

Kaiser Permanente

2021 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 September 1, 2021. 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 also find information in the section below entitled “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 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 September 1, 2021. 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 77. 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 2021 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 2021 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 2021 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 77.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., NEBUPENT) 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

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
ARIKAYCE SUSP	5	PA,LD,NDS
AUGMENTIN SUSR	3	
AVYCAZ SOLR INTRAVENOUS	4	HI
AZITHROMYCIN PACK	3	MO
<i>azithromycin solr intravenous</i>	2	HI
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	2	MO
<i>aztreonam solr injection</i>	2	HI
<i>bacitracin solr</i>	2	
BAXDELA SOLR INTRAVENOUS	4	HI
BAXDELA TABS	4	MO
BICILLIN C-R 900/300 SUSP	4	
BICILLIN C-R SUSP	4	
BICILLIN L-A SUSP	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>cefpodoxime proxetil susr</i>	2	
<i>cefpodoxime proxetil tabs</i>	2	
<i>cefprozil susr</i>	2	
<i>cefprozil tabs</i>	2	
<i>ceftazidime solr injection 1gm, 2gm, 6gm</i>	2	HI
CEFTIN SUSR	3	

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>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
<i>cefuroxime sodium solr intravenous</i>	2	HI
<i>cephalexin caps</i>	2	
<i>cephalexin susr</i>	2	
<i>cephalexin tabs</i>	2	
<i>chloramphenicol sod succinate solr</i>	2	
<i>ciprofloxacin hcl tabs</i>	2	
<i>ciprofloxacin in d5w soln</i>	2	
<i>ciprofloxacin in d5w soln intravenous</i>	2	HI
<i>ciprofloxacin susr</i>	2	
<i>ciprofloxacin-ciproflox hcl er tb24</i>	2	
<i>clarithromycin er tb24</i>	2	
<i>clarithromycin susr</i>	2	
<i>clarithromycin tabs</i>	2	
<i>cleocin phosphate soln</i>	2	
<i>cleocin solr</i>	2	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin palmitate hcl solr</i>	2	
<i>clindamycin phosphate in d5w soln intravenous</i>	2	HI
<i>clindamycin phosphate soln</i>	2	
<i>clindamycin phosphate soln injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	HI
<i>colistimethate sodium (cba) solr injection</i>	2	HI
DALVANCE SOLR INTRAVENOUS	5	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>daptomycin solr intravenous 350mg, 500mg</i>	5	HI
<i>demeclocycline hcl tabs</i>	2	
<i>dicloxacillin sodium caps</i>	2	
DIFICID SUSR	5	NDS
DIFICID TABS	5	NDS
DORYX MPC TBEC	4	MO
<i>doxy 100 solr intravenous</i>	2	HI
<i>doxycycline hyclate caps 50mg, 100mg</i>	2	MO
<i>doxycycline hyclate tabs 20mg, 75mg, 100mg, 150mg</i>	2	MO
<i>doxycycline hyclate tbec 50mg, 75mg, 100mg, 150mg, 200mg</i>	2	MO
<i>doxycycline monohydrate caps 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>doxycycline monohydrate susr</i>	2	MO
<i>doxycycline monohydrate tabs 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>e.e.s. 400 tabs</i>	2	
<i>ertapenem sodium solr injection</i>	2	HI
<i>ery-tab tbec</i>	2	
ERYTHROCIN LACTOBIONATE SOLR INTRAVENOUS	2	HI
<i>erythrocin stearate tabs</i>	2	
<i>erythromycin base cpep</i>	2	MO
<i>erythromycin base tabs</i>	2	
<i>erythromycin base tbec</i>	2	
<i>erythromycin ethylsuccinate susr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
FETROJA SOLR	5	NDS
FIRVANQ SOLR	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
<i>gentamicin in saline soln</i>	2	
<i>gentamicin in saline soln intravenous</i>	2	HI
<i>gentamicin sulfate soln</i>	2	
<i>gentamicin sulfate soln injection</i>	2	HI
<i>imipenem-cilastatin solr intravenous</i>	2	HI
KIMYRSA SOLR	5	NDS
<i>levofloxacin in d5w soln</i>	2	
<i>levofloxacin in d5w soln intravenous</i>	2	HI
<i>levofloxacin soln</i>	2	
<i>levofloxacin soln intravenous</i>	2	HI
<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>mondoxyne nl caps 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	
NUZYRA SOLR	5	HI,NDS
NUZYRA TABS	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>ofloxacin tabs</i>	2	
<i>okebo caps</i>	2	MO
ORBACTIV SOLR	5	NDS
OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS	3	HI
<i>oxacillin sodium solr injection 1gm, 2gm</i>	2	HI
<i>oxacillin sodium solr intravenous</i>	2	HI
PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS	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
<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
RECARBRIO SOLR	5	NDS
SEYSARA TABS 60mg, 100mg, 150mg	5	NDS
SIVEXTRO SOLR INTRAVENOUS	5	HI
SIVEXTRO TABS	5	NDS
<i>soloxide tbec</i>	2	MO
<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	

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>sulfasalazine tbec</i>	2	
SULFATRIM PEDIATRIC SUSP	2	MO
SUPRAX CAPS	4	
<i>suprax chew</i>	2	
<i>suprax susr 100mg/5ml, 200mg/5ml</i>	2	
SUPRAX SUSR 500 MG/5ML	4	
SYNERCID SOLR	3	
<i>targadox tabs</i>	2	MO
<i>tazicef solr injection 1gm, 2gm, 6gm</i>	2	HI
TEFLARO SOLR INTRAVENOUS 400mg, 600mg	4	HI
<i>tetracycline hcl caps 250mg, 500mg</i>	2	MO
TIGECYCLINE SOLR INTRAVENOUS	5	HI
<i>tobramycin sulfate soln injection 80mg/2ml, 10mg/ml</i>	2	HI
VABOMERE SOLR INTRAVENOUS	4	HI
<i>vancomycin hcl caps</i>	2	
<i>vancomycin hcl solr</i>	2	
VANCOMYCIN HCL SOLR 250 MG	4	
<i>vancomycin hcl solr intravenous 1gm, 10gm, 500mg</i>	2	HI
VIBRAMYCIN SYRP	4	
XENLETA SOLN	5	NDS
XENLETA TABS	5	NDS
XIFAXAN TABS 200mg, 550mg	5	NDS
XIMINO CP24 45mg, 90mg, 135mg	4	MO
ZEMDRI SOLN INTRAVENOUS	5	HI
ZERBAXA SOLR INTRAVENOUS	4	HI
ZITHROMAX PACK	4	MO

Drug Name	Drug Tier	Requirements/ Limits
ZOSYN SOLN INTRAVENOUS	4	HI
ZYVOX SOLN INTRAVENOUS	5	HI
ANTIFUNGALS		
ABELCET SUSP INTRAVENOUS	4	HI
AMBISOME SUSR INTRAVENOUS	5	HI
<i>amphotericin b solr intravenous</i>	2	HI
<i>caspofungin acetate solr intravenous 50mg, 70mg</i>	5	HI
CRESEMBA CAPS	5	NDS
CRESEMBA SOLR	5	NDS
ERAXIS SOLR INTRAVENOUS 50mg, 100mg	4	HI
<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>miconazole sodium solr intravenous 50mg, 100mg</i>	2	HI
NOXAFIL SUSP	5	NDS
NOXAFIL TBEC	5	NDS
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
POSACONAZOLE SUSP	5	NDS
<i>posaconazole tbec</i>	5	NDS
<i>terbinafine hcl tabs</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
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 syrps</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
RIFATER TABS	4	MO
SIRTURO TABS 20mg, 100mg	5	NDS
TRECTOR TABS	4	MO
ANTIPROTOZOALS		
ARTESUNATE SOLR	5	NDS
<i>atovaquone susp</i>	5	NDS
<i>atovaquone-proguanil hcl tabs</i>	2	
BENZNIDAZOLE TABS 12.5mg, 100mg	4	MO
<i>chloroquine phosphate tabs 250mg, 500mg</i>	2	NDS
COARTEM TABS	3	
DARAPRIM TABS	5	

Drug Name	Drug Tier	Requirements/ Limits
<i>humatin caps</i>	2	
<i>hydroxychloroquine sulfate tabs</i>	2	MO,NDS
IMPAVIDO CAPS	5	NDS
KRINTAFEL TABS	3	
<i>mefloquine hcl tabs</i>	2	
<i>metronidazole caps</i>	2	
<i>metronidazole in nacl soln</i>	2	
<i>metronidazole in nacl soln intravenous</i>	2	HI
<i>metronidazole tabs</i>	2	
NEBUPENT SOLR	3	PA
<i>nitazoxanide tabs</i>	5	
<i>paromomycin sulfate caps</i>	2	
<i>pentamidine isethionate inh</i>	2	PA
<i>pentamidine isethionate inj</i>	2	
PRIMAQUINE PHOSPHATE TABS	2	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps</i>	2	NDS
SOLOSEC PACK	4	
<i>tinidazole tabs</i>	2	
ANTIVIRALS		
<i>abacavir sulfate soln</i>	2	
<i>abacavir sulfate tabs</i>	2	MO
<i>abacavir sulfate-lamivudine tabs</i>	2	MO
<i>abacavir-lamivudine-zidovudine tabs</i>	2	MO
<i>acyclovir caps</i>	2	MO
<i>acyclovir sodium soln intravenous</i>	2	HI
<i>acyclovir susp</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil tabs</i>	5	NDS
APTIVUS CAPS	3	MO
APTIVUS SOLN	3	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	2	MO
BARACLUDE SOLN	3	MO
BIKTARVY TABS	3	
CABENUVA SUER	4	
<i>cidofovir soln</i>	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
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	2	MO
DOVATO TABS	3	MO
EDURANT TABS	3	MO
<i>efavirenz caps 50mg, 200mg</i>	2	MO
<i>efavirenz tabs</i>	2	MO
<i>efavirenz-emtricitab-tenofovir tabs</i>	2	MO
<i>emtricitabine caps</i>	2	MO
<i>emtricitabine-tenofovir df tabs</i>	2	MO
EMTRIVA SOLN	3	MO
<i>entecavir tabs .5mg, 1mg</i>	2	MO
EPCLUSA TABS	5	PA,NDS
EPIVIR HBV SOLN	3	MO
<i>etravirine tabs 100mg, 200mg</i>	2	MO
EVOTAZ TABS	4	MO
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	2	MO
<i>fosamprenavir calcium tabs</i>	2	MO
FUZEON SOLR	3	NDS
<i>ganciclovir sodium soln</i>	2	
<i>ganciclovir sodium solr</i>	2	
GENVOYA TABS	3	MO
HARVONI PACK	5	PA,NDS

Drug Name	Drug Tier	Requirements/ Limits
HARVONI TABS	5	PA,NDS
INTELENCE TABS 25mg, 100mg, 200mg	3	MO
INVIRASE CAPS	3	MO
INVIRASE TABS	3	MO
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
PEG-INTRON REDIPEN KIT	5	NDS
PEGASYS PROCLICK SOLN 135mcg/0.5ml, 180mcg/0.5ml	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
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	NDS
PEGINTRON KIT	5	NDS
PIFELTRO TABS	4	MO
PLEGRIDY SOPN	5	NDS
PLEGRIDY SOSY	5	NDS
PLEGRIDY STARTER PACK SOPN	5	NDS
PLEGRIDY STARTER PACK SOSY	5	NDS
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	5	NDS
PREVYMIS TABS 240mg, 480mg	5	NDS
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
RESCRIPTOR 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

Drug Name	Drug Tier	Requirements/ Limits
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
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 125mg, 200mg, 400mg	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

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
XOFLUZA (40 MG DOSE) TBPB	4	MO
XOFLUZA (80 MG DOSE) TBPB	4	MO
ZEPATIER TABS	5	PA,NDS
ZERIT CAPS 15mg, 20mg, 30mg, 40mg	4	MO
zidovudine caps	2	MO
zidovudine syrp	2	MO
zidovudine tabs	2	MO
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack	2	
ME/NAPHOS/MB/HYO1 TABS	2	
methenamine hippurate tabs	2	
METHENAMINE MANDELATE TABS	2	
NITROFURANTOIN MACROCRYSTAL CAPS	2	
NITROFURANTOIN MONOHYD MACRO CAPS	2	
nitrofurantoin susp	2	
PHOSPHASAL TABS	2	
trimethoprim tabs	2	MO
URETRON D/S TABS	2	
URIN DS TABS	2	
URLY TABS	2	
USTELL CAPS	2	
UTICAP CAPS	2	
UTIRA-C TABS	2	
UTRONA-C TABS	2	
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
carbinoxamine maleate soln	2	
carbinoxamine maleate tabs	2	
cetirizine hcl soln	2	
CLARINEX SYRP	4	

Drug Name	Drug Tier	Requirements/ Limits
CLARINEX-D 12 HOUR TB12	4	
clemastine fumarate tabs	2	
cyproheptadine hcl syrp	2	
cyproheptadine hcl tabs	2	
desloratadine tabs	2	
desloratadine tbdp	2	
dexchlorpheniramine maleate soln	2	
di-phen elix	2	
diphen elix	2	
diphenhydramine hcl elix	2	
diphenhydramine hcl soln	2	
levocetirizine dihydrochloride soln	2	
levocetirizine dihydrochloride tabs	2	
phenadoz supp	2	
phenergan soln	2	
promethazine hcl soln	2	
promethazine hcl supp	2	
promethazine hcl syrp	2	
promethazine hcl tabs	2	
promethazine-phenylephrine syrp	2	
promethegan supp	2	
ryclora soln	2	
ryvent tabs	2	
SEMPREX-D CAPS	4	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250mg, 500mg	5	NDS
ABRAXANE SUSR	3	
adriamycin soln	2	
adriamycin solr	2	
adrucil soln	2	
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	5	NDS
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	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
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	
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
BESPONSA SOLR	5	NDS
<i>bexarotene caps</i>	5	NDS
<i>bicalutamide tabs</i>	2	
BICNU SOLR	3	
<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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100mg, 300mg	3	LD,NDS
<i>carboplatin soln</i>	2	
<i>carmustine solr</i>	2	
<i>cisplatin soln</i>	2	
CISPLATIN SOLR	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
COTELIC 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	
<i>dactinomycin solr</i>	2	
DANYELZA SOLN	5	NDS
DARZALEX FASPRO SOLN	5	NDS
DARZALEX SOLN 400mg/20ml, 100mg/5ml	5	NDS
<i>daunorubicin hcl soln</i>	2	
DAURISMO TABS 25mg, 100mg	5	NDS
<i>decitabine solr</i>	2	
DOCETAXEL (NON-ALCOHOL) SOLN 80mg/4ml, 160mg/8ml, 20mg/ml	5	NDS
<i>docetaxel conc</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>docetaxel soln</i>	2	
<i>doxorubicin hcl liposomal inj</i>	2	
DOXORUBICIN HCL SOLN	2	
<i>doxorubicin hcl solr</i>	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
<i>epirubicin hcl soln</i>	2	
ERBITUX SOLN	3	
ERIVEDGE CAPS	5	NDS
ERLEADA TABS	5	NDS
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	5	NDS
ERWINASE SOLR	5	NDS
ERWINAZE SOLR	5	NDS
ETOPOPHOS SOLR	5	NDS
<i>etoposide soln</i>	2	
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	NDS
EVOMELA SOLR	5	NDS
<i>exemestane tabs</i>	2	
FARYDAK CAPS 10mg, 15mg, 20mg	5	LD,NDS
FASLODEX SOLN	5	NDS
FENSOLVI (6 MONTH) KIT	5	
FIRMAGON (240 MG DOSE) SOLR	4	
FIRMAGON SOLR	4	
<i>floxuridine solr</i>	2	
<i>fludarabine phosphate soln</i>	2	
<i>fludarabine phosphate solr</i>	2	
<i>fluorouracil soln</i>	2	
<i>flutamide caps</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
FOTIVDA CAPS .89mg, 1.34mg	5	NDS
<i>fulvestrant soln</i>	5	NDS
GAVRETO CAPS	5	NDS
GAZYVA SOLN	5	NDS
<i>gemcitabine hcl soln</i>	2	
<i>gemcitabine hcl solr</i>	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
<i>hydroxyurea caps</i>	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	
<i>idarubicin hcl soln</i>	2	
IDHIFA TABS 50mg, 100mg	5	NDS
<i>ifosfamide soln</i>	2	
IFOSFAMIDE SOLR	2	
<i>imatinib mesylate tabs</i>	2	
IMBRUVICA CAPS 70mg, 140mg	5	NDS
IMBRUVICA 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

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
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) TBPB	5	NDS
KISQALI (400 MG DOSE) TBPB	5	NDS
KISQALI (600 MG DOSE) TBPB	5	NDS
KISQALI FEMARA (400 MG DOSE) TBPB	5	NDS
KISQALI FEMARA (600 MG DOSE) TBPB	5	NDS
KISQALI FEMARA (200 MG DOSE) TBPB	5	NDS
KOSELUGO CAPS 10mg, 25mg	5	NDS
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NDS
<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

Drug Name	Drug Tier	Requirements/ Limits
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	
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

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
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
MUSTARGEN SOLR	3	
<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
<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

Drug Name	Drug Tier	Requirements/ Limits
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
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	

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
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
TAGRISSE TABS 40mg, 80mg	5	NDS
TALZENNA CAPS .25mg, 1mg	5	NDS
<i>tamoxifen citrate tabs</i>	2	
TARCEVA TABS 25mg, 100mg, 150mg	5	NDS
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
<i>toposar soln</i>	2	
TOPOTECAN HCL SOLN	2	
<i>topotecan hcl solr</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<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 10mg/10ml	3	NDS
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
TYKERB TABS	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	
<i>vinorelbine tartrate 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
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
YERVOY SOLN	3	
YONDELIS SOLR	5	NDS
YONSA TABS	5	NDS
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	NDS
ZEJULA CAPS	5	NDS
ZELBORAF 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		
ANORO ELLIPTA AEPB	4	MO
ATROPINE SULFATE SOLN	2	
ATROPINE SULFATE SOSY	2	
ATROVENT HFA AERS	3	MO
BEVESPI AEROSPHERE AERO	4	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
INCRUSE ELLIPTA AEPB	4	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 HANDIHALER CAPS	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
SPIRIVA RESPIMAT AERS 2.5mcg/act	3	MO
SPIRIVA RESPIMAT AERS	4	MO
STIOLTO RESPIMAT AERS	3	MO
YUPELRI SOLN	5	PA,NDS
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
NICOTROL NS SOLN	4	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	2	MO
CEVIMELINE HCL CAPS	2	MO
<i>donepezil hcl tabs 5mg, 10mg, 23mg</i>	2	MO
<i>donepezil hcl tbdp 5mg, 10mg</i>	2	MO
<i>galantamine hydrobromide er cp24 8mg, 16mg, 24mg</i>	2	MO
<i>galantamine hydrobromide soln</i>	2	MO
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	2	MO
GUANIDINE HCL TABS	4	MO
MESTINON SOLN	2	MO
<i>pilocarpine hcl tabs 5mg, 7.5mg</i>	2	MO
<i>pyridostigmine bromide er tbc</i>	2	MO
<i>pyridostigmine bromide soln</i>	2	MO
<i>pyridostigmine bromide tabs 30mg, 60mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
REGONOL SOLN	3	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	2	MO
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	2	MO
<i>urecholine tabs 5mg, 10mg, 25mg, 50mg</i>	2	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen soln</i>	2	
<i>baclofen tabs 5mg, 10mg, 20mg</i>	2	MO
<i>carisoprodol tabs 250mg, 350mg</i>	2	PA,NDS
<i>carisoprodol-aspirin tabs</i>	2	PA,NDS
<i>carisoprodol-aspirin-codeine tabs</i>	2	PA,NDS
<i>chlorzoxazone tabs 375mg, 500mg, 750mg</i>	2	NDS
<i>cyclobenzaprine hcl er cp24 15mg, 30mg</i>	2	PA
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	2	PA
<i>dantrolene sodium caps</i>	2	
<i>dantrolene sodium solr</i>	2	
<i>fexmid tabs</i>	2	PA
<i>lorzone tabs 375mg, 750mg</i>	2	NDS
<i>metaxall tabs</i>	2	
<i>metaxalone tabs</i>	2	
<i>methocarbamol soln</i>	2	
<i>methocarbamol tabs</i>	2	
<i>orphenadrine citrate er tb12</i>	2	
<i>orphenadrine citrate soln</i>	2	
<i>revonto solr</i>	2	
<i>succinylcholine chloride soln</i>	2	
<i>tizanidine hcl caps</i>	2	
<i>tizanidine hcl tabs</i>	2	
<i>vanadom tabs</i>	2	PA,NDS
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		

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>alfuzosin hcl er tb24</i>	2	MO
<i>dihydroergotamine mesylate soln</i>	2	NDS
<i>ergoloid mesylates tabs</i>	2	MO
<i>ergomar subl</i>	2	
<i>phenoxybenzamine hcl caps</i>	5	NDS
<i>silodosin caps 4mg, 8mg</i>	2	MO
<i>tamsulosin hcl caps</i>	2	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR HFA AERO	3	MO
<i>albuterol sulfate er tb12 4mg, 8mg</i>	2	MO
<i>albuterol sulfate hfa aers</i>	2	MO,NDS
<i>albuterol sulfate nebu .083%, 2.5mg/0.5ml</i>	1	PA,MO
<i>albuterol sulfate nebu .63mg/3ml, 1.25mg/3ml</i>	2	PA,MO
<i>albuterol sulfate syrp</i>	2	MO
<i>albuterol sulfate tabs 2mg, 4mg</i>	2	MO
ARCAPTA NEOHALER CAPS	4	MO
<i>arformoterol tartrate 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 (anaphylaxis) soln</i>	2	
<i>epinephrine soaj</i>	2	
EPINEPHRINE SOSY	2	
EPIPEN 2-PAK SOAJ	2	
EPIPEN JR 2-PAK SOAJ	2	
<i>ipratropium-albuterol soln</i>	2	PA,MO

Drug Name	Drug Tier	Requirements/ Limits
<i>isoproterenol hcl soln</i>	2	
<i>levalbuterol hcl nebu 1.25mg/0.5ml, .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	2	PA,MO
<i>levalbuterol tartrate aero</i>	2	MO
<i>metaproterenol sulfate syrp</i>	2	MO
<i>metaproterenol sulfate tabs 10mg, 20mg</i>	2	MO
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	2	MO
<i>norepinephrine bitartrate soln</i>	2	
PERFOROMIST NEBU	4	PA,MO
<i>phenylephrine hcl soln</i>	2	
PROAIR RESPICLICK AEPB	4	MO
SEREVENT DISKUS AEPB	3	MO
STRIVERDI RESPIMAT AERS	3	MO
<i>terbutaline sulfate soln</i>	2	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	MO
<i>tizanidine hcl caps</i>	2	
VENTOLIN HFA AERS	2	MO,NDS
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
ADAKVEO SOLN	5	NDS
BERINERT KIT INTRAVENOUS	5	HI
FIRAZYR 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 500mg, 1000mg</i>	2	MO
<i>anagrelide hcl caps .5mg, 1mg</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
<i>argatroban soln</i>	2	
<i>aspirin-dipyridamole er cp12</i>	2	MO
BEVYXXA CAPS 40mg, 80mg	4	MO
BRILINTA TABS 60mg, 90mg	3	MO
<i>cilostazol tabs 50mg, 100mg</i>	2	MO
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	2	MO
ELIQUIS TABS	4	MO
<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>	2	NDS
<i>eptifibatide soln</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml</i>	2	NDS
<i>fondaparinux sodium soln 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	NDS
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 12500unit/0.5ml, 15000unit/0.6ml, 95000unit/3.8ml, 10000unit/ml, 18000unt/0.72ml	4	NDS
<i>heparin (porcine) in nacl soln</i>	2	
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,</i>	2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>10000unit/ml, 20000unit/ml</i>		
<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 tbc</i>	2	MO
PRADAXA CAPS 75mg	3	
PRADAXA CAPS 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
ZONTIVITY TABS	4	MO
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) SOLN 25mcg/ml, 40mcg/ml	4	PA,NDS
ARANESP (ALBUMIN FREE) SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	5	PA,NDS
ARANESP (ALBUMIN FREE) SOSY 25mcg/0.42ml, 10mcg/0.4ml, 40mcg/0.4ml	4	PA,NDS
ARANESP (ALBUMIN FREE) SOSY 60mcg/0.3ml,	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
150mcg/0.3ml, 200mcg/0.4ml, 100mcg/0.5ml, 300mcg/0.6ml, 500mcg/ml		
CABLIVI KIT	5	NDS
DOPTELET TABS	5	NDS
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	4	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
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	4	PA
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

Drug Name	Drug Tier	Requirements/ Limits
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	3	PA,NDS
PROMACTA PACK 12.5mg, 25mg	5	NDS
PROMACTA TABS 12.5mg, 25mg, 50mg, 75mg	5	NDS
REBLOZYL SOLR 25mg, 75mg	5	NDS
RETACRIT SOLN 20000unit/2ml, 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	4	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		
CARDURA XL TB24 4mg, 8mg	4	MO
DEMSEER CAPS	5	NDS
<i>doxazosin mesylate tabs</i> 1mg, 2mg, 4mg, 8mg	2	MO
<i>metyrosine caps</i>	5	NDS
<i>prazosin hcl caps</i> 1mg, 2mg, 5mg	2	MO
<i>terazosin hcl caps</i> 1mg, 2mg, 5mg, 10mg	2	MO
ANTILIPEMIC AGENTS		
ALTOPREV TB24 20mg, 40mg, 60mg	4	MO
ANTARA CAPS 30mg, 90mg	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
<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
<i>colesevelam hcl pack</i>	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
<i>ezetimibe tabs</i>	1	MO
<i>ezetimibe-simvastatin tabs</i>	2	MO
<i>fenofibrate caps 50mg, 134mg, 150mg</i>	2	MO
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 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
FENOFIBRIC ACID TABS 35mg, 105mg	4	MO
FIBRICOR TABS	4	MO
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	4	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
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	5	PA,LD,NDS

Drug Name	Drug Tier	Requirements/ Limits
KYNAMRO SOSY	5	PA,LD,NDS
LIVALO TABS 1mg, 2mg, 4mg	4	MO
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	MO
<i>niacin er (antihyperlipidemic) tbc 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>	1	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 PUSHTRONEX SYSTEM SOCT	4	PA,NDS
REPATHA SOSY	4	PA,NDS
REPATHA SURECLICK SOAJ	4	PA,NDS
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	1	MO
VASCEPA CAPS .5gm, 1gm	2	MO
ZYPITAMAG TABS 1mg, 2mg, 4mg	4	MO
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl caps 200mg, 400mg</i>	2	MO
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	MO
<i>atenolol-chlorthalidone tabs</i>	2	MO
<i>betaxolol hcl tabs 10mg, 20mg</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
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs</i>	1	MO
<i>carvedilol phosphate er cp24 10mg, 20mg, 40mg, 80mg</i>	2	MO
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	MO
DUTOPROL TB24	4	MO
ESMOLOL HCL SOLN	2	
<i>esmolol hcl-sodium chloride soln</i>	2	
INNOPRAN XL CP24 80mg, 120mg	4	MO
<i>labetalol hcl soln</i>	2	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	2	MO
<i>metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg</i>	2	MO
<i>metoprolol tartrate soct</i>	2	
<i>metoprolol tartrate soln</i>	2	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1	MO
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	MO
<i>metoprolol-hydrochlorothiazide tabs</i>	2	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	1	MO
<i>nadolol-bendroflumethiazide tabs</i>	2	MO
<i>pindolol tabs 5mg, 10mg</i>	2	MO
<i>propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg</i>	2	MO
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml</i>	2	MO
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	MO
<i>propranolol-hctz tabs</i>	2	MO
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>sotalol hcl (af) tabs 80mg, 120mg, 160mg</i>	2	MO
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	2	MO
SOTYLIZE SOLN	4	MO
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besy-benazepril hcl caps</i>	2	MO
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	1	MO
<i>amlodipine besylate-valsartan tabs</i>	2	MO
<i>amlodipine-atorvastatin tabs</i>	2	MO
<i>amlodipine-olmesartan tabs</i>	2	MO
<i>amlodipine-valsartan-hctz tabs</i>	2	MO
CARDENE IV SOLN	3	
CARDIZEM LA TB24	4	MO
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	MO
CONSENSI TABS	5	NDS
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>diltiazem hcl er beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
<i>diltiazem hcl er coated beads tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>diltiazem hcl er cp12 60mg, 90mg, 120mg</i>	2	MO
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg</i>	2	MO
<i>diltiazem hcl soln</i>	2	
<i>diltiazem hcl 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
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
tiadyt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
trandolapril-verapamil hcl er tbcr	2	MO
VERAPAMIL HCL ER CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg	2	MO
verapamil hcl er tbcr 120mg, 180mg, 240mg	2	MO
verapamil hcl soln	2	

Drug Name	Drug Tier	Requirements/ Limits
verapamil hcl tabs 80mg, 120mg	1	MO
verapamil hcl tabs	2	MO
VERELAN CP24	4	MO
CARDIAC DRUGS		
adenosine soln	2	
amiodarone hcl soln	2	
amiodarone hcl tabs 100mg, 200mg, 400mg	2	MO
CORLANOR TABS 5mg, 7.5mg	4	MO
digitek tabs .125mg, .25mg	2	MO
digox tabs	2	
digoxin soln inj	2	
DIGOXIN ORAL SOLN	3	MO
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	
LANOXIN TABS 62.5mcg	4	MO
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	
NORPACE CR CP12 100mg, 150mg	3	MO
pacerone tabs 100mg, 200mg, 400mg	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>procainamide hcl soln</i>	2	
<i>propafenone hcl er cp12 225mg, 325mg, 425mg</i>	2	MO
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	2	MO
<i>quinidine gluconate er tbc</i>	2	MO
QUINIDINE GLUCONATE SOLN	3	
<i>quinidine sulfate tabs 200mg, 300mg</i>	2	MO
<i>ranolazine er tb12 500mg, 1000mg</i>	2	MO
VYNDAMAX CAPS	5	NDS
VYNDAQEL CAPS	5	NDS
HYPOTENSIVE AGENTS		
<i>clonidine hcl (analgesia) soln</i>	2	
<i>clonidine hcl er tb12</i>	2	MO
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	2	MO
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	MO
<i>guanfacine hcl tabs 1mg, 2mg</i>	2	MO
<i>hydralazine hcl soln</i>	2	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	MO
<i>methyldopa tabs 250mg, 500mg</i>	2	MO
<i>methyldopa-hydrochlorothiazide tabs</i>	2	MO
<i>minoxidil tabs 2.5mg, 10mg</i>	2	MO
<i>nitropress soln</i>	2	
<i>nitroprusside sodium soln</i>	2	
<i>vecamyl tabs</i>	2	NDS
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALDACTAZIDE TABS	4	MO
<i>aliskiren fumarate tabs 150mg, 300mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO
<i>benazepril-hydrochlorothiazide tabs</i>	2	MO
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	2	MO
<i>candesartan cilexetil-hctz tabs</i>	2	MO
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	2	MO
<i>captopril-hydrochlorothiazide tabs</i>	2	MO
CAROSPIR SUSP	4	MO
EDARBYCLOR TABS	4	MO
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	2	MO
<i>enalapril-hydrochlorothiazide tabs</i>	2	MO
<i>enalaprilat inj</i>	2	
ENTRESTO TABS	3	MO
<i>eplerenone tabs 25mg, 50mg</i>	2	MO
<i>eprosartan mesylate tabs</i>	2	MO
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	2	MO
<i>fosinopril sodium-hctz tabs</i>	2	MO
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	2	MO
<i>irbesartan-hydrochlorothiazide tabs</i>	2	MO
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs</i>	1	MO
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	MO
<i>losartan potassium-hctz tabs</i>	1	MO
<i>moexipril hcl tabs 7.5mg, 15mg</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
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	2	MO
<i>olmesartan medoxomil-hctz tabs</i>	2	MO
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	2	MO
QBRELIS SOLN	4	MO
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	2	MO
<i>quinapril-hydrochlorothiazide tabs</i>	2	MO
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	2	MO
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	MO
<i>spironolactone-hctz tabs</i>	2	MO
TEKTