	2	MO
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	2	MO
pregabalin soln	2	MO
primidone tabs 50mg, 250mg	2	MO
roweepra tabs 500mg, 750mg, 1000mg	2	MO
roweepra xr tb24 500mg, 750mg	2	MO
rufinamide susp	5	
rufinamide tabs 200mg, 400mg	5	NDS
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	NDS
subvenite starter kit-blue kit	2	MO

Drug Name	Drug Tier	Requirements/ Limits
subvenite starter kit-green kit	2	MO
subvenite starter kit-orange kit	2	MO
subvenite tabs 25mg, 100mg, 150mg, 200mg	2	MO
SYMPAZAN FILM 5mg	4	
SYMPAZAN FILM 10mg, 20mg	5	
tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg	2	MO
topiramate cpsp 15mg, 25mg	2	MO
topiramate er cs24 25mg, 50mg, 100mg, 150mg, 200mg	2	MO
topiramate tabs 25mg, 50mg, 100mg, 200mg	2	MO
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	4	MO
valproate sodium soln	2	
valproic acid caps	2	MO
valproic acid soln	2	MO
VALTOCO 10 MG DOSE LIQD	4	
VALTOCO 15 MG DOSE LQPK	4	
VALTOCO 20 MG DOSE LQPK	4	
VALTOCO 5 MG DOSE LIQD	4	
vigabatrin pack	2	LD,NDS
vigabatrin tabs	5	NDS
VIMPAT SOLN	4	
VIMPAT TABS	4	MO
XCOPRI (250 MG DAILY DOSE) TBPK	5	NDS
XCOPRI (350 MG DAILY DOSE) TBPK	5	NDS
XCOPRI TABS 50mg, 100mg, 150mg	4	
XCOPRI TABS 200mg	5	NDS
XCOPRI TBPK 14x12.5mg & 14x25mg	4	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TBPK	5	NDS
<i>zarontin soln</i>	2	MO
<i>zonisamide caps 25mg, 50mg, 100mg</i>	2	MO
ANTIMIGRAINE AGENTS		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
<i>almotriptan malate tabs</i>	2	
<i>cafergot tabs</i>	2	
<i>eletriptan hydrobromide tabs</i>	2	
<i>ergotamine-caffeine tabs</i>	2	
FROVATRIPTAN SUCCINATE TABS	2	
<i>naratriptan hcl tabs</i>	2	
NURTEC TBDP	5	NDS
<i>rizatriptan benzoate tabs</i>	2	
<i>rizatriptan benzoate tbdp</i>	2	
<i>sumatriptan soln</i>	2	
<i>sumatriptan succinate refill soct</i>	2	
<i>sumatriptan succinate soaj</i>	2	
<i>sumatriptan succinate soln</i>	2	
<i>sumatriptan succinate sosy</i>	2	
<i>sumatriptan succinate tabs</i>	2	
UBRELVY TABS 50mg, 100mg	5	NDS
<i>zolmitriptan soln</i>	2	
<i>zolmitriptan tabs</i>	2	
<i>zolmitriptan tbdp</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps</i>	2	MO
<i>amantadine hcl syrup</i>	2	MO
<i>amantadine hcl tabs</i>	2	MO
APOKYN SOCT	5	NDS
<i>benztropine mesylate soln</i>	2	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate caps</i>	2	MO
<i>bromocriptine mesylate tabs</i>	2	MO
<i>cabergoline tabs</i>	2	MO
<i>carbidopa tabs</i>	2	MO
<i>carbidopa-levodopa er tbcr</i>	2	MO
<i>carbidopa-levodopa tabs</i>	2	MO
<i>carbidopa-levodopa tbdp</i>	2	MO
<i>carbidopa-levodopa- entacapone tabs</i>	2	MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS
<i>entacapone tabs</i>	2	MO
INBRIJA CAPS	5	NDS
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS
<i>pramipexole dihydrochloride er tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	2	MO
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	MO
<i>rasagiline mesylate tabs .5mg, 1mg</i>	2	MO
<i>ropinirole hcl er tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	MO
<i>ropinirole hcl tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	MO
<i>selegiline hcl caps</i>	2	MO
<i>selegiline hcl tabs</i>	2	MO
<i>tolcapone tabs</i>	5	MO
<i>trihexyphenidyl hcl soln</i>	2	MO
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>	2	MO
ZELAPAR TBDP	5	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
alprazolam er tb24 .5mg, 1mg, 2mg, 3mg	2	NDS
alprazolam intensol conc	2	NDS
alprazolam tabs .25mg, .5mg, 1mg, 2mg	2	NDS
alprazolam tbdp .25mg, .5mg, 1mg, 2mg	2	NDS
buspirone hcl tabs 5mg, 10mg	1	
buspirone hcl tabs 7.5mg, 15mg, 30mg	2	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	2	NDS
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	2	NDS
diazepam conc	2	NDS
diazepam soln 5mg/5ml, 5mg/ml	2	NDS
diazepam tabs 2mg, 5mg, 10mg	2	NDS
droperidol soln	2	
estazolam tabs 1mg, 2mg	2	NDS
eszopiclone tabs 1mg, 2mg, 3mg	2	NDS
flurazepam hcl caps 15mg, 30mg	2	NDS
HETLIOZ CAPS	5	PA,NDS
HETLIOZ LQ SUSP	5	PA,NDS
hydroxyzine hcl soln	2	
hydroxyzine hcl syrup	2	
hydroxyzine hcl tabs	2	
hydroxyzine pamoate caps	2	
lorazepam intensol conc	2	NDS
LORAZEPAM SOLN 4mg/ml, 2mg/ml	2	NDS
lorazepam tabs .5mg, 1mg, 2mg	2	NDS
meprobamate tabs	2	
midazolam hcl (pf) soln	2	
midazolam hcl soln	2	
midazolam hcl syrup	2	
nembutal soln	2	

Drug Name	Drug Tier	Requirements/ Limits
oxazepam caps 10mg, 15mg, 30mg	2	NDS
pentobarbital sodium soln	2	
PHENOBARBITAL ELIX	2	
PHENOBARBITAL SODIUM SOLN	2	
PHENOBARBITAL TABS	2	
ramelteon tabs	2	
seconal caps	2	
TEMAZEPAM CAPS 7.5mg, 15mg, 22.5mg, 30mg	2	NDS
triazolam tabs .125mg, .25mg	2	NDS
zaleplon caps 5mg, 10mg	2	NDS
zolpidem tartrate er tbcr 6.25mg, 12.5mg	2	NDS
zolpidem tartrate subl 1.75mg, 3.5mg	2	NDS
zolpidem tartrate tabs 5mg, 10mg	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	2	MO
AUSTEDO TABS 6mg, 9mg, 12mg	5	LD,NDS
EXSERVAN FILM	5	NDS
flumazenil soln	2	
guanfacine hcl er tb24 1mg, 2mg, 3mg, 4mg	2	MO
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS
INGREZZA CPPK	5	NDS
memantine hcl er cp24	2	
memantine hcl soln	2	MO
memantine hcl tabs 5mg, 10mg	2	MO
NOURIANZ TABS 20mg, 40mg	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA CAPS	5	PA,NDS
RADICAVA SOLN	5	NDS
<i>riluzole tabs</i>	2	MO,NDS
<i>tetrabenazine tabs 12.5mg, 25mg</i>	5	NDS
TIGLUTIK SUSP	5	NDS
XYREM SOLN	5	LD,NDS
XYWAV SOLN	5	NDS
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TABS 7mg, 14mg	5	PA,NDS
AVONEX KIT	5	NDS
AVONEX PEN AJKT	5	NDS
AVONEX PREFILLED PSKT	5	NDS
BAFIERTAM CPDR	5	NDS
BETASERON KIT	5	NDS
<i>dalfampridine er tb12</i>	2	MO
<i>dimethyl fumarate cpdr</i>	2	
<i>dimethyl fumarate starter pack misc</i>	2	
EXTAVIA KIT	2	NDS
GILENYA CAPS .25mg, .5mg	5	NDS
<i>glatopa sosy 20mg/ml, 40mg/ml</i>	2	NDS
LEMTRADA SOLN	5	NDS
MAYZENT STARTER PACK TBPK	5	NDS
MAYZENT TABS .25mg, 2mg	5	NDS
OCREVUS SOLN	5	
PLEGRIDY SOPN	5	NDS
PLEGRIDY SOSY	5	NDS
PLEGRIDY STARTER PACK SOPN	5	NDS
PLEGRIDY STARTER PACK SOSY	5	NDS
PONVORY STARTER PACK TBPK	5	NDS
PONVORY TABS	5	NDS
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	NDS

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SOAJ	5	NDS
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	NDS
REBIF TITRATION PACK SOSY	5	NDS
ZEPOSIA 7-DAY STARTER PACK CPPK	5	NDS
ZEPOSIA CAPS	5	NDS
ZEPOSIA STARTER KIT CPPK	5	NDS
ZINBRYTA SOSY	5	LD,NDS
OPIATE ANTAGONISTS		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	4	NDS
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl film</i>	2	NDS
<i>buprenorphine hcl-naloxone hcl subl</i>	2	NDS
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	2	NDS
LUCEMYRA TABS	5	NDS
<i>naloxone hcl soaj</i>	2	NDS
<i>naloxone hcl soct</i>	2	
<i>naloxone hcl soln</i>	2	
<i>naloxone hcl sosy</i>	2	
<i>naltrexone hcl tabs</i>	2	
NARCAN LIQD	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NDS
VIVITROL SUSR	5	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MYCITE MAINTENANCE KIT TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	NDS
ABILIFY MYCITE STARTER KIT TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	NDS
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	NDS
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	2	MO
APLENZIN TB24 174mg, 348mg, 522mg	5	MO
<i>ariPIPRAZOLE soln</i>	2	MO
<i>ariPIPRAZOLE tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	MO
<i>ariPIPRAZOLE tbdp 10mg, 15mg</i>	5	MO
ARISTADA INITIO PRSY	5	NDS
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	5	NDS
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	MO
<i>bupropion hcl er (smoking det) tb12</i>	2	MO
<i>bupropion hcl er (sr) tb12 100mg, 150mg, 200mg</i>	2	MO
<i>bupropion hcl er (xl) tb24 150mg, 300mg, 450mg</i>	2	MO
<i>bupropion hcl tabs 75mg, 100mg</i>	2	MO
CAPLYTA CAPS	5	NDS
<i>chlordiazepoxide-amitriptyline tabs</i>	2	
<i>chlorpromazine hcl soln</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	2	MO
<i>citalopram hydrobromide soln</i>	2	MO
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	1	MO
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	2	MO
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	2	NDS
<i>clozapine tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	2	NDS
<i>compro supp</i>	2	MO
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	MO
DESVENLAFAKINE ER TB24 50mg, 100mg	4	MO
<i>desvenlafaxine succinate er tb24 25mg, 50mg, 100mg</i>	2	MO
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>doxepin hcl conc</i>	2	MO
<i>doxepin hcl tabs 3mg, 6mg</i>	2	MO
DRIZALMA SPRINKLE CSDR	4	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	2	MO
EQUETRO CP12 100mg, 200mg, 300mg	4	MO
<i>escitalopram oxalate soln</i>	2	MO
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	2	MO
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS
FANAPT TITRATION PACK TABS	4	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	4	MO
FETZIMA TITRATION C4PK	4	MO
<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	2	MO
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1	MO
<i>fluoxetine hcl cpdr</i>	2	MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hcl tabs 10mg, 20mg, 60mg</i>	2	MO
<i>fluphenazine decanoate soln</i>	2	
<i>fluphenazine hcl conc</i>	2	MO
<i>fluphenazine hcl elix</i>	2	MO
<i>fluphenazine hcl soln</i>	2	
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	2	MO
<i>fluvoxamine maleate er cp24 100mg, 150mg</i>	2	MO
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	2	MO
<i>haloperidol decanoate soln</i>	2	
<i>haloperidol lactate conc</i>	2	MO
<i>haloperidol lactate soln</i>	2	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	2	MO
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	2	MO
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	2	MO
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	NDS
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 234mg/1.5ml, 156mg/ml	5	NDS
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml,	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
546mg/1.75ml, 819mg/2.625ml		
KHEDEZLA TB24 50mg, 100mg	4	MO
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	5	NDS
LITHIUM CARBONATE CAPS 150mg, 300mg, 600mg	2	MO
<i>lithium carbonate er tbcr 300mg, 450mg</i>	2	MO
LITHIUM CARBONATE TABS	2	MO
LITHIUM SOLN	3	MO
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	2	MO
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	2	MO
MARPLAN TABS	4	MO
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	2	MO
<i>mirtazapine tbdp 15mg, 30mg, 45mg</i>	2	MO
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	2	MO
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	2	MO
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>	2	MO
<i>nortriptyline hcl soln</i>	2	MO
NUPLAZID CAPS	5	NDS
NUPLAZID TABS 10mg, 17mg	5	NDS
<i>olanzapine solr</i>	2	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	2	MO
<i>olanzapine tbdp 5mg, 10mg, 15mg, 20mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
PALIPERIDONE ER TB24 1.5mg, 3mg, 6mg, 9mg	2	MO
<i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i>	2	MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	1	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	MO
<i>paroxetine mesylate caps</i>	2	MO
PAXIL SUSP	4	MO
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	2	MO
<i>perphenazine- amitriptyline tabs</i>	2	MO
PERSERIS PRSY 90mg, 120mg	5	NDS
PEXEVA TABS 10mg, 20mg, 30mg, 40mg	4	MO
<i>phenelzine sulfate tabs</i>	2	MO
<i>pimozide tabs 1mg, 2mg</i>	2	MO
<i>prochlorperazine edisylate soln</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp</i>	2	MO
<i>protriptyline hcl tabs 5mg, 10mg</i>	2	MO
<i>quetiapine fumarate er tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	2	MO
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	2	MO
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	5	NDS
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	NDS
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS
RISPERIDONE SOLN	2	MO
<i>risperidone tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	MO
SAPHRIS SUBL 2.5mg, 5mg, 10mg	5	NDS
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS
<i>sertraline hcl conc</i>	2	MO
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	2	MO
SPRAVATO (56 MG DOSE) SOPK	5	NDS
SPRAVATO (84 MG DOSE) SOPK	5	NDS
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	2	MO
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	2	MO
<i>tofranil tabs 10mg, 25mg, 50mg</i>	2	MO
<i>tranylcypromine sulfate tabs</i>	2	MO
<i>trazodone hcl tabs 50mg, 100mg</i>	1	MO
<i>trazodone hcl tabs 150mg, 300mg</i>	2	MO
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	2	MO
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	2	MO
TRINTELLIX TABS 5mg, 10mg, 20mg	4	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg, 150mg</i>	2	MO
<i>venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg</i>	2	MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
VERSACLOZ SUSP	5	
VIBRYD STARTER PACK KIT	4	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
VIBRYD TABS 10mg, 20mg, 40mg	4	MO
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	5	NDS
VRAYLAR CPPK	4	NDS
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	2	MO
ziprasidone mesylate soln	2	
ZYPREXA RELPREVV SUSR	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREP PADS	2	MO
BD INSULIN SYR ULTRAFINE II MISC	2	MO
BD INSULIN SYRINGE MISC	2	MO
BD INSULIN SYRINGE U/F MISC	2	MO
BD PEN NEEDLE ORIGINAL U/F MISC	2	MO
CURITY GAUZE PADS	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
POT & SOD CIT-CIT AC SOLN	2	
potassium citrate er tbcr 15meq, 540mg, 1080mg	2	MO
SODIUM ACETATE SOLN	2	
SODIUM BICARBONATE SOLN	2	
TRICITRATES SOLN	2	
AMMONIA DETOXICANTS		
CARBAGLU TABS	5	LD
constulose soln	2	MO
enulose soln	2	MO
generlac soln	2	MO
kristalose pack 10gm, 20gm	2	MO
lactulose encephalopathy soln	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose pack</i>	2	MO
<i>lactulose soln</i>	2	MO
LITHOSTAT TABS	5	MO
RAVICTI LIQD	5	NDS
<i>sod benz-sod phenylacet soln</i>	2	
<i>sodium phenylbutyrate powd</i>	5	NDS
<i>sodium phenylbutyrate tabs</i>	5	NDS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
<i>clinisol sf soln intravenous</i>	2	HI
DEXTROSE SOLN	2	
DEXTROSE SOLN INTRAVENOUS 5%, 10%	2	HI
INTRALIPID EMUL INTRAVENOUS	2	HI

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/Limits
N-ACETYL-L-CYSTEINE CAPS	2	MO
NUTRILIPID EMUL INTRAVENOUS	2	HI
<i>plenamine soln intravenous</i>	2	HI
<i>premasol soln intravenous</i>	2	HI
PROCALAMINE SOLN INTRAVENOUS	3	HI
TRAVASOL SOLN INTRAVENOUS	2	HI
TROPHAMINE SOLN INTRAVENOUS	3	HI
DIURETICS		
AMILORIDE HCL TABS	2	MO
<i>amiloride-hydrochlorothiazide tabs</i>	1	MO
<i>bumetanide soln</i>	2	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	2	MO
<i>chlorothiazide sodium solr</i>	2	
<i>chlorothiazide tabs 250mg, 500mg</i>	2	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	2	MO
DIURIL SUSP	3	MO
<i>ethacrynic acid tabs</i>	4	MO
<i>furosemide soln 8mg/ml, 10mg/ml</i>	2	MO
<i>furosemide soln injection</i>	2	HI
FUROSEMIDE TABS 40mg, 80mg, 20mg	1	MO
<i>hydrochlorothiazide caps</i>	2	MO
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tabs 1.25mg, 2.5mg</i>	2	MO
JYNARQUE TABS 15mg, 30mg	5	NDS
JYNARQUE TBPK	5	NDS
MANNITOL SOLN	2	
<i>methyclothiazide tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	2	MO
OSMITROL SOLN	2	
TOLVAPTAN TABS 15mg, 30mg	5	NDS
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	2	MO
<i>triamterene caps 50mg, 100mg</i>	2	MO
<i>triamterene-hctz caps</i>	2	MO
<i>triamterene-hctz tabs</i>	1	MO
ION-REMOVING AGENTS		
AURYXIA TABS	5	PA, MO, NDS
<i>kionex susp</i>	2	MO
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	2	MO
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	2	MO
<i>sevelamer carbonate tabs</i>	2	MO
<i>sevelamer hcl tabs 400mg, 800mg</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO
<i>sodium polystyrene sulfonate susp</i>	2	MO
<i>sps susp</i>	2	MO
VELPHORO CHEW	5	NDS
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	5	NDS
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps</i>	2	MO
<i>calcium acetate tabs</i>	2	MO
CALCIUM GLUCONATE-NACL SOLN	2	
DEXTROSE IN LACTATED RINGERS SOLN	2	
DEXTROSE-NACL SOLN INTRAVENOUS 2.5-0.45%, 5-0.2%, 5-0.45%, 5-0.9%	2	HI

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE-NACL SOLN INTRAVENOUS 10-0.2%, 10-0.45%	3	HI
K-TAB TBCR	2	MO
KCL IN DEXTROSE- NACL SOLN INTRAVENOUS 20-5- 0.2 MEQ, 10-5-0.45 MEQ, 20-5-0.45 MEQ, 30-5-0.45 MEQ, 40-5- 0.45 MEQ, 20-5-0.9 MEQ	2	HI
KCL IN DEXTROSE- NACL SOLN INTRAVENOUS 40-5- 0.9 MEQ	3	HI
KCL-LACTATED RINGERS-D5W SOLN INTRAVENOUS	3	HI
KLOR-CON 10 TBCR	2	MO
<i>klor-con m15 tbcr</i>	2	MO
<i>klor-con m20 tbcr</i>	2	MO
<i>klor-con pack</i>	2	MO
<i>klor-con sprinkle cpcr 8meq, 10meq</i>	2	MO
KLOR-CON TBCR	2	MO
LACTATED RINGERS SOLN	2	
<i>magnesium sulfate in d5w soln</i>	2	
PHOSLYRA SOLN	3	MO
PLASMA-LYTE 148 SOLN INTRAVENOUS	3	HI
PLASMA-LYTE A SOLN INTRAVENOUS	3	HI
POTASSIUM ACETATE SOLN	2	
<i>potassium chloride crys er tbcr 10meq, 20meq</i>	2	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	2	MO
POTASSIUM CHLORIDE ER TBCR 8meq, 10meq, 20meq	2	MO
POTASSIUM CHLORIDE IN	2	HI

Drug Name	Drug Tier	Requirements/ Limits
DEXTROSE SOLN INTRAVENOUS		
POTASSIUM CHLORIDE IN NAACL SOLN INTRAVENOUS	2	HI
POTASSIUM CHLORIDE PACK	2	MO
POTASSIUM CHLORIDE SOLN 10%, 20%	2	MO
<i>potassium chloride soln intravenous 10meq/100ml, 20meq/100ml, 40meq/100ml, 2meq/ml</i>	2	HI
POTASSIUM PHOSPHATES SOLN	2	
POTASSIUM PHOSPHATES(66 MEQ K) SOLN	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN	2	
SODIUM CHLORIDE SOLN	2	
SODIUM CHLORIDE SOLN INTRAVENOUS .45%, .9%, 3%, 5%	2	HI
SODIUM PHOSPHATES SOLN	2	
TPN ELECTROLYTES CONC INTRAVENOUS	2	HI
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs</i>	2	MO
<i>probenecid tabs</i>	2	MO
ENZYMES		
ENZYMES		
ADAGEN SOLN	3	
ALDURAZYME SOLN	3	
CERDELGA CAPS	5	NDS
CEREZYME SOLR	5	NDS
CREON CPEP	3	MO
ELAPRASE SOLN	5	NDS
ELELYSO SOLR	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
ELITEK SOLR	3	
FABRAZYME SOLR 5mg, 35mg	5	NDS
KANUMA SOLN	5	NDS
LUMIZYME SOLR	5	NDS
<i>miglustat caps</i>	5	NDS
NAGLAZYME SOLN	5	NDS
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NDS
PULMOZYME SOLN	5	PA,NDS
REVCovi SOLN	5	NDS
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 80mg/0.8ml, 40mg/ml	5	LD,NDS
SUCRAID SOLN	5	LD
VIMIZIM SOLN	5	NDS
VPRIV SOLR	5	NDS
ZENPEP CPEP	3	MO
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint</i>	2	
<i>bacitracin-polymyxin b oint</i>	2	
<i>bleph-10 soln</i>	2	
<i>chlorhexidine gluconate soln</i>	2	
CILOXAN OINT	3	
<i>ciprofloxacin hcl soln (ophth)</i>	2	
CIPROFLOXACIN HCL SOLN (OTIC)	4	
<i>erythromycin oint</i>	2	
<i>gatifloxacin soln</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate soln</i>	2	
<i>levofloxacin soln</i>	2	
<i>moxifloxacin hcl (2x day) soln</i>	2	
<i>moxifloxacin hcl soln</i>	2	
NATACYN SUSP	3	
<i>neo-polycin oint</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin-bacitracin zn-polymyx oint</i>	2	
<i>neomycin-polymyxin-gramicidin soln</i>	2	
<i>ofloxacin soln</i>	2	
<i>paroex soln</i>	2	
<i>periogard soln</i>	2	
<i>polycin oint</i>	2	
<i>polymyxin b-trimethoprim soln</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium soln</i>	2	
<i>tobramycin soln</i>	2	
TOBREX OINT	3	
<i>trifluridine soln</i>	2	
ANTI-INFLAMMATORY AGENTS		
<i>bacitra-neomycin-polymyxin-hc oint</i>	2	MO
<i>blephamide s.o.p. oint</i>	2	MO
BLEPHAMIDE SUSP	3	MO
<i>bromfenac sodium (once-daily) soln</i>	2	MO
CEQUA SOLN	3	
CIPRODEX SUSP	3	MO
<i>ciprofloxacin-dexamethasone susp</i>	2	MO
COLY-MYCIN S SUSP	3	MO
DERMOTIC OIL	2	MO
<i>dexamethasone sodium phosphate soln</i>	2	MO
<i>diclofenac sodium soln</i>	2	MO
<i>flac oil</i>	2	MO
<i>flunisolide soln</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>fluorometholone susp</i>	2	MO
<i>flurbiprofen sodium soln</i>	2	MO
<i>fluticasone propionate susp</i>	2	MO
FML FORTE SUSP	3	MO
FML OINT	3	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
HYDROCORTISONE-ACETIC ACID SOLN	2	MO
ILUVIEN IMPL	5	
<i>ketorolac tromethamine soln .4%, .5%</i>	2	MO
LOTEMAX GEL	2	MO
LOTEMAX SUSP	2	MO
<i>mometasone furoate susp</i>	2	MO
<i>neo-polycin hc oint</i>	2	MO
<i>neomycin-polymyxin-dexameth oint</i>	2	MO
<i>neomycin-polymyxin-dexameth susp</i>	2	MO
<i>neomycin-polymyxin-hc soln</i>	2	MO
<i>neomycin-polymyxin-hc susp</i>	2	MO
PRED MILD SUSP	3	MO
PRED-G S.O.P. OINT	3	MO
PRED-G SUSP	3	MO
<i>prednisolone acetate susp</i>	2	MO
<i>prednisolone sodium phosphate soln</i>	2	MO
RESTASIS EMUL	4	MO
RETISERT IMPL	5	
<i>sulfacetamide-prednisolone soln</i>	2	MO
TOBRADEX OINT	3	MO
TOBRADEX ST SUSP	4	MO
<i>tobramycin-dexamethasone susp</i>	2	MO
YUTIQ IMPL	5	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln .05%, .1%, .15%</i>	2	MO
<i>azelastine-fluticasone susp</i>	2	MO
<i>bepotastine besilate soln</i>	2	MO
<i>cromolyn sodium soln</i>	2	MO
<i>epinastine hcl soln</i>	2	MO
<i>olopatadine hcl soln .1%, .2%, .6%</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12</i>	2	MO
<i>acetazolamide sodium solr</i>	2	
<i>acetazolamide tabs 125mg, 250mg</i>	2	MO
<i>betaxolol hcl soln</i>	2	MO
<i>bimatoprost soln</i>	2	MO
BRIMONIDINE TARTRATE SOLN .2%, .15%	2	MO
<i>brinzolamide susp</i>	2	MO
<i>carteolol hcl soln</i>	2	MO
<i>dorzolamide hcl soln</i>	2	MO
<i>dorzolamide hcl-timolol mal pf soln</i>	2	
<i>dorzolamide hcl-timolol mal soln</i>	2	MO
DURYSTA IMPL	5	NDS
<i>latanoprost soln</i>	2	MO
<i>levobunolol hcl soln</i>	2	MO
LUMIGAN SOLN	4	MO
<i>methazolamide tabs 25mg, 50mg</i>	2	MO
PHOSPHOLINE IODIDE SOLR	3	MO
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	MO
<i>timolol maleate pf soln</i>	2	MO
TIMOLOL MALEATE SOLG .25%, .5%	4	MO
<i>timolol maleate soln .25%, .5%</i>	2	MO
<i>travoprost (bak free) soln</i>	2	MO
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN	2	MO
ALTAFRIN SOLN	2	
<i>apraclonidine hcl soln</i>	2	MO
ATROPINE SULFATE SOLN	2	MO
BEOVU SOLN	5	NDS
CYSTADROPS SOLN	5	NDS
CYSTARAN SOLN	5	
EYLEA SOLN	5	

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Drug Name	Drug Tier	Requirements/ Limits
EYLEA SOSY	5	
IOPIDINE SOLN	3	MO
LACRISERT INST	3	MO
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml	5	NDS
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	5	NDS
OXERVATE SOLN	5	NDS
PHENYLEPHRINE HCL SOLN	2	
TEPEZZA SOLR	5	NDS
LOCAL ANESTHETICS		
ALTACAINE SOLN	2	
<i>lidocaine hcl soln</i>	2	
<i>lidocaine viscous hcl soln</i>	2	MO
<i>proparacaine hcl soln</i>	2	MO
TETRACAINE HCL SOLN	2	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
ALOSETRON HCL TABS .5mg, 1mg	5	NDS
<i>balsalazide disodium caps</i>	2	MO
<i>colazal caps</i>	2	MO
DIPENTUM CAPS	5	NDS
<i>mesalamine cpdr</i>	2	MO
<i>mesalamine enim</i>	2	MO
<i>mesalamine er cp24</i>	2	MO
MESALAMINE SUPP	2	MO
<i>mesalamine tbec 1.2gm, 800mg</i>	2	MO
<i>mesalamine-cleanser kit</i>	2	
PENTASA CPCR 250mg, 500mg	3	MO
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd</i>	2	
<i>diphenoxylate-atropine tabs</i>	2	
<i>loperamide hcl caps</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
OPIUM TINC	2	
XERMELO TABS	5	LD,NDS
ANTIEMETICS		
<i>aprepitant caps</i>	2	PA,NDS
<i>dimenhydrinate soln</i>	2	
<i>doxylamine-pyridoxine tbec</i>	2	MO
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	PA
<i>fosaprepitant</i>	2	
<i>dimeglumine solr</i>	2	
<i>granisetron hcl soln</i>	2	
<i>granisetron hcl tabs</i>	2	PA
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	2	PA
<i>ondansetron hcl tabs 4mg, 8mg, 24mg</i>	2	PA
<i>ondansetron tbdp 4mg, 8mg</i>	2	PA
<i>palonosetron hcl soln</i>	2	
<i>palonosetron hcl sosy</i>	2	
SANCUSO PTCH	5	NDS
<i>scopolamine pt72</i>	2	MO
SYNDROS SOLN	5	PA,NDS
<i>trimethobenzamide hcl caps</i>	2	PA
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>amoxicill-clarithro- lansopraz misc</i>	2	MO
<i>cimetidine hcl soln</i>	2	MO
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	2	MO
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	MO
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	2	MO
<i>esomeprazole sodium solr</i>	2	
<i>famotidine premixed soln</i>	2	
<i>famotidine soln</i>	2	
<i>famotidine susr</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
famotidine tabs 20mg, 40mg	2	MO
lansoprazole cpdr 15mg, 30mg	2	MO
lansoprazole tbdd 15mg, 30mg	2	MO
misoprostol tabs 100mcg, 200mcg	2	MO
nizatidine caps 150mg, 300mg	2	MO
nizatidine soln	2	MO
omeprazole cpdr 10mg, 20mg, 40mg	2	MO
omeprazole-sodium bicarbonate caps	2	MO
omeprazole-sodium bicarbonate pack	2	MO
pantoprazole sodium pack	2	MO
PANTOPRAZOLE SODIUM SOLR	2	
pantoprazole sodium tbec 20mg, 40mg	2	MO
pepcid tabs 20mg, 40mg	2	MO
PYLERA CAPS	5	MO,NDS
rabeprazole sodium cpsp	2	
rabeprazole sodium tbec	2	MO
sucralfate susp	2	MO
sucralfate tabs	2	MO
CATHARTICS AND LAXATIVES		
gavilyte-c solr	2	MO
gavilyte-g solr	2	MO
gavilyte-h kit	2	
gavilyte-n with flavor pack solr	2	MO
peg 3350-kcl-na bicarb- nacl solr	2	MO
peg 3350/electrolytes solr	2	MO
peg-3350/electrolytes solr	2	MO
PEG-PREP KIT	2	
SUPREP BOWEL PREP KIT SOLN	4	MO
trilyte solr	2	MO

Drug Name	Drug Tier	Requirements/ Limits
GI DRUGS, MISCELLANEOUS		
CHOLBAM CAPS 50mg, 250mg	5	NDS
ENTYVIO SOLR	5	NDS
GATTEX KIT	5	PA,NDS
GIMOTI SOLN	5	NDS
<i>lubiprostone caps 8mcg, 24mcg</i>	2	MO
<i>metoclopramide hcl soln</i>	2	MO
<i>metoclopramide hcl tabs 5mg, 10mg</i>	2	MO
<i>metoclopramide hcl tbdp 5mg, 10mg</i>	2	MO
OCALIVA TABS 5mg, 10mg	5	LD,NDS
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS
RELISTOR TABS	5	NDS
<i>reltöne caps 200mg, 400mg</i>	5	NDS
TRULANCE TABS	4	
<i>ursodiol caps</i>	2	MO
<i>ursodiol tabs 250mg, 500mg</i>	2	MO
VIBERZI TABS 75mg, 100mg	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS	5	
<i>cloveque caps</i>	5	NDS
<i>deferasirox granules pack 90mg, 180mg, 360mg</i>	5	NDS
<i>deferasirox tabs 90mg, 180mg, 360mg</i>	5	NDS
<i>deferasirox tbs 125mg, 250mg, 500mg</i>	5	NDS
<i>deferiprone tabs</i>	5	NDS
<i>deferoxamine mesylate solr</i>	2	
FERRIPROX SOLN	5	LD,NDS
FERRIPROX TABS	5	LD,NDS
FERRIPROX TWICE-A- DAY TABS	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
penicillamine caps	5	NDS
penicillamine tabs	5	NDS
trientine hcl caps	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE CPSP	4	
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	5	NDS
betamethasone sod phos & acet susp	2	
budesonide cpep	2	MO
budesonide er tb24	5	NDS
cortisone acetate tabs	2	MO
decadron tabs .5mg, .75mg	2	MO
decadron tabs 4mg, 6mg	2	PA,MO
deltasone tabs	2	PA,MO
DEPO-MEDROL SUSP	3	
dexabliss tbpk	2	
dexamethasone elix	2	MO
dexamethasone intensol conc	2	MO
dexamethasone sodium phosphate soln	2	
dexamethasone soln	2	
dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	PA,MO
dexamethasone tbpk	2	MO
dexpak 10 day tbpk	2	MO
dexpak 13 day tbpk	2	MO
dexpak 6 day tbpk	2	MO
dxevo 11-day tbpk	2	
EMFLAZA SUSP	5	LD,NDS
EMFLAZA TABS 6mg, 18mg, 30mg, 36mg	5	LD,NDS
fludrocortisone acetate tabs	2	MO
hydrocortisone tabs 5mg, 10mg, 20mg	2	MO
KENALOG SUSP	3	
MEDROL TABS	3	MO

Drug Name	Drug Tier	Requirements/ Limits
methylprednisolone acetate susp	2	
methylprednisolone sodium succ solr	2	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg	2	MO
methylprednisolone tbpk	2	MO
millipred dp tbpk	2	
millipred tabs	2	MO
ORTIKOS CP24 6mg, 9mg	5	NDS
PREDNISOLONE SODIUM PHOSPHATE SOLN 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml	2	MO
prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg	2	MO
prednisolone soln	2	MO
prednisone intensol conc	2	PA,MO
prednisone soln	2	PA,MO
prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	PA,MO
prednisone tbpk	2	
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR	3	
taperdex 12-day tbpk	2	
taperdex 6-day tbpk	2	MO
taperdex 7-day tbpk	2	MO
triamcinolone acetonide susp	2	
veripred 20 soln	2	MO
ANDROGENS		
ANADROL-50 TABS	5	MO
ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	MO
danazol caps 50mg, 100mg, 200mg	2	MO
depo-testosterone soln 100mg/ml, 200mg/ml	2	MO
methitest tabs	2	MO
methyltestosterone caps	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>oxandrolone tabs</i>	2	MO
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	2	MO
<i>testosterone enanthate soln</i>	2	MO
<i>testosterone gel 1%, 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm, 10mg/act</i>	2	MO
<i>testosterone soln</i>	2	MO
CONTRACEPTIVES		
<i>altavera tabs</i>	2	MO
<i>alyacen 1/35 tabs</i>	2	MO
<i>amethia lo tabs</i>	2	MO
<i>amethia tabs</i>	2	MO
<i>apri tabs</i>	2	MO
<i>aranelle tabs</i>	2	MO
<i>ashlyna tabs</i>	2	MO
<i>aubra eq tabs</i>	2	MO
<i>aviane tabs</i>	2	MO
<i>balziva tabs</i>	2	MO
<i>blisovi 24 fe tabs</i>	2	MO
<i>blisovi fe 1.5/30 tabs</i>	2	MO
<i>briellyn tabs</i>	2	MO
<i>camila tabs</i>	2	MO
<i>camrese lo tabs</i>	2	MO
<i>caziant tabs</i>	2	MO
<i>cryselle-28 tabs</i>	2	MO
<i>cyclafem 1/35 tabs</i>	2	MO
<i>cyclafem 7/7/7 tabs</i>	2	MO
<i>deblitane tabs</i>	2	MO
<i>delyla tabs</i>	2	MO
<i>desogestrel-ethinyl estradiol tabs</i>	2	MO
<i>dolishale tabs</i>	2	MO
<i>drospirenen-eth estrad- levomefol tabs</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs</i>	2	MO
<i>ELLA TABS</i>	3	MO
<i>eluryng ring</i>	2	MO
<i>enpresse-28 tabs</i>	2	MO
<i>errin tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>estarylla tabs</i>	2	MO
<i>ethynodiol diac-eth estradiol tabs</i>	2	MO
<i>etongestrel-ethinyl estradiol ring</i>	2	MO
<i>falmina tabs</i>	2	MO
<i>fayosim tabs</i>	2	MO
<i>femynor tabs</i>	2	MO
<i>gummily caps</i>	2	MO
<i>gianvi tabs</i>	2	MO
<i>hailey 24 fe tabs</i>	2	MO
<i>iclevia tabs</i>	2	MO
<i>incassia tabs</i>	2	MO
<i>introvale tabs</i>	2	MO
<i>jasmiel tabs</i>	2	MO
<i>JOLIVETTE TABS</i>	2	MO
<i>junel 1.5/30 tabs</i>	2	MO
<i>junel 1/20 tabs</i>	2	MO
<i>junel fe 1.5/30 tabs</i>	2	MO
<i>junel fe 1/20 tabs</i>	2	MO
<i>junel fe 24 tabs</i>	2	MO
<i>kaitlib fe chew</i>	2	MO
<i>kariva tabs</i>	2	MO
<i>kelnor 1/35 tabs</i>	2	MO
<i>kelnor 1/50 tabs</i>	2	MO
<i>kurvelo tabs</i>	2	MO
<i>larin 1.5/30 tabs</i>	2	MO
<i>larin 1/20 tabs</i>	2	MO
<i>larin fe 1.5/30 tabs</i>	2	MO
<i>larin fe 1/20 tabs</i>	2	MO
<i>larissia tabs</i>	2	MO
<i>LAYOLIS FE CHEW</i>	2	MO
<i>leena tabs</i>	2	MO
<i>lessina tabs</i>	2	MO
<i>levonest tabs</i>	2	MO
<i>levonorg-eth estrad triphasic tabs</i>	2	MO
<i>levonorgest-eth est & eth est tabs</i>	2	MO
<i>levonorgest-eth estrad 91-day tabs</i>	2	MO
<i>levonorgestrel-ethinyl estradiol tabs</i>	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
levora 0.15/30 (28) tabs	2	MO
loestrin 1.5/30 (21) tabs	2	MO
loestrin 1/20 (21) tabs	2	MO
loestrin fe 1.5/30 tabs	2	MO
loestrin fe 1/20 tabs	2	MO
loryna tabs	2	MO
low-ogestrel tabs	2	MO
lulera tabs	2	MO
lyleq tabs	2	MO
lyza tabs	2	MO
marlissa tabs	2	MO
melodetta 24 fe chew	2	MO
merzee caps	2	MO
mibelas 24 fe chew	2	MO
microgestin 1.5/30 tabs	2	MO
microgestin 1/20 tabs	2	MO
microgestin fe 1.5/30 tabs	2	MO
microgestin fe 1/20 tabs	2	MO
mili tabs	2	MO
MONONESSA TABS	2	MO
necon 0.5/35 (28) tabs	2	MO
NECON 7/7/7 TABS	2	MO
nikki tabs	2	MO
nora-be tabs	2	MO
norethin ace-eth estrad-fe caps	2	MO
norethin ace-eth estrad-fe chew	2	MO
norethin ace-eth estrad-fe tabs	2	MO
norethin-eth estradiol-fe chew	2	MO
norethindrone acet-ethinyl est tabs	2	MO
norethindrone tabs	2	MO
norgestim-eth estrad triphasic tabs	2	MO
norgestimate-eth estradiol tabs	2	MO
norlyroc tabs	2	MO
nortrel 0.5/35 (28) tabs	2	MO
nortrel 1/35 (21) tabs	2	MO

Drug Name	Drug Tier	Requirements/ Limits
nortrel 1/35 (28) tabs	2	MO
nortrel 7/7/7 tabs	2	MO
nylia 7/7/7 tabs	2	MO
nymyo tabs	2	MO
ocella tabs	2	MO
ogestrel tabs	2	MO
orsythia tabs	2	MO
pimtrea tabs	2	MO
pirmella 1/35 tabs	2	MO
portia-28 tabs	2	MO
previfem tabs	2	MO
reclipsen tabs	2	MO
rivelsa tabs	2	MO
setlakin tabs	2	MO
sharobel tabs	2	MO
sprintec 28 tabs	2	MO
sronyx tabs	2	MO
syeda tabs	2	MO
tarina 24 fe tabs	2	MO
tarina fe 1/20 eq tabs	2	MO
TILIA FE TABS	2	MO
tri-estarrylla tabs	2	MO
tri-legest fe tabs	2	MO
tri-lo-estarrylla tabs	2	MO
tri-lo-sprintec tabs	2	MO
tri-mili tabs	2	MO
tri-nymyo tabs	2	MO
tri-previfem tabs	2	MO
tri-sprintec tabs	2	MO
tri-vylibra lo tabs	2	MO
tri-vylibra tabs	2	MO
TRINESSA (28) TABS	2	MO
trivora (28) tabs	2	MO
tydemy tabs	2	MO
velivet tabs	2	MO
vestura tabs	2	MO
vienna tabs	2	MO
vyfemla tabs	2	MO
vylibra tabs	2	MO
wymzya fe chew	2	MO
zafemy ptwk	2	MO
zarah tabs	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
zovia 1/35 (28) tabs	2	MO
DIABETIC AGENTS		
acarbose tabs 25mg, 50mg, 100mg	2	MO
AFREZZA POWD 90x8 UNIT & 90x12 UNIT	5	NDS
alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg	2	MO
ALOGLIPTIN- METFORMIN HCL TABS	2	MO
alogliptin-pioglitazone tabs	2	MO
BAQSIMI ONE PACK POWD	3	
BAQSIMI TWO PACK POWD	3	
diazoxide susp	5	
glimepiride tabs 1mg, 2mg, 4mg	1	MO
glipizide er tb24 2.5mg, 5mg, 10mg	2	MO
glipizide tabs 5mg, 10mg	1	MO
glipizide-metformin hcl tabs	2	MO
glucagon emergency kit	2	
glyburide micronized tabs 1.5mg, 3mg, 6mg	2	MO
glyburide tabs 1.25mg, 2.5mg, 5mg	2	MO
glyburide-metformin tabs	2	MO
HUMALOG KWIKPEN SOPN	4	MO
HUMALOG SOCT	4	MO
HUMALOG SOLN	3	MO
HUMULIN 70/30 KWIKPEN SUPN	2	MO
HUMULIN 70/30 SUSP	2	MO
HUMULIN N KWIKPEN SUPN	2	MO
HUMULIN N SUSP	2	MO
HUMULIN R SOLN	2	MO
HUMULIN R U-500 (CONCENTRATED) SOLN	3	MO

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 KWIKPEN SOPN	3	MO
JARDIANCE TABS 10mg, 25mg	3	MO
KORLYM TABS	5	LD,NDS
LANTUS SOLN	3	MO
LANTUS SOLOSTAR SOPN	4	MO
metformin hcl er tb24 500mg, 750mg	1	MO
metformin hcl tabs 500mg, 850mg, 1000mg	1	MO
miglitol tabs 25mg, 50mg, 100mg	2	MO
nateglinide tabs 60mg, 120mg	2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	3	MO
OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml	3	MO
pioglitazone hcl tabs 15mg, 30mg, 45mg	1	MO
pioglitazone hcl- glimepiride tabs	2	MO
pioglitazone hcl- metformin hcl tabs	2	MO
prandin tabs 1mg, 2mg	2	MO
repaglinide tabs .5mg, 1mg, 2mg	2	MO
repaglinide-metformin hcl tabs	2	MO
SYMLINPEN 120 SOPN	5	MO
SYMLINPEN 60 SOPN	5	MO
tolazamide tabs 250mg, 500mg	2	MO
tolbutamide tabs	2	MO
TRADJENTA TABS	4	MO
VICTOZA SOPN	3	MO
ESTROGENS AND ANTIESTROGENS		
amabelz tabs	2	MO
CLIMARA PTWK 37.5mcg/24hr, .025mg/24hr,	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
.05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr		
<i>depo-estradiol oil</i>	2	
<i>dotti pttw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
<i>estrace crea</i>	2	MO
<i>estrace tabs .5mg, 1mg, 2mg</i>	2	MO
<i>estradiol crea</i>	2	MO
<i>estradiol pttw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
<i>estradiol ptwk 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
<i>estradiol tabs 10mcg, .5mg, 1mg, 2mg</i>	2	MO
<i>estradiol valerate oil</i>	2	
<i>estradiol-norethindrone acet tabs</i>	2	MO
ESTRING RING	3	MO
<i>fyavolv tabs</i>	2	MO
<i>jinteli tabs</i>	2	MO
<i>lopreeza tabs</i>	2	MO
<i>lyllana pttw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
<i>menest tabs .3mg, .625mg, 1.25mg</i>	2	MO
<i>mimvey lo tabs</i>	2	MO
<i>mimvey tabs</i>	2	MO
<i>norethindrone-eth estradiol tabs</i>	2	MO
<i>prefest tabs</i>	2	MO
PREMARIN SOLR	3	
<i>raloxifene hcl tabs</i>	2	MO
<i>yuvafem tabs</i>	2	MO
GONADOTROPINS		

Drug Name	Drug Tier	Requirements/ Limits
CHORIONIC GONADOTROPIN SOLR	4	PA
MYFEMBREE TABS	5	NDS
ORGODYX TABS	5	NDS
ORILISSA TABS 150mg, 200mg	5	NDS
TRIPTODUR SRER	5	NDS
OXYTOCICS		
<i>carboprost tromethamine soln</i>	2	
<i>methergine tabs</i>	2	
<i>methylergonovine maleate soln</i>	2	
<i>methylergonovine maleate tabs</i>	2	
OXYTOCIN SOLN	2	
PARATHYROID		
<i>calcitonin (salmon) soln</i>	2	MO
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	2	PA,NDS
FORTEO SOPN	5	PA,NDS
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LD,NDS
TERIPARATIDE (RECOMBINANT) SOPN	5	PA,NDS
TYMLOS SOPN	5	NDS
PITUITARY		
ACTHAR GEL	5	PA,LD,NDS
<i>desmopressin ace spray refrig soln</i>	2	MO
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate spray soln</i>	2	
<i>desmopressin acetate tabs .1mg, .2mg</i>	2	MO
STIMATE SOLN	3	MO
SYNAREL SOLN	5	MO
PROGESTINS		
<i>aygestin tabs</i>	2	MO
DEPO-PROVERA SUSP 400mg/ml	3	

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Drug Name	Drug Tier	Requirements/ Limits
DEPO-SUBQ PROVERA 104 SUSY	3	
ENDOMETRIN INST	4	PA
<i>hydroxyprogesterone caproate oil</i>	2	
<i>hydroxyprogesterone caproate soln</i>	2	
MAKENA SOAJ	5	NDS
<i>medroxyprogesterone acetate susp</i>	2	
<i>medroxyprogesterone acetate susy</i>	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	2	MO
<i>megestrol acetate susp</i>	2	MO
<i>norethindrone acetate tabs</i>	2	MO
<i>progesterone caps 100mg, 200mg</i>	2	MO
<i>progesterone oil</i>	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SOLR	5	NDS
EGRIFTA SV SOLR	5	NDS
GENOTROPIN MINIQUICK SOLR .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA,NDS
GENOTROPIN SOLR	5	
HUMATROPE SOLR 5mg, 6mg, 12mg, 24mg	5	PA,NDS
INCRELEX SOLN	5	NDS
MYCAPSSA CPDR	5	NDS
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	PA,NDS
NUTROPIN AQ NUSPIN 10 SOPN	5	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>octreotide acetate soln 500mcg/ml, 1000mcg/ml</i>	5	
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml	2	PA,NDS
OMNITROPE SOLR	2	PA,NDS
SAIZEN CLICK.EASY SOLR	5	PA,NDS
SAIZEN SOLR 5mg, 8.8mg	5	PA,NDS
SAIZENPREP SOLR	5	PA,NDS
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NDS
SEROSTIM SOLR 4mg, 5mg, 6mg	5	PA,NDS
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NDS
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS
SOMATULINE DEPOT SOLN	5	
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LD,NDS
ZORBTIVE SOLR	5	PA,NDS
THYROID AND ANTITHYROID AGENTS		
EUTHYROX TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MO
LEVO-T TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg,</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
150mcg, 175mcg, 200mcg		
LEVOHYROXINE SODIUM SOLR	2	
LEVOHYROXINE SODIUM TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MO
LEVOXYL TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MO
liothyronine sodium soln	2	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	2	MO
methimazole tabs 5mg, 10mg	2	MO
propylthiouracil tabs	2	MO
tapazole tabs 5mg, 10mg	2	MO
UNITHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride caps	2	MO
dutasteride-tamsulosin hcl caps	2	MO
finasteride tabs	2	MO
ANTIDOTES		
acetylcysteine soln 10%, 20%	2	PA,MO
fomepizole soln	2	
KHAPZORY SOLR 175mg, 300mg	5	NDS
leucovorin calcium soln	2	

Drug Name	Drug Tier	Requirements/ Limits
leucovorin calcium solr	2	
leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg	2	MO
levoleucovorin calcium pf soln	2	
levoleucovorin calcium solr	2	
VISTOGARD PACK	5	NDS
VORAXAZE SOLR	5	NDS
ANTIGOUT AGENTS		
allopurinol sodium solr	2	
allopurinol tabs 100mg, 300mg	2	MO
COLCHICINE CAPS	2	MO
colchicine tabs	2	MO
febuxostat tabs 40mg, 80mg	2	MO
BONE RESORPTION INHIBITORS		
alendronate sodium soln	2	MO
alendronate sodium tabs 70mg	1	MO
alendronate sodium tabs 5mg, 10mg, 35mg, 40mg	2	MO
EVENITY SOSY	5	NDS
IBANDRONATE SODIUM SOLN	2	
ibandronate sodium tabs	2	PA,MO
pamidronate disodium soln	2	
pamidronate disodium solr	2	
risedronate sodium tabs 5mg, 30mg, 35mg, 150mg	2	MO
RISEDRONATE SODIUM TBEC	2	MO
XGEVA SOLN	5	PA,NDS
zoledronic acid conc	2	
zoledronic acid soln	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SOAJ	5	NDS
ACTEMRA SOSY	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
AVSOLA SOLR	5	NDS
CIMZIA KIT	5	PA,NDS
CIMZIA PREFILLED KIT	5	PA,NDS
CIMZIA STARTER KIT KIT	5	PA
ENBREL MINI SOCT	5	NDS
ENBREL SOLN	5	NDS
ENBREL SOLR	5	PA,NDS
ENBREL SOSY 25mg/0.5ml, 50mg/ml	5	NDS
ENBREL SURECLICK SOAJ	5	NDS
HUMIRA PEDIATRIC CROHNS START PSKT	5	NDS
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	5	NDS
HUMIRA PEN-CD/UC/HS STARTER PNKT 40mg/0.8ml, 80mg/0.8ml	5	NDS
HUMIRA PEN-PEDIATRIC UC START PNKT	5	NDS
HUMIRA PEN-PS/UV/ADOL HS START PNKT	5	NDS
HUMIRA PEN-PSOR/UVEIT STARTER PNKT	5	NDS
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml	5	NDS
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	NDS
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	NDS
KINERET SOSY	5	NDS
<i>leflunomide tabs 10mg, 20mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
OLUMIANT TABS 1mg, 2mg	5	NDS
ORENCIA CLICKJECT SOAJ	5	NDS
ORENCIA SOLR	5	NDS
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	5	NDS
OTEZLA TABS	5	PA,NDS
OTEZLA TBPK	5	PA,NDS
RASUVO SOAJ	3	
RENFLEXIS SOLR	5	NDS
RINVOQ TB24	5	NDS
SIMPONI ARIA SOLN	5	NDS
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml	5	NDS
SIMPONI SOSY 50mg/0.5ml, 100mg/ml	5	NDS
XELJANZ SOLN	5	NDS
XELJANZ TABS 5mg, 10mg	5	NDS
XELJANZ XR TB24 11mg, 22mg	5	NDS
IMMUNE SUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg	4	PA,MO
ASTAGRAF XL CP24	5	PA
<i>azasan tabs 75mg, 100mg</i>	2	PA,MO
<i>azathioprine sodium solr</i>	2	
<i>azathioprine tabs</i>	2	PA,MO
BENLYSTA SOAJ	5	
BENLYSTA SOLR	5	
BENLYSTA SOSY	5	
<i>cyclosporine caps 25mg, 100mg</i>	2	PA,MO
<i>cyclosporine modified caps 25mg, 50mg, 100mg</i>	2	PA,MO
<i>cyclosporine modified soln</i>	2	PA,MO
<i>cyclosporine soln</i>	2	PA,MO
ENVARSUS XR TB24 .75mg, 1mg, 4mg	4	PA,MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
everolimus tabs .25mg	2	PA,MO
everolimus tabs .5mg,.75mg	5	PA
GAMIFANT SOLN 50mg/10ml, 100mg/20ml, 10mg/2ml	5	NDS
gengraf caps 25mg, 50mg, 100mg	2	PA,MO
gengraf soln	2	PA,MO
LUPKYNIS CAPS	5	NDS
MAVENCLAD (10 TABS) TBPK	5	NDS
MAVENCLAD (4 TABS) TBPK	5	NDS
MAVENCLAD (5 TABS) TBPK	5	NDS
MAVENCLAD (6 TABS) TBPK	5	NDS
MAVENCLAD (7 TABS) TBPK	5	NDS
MAVENCLAD (8 TABS) TBPK	5	NDS
MAVENCLAD (9 TABS) TBPK	5	NDS
mycophenolate mofetil caps	2	PA,MO
mycophenolate mofetil hcl solr	2	
mycophenolate mofetil susr	5	PA,MO
mycophenolate mofetil tabs	2	PA,MO
mycophenolate sodium tbec 180mg, 360mg	2	PA,MO
NULOJIX SOLR	5	NDS
PROGRAF PACK .2mg	4	PA
PROGRAF PACK	5	PA,NDS
PROGRAF SOLN	3	PA,MO
SANDIMMUNE ORAL SOLN 100mg/ml	3	PA,MO
sirolimus soln	5	PA
sirolimus tabs .5mg, 1mg, 2mg	2	PA,MO
tacrolimus caps .5mg, 1mg, 5mg	2	PA,MO

Drug Name	Drug Tier	Requirements/ Limits
ZORTRESS TABS	5	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETIC ACID SOLN	2	
ACTIMMUNE SOLN	5	
AMONDYS 45 SOLN	5	NDS
ARCALYST SOLR	5	NDS
ARGYLE STERILE WATER SOLN	2	
ARTICADENT DENTAL SOCT	2	
BERINERT KIT INTRAVENOUS	5	HI
BOTOX SOLR 100unit, 200unit	2	PA
bupivacaine hcl (pf) soln	2	
bupivacaine hcl soln	2	
BUPIVACAINE IN DEXTROSE SOLN	2	
bupivacaine spinal soln	2	
bupivacaine-epinephrine (pf) soln	2	
bupivacaine-epinephrine soln	2	
CARNITOR SOLN	2	PA,MO
CARNITOR TABS	2	PA,MO
chloroprocaine hcl (pf) soln	2	
CINRYZE SOLR INTRAVENOUS	5	HI
citanest plain dental soln	2	
COSELA SOLR	5	NDS
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	5	NDS
CYSTADANE POWD	5	LD,NDS
CYSTAGON CAPS 50mg, 150mg	3	LD,NDS
dexrazoxane hcl solr	2	
EASYGEL GEL	2	
ELMIRON CAPS	5	
EMPAVELI SOLN	5	NDS
ENDARI PACK	5	NDS
ENSPRYNG SOSY	5	NDS
EVRYSDI SOLR	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
EXONDYS 51 SOLN 500mg/10ml, 100mg/2ml	5	NDS
FIRDAPSE TABS	5	NDS
FLUORITAB CHEW .25mg, .5mg, 1mg	2	MO
FLUORITAB SOLN	2	MO
GALAFOLD CAPS	5	NDS
GIVLAARI SOLN	5	NDS
GRASTEK SUBL	3	MO
HAEGARDA SOLR 2000unit, 3000unit	5	NDS
ISTURISA TABS 1mg, 5mg, 10mg	5	NDS
KESIMPTA SOAJ	5	NDS
KEVEYIS TABS	5	NDS
LACTATED RINGERS SOLN	2	
<i>levocarnitine soln</i>	2	PA,MO
LEVOCARNITINE TABS	2	PA,MO
<i>lidocaine hcl (pf) soln</i>	2	
<i>lidocaine hcl soln</i>	2	
<i>lidocaine in dextrose soln</i>	2	
<i>lidocaine-epinephrine soln</i>	2	
LUIDENT CHEW .25mg, .5mg, 1mg	2	MO
<i>mesna soln</i>	2	
MESNEX TABS	5	NDS
MYALEPT SOLR	5	NDS
NAFRINSE CHEW	2	MO
NAFRINSE DROPS SOLN	2	MO
<i>nitisinone caps 2mg, 5mg, 10mg</i>	2	NDS
NITYR TABS 2mg, 5mg, 10mg	5	NDS
NULIBRY SOLR	5	NDS
ODACTRA SUBL	4	
ONPATTRO SOLN	5	NDS
ORFADIN CAPS	5	LD,NDS
ORFADIN SUSP	5	LD,NDS
ORLADEYO CAPS 110mg, 150mg	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
OXLUMO SOLN	5	
PALFORZIA (12 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (120 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (160 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (20 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (200 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (240 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (3 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (300 MG MAINTENANCE) PACK	5	NDS
PALFORZIA (300 MG TITRATION) PACK	5	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA INITIAL ESCALATION CSPK	5	NDS
PHYSIOLYTE SOLN	2	
PHYSIOSOL IRRIGATION SOLN	2	
<i>polocaine soln</i>	2	
<i>polocaine-mpf soln</i>	2	
PROSYSBI CPDR 25mg, 75mg	5	NDS
PROSYSBI PACK 75mg, 300mg	5	NDS
RIDAURA CAPS	5	MO
RIMSO-50 SOLN	3	
RINGERS IRRIGATION SOLN	2	
<i>ropivacaine hcl soln</i>	2	
RUZURGI TABS	5	NDS
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
sapropterin dihydrochloride tabs	5	NDS
SENSORCAINE SOLN	2	
sensorcaine-mpf soln	2	
sensorcaine-mpf/epinephrine soln	2	
sensorcaine/epinephrine soln	2	
SODIUM CHLORIDE SOLN	2	MO
SODIUM FLUORIDE CHEW .25mg, .5mg, 1mg	2	MO
SODIUM FLUORIDE SOLN	2	MO
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHYRO SOLN	5	NDS
TEGSEDI SOSY	5	NDS
THIOLA EC TBEC 100mg, 300mg	5	NDS
THIOLA TABS	5	NDS
THYROGEN SOLR	4	
tiopronin tabs	5	NDS
TIS-U-SOL SOLN	2	
ULTOMIRIS SOLN	5	
VILTEPSO SOLN	5	NDS
VUMERITY (STARTER) CPDR	5	NDS
VUMERITY CPDR	5	NDS
VYONDYS 53 SOLN	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR	5	PA,NDS
XURIDEN PACK	5	NDS
xylocaine dental soln	2	
ZOKINVY CAPS 50mg, 75mg	5	NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
CINQAIR SOLN	5	NDS
cromolyn sodium conc	2	MO
cromolyn sodium nebu	2	PA,MO

Drug Name	Drug Tier	Requirements/ Limits
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	5	PA,NDS
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	PA,NDS
FASENRA PEN SOAJ	5	NDS
FASENRA SOSY	5	PA
montelukast sodium chew 4mg, 5mg	1	MO
montelukast sodium pack	2	MO
montelukast sodium tabs	1	MO
NUCALA SOAJ	5	PA,NDS
NUCALA SOLR	5	PA,NDS
NUCALA SOSY	5	PA,NDS
zafirlukast tabs 10mg, 20mg	2	MO
zileuton er tb12	5	NDS
CYSTIC FIBROSIS		
CAYSTON SOLR	5	LD,NDS
KALYDECO PACK 25mg, 50mg, 75mg	5	PA,NDS
KALYDECO TABS	5	PA,NDS
KITABIS PAK NEBU	5	PA
ORKAMBI PACK	5	NDS
ORKAMBI TABS	5	NDS
SYMDEKO TBPK	5	NDS
TOBI PODHALER CAPS	5	
tobramycin nebu 300mg/4ml, 300mg/5ml	5	PA
TRIKAFTA TBPK	5	LD,NDS
PULMONARY FIBROSIS		
ESBRIET CAPS	5	PA,NDS
ESBRIET TABS 267mg, 801mg	5	PA,NDS
OFEV CAPS 100mg, 150mg	5	NDS
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO	4	MO
ALVESCO AERS 80mcg/act, 160mcg/act	3	MO
ARALAST NP SOLR INTRAVENOUS	3	HI

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
BRONCHITOL CAPS	5	NDS
<i>budesonide susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	2	PA,MO
DALIRESP TABS 250mcg, 500mcg	4	MO
FLOVENT HFA AERO	3	MO
<i>fluticasone-salmeterol aepb</i>	2	MO
GLASSIA SOLN INTRAVENOUS	5	HI
PULMICORT FLEXHALER AEPB	4	
SYMBICORT AERO	3	
<i>wixela inhub aepb</i>	2	
XOLAIR SOLR	5	PA,NDS
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	5	PA,NDS
VASODILATING AGENTS		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	PA,NDS
<i>ambrisentan tabs</i>	2	
<i>bosentan tabs</i>	2	
<i>epoprostenol sodium solr</i>	2	
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	LD,NDS
TRACLEER TBSO	5	NDS
<i>treprostинil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	5	PA,LD,NDS
TYVASO REFILL SOLN	4	PA,LD
TYVASO STARTER SOLN	4	PA,LD
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS
UPTRAVI TBPK	5	NDS
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	PA,LD,NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ASCENIV SOLN	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
CUTAQUIG SOLN 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml	5	PA,NDS
CYTOGAM INJ	3	
FLEBOGAMMA DIF SOLN INTRAVENOUS	3	HI
GAMASTAN INJ	3	PA
GAMMAGARD S/D LESS IGA SOLR INTRAVENOUS 5gm, 10gm	5	HI
GAMMAGARD SOLN INJECTION	5	HI
GAMMAKED SOLN INJECTION	5	HI
GAMMAPLEX SOLN INTRAVENOUS	3	HI
GAMUNEX-C SOLN INJECTION	5	HI
HYPERRAB S/D SOLN	3	
HYQVIA KIT	5	PA,NDS
IMOGAM RABIES-HT SOLN	3	
KEDRAB SOLN	3	
NABI-HB SOLN	3	
OCTAGAM SOLN INTRAVENOUS 1gm/20ml, 2gm/20ml	3	HI
PANZYGA SOLN INTRAVENOUS 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml	5	HI
VARIZIG SOLN	6	
TOXOIDS		
DIPHTHERIA-TETANUS TOXOIDS DT SUSP	6	
KINRIX SUSP	6	
QUADRACEL SUSP	6	
TDVAX SUSP	6	
TENIVAC INJ	6	
VACCINES		

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
ACTHIB SOLR	6	
ADACEL SUSP	6	
BEXSERO SUSY	6	
BOOSTRIX SUSP	6	
DAPTACEL SUSP	6	
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	6	PA
GARDASIL 9 SUSP	6	
GARDASIL 9 SUSY	6	
HAVRIX SUSP	6	
HEPLISAV-B SOLN	6	PA
HIBERIX SOLR	6	
IMOVAX RABIES INJ	6	
INFANRIX SUSP	6	
IPOP INJ	6	
IXIARO SUSP	6	
M-M-R II SOLR	6	
MENACTRA INJ	6	
MENQUADFI INJ	6	
MENVEO SOLR	6	
PEDIARIX SUSP	6	
PEDVAX HIB SUSP	6	
PROQUAD SUSR	6	
RABAVERT SUSR	6	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	6	PA
ROTARIX SUSR	4	
ROTATEQ SOLN	4	
SHINGRIX SUSR	6	
TRUMENBA SUSY	6	
TWINRIX SUSY	6	
TYPHIM VI SOLN	6	
VAQTA SUSP	6	
VARIVAX INJ	6	
VAXCHORA SUSR	3	
YF-VAX INJ	6	
ZOSTAVAX SUSR	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
acyclovir oint	2	
AVC VAGINAL CREA	3	

Drug Name	Drug Tier	Requirements/ Limits
BACTROBAN NASAL OINT	4	
BENZEPRO CREAMY WASH LIQD	2	
BENZEPRO FOAMING CLOTHS MISC	2	
BENZOYL PEROXIDE GEL	5	NDS
<i>benzoyl peroxide-erythromycin gel</i>	2	MO
<i>ciclopirox gel</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox olamine susp</i>	2	
<i>ciclopirox sham</i>	2	
<i>ciclopirox soln</i>	2	
<i>clindacin-p swab</i>	2	MO
<i>clindamycin phos-benzoyl peroxy gel</i>	2	MO
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate foam</i>	2	MO
<i>clindamycin phosphate gel</i>	2	MO
<i>clindamycin phosphate lotn</i>	2	MO
<i>clindamycin phosphate soln</i>	2	MO
<i>clindamycin phosphate swab</i>	2	MO
<i>clotrimazole crea</i>	2	
<i>clotrimazole soln</i>	2	
<i>clotrimazole troc</i>	2	
<i>clotrimazole- betamethasone crea</i>	2	
<i>clotrimazole- betamethasone lotn</i>	2	
<i>crotan lotn</i>	2	
<i>econazole nitrate crea</i>	2	
<i>ery pads</i>	2	MO
<i>erythromycin gel</i>	2	MO
<i>erythromycin pads</i>	2	MO
<i>erythromycin soln</i>	2	MO
EURAX CREA	4	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
gentamicin sulfate crea	2	
gentamicin sulfate oint	2	
gynazole-1 crea	2	
ivermectin crea	2	
ketoconazole crea	2	
ketoconazole foam	2	
ketoconazole sham	2	
ketodan foam	2	
lindane sham	2	
mafénide acetate pack	2	
malathion lotn	2	
metronidazole crea	2	
metronidazole gel	2	
metronidazole lotn	2	
miconazole 3 supp	2	
miconazole-zinc oxide-petrolat oint	2	
mupirocin calcium crea	2	
mupirocin oint	2	
naftifine hcl crea	2	
naftifine hcl gel	2	
neomycin-polymyxin b gu soln	2	
nyamyc powd	2	
nystatin crea	2	
nystatin oint	2	
nystatin powd	2	
nystop powd	2	
ovide lotn	2	
oxiconazole nitrate crea	2	
permethrin crea	2	
PR BENZOYL PEROXIDE WASH LIQD	2	
selenium sulfide lotn	2	
SELENIUM SULFIDE SHAM	2	
SILVER SULFADIAZINE CREA	2	
SODIUM SULFACETAMIDE SHAM	2	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFACETAMIDE WASH LIQD	2	
SSD CREA	2	
sulfacetamide sodium (acne) lotn	2	MO
SULFACETAMIDE SODIUM GEL	2	
SULFACETAMIDE SODIUM LIQD	2	
SULFAMYLYON CREA	3	
terconazole crea	2	
terconazole supp	2	
VANDAZOLE GEL	2	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
ala-cort crea 1%, 2.5%	2	MO
alclometasone dipropionate crea	2	MO
alclometasone dipropionate oint	2	MO
amcinonide crea	2	MO
amcinonide lotn	2	MO
amcinonide oint	2	MO
anusol-hc crea	2	MO
apexicon e crea	2	MO
benzoyl perox-hydrocortisone lotn	2	
BENZOYL PEROXIDE FORTE- HC LOTN	5	NDS
beser lotn	2	MO
betamethasone dipropionate aug crea	2	MO
betamethasone dipropionate aug gel	2	MO
betamethasone dipropionate aug lotn	2	MO
betamethasone dipropionate aug oint	2	MO
betamethasone dipropionate crea	2	MO
betamethasone dipropionate lotn	2	MO
BETAMETHASONE DIPROPIONATE OINT	2	MO

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate crea</i>	2	MO
<i>betamethasone valerate foam</i>	2	MO
<i>BETAMETHASONE VALERATE LOTN</i>	2	MO
<i>BETAMETHASONE VALERATE OINT</i>	2	MO
<i>calcipotriene-betameth diprop oint</i>	2	MO,NDS
<i>calcipotriene-betameth diprop susp</i>	5	NDS
<i>CAPEX SHAM</i>	3	MO
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate e crea</i>	2	MO
<i>clobetasol propionate emulsion foam</i>	2	
<i>clobetasol propionate foam</i>	2	MO
<i>clobetasol propionate gel</i>	2	MO
<i>clobetasol propionate liqd</i>	2	MO
<i>clobetasol propionate lotn</i>	2	MO
<i>clobetasol propionate oint</i>	2	MO
<i>clobetasol propionate sham</i>	2	MO
<i>clobetasol propionate soln</i>	2	MO
<i>clorcortolone pivalate crea</i>	2	MO
<i>clorcortolone pivalate pump crea</i>	2	MO
<i>colocort enim</i>	2	MO
<i>CORDRAN TAPE</i>	3	MO
<i>CORTISPORIN CREA</i>	3	MO
<i>CORTISPORIN OINT</i>	3	MO
<i>desonide crea</i>	2	MO
<i>desonide gel</i>	2	MO
<i>desonide lotn</i>	2	MO
<i>desonide oint</i>	2	MO
<i>desowen lotn</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>desoximetasone crea .05%, .25%</i>	2	MO
<i>desoximetasone gel</i>	2	MO
<i>desoximetasone liqd</i>	2	MO
<i>desoximetasone oint .05%, .25%</i>	2	MO
<i>desrx gel</i>	2	MO
<i>diclofenac sodium gel 1%, 3%</i>	2	MO
<i>diflorasone diacetate crea</i>	2	MO
<i>diflorasone diacetate oint</i>	2	MO
<i>ENSTILAR FOAM</i>	5	NDS
<i>epifoam foam</i>	2	
<i>fluocinolone acetonide body oil</i>	2	
<i>fluocinolone acetonide crea .01%, .025%</i>	2	MO
<i>fluocinolone acetonide oint</i>	2	MO
<i>fluocinolone acetonide scalp oil</i>	2	MO
<i>fluocinolone acetonide soln</i>	2	MO
<i>fluocinonide crea</i>	2	MO
<i>fluocinonide emulsified base crea</i>	2	MO
<i>FLUOCINONIDE GEL</i>	2	MO
<i>fluocinonide oint</i>	2	MO
<i>fluocinonide soln</i>	2	MO
<i>flurandrenolide crea</i>	2	MO
<i>flurandrenolide lotn</i>	2	MO
<i>flurandrenolide oint</i>	2	MO
<i>fluticasone propionate crea</i>	2	MO
<i>fluticasone propionate lotn</i>	2	MO
<i>fluticasone propionate oint</i>	2	MO
<i>halcinonide crea</i>	2	MO
<i>halobetasol propionate crea</i>	2	MO
<i>HALOBETASOL PROPIONATE FOAM</i>	5	NDS

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
halobetasol propionate oint	2	MO
hydrocortisone (perianal) crea 1%, 2.5%	2	MO
hydrocortisone butyr lipo base crea	2	
hydrocortisone butyrate crea	2	MO
hydrocortisone butyrate lotn	2	MO
HYDROCORTISONE BUTYRATE OINT	2	MO
hydrocortisone butyrate soln	2	MO
hydrocortisone crea 1%, 2.5%	2	MO
hydrocortisone enem	2	MO
hydrocortisone lotn	2	MO
hydrocortisone oint 1%, 2.5%	2	MO
hydrocortisone valerate crea	2	MO
hydrocortisone valerate oint	2	MO
LEXETTE FOAM	5	NDS
micort-hc crea	2	MO
mometasone furoate crea	2	MO
mometasone furoate oint	2	MO
mometasone furoate soln	2	MO
neo-synalar crea	2	MO
nolix crea	2	
nolix lotn	2	MO
nystatin-triamcinolone crea	2	MO
nystatin-triamcinolone oint	2	MO
oralone pste	2	MO
prednicarbate crea	2	MO
prednicarbate oint	2	MO
procto-med hc crea	2	MO
procto-pak crea	2	MO
proctosol hc crea	2	MO
protozone-hc crea	2	MO

Drug Name	Drug Tier	Requirements/ Limits
psorcon crea	2	MO
texacort soln	2	MO
topicort crea .05%, .25%	2	MO
topicort gel	2	MO
topicort oint	2	MO
triamcinolone acetonide aers	2	MO
triamcinolone acetonide crea .025%, .1%, .5%	2	MO
triamcinolone acetonide lotn .025%, .1%	2	MO
triamcinolone acetonide oint .025%, .05%, .1%, .5%	2	MO
triamcinolone acetonide pste	2	MO
trianex oint	2	MO
triderm crea .1%, .5%	2	MO
tritocin oint	2	MO
VANOXIDE-HC LOTN	2	
WYNZORA CREA	5	NDS
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANA-LEX KIT	2	
doxepin hcl crea	2	MO
glydo prsy	2	MO
hydrocortisone ace-pramoxine crea	2	MO
LIDO-SORB LOTN	2	
LIDOCAINE HCL CREA	2	
lidocaine hcl lotn	2	
lidocaine hcl soln	2	PA
lidocaine hcl urethral/mucosal gel	2	MO
lidocaine hcl urethral/mucosal prsy	2	MO
lidocaine oint	2	PA,MO
lidocaine ptch	2	PA,MO
LIDOCAINE-HYDROCORT (PERIANAL) CREA	2	
LIDOCAINE-HYDROCORTISONE ACE KIT	2	
lidocaine-prilocaine crea	2	PA,MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-tetracaine crea</i>	2	PA
LIDOCORT CREA	2	
<i>lidopin crea</i>	2	
LIDOZION LOTN	2	
<i>phenazo tabs</i>	2	
PHENAZOPYRIDINE HCL TABS	2	
PRAMOX GEL	2	
<i>protofoam hc foam</i>	2	
TOPEX TOPICAL ANESTHETIC AERO	2	
ZERUVIA PTCH	2	
ZIONODIL 100 LOTN	2	
ZIONODIL LOTN	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA	2	PA,MO
AVITA GEL	2	PA,MO
KEPIVANCE SOLR	5	NDS
PANRETIN GEL	5	NDS
RETIN-A CREA .025%, .05%, .1%	2	PA,MO
RETIN-A GEL .01%, .025%	2	PA,MO
RETIN-A MICRO GEL .04%, .1%	2	PA,MO
RETIN-A MICRO PUMP GEL .04%, .1%	2	PA,MO
TARGRETIN GEL	5	PA,NDS
<i>tretinoi crea .025%, .05%, .1%</i>	2	PA,MO
<i>tretinoi gel .01%, .025%, .05%</i>	2	PA,MO
<i>tretinoi microsphere gel .04%, .1%</i>	2	PA,MO
<i>tretinoi microsphere pump gel .04%, .1%</i>	2	PA,MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	NDS
<i>accutane caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
ADAPALENE CREA	2	MO
<i>adapalene gel .1%, .3%</i>	2	MO
<i>adapalene pads</i>	2	MO
<i>adapalene soln</i>	5	NDS
<i>adapalene-benzoyl peroxide gel</i>	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS	5	NDS
<i>ammonium lactate crea</i>	2	MO
<i>ammonium lactate lotn</i>	2	MO
<i>amnesteem caps 10mg, 20mg, 40mg</i>	2	NDS
AVAR CLEANSER EMUL	2	
AVAR-E EMOLlient CREA	2	
AVAR-E GREEN CREA	2	
<i>azelaic acid gel</i>	2	MO
AZELEX CREA	3	MO
BP 10-1 EMUL	2	
<i>calcipotriene crea</i>	2	MO
<i>calcipotriene oint</i>	2	MO
<i>calcipotriene soln</i>	2	MO
<i>calcitrene oint</i>	2	MO
CALCITRIOL OINT	4	MO
CARAC CREA	5	
CEROVEL LOTN	2	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
COSENTYX (300 MG DOSE) SOSY	5	NDS
COSENTYX SENSOREADY (300 MG) SOAJ	5	NDS
COSENTYX SENSOREADY PEN SOAJ	5	NDS
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	5	NDS
DAPSONE GEL 7.5%, 5%	2	MO
DIFFERIN CREA	2	MO
<i>fluorouracil crea 5%</i>	2	MO
<i>fluorouracil crea .5%</i>	5	

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil soln 2%, 5%</i>	2	MO
ILUMYA SOSY	5	PA
<i>imiquimod crea 3.75%, 5%</i>	2	MO
IMIQUIMOD PUMP CREA	2	MO
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
KERALYT SHAM	2	
KLISYRI OINT	5	NDS
LACTIC ACID LOTN	2	
<i>methoxsalen rapid caps</i>	5	MO
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
ORACEA CPDR	2	
<i>pimecrolimus crea</i>	2	MO
<i>podofilox soln</i>	2	MO
RECTIV OINT	4	MO
REGRANEX GEL	5	NDS
RYNODERM CREA	5	NDS
SALEX SHAM	2	
SALICYLIC ACID CREA	2	
SALICYLIC ACID ER SOLN	2	
SALICYLIC ACID FOAM	2	
SALICYLIC ACID GEL	2	
SALICYLIC ACID LIQD	2	
SALICYLIC ACID SHAM	2	
SALICYLIC ACID WART REMOVER LIQD	2	
SALICYLIC ACID-CLEANSE KIT	2	
SANTYL OINT	3	MO
SILIQ SOSY	5	NDS
SKYRIZI (150 MG DOSE) PSKT	5	
SKYRIZI PEN SOAJ	5	
SKYRIZI SOSY	5	
SSS 10-5 CREA	2	
STELARA SOLN 45mg/0.5ml, 130mg/26ml	5	PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	PA

Drug Name	Drug Tier	Requirements/ Limits
SULFACETAMIDE SODIUM-SULFUR CREA	2	
SULFACETAMIDE SODIUM-SULFUR EMUL	2	
SULFACETAMIDE SODIUM-SULFUR LIQD	2	
SULFACETAMIDE SODIUM-SULFUR LOTN	2	
SULFACETAMIDE SODIUM-SULFUR PADS	2	
SULFACETAMIDE SODIUM-SULFUR SUSP	2	
SULFACEANSE 8/4 SUSP	2	
<i>sulfamez wash emul</i>	2	
TACROLIMUS OINT .1%, .03%	2	MO
TALTZ SOAJ	5	NDS
TALTZ SOSY	5	NDS
<i>tazarotene crea</i>	2	PA,MO
<i>tazarotene foam</i>	4	PA,MO
TAZORAC CREA	4	PA,MO
TAZORAC GEL .05%, .1%	4	PA,MO
TREMFYA SOPN	5	
TREMFYA SOSY	5	
UMECTA MOUSSE FOAM	2	
UREA CREA 39%	2	
UREA LOTN 40%	2	
UREA-C40 LOTN	2	
<i>uredeb crea</i>	2	
VALCHLOR GEL	5	NDS
VECTICAL OINT	2	MO
XUREA CREA	2	
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		

You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

Drug Name	Drug Tier	Requirements/ Limits
<i>aminophylline soln</i>	2	
<i>darifenacin hydrobromide er tb24 7.5mg, 15mg</i>	2	MO
<i>elixophyllin elix</i>	2	
<i>flavoxate hcl tabs</i>	2	MO
<i>MYRBETRIQ TB24 25mg, 50mg</i>	4	MO
<i>oxybutynin chloride er tb24 5mg, 10mg, 15mg</i>	2	MO
<i>oxybutynin chloride syrup</i>	2	MO
<i>oxybutynin chloride tabs</i>	2	MO
<i>solifenacin succinate tabs 5mg, 10mg</i>	2	MO
<i>theo-24 cp24 100mg, 200mg, 300mg, 400mg</i>	2	MO
<i>theophylline er tb12 100mg, 200mg, 300mg, 450mg</i>	2	MO
<i>theophylline er tb24 400mg, 600mg</i>	2	MO
<i>theophylline soln</i>	2	MO
<i>tolterodine tartrate er cp24 2mg, 4mg</i>	2	MO
<i>tolterodine tartrate tabs</i>	2	MO
<i>trospium chloride er cp24</i>	2	MO
<i>trospium chloride tabs</i>	2	MO
VITAMINS		
VITAMINS		
<i>calcitriol caps .25mcg, .5mcg</i>	2	PA,MO
<i>calcitriol soln</i>	2	PA,MO
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	PA,MO
<i>DOXERCALCIFEROL SOLN</i>	2	
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You can find information on what the abbreviations on this table mean by going to the beginning or the end of this table.

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. Certain strengths or forms of the drug may be subject to the utilization management codes listed below.

HI = Home infusion drugs may be covered under our medical benefit and obtained at home infusion pharmacies. For more information, please consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. For more information, consult your pharmacy directory or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region.

MO = Mail-order drugs. You may order prescription refills of certain medications through our mail-order service online at kp.org/refill or by phone or mobile app, which may lower your costs for a three-month supply. Please contact us at least 5 days before your refills run out. Generally, you should receive them within 3 to 5 days. If not and

you need an urgent refill, please contact the mail-order phone number for your Kaiser Permanente Region in the chart on page 7 or the phone number on the prescription label for assistance. Not all drugs can be mailed; restrictions and limitations apply. For more information, please visit kp.org/seniorrx or call the appropriate regional phone number on page 7.

NDS = Non-extended Day Supply drugs that are dispensed up to a 30-day supply to monitor for possible adverse effects and to avoid medication waste.

PA = Prior authorization medications may be covered under Medicare Part D or Medicare Part B depending on how they are administered (e.g., via infusion pump, nebulizer, or other Durable Medical Equipment device), where they are administered (at home or in a long-term care facility), and what medical condition they are administered for. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

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<i>cholestyramine light powd</i>	24
<i>cholestyramine pack</i>	24
<i>cholestyramine powd</i>	24
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<i>ciclopirox olamine crea</i>	59
<i>ciclopirox olamine susp</i>	59
<i>ciclopirox sham</i>	59
<i>ciclopirox soln</i>	59
<i>cidofovir soln</i>	12
<i>cilostazol tabs 50mg, 100mg</i>	22
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<i>cimetidine hcl soln</i>	45

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	45
CIMZIA KIT	54
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<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	51
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<i>ciprofloxacin in d5w soln intravenous</i>	9
<i>ciprofloxacin susr</i>	9
<i>ciprofloxacin-ciproflox hcl er tb24</i>	9
<i>ciprofloxacin-dexamethasone susp</i>	43
<i>cisplatin soln</i>	15
CISPLATIN SOLR 50mg	15
<i>citalopram hydrobromide soln</i>	37
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	37
<i>citanest plain dental soln</i>	55
<i>cladribine soln</i>	15
claravis caps 10mg, 20mg, 30mg, 40mg	63
<i>clarithromycin er tb24</i>	9
<i>clarithromycin susr</i>	9
<i>clarithromycin tabs</i>	9
<i>clemastine fumarate tabs</i>	14
<i>cleocin phosphate soln</i>	9
<i>cleocin solr</i>	9
CLIMARA PTWK 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr	50
<i>clindacin-p swab</i>	59
<i>clindamycin hcl caps</i>	9
<i>clindamycin palmitate hcl solr</i>	9
<i>clindamycin phos-benzoyl perox gel</i>	59
<i>clindamycin phosphate crea</i>	59
<i>clindamycin phosphate foam</i>	59
<i>clindamycin phosphate gel</i>	59
<i>clindamycin phosphate in d5w soln intravenous</i>	9
<i>clindamycin phosphate lotn</i>	59
<i>clindamycin phosphate soln</i>	9, 59
<i>clindamycin phosphate soln injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	9
<i>clindamycin phosphate swab</i>	59
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CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS	40
CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS	40
CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS	40
CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS	40
CLINIMIX/DEXTROSE (4.25/5) SOLN INTRAVENOUS	40
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CLINIMIX/DEXTROSE (5/20) SOLN INTRAVENOUS	40
<i>clinisol sf soln intravenous</i>	40
<i>clobazam susp</i>	32
<i>clobazam tabs 10mg, 20mg</i>	32
<i>clobetasol propionate crea</i>	61
<i>clobetasol propionate e crea</i>	61
<i>clobetasol propionate emulsion foam</i>	61
<i>clobetasol propionate foam</i>	61
<i>clobetasol propionate gel</i>	61
<i>clobetasol propionate liqd</i>	61
<i>clobetasol propionate lotn</i>	61
<i>clobetasol propionate oint</i>	61
<i>clobetasol propionate sham</i>	61
<i>clobetasol propionate soln</i>	61
<i>clocortolone pivalate crea</i>	61
<i>clocortolone pivalate pump crea</i>	61
<i>clofarabine soln</i>	15
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	37
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	32
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	32
<i>clonidine hcl (analgesia) soln</i>	27
<i>clonidine hcl er tb12</i>	27
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	27
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	27
<i>clopidoogrel bisulfate tabs 75mg, 300mg</i>	22
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	35
<i>clotrimazole crea</i>	59
<i>clotrimazole soln</i>	59

<i>clotrimazole troc</i>	59
<i>clotrimazole-betamethasone crea</i>	59
<i>clotrimazole-betamethasone lotn</i>	59
<i>clovique caps</i>	46
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	37
<i>clozapine tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	37
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CODEINE SULFATE TABS 15mg, 30mg, 60mg	29
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<i>colchicine tabs</i>	53
<i>colchicine-probenecid tabs</i>	42
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<i>colestipol hcl gran</i>	24
<i>colestipol hcl pack</i>	24
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COPIKTRA CAPS 15mg, 25mg	15
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CORLANOR TABS 5mg, 7.5mg	26
<i>cortisone acetate tabs</i>	47
CORTISPORIN CREA.....	61
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COSENTYX SENSOREADY (300 MG SOAJ).....	63
COSENTYX SENSOREADY PEN SOAJ.	63
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	63
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<i>cromolyn sodium conc</i>	57
<i>cromolyn sodium nebu</i>	57
<i>cromolyn sodium soln</i>	44
<i>crotan lotn</i>	59
<i>cryselle-28 tabs</i>	48
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	55
CURITY GAUZE PADS	40
CUTAQUIG SOLN 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml	58
CUVPOSA SOLN	20
<i>cyclafem 1/35 tabs</i>	48
<i>cyclafem 7/7/7 tabs</i>	48
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<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	21
CYCLOPHOSPHAMIDE CAPS 25mg, 50mg	15
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	15
<i>cyclophosphamide solr</i>	15
<i>cycloserine caps</i>	11
<i>cyclosporine caps 25mg, 100mg</i>	54
<i>cyclosporine modified caps 25mg, 50mg, 100mg</i>	54
<i>cyclosporine modified soln</i>	54
<i>cyclosporine soln</i>	54
<i>cyproheptadine hcl syrup</i>	14
<i>cyproheptadine hcl tabs</i>	14
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	15
CYSTADANE POWD	55
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CYSTAGON CAPS 50mg, 150mg	55
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<i>cytarabine soln</i>	15
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daptomycin solr intravenous 350mg, 500mg	9
darifenacin hydrobromide er tb24 7.5mg, 15mg	65
DARZALEX FASPRO SOLN	16
DARZALEX SOLN 400mg/20ml, 100mg/5ml	16
daunorubicin hcl soln	16
DAURISMO TABS 25mg, 100mg	16
deblitane tabs	48
decadron tabs .5mg, .75mg	47
decadron tabs 4mg, 6mg	47
decitabine solr	16
deferasirox granules pack 90mg, 180mg, 360mg	46
deferasirox tabs 90mg, 180mg, 360mg	46
deferasirox tbso 125mg, 250mg, 500mg	46
deferiprone tabs	46
deferoxamine mesylate solr	46
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desloratadine tabs	14
desloratadine tbdp	14
desmopressin ace spray refrig soln	51
DESMOPRESSIN ACETATE SOLN	51
desmopressin acetate spray soln	51
desmopressin acetate tabs .1mg, .2mg	51
desogestrel-ethynodiol estradiol tabs	48
desonide crea	61
desonide gel	61
desonide lotn	61
desonide oint	61
desowen lotn	61
desoximetasone crea .05%, .25%	61
desoximetasone gel	61
desoximetasone liqd	61
desoximetasone oint .05%, .25%	61
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dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	47
dexamethasone tbpk	47
dexchlorpheniramine maleate soln	14
dexmethylphenidate hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	31
dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg	31
dexpak 10 day tbpk	47
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DEXTROSE SOLN	40
DEXTROSE SOLN INTRAVENOUS 5%, 10%	40
DEXTROSE-NACL SOLN INTRAVENOUS 10-0.2%, 10-0.45%	42
DEXTROSE-NACL SOLN INTRAVENOUS 2.5-0.45%, 5-0.2%, 5-0.45%, 5-0.9%	41
DIACOMIT CAPS 250mg, 500mg	32
DIACOMIT PACK 250mg, 500mg	32
DIASTAT ACUDIAL GEL 10mg, 20mg	32
DIASTAT PEDIATRIC GEL	32

<i>diazepam conc</i>	35
<i>diazepam gel 2.5mg, 10mg, 20mg</i>	32
<i>diazepam soln 5mg/5ml, 5mg/ml</i>	35
<i>diazepam tabs 2mg, 5mg, 10mg</i>	35
<i>diazoxide susp</i>	50
<i>diclofenac sodium er tb24</i>	29
<i>diclofenac sodium gel 1%, 3%</i>	61
<i>diclofenac sodium soln</i>	43
<i>diclofenac sodium tbec</i>	29
<i>diclofenac-misoprostol tbec</i>	29
<i>dicloxacillin sodium caps</i>	9
<i>dicyclomine hcl caps</i>	20
<i>dicyclomine hcl soln</i>	20
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<i>dilunisal tabs</i>	29
<i>digitek tabs .125mg, .25mg</i>	26
<i>digox tabs</i>	26
<i>digoxin soln</i>	26
<i>digoxin tabs 125mcg, 250mcg</i>	26
<i>dihydroergotamine mesylate soln</i>	21
<i>dilantin caps 30mg, 100mg</i>	32
<i>dilantin infatabs chew</i>	32
<i>diltiazem hcl er beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	25
DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg	25
<i>diltiazem hcl er coated beads tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	26
<i>diltiazem hcl er cp12 60mg, 90mg, 120mg</i>	26
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg</i>	26
<i>diltiazem hcl soln</i>	26
<i>diltiazem hcl solr</i>	26
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	26
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	25
<i>dimenhydrinate soln</i>	45
<i>dimethyl fumarate cpdr</i>	36
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<i>diphen elix</i>	14
<i>diphenhydramine hcl elix</i>	14
<i>diphenhydramine hcl soln</i>	14
<i>diphenoxylate-atropine liqd</i>	45
<i>diphenoxylate-atropine tabs</i>	45
DIPHTHERIA-TETANUS TOXOIDS DT SUSP	58
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	28
<i>disopyramide phosphate caps 100mg, 150mg</i>	26
<i>disulfiram tabs 250mg, 500mg</i>	28
DIURIL SUSP	41
<i>divalproex sodium csdr</i>	32
<i>divalproex sodium er tb24 250mg, 500mg</i> ..	32
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	32
<i>dobutamine hcl soln</i>	22
DOBUTAMINE IN D5W SOLN	22
DOCETAXEL (NON-ALCOHOL) SOLN 80mg/4ml, 160mg/8ml, 20mg/ml	16
<i>docetaxel conc</i>	16
<i>docetaxel soln</i>	16
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	26
<i>dolishale tabs</i>	48
<i>donepezil hcl tabs 5mg, 10mg, 23mg</i>	21
<i>donepezil hcl tbdp 5mg, 10mg</i>	21
<i>dopamine hcl soln</i>	22
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<i>dorzolamide hcl soln</i>	44
<i>dorzolamide hcl-timolol mal pf soln</i>	44
<i>dorzolamide hcl-timolol mal soln</i>	44
<i>dotti pttw .025mg/24hr, .0375mg/24hr, .05mg/ 24hr, .075mg/24hr, .1mg/24hr</i>	51
DOVATO TABS	12
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	24
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	37
<i>doxepin hcl conc</i>	37
<i>doxepin hcl crea</i>	62
<i>doxepin hcl tabs 3mg, 6mg</i>	37
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	65
DOXERCALCIFEROL SOLN	65
<i>doxorubicin hcl liposomal inj</i>	16
DOXORUBICIN HCL SOLN	16

<i>doxorubicin hcl solr</i>	16
<i>doxy 100 solr intravenous</i>	9
<i>doxycycline hyclate caps 50mg, 100mg</i>	9
<i>doxycycline hyclate tabs 20mg, 75mg, 100mg, 150mg</i>	9
<i>doxycycline hyclate tbec 50mg, 75mg, 100mg, 150mg, 200mg</i>	9
<i>doxycycline monohydrate caps 50mg, 150mg</i>	9
<i>doxycycline monohydrate susr</i>	9
<i>doxycycline monohydrate tabs 50mg, 75mg, 100mg, 150mg</i>	9
<i>doxylamine-pyridoxine tbec</i>	45
DRIZALMA SPRINKLE CSDR	37
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	45
<i>droperidol soln</i>	35
<i>drospiren-eth estrad-levomefol tabs</i>	48
<i>drospirenone-ethinyl estradiol tabs</i>	48
DROXIA CAPS	16
<i>droxidopa caps</i>	22
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DUEXIS TABS	29
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	37
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	57
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	57
DURYSTA IMPL	44
<i>dutasteride caps</i>	53
<i>dutasteride-tamsulosin hcl caps</i>	53
<i>dvorah tabs</i>	29
<i>dxevo 11-day tbpk</i>	47

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<i>e.e.s. 400 tabs</i>	9
EASYGEL GEL	55
<i>econazole nitrate crea</i>	59
EDURANT TABS	12
<i>efavirenz caps 50mg, 200mg</i>	12
<i>efavirenz tabs</i>	12
<i>efavirenz-emtricitab-tenofovir tabs</i>	12
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ELMIRON CAPS	55
<i>eluryng ring</i>	48
ELZONRIS SOLN	16
EMCYT CAPS	16
EMFLAZA SUSP	47
<i>EMFLAZA TABS 6mg, 18mg, 30mg, 36mg</i>	47
EMPAVELI SOLN	55
EMPLICITI SOLR 300mg, 400mg	16
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	34
<i>emtricitabine caps</i>	12
<i>emtricitabine-tenofovir df tabs</i>	12
EMTRIVA SOLN	12
<i>emverm chew</i>	8
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	27
<i>enalaprilat inj</i>	27
<i>enalapril-hydrochlorothiazide tabs</i>	27
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ENBREL SOSY 25mg/0.5ml, 50mg/ml	54
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ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	59
ENHERTU SOLR	16
<i>enoxaparin sodium soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 300mg/3ml, 100mg/ml, 150mg/ml</i>	22
<i>enpresse-28 tabs</i>	48
ENSPRYNG SOSY	55
ENSTILAR FOAM	61
<i>entacapone tabs</i>	34
<i>entecavir tabs .5mg, 1mg</i>	12
ENTRESTO TABS	27
ENTYVIO SOLR	46
<i>enulose soln</i>	40
ENVARSUS XR TB24 .75mg, 1mg, 4mg	54
EPCLUSA TABS	12

EPIDIOLEX SOLN	32
epifoam foam	61
epinastine hcl soln	44
epinephrine (anaphylaxis) soln	22
epinephrine soaj	22
EPINEPHRINE SOSY	22
epirubicin hcl soln	16
EPIVIR HBV SOLN	12
eplerenone tabs 25mg, 50mg	27
EPOGEN SOLN	23
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	23
epoprostenol sodium solr	58
eprosartan mesylate tabs	27
eptifibatide soln	22
EQUETRO CP12 100mg, 200mg, 300mg	37
ERBITUX SOLN	16
ergoloid mesylates tabs	21
ergomar subl	21
ergotamine-caffeine tabs	34
ERIVEDGE CAPS	16
ERLEADA TABS	16
erlotinib hcl tabs 25mg, 100mg, 150mg	16
errin tabs	48
ertapenem sodium solr injection	9
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ery-tab tbec	9
ERYTHROCIN LACTOBIONATE SOLR INTRAVENOUS	9
erythrocin stearate tabs	9
erythromycin base cpep	9
erythromycin base tabs	9
erythromycin base tbec	9
erythromycin ethylsuccinate susr	9
erythromycin ethylsuccinate tabs	9
erythromycin gel	59
erythromycin oint	43
erythromycin pads	59
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ESBRIET CAPS	57
ESBRIET TABS 267mg, 801mg	57
escitalopram oxalate soln	37
escitalopram oxalate tabs 5mg, 10mg, 20mg	37
esgc caps	29
esgc tabs	29
ESMOLOL HCL SOLN	25
esmolol hcl-sodium chloride soln	25
esomeprazole magnesium cpdr 20mg, 40mg	45
esomeprazole magnesium pack 10mg, 20mg, 40mg	45
esomeprazole sodium solr	45
estarylla tabs	48
estazolam tabs 1mg, 2mg	35
estrace crea	51
estrace tabs .5mg, 1mg, 2mg	51
estradiol crea	51
estradiol pttw .025mg/24hr, .0375mg/24hr, .05mg/ 24hr, .075mg/24hr, .1mg/24hr	51
estradiol ptwk 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr	51
estradiol tabs 10mcg, .5mg, 1mg, 2mg	51
estradiol valerate oil	51
estradiol-norethindrone acet tabs	51
ESTRING RING	51
eszopiclone tabs 1mg, 2mg, 3mg	35
ethacrynic acid tabs	41
ethambutol hcl tabs 100mg, 400mg	11
ethosuximide caps	32
ethosuximide soln	32
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<i>nylia 7/7/7 tabs</i>	49
NYMALIZE SOLN 60mg/20ml, 6mg/ml	26
<i>nymyo tabs</i>	49
<i>nystatin crea</i>	60
<i>nystatin oint</i>	60
<i>nystatin powd</i>	60
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<i>nystatin tabs</i>	11
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OCALIVA TABS 5mg, 10mg.....	46
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<i>ofloxacin tabs</i>	10
<i>ogestrel tabs</i>	49
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<i>olanzapine soln</i>	38
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	38
<i>olanzapine tbdp 5mg, 10mg, 15mg, 20mg</i>	38
<i>olanzapine-fluoxetine hcl caps</i>	38
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	28
<i>olmesartan medoxomil-hctz tabs</i>	28
<i>olmesartan-amlodipine-hctz tabs</i>	26
<i>olopatadine hcl soln .1%, .2%, .6%</i>	44
OLUMIANT TABS 1mg, 2mg	54
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<i>omega-3-acid ethyl esters caps</i>	24
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	46
<i>omeprazole-sodium bicarbonate caps</i>	46
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<i>ondansetron hcl soln</i>	45
<i>ondansetron hcl tabs 4mg, 8mg, 24mg</i>	45
<i>ondansetron tbdp 4mg, 8mg</i>	45
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OPDIVO SOLN 100mg/10ml, 240mg/24ml, 40mg/4ml	18
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ORENCIA SOLR	54
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	54
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	58
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<i>orphenadrine citrate soln</i>	21
<i>orphenadrine-aspirin-caffeine tabs</i>	30
<i>orphengesic forte tabs</i>	30
<i>orsythia tabs</i>	49
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<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	13
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OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS	10
<i>oxacillin sodium soln injection 1gm, 2gm</i>	10
<i>oxacillin sodium soln intravenous</i>	10
<i>oxaliplatin soln</i>	18
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<i>oxandrolone tabs</i>	48
<i>oxaprozin tabs</i>	30
OXAYDO TABS	30
<i>oxazepam caps 10mg, 15mg, 30mg</i>	35
OXBRYTA TABS	22
<i>oxcarbazepine susp</i>	33
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	33
OXERVATE SOLN	45
<i>oxiconazole nitrate crea</i>	60
OXLUMO SOLN	56
OXTELLAR XR TB24 150mg, 300mg, 600mg	33
<i>oxybutynin chloride er tb24 5mg, 10mg, 15mg</i>	65
<i>oxybutynin chloride syrup</i>	65
<i>oxybutynin chloride tabs</i>	65
<i>oxycodone hcl caps</i>	30
<i>oxycodone hcl conc</i>	30
<i>oxycodone hcl er t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	30
<i>oxycodone hcl soln</i>	30
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	30
<i>oxycodone-acetaminophen soln</i>	30
<i>oxycodone-acetaminophen tabs</i>	30
<i>oxycodone-acetaminophen tabs 5-300mg, 10-300mg</i>	30
<i>oxycodone-aspirin tabs</i>	30

oxycodone-ibuprofen tabs	30
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg.....	30
oxymorphone hcl er tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	30
oxymorphone hcl tabs 5mg, 10mg	30
OXYTOCIN SOLN	51
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	50
OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml	50
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pacerone tabs 100mg, 200mg, 400mg....	27
paclitaxel conc	18
PADCEV SOLR 20mg, 30mg	18
PALFORZIA (12 MG DAILY DOSE) CSPK	56
PALFORZIA (120 MG DAILY DOSE) CSPK	56
PALFORZIA (160 MG DAILY DOSE) CSPK	56
PALFORZIA (20 MG DAILY DOSE) CSPK	56
PALFORZIA (200 MG DAILY DOSE) CSPK	56
PALFORZIA (240 MG DAILY DOSE) CSPK	56
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PALFORZIA (300 MG MAINTENANCE) PACK	56
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PALFORZIA (6 MG DAILY DOSE) CSPK	56
PALFORZIA (80 MG DAILY DOSE) CSPK	56
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PALIPERIDONE ER TB24 1.5mg, 3mg, 6mg, 9mg	39
palonosetron hcl soln.....	45
palonosetron hcl sosy.....	45
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	43
pamidronate disodium soln.....	53
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paraplatin soln	18
paricalcitol caps 1mcg, 2mcg, 4mcg.....	65
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paroex soln	43
paromomycin sulfate caps.....	12
paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg	39
paroxetine hcl tabs 10mg, 20mg	39
paroxetine hcl tabs 30mg, 40mg	39
paroxetine mesylate caps.....	39
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peg 3350-kcl-na bicarb-nacl solr	46
peg-3350/electrolytes solr	46
PEGANONE TABS	33
PEGASYS PROCLICK SOLN 135mcg/0.5ml, 180mcg/0.5ml.....	13
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	13
PEGINTRON KIT	13
PEG-PREP KIT	46
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg .	18
penicillamine caps	47
penicillamine tabs	47
PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS	10
penicillin g potassium solr injection	10
penicillin g procaine susp	10
penicillin g sodium solr injection	10
penicillin v potassium solr.....	10
penicillin v potassium tabs.....	10
pentamidine isethionate inh	12
pentamidine isethionate inj	12
PENTASA CPCR 250mg, 500mg.....	45
pentazocine-naloxone hcl tabs	30
pentobarbital sodium soln.....	35
pentoxifylline er tbcr.....	23
PEPAXTO SOLR.....	18
pepcid tabs 20mg, 40mg	46

<i>percocet tabs</i>	30	PIQRAY (200 MG DAILY DOSE) TBPK	18
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	28	PIQRAY (250 MG DAILY DOSE) TBPK	18
<i>periogard soln</i>	43	PIQRAY (300 MG DAILY DOSE) TBPK	18
PERJETA SOLN	18	<i>pirmella 1/35 tabs</i>	49
<i>permethrin crea</i>	60	<i>piroxicam caps 10mg, 20mg</i>	30
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	39	PLASMA-LYTE 148 SOLN INTRAVENOUS	
<i>perphenazine-amitriptyline tabs</i>	39		42
PERSERIS PRSY 90mg, 120mg	39	PLASMA-LYTE A SOLN INTRAVENOUS	42
PEXEVA TABS 10mg, 20mg, 30mg, 40mg	39	PLEGRIDY SOPN	36
<i>phenadoz supp</i>	14	PLEGRIDY SOSY	36
<i>phenazo tabs</i>	63	PLEGRIDY STARTER PACK SOPN	36
PHENAZOPYRIDINE HCL TABS	63	PLEGRIDY STARTER PACK SOSY	36
<i>phenelzine sulfate tabs</i>	39	<i>plenamine soln intravenous</i>	41
<i>phenergan soln</i>	14	<i>podofilox soln</i>	64
PHENOBARBITAL ELIX	35	POLIVY SOLR 30mg, 140mg	18
PHENOBARBITAL SODIUM SOLN	35	<i>polocaine soln</i>	56
PHENOBARBITAL TABS	35	<i>polocaine-mpf soln</i>	56
<i>phenoxybenzamine hcl caps</i>	21	<i>polycin oint</i>	43
<i>phenylephrine hcl soln</i>	22	<i>polymyxin b sulfate solr injection</i>	10
PHENYLEPHRINE HCL SOLN	45	<i>polymyxin b-trimethoprim soln</i>	43
<i>phenytak caps 200mg, 300mg</i>	33	POMALYST CAPS 1mg, 2mg, 3mg, 4mg	18
<i>phenytoin chew</i>	33	PONVORY STARTER PACK TBPK	36
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	33	PONVORY TABS	36
<i>phenytoin sodium soln</i>	33	<i>portia-28 tabs</i>	49
<i>phenytoin susp</i>	33	PORTRAZZA SOLN	18
PHESGO SOLN	18	<i>posaconazole tbec</i>	11
PHOSLYRA SOLN	42	POT & SOD CIT-CIT AC SOLN	40
PHOSPHASAL TABS	14	POTASSIUM ACETATE SOLN	42
PHOSPHOLINE IODIDE SOLR	44	<i>potassium chloride crys er tbcr 10meq, 20meq</i>	42
<i>phrenilin forte caps</i>	30	<i>potassium chloride er cpqr 8meq, 10meq</i>	42
PHYSIOLYTE SOLN	56	POTASSIUM CHLORIDE ER TBCR 8meq, 10meq, 20meq	42
PHYSIOSOL IRRIGATION SOLN	56	POTASSIUM CHLORIDE IN DEXTROSE SOLN INTRAVENOUS	42
PIFELTRO TABS	13	POTASSIUM CHLORIDE IN NACL SOLN INTRAVENOUS	42
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	44	POTASSIUM CHLORIDE PACK	42
<i>pilocarpine hcl tabs 5mg, 7.5mg</i>	21	POTASSIUM CHLORIDE SOLN 10%, 20%	42
<i>pimecrolimus crea</i>	64	<i>potassium chloride soln intravenous 10meq/100ml, 20meq/100ml, 40meq/100ml, 2meq/ml</i>	42
<i>pimozone tabs 1mg, 2mg</i>	39	<i>potassium citrate er tbcr 15meq, 540mg, 1080mg</i>	40
<i>pimtrea tabs</i>	49	POTASSIUM PHOSPHATES SOLN	42
<i>pindolol tabs 5mg, 10mg</i>	25	POTASSIUM PHOSPHATES(66 MEQ K) SOLN	42
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	50	POTELIGEO SOLN	18
<i>pioglitazone hcl-glimepiride tabs</i>	50		
<i>pioglitazone hcl-metformin hcl tabs</i>	50		
<i>piperacillin sod-tazobactam so solr</i>	10		
<i>piperacillin sod-tazobactam so solr intravenous</i>	10		

PR BENZOYL PEROXIDE WASH LIQD ..	60
PRADAXA CAPS 75mg, 110mg, 150mg..	23
<i>pramipexole dihydrochloride er</i>	
<i>tb24 .375mg, .75mg, 1.5mg, 2.25mg,</i>	
<i>3mg, 3.75mg, 4.5mg</i>	34
<i>pramipexole dihydrochloride</i>	
<i>tabs .125mg, .25mg, .5mg, .75mg, 1mg,</i>	
<i>1.5mg</i>	34
PRAMOX GEL	63
<i>prandin tabs 1mg, 2mg</i>	50
<i>prasugrel hcl tabs 5mg, 10mg</i>	23
<i>pravastatin sodium tabs 10mg, 20mg,</i>	
<i>40mg, 80mg</i>	24
<i>praziquantel tabs</i>	8
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	24
PRED MILD SUSP	44
PRED-G S.O.P. OINT	44
PRED-G SUSP	44
<i>prednicarbate crea</i>	62
<i>prednicarbate oint</i>	62
<i>prednisolone acetate susp</i>	44
<i>prednisolone sodium phosphate soln</i>	44
PREDNISOLONE SODIUM PHOSPHATE	
<i>SOLN 10mg/5ml, 20mg/5ml, 25mg/5ml,</i>	
<i>5mg/5ml</i>	47
<i>prednisolone sodium phosphate tbdp 10mg,</i>	
<i>15mg, 30mg</i>	47
<i>prednisolone soln</i>	47
<i>prednisone intensol conc</i>	47
<i>prednisone soln</i>	47
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg,</i>	
<i>20mg, 50mg</i>	47
<i>prednisone tbpk</i>	47
<i>prefest tabs</i>	51
<i>pregabalin caps 25mg, 50mg, 75mg,</i>	
<i>100mg, 150mg, 200mg, 225mg, 300mg</i>	
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<i>pregabalin er tb24 82.5mg, 165mg, 330mg</i>	
.....	30
<i>pregabalin soln</i>	33
PREMARIN SOLR	51
<i>premasol soln intravenous</i>	41
PRETOMANID TABS	11
<i>prevalite pack</i>	24
<i>prevalite powd</i>	24
<i>previfem tabs</i>	49
PREVYMIS SOLN 240mg/12ml,	
<i>480mg/24ml</i>	13
PREVYMIS TABS 240mg, 480mg.....	13
PREZCOBIX TABS	13
PREZISTA SUSP	13
PREZISTA TABS 75mg, 150mg, 600mg,	
<i>800mg</i>	13
PRIFTIN TABS	11
PRIMAQUINE PHOSPHATE TABS	12
<i>primidone tabs 50mg, 250mg</i>	33
<i>primlev tabs</i>	30
<i>probenecid tabs</i>	42
<i>procainamide hcl soln</i>	27
PROCALAMINE SOLN INTRAVENOUS	.41
<i>procentra soln</i>	32
<i>prochlorperazine edisylate soln</i>	39
<i>prochlorperazine maleate tabs</i>	39
<i>prochlorperazine supp</i>	39
PROCRIPT SOLN 20000unit/ml,	
<i>40000unit/ml</i>	23
PROCRIPT SOLN 2000unit/ml, 3000unit/ml,	
<i>4000unit/ml, 10000unit/ml</i>	23
<i>protofoam hc foam</i>	63
<i>procto-med hc crea</i>	62
<i>procto-pak crea</i>	62
<i>proctosol hc crea</i>	62
<i>proctozone-hc crea</i>	62
PROSYSBI CPDR 25mg, 75mg	56
PROSYSBI PACK 75mg, 300mg	56
<i>progesterone caps 100mg, 200mg</i>	52
<i>progesterone oil</i>	52
PROGRAF PACK	55
PROGRAF PACK .2mg	55
PROGRAF SOLN	55
<i>prolate soln</i>	31
<i>prolate tabs</i>	31
PROLEUKIN SOLR	18
PROMACTA PACK 12.5mg, 25mg	23
PROMACTA TABS 12.5mg, 25mg, 50mg,	
<i>75mg</i>	24
<i>promethazine hcl soln</i>	14
<i>promethazine hcl supp</i>	14
<i>promethazine hcl syrup</i>	14
<i>promethazine hcl tabs</i>	14
<i>promethazine-phenylephrine syrup</i>	15
<i>promethegan supp</i>	15
<i>propafenone hcl er cp12 225mg, 325mg,</i>	
<i>425mg</i>	27
<i>propafenone hcl tabs 150mg, 225mg,</i>	
<i>300mg</i>	27
<i>propantheline bromide tabs</i>	20
<i>proparacaine hcl soln</i>	45

<i>propranolol hcl er cp24</i>	<i>60mg, 80mg, 120mg, 160mg</i>	25
<i>propranolol hcl soln</i>	<i>20mg/5ml, 40mg/5ml</i>	25
<i>propranolol hcl tabs</i>	<i>10mg, 20mg, 40mg, 60mg, 80mg</i>	25
<i>propylthiouracil tabs</i>		53
<i>PROQUAD SUSR</i>		59
<i>protriptyline hcl tabs</i>	<i>5mg, 10mg</i>	39
<i>psorcon crea</i>		62
<i>PULMICORT FLEXHALER AEPB</i>		58
<i>PULMOZYME SOLN</i>		43
<i>PURIXAN SUSP</i>		18
<i>PYLERA CAPS</i>		46
<i>pyrazinamide tabs</i>		11
<i>pyridostigmine bromide er tbcr</i>		21
<i>pyridostigmine bromide soln</i>		21
<i>pyridostigmine bromide tabs</i>	<i>30mg, 60mg</i>	21
<i>pyrimethamine tabs</i>		12

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<i>QDOLO SOLN</i>		31
<i>QINLOCK TABS</i>		18
<i>QUADRACEL SUSP</i>		58
<i>questran light powd.</i>		24
<i>questran pack</i>		24
<i>questran powd</i>		24
<i>quetiapine fumarate er tb24</i>	<i>50mg, 150mg, 200mg, 300mg, 400mg</i>	39
<i>quetiapine fumarate tabs</i>	<i>25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	39
<i>quinapril hcl tabs</i>	<i>5mg, 10mg, 20mg, 40mg</i>	28
<i>quinapril-hydrochlorothiazide tabs</i>		28
<i>quinidine gluconate er tbcr</i>		27
<i>QUINIDINE GLUCONATE SOLN</i>		27
<i>quinidine sulfate tabs</i>	<i>200mg, 300mg</i>	27
<i>quinine sulfate caps</i>		12

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<i>RABAVERT SUSR</i>		59
<i>rabeprazole sodium cpsp</i>		46
<i>rabeprazole sodium tbec</i>		46
<i>RADICAVA SOLN</i>		36
<i>raloxifene hcl tabs</i>		51
<i>ramelteon tabs</i>		35
<i>ramipril caps</i>	<i>1.25mg, 2.5mg, 5mg, 10mg</i>	28
<i>ranolazine er tb12</i>	<i>500mg, 1000mg</i>	27

<i>RAPIVAB SOLN</i>		13
<i>rasagiline mesylate tabs</i>	<i>.5mg, 1mg</i>	34
<i>RASUVO SOAJ</i>		54
<i>RAVICTI LIQD</i>		40
<i>RAYALDEE CPCR</i>		65
<i>REBETOL SOLN</i>		13
<i>REBIF REBIDOSE SOAJ</i>	<i>22mcg/0.5ml, 44mcg/0.5ml</i>	36
REBIF REBIDOSE TITRATION PACK SOAJ		36
<i>REBIF SOSY</i>	<i>22mcg/0.5ml, 44mcg/0.5ml</i>	36
REBIF TITRATION PACK SOSY		36
<i>REBLOZYL SOLR</i>	<i>25mg, 75mg</i>	24
<i>RECARBIO SOLR</i>		10
<i>reclipsen tabs</i>		49
<i>RECOMBIVAX HB SUSP</i>	<i>5mcg/0.5ml, 10mcg/ml, 40mcg/ml</i>	59
<i>RECTIV OINT</i>		64
<i>REGONOL SOLN</i>		21
<i>REGRANEX GEL</i>		64
<i>relafen ds tabs</i>		31
<i>RELENZA DISKHALER AEPB</i>		13
<i>relexxii tbcr</i>		32
<i>RELISTOR SOLN</i>	<i>8mg/0.4ml, 12mg/0.6ml</i>	46
<i>RELISTOR TABS</i>		46
<i>reltöne caps</i>	<i>200mg, 400mg</i>	46
<i>RENFLEXIS SOLR</i>		54
<i>repaglinide tabs</i>	<i>.5mg, 1mg, 2mg</i>	50
<i>repaglinide-metformin hcl tabs</i>		50
<i>REPATHA SOSY</i>		24
<i>REPATHA SURECLICK SOAJ</i>		24
<i>RESCRIPTOR TABS</i>	<i>100mg, 200mg</i>	13
<i>RESTASIS EMUL</i>		44
<i>RETACRIT SOLN</i>		24
<i>RETACRIT SOLN</i>	<i>20000unit/ml</i>	24
<i>RETEVMO CAPS</i>	<i>40mg, 80mg</i>	18
<i>RETIN-A CREA</i>	<i>.025%, .05%, .1%</i>	63
<i>RETIN-A GEL</i>	<i>.01%, .025%</i>	63
<i>RETIN-A MICRO GEL</i>	<i>.04%, .1%</i>	63
<i>RETIN-A MICRO PUMP GEL</i>	<i>.04%, .1%</i>	63
<i>RETISERT IMPL</i>		44
<i>RETROVIR SOLN</i>		13
<i>REVCovi SOLN</i>		43
<i>REVLIMID CAPS</i>	<i>2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	18
<i>REXULTI TABS</i>	<i>.25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	39
REYATAZ PACK		13

RIABNI SOLN 100mg/10ml, 500mg/50ml	18
ribasphere caps	13
ribasphere ribapak (1000 pack) tbpk	13
ribasphere ribapak (1200 pack) tbpk	13
ribasphere tabs	13
ribavirin caps	13
ribavirin solr	13
ribavirin tabs	13
RIDAURA CAPS	56
RIFABUTIN CAPS	11
RIFADIN CAPS	11
rifamate caps	11
rifampin caps 150mg, 300mg	11
rifampin solr intravenous	11
riluzole tabs	36
rimantadine hcl tabs	13
RIMSO-50 SOLN	56
RINGERS IRRIGATION SOLN	56
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Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - ◆ Qualified sign language interpreters.
 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-443-0815** (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-443-0815** (TTY : 711) 。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-443-0815** (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-443-0815 (TTY: 711) 번으로 전화해 주십시오.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-800-443-0815** (TTY (հեռատիպ) 711):

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (телефон: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-443-0815** (TTY:711) まで、お電話にてご連絡ください。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-800-443-0815 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian

ប្រយ័ត្តុ៖ ហើសិលជាអ្នកជិញ្ញាយ ភាសាខ្មែរ, សេវាជំនួយខ្លួនភាសា ខោយចិត្តភាសាប
គីមាហាមានសំរាប់រឹងការ។ ចូរស៊ែត្រ 1-800-443-0815 (TTY: 711)^១

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau 1-800-443-0815 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-443-0815 (TTY: 711) पर कॉल करें।

Thai

ເຮືອນ: ຖ້າຄຸນພູດກາໝາໄທຄຸນສາມາດໃຊ້ບັນດາກາໝາໄທໄດ້ໂທ 1-800-443-0815
(TTY: 711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-443-0815 (TTY: 711) تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم - 1-800-443-0815 (رقم هاتف الصم والبكم: 711).

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-476-2167 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2500 South Havana, Aurora, CO 80014 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-476-2167** (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-476-2167** (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-476-2167** (TTY: 711)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-476-2167** (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-476-2167** (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

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Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-476-2167** (телефон: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-476-2167** (TTY: 711)まで、お電話にてご連絡ください。

Amharic

ማስታወሻ: የሚገኘት ቅንቃ አማርኛ ክሮን የተጠየም እርዳታ ድርጅቶች፣ በንግድ ለመዘዴት ተዘጋጀዋል፡ ወደ መዝከተለው ቁጥር ይደውሉ **1-800-476-2167** (መስማት ለተሳናቸው፡ 711)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-476-2167** (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-476-2167** (ATS : **711**).

Farsi

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Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **7612-674-008-1** (رقم هاتف الصم والبكم: -**117**).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-476-2167** (TTY: **711**).

Cushite-Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-476-2167** (TTY: **711**).

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् **1-800-476-2167** (टिटिवाइ: **711**)।

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 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-232-4404 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to Attention: Member Services, Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S.

Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-232-4404** (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-232-4404** (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-232-4404** (TTY : 711)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-232-4404** (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-232-4404 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-232-4404** (телефон: 711).

Japanese

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1-800-232-4404 (TTY:711) まで、お電話にてご連絡ください。

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-800-232-4404 (TTY: 711) पर कॉल करें।

Amharic

ማስታወሻ: የሚደገኘት ቅጽ አማርኛ ከሆነ የተጠየም እርዳታ ያርፈዋል፡፡ በንግድ ለያዝሁዋት ተዘጋጀቻል፡ ወደ
ማክተለው ቅጥር ይደውሉ **1-800-232-4404** (መስማት ለተከናወል፡ 711)。

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-232-4404** (TTY: 711) تماس بگیری

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية توافر لك بالمجان. اتصل برقم **4044-232-008-1** (رقم هاتف الصم والبكم: -117).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-232-4404** (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-232-4404** (ATS : 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-232-4404** (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-232-4404** (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-232-4404** (TTY: 711).

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - ◆ Qualified sign language interpreters.
 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-800-805-2739 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-805-2739** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-805-2739** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-805-2739** (TTY : **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-805-2739** (TTY: **711**).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-805-2739** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-805-2739 (TTY: **711**)번으로 전화해 주십시오.

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-805-2739** (TTY:**711**) まで、お電話にてご連絡ください。

Lao

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຂ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງ ອ່າງ, ດະນຸ່ມນີ້ຜ້ອມໃຫ້ທ່ານ. ໂທຣ **1-800-805-2739** (TTY: **711**).

Ilocano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahé nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-800-805-2739** (TTY: **711**).

Samoan

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-805-2739** (TTY: **711**).

Marshallese

LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ne am ejjełok wōṇāān.
Kaalçok **1-800-805-2739** (TTY: **711**)

Trukese

MEI AUCHEA: Ika iei foosun fonusomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-805-2739** (TTY: **711**).

Hawaiian

E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo ho'okomo 'ōlelo, loa'a ke kōkua manuahi iā 'oe.
E kelepona iā **1-800-805-2739** (TTY: **711**).

Pohnpeian

Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie Lokaiahn Pohnpei komw kalangan oh ntingidieng ni lokaiahn Pohnpei.
Call **1-800-805-2739** (TTY: **711**).

Bisayan

ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-805-2739** (TTY: **711**).

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-805-2739** (TTY: **711**).

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-888-777-5536 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-777-5536** (TTY: 711)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-777-5536** (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-777-5536** (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-777-5536 (TTY: 711) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-777-5536** (телефон: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-888-777-5536 (TTY: 711) まで、お電話にてご連絡ください。

Thai

ເຮືອນ: ດ້ວຍຄວາມມຸດກາຍາໄທຫຼຸດສາມາດໃຊ້ບໍລິກາຮ່ວຍແລ້ວທາງກາຍາໄດ້ພົງໄ ໂທຣ **1-888-777-5536** (TTY: 711).

Hindi

देखन दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता 'वारं उपलब्ध है।

1-888-777-5536 (TTY: 711) पर कॉल करें।

Amharic

ማስታወሻ: የሚኖሩት ቅጽ አማርኛ ካሱ የተጠገኘ እርዳታ ዓይነቶች፣ በንግድ ለያዝነዋት ተዘጋጀተዋል፡ ወደ ማረከተለው ቅጽ ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው: 711)。

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-777-5536** (TTY: 711) تماس بگیری

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية توافر لك بالمجان. اتصل برقم **1-888-777-5536** (رقم هاتف الصم والبكم: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-777-5536** (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d aide linguistique vous sont proposés gratuitement. Appelez le **1-888-777-5536** (ATS : 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o.
E pe ero ibanisoro yi **1-888-777-5536** (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-777-5536** (TTY: 711).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-777-5536** (TTY: 711).

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-888-777-5536** (TTY: 711)।

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-888-777-5536** (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-777-5536** (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃખુલ્કે ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-777-5536** (TTY: 711).

Notice of nondiscrimination

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 - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

If you need these services, call Member Services at **1-877-221-8221 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 500 NE Multnomah St., Suite 100, Portland OR 97232 or calling Member Services at the number listed above.

You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-221-8221** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-221-8221** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-221-8221** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-221-8221** (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-221-8221** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-877-221-8221 (TTY: **711**) 번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-221-8221** (телефон: **711**).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

1-877-221-8221 (TTY:711) まで、お電話にてご連絡ください。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-877-221-8221 (TTY:711) 'ਤੇ ਕਾਲ ਕਰੋ।

Mon-Khmer Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនឹងយាយ ភាសាខ្មែរ, សេរីជំនួយខ្លួនភាសា ខ្សោយមិនគិតបាយល
គឺអាចមានសំរាប់បំរើអ្នកទៅ ចូរ ក្នុងសំពី 1-877-221-8221 (TTY: 711)។

Thai

ເຮືອນ: ດ້ວຍຄູນພຸດກາຍາໄທຫຼຸມສາມາດໃຊ້ບົຣິກາຣ່າໆຢ່າງແລ້ວທາງກາຍາໄດ້ໂທ 1-877-221-8221 (TTY:711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-221-8221 (TTY: 711) تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية توافر لك بالمجان. اتصل برقم 1-877-221-8221 (رقم هاتف الصم والبكم: 711).

Amharic

ማስታወሻ፡ የሚገኘውን ቅንቃ አማርኛ ካሆና የተጠየም እርዳታ ይጠቃላቁ፡ በነፃ ለያዝዘዋት ተዘጋጀችዋል፡ ወደ መረጃተለው ቅጥር ይደውሉ 1-877-221-8221 (መስማት ለተሳናቸው፡ 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-221-8221 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-221-8221 (ATS : 711).

Cushite-Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-221-8221 (TTY: 711).

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຂ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັ້ນ
ຄ່າ, ຮຽນມີຜົນໃຫ້ທ່ານ. ໂທຣ 1-877-221-8221 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-221-8221 (телефайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-221-8221 (TTY: 711).

This formulary was updated on 09/01/2021. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regional

CALIFORNIA REGIONS

Kaiser Foundation Health Plan, Inc.

393 E. Walnut St.

Pasadena, CA 91188-8514

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medi-Cal Plan South (HMO SNP)

Member Service Contact Center

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Foundation Health Plan of Colorado

10350 E. Dakota Ave.

Denver, CO 80247

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Foundation Health Plan of Georgia, Inc.

Nine Piedmont Center

3495 Piedmont Road NE

Atlanta, GA 30305

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid Plan (HMO D-SNP)

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Foundation Health Plan, Inc.

711 Kapiolani Blvd.

Honolulu, HI 96813

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION

(District of Columbia, Maryland, and Virginia)

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

2101 East Jefferson St.

Rockville, MD 20852

Kaiser Permanente Medicare Advantage (HMO)

Member Services

1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Foundation Health Plan of the Northwest

500 NE Multnomah St., Suite 100
Portland, OR 97232

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-877-221-8221 TTY 711



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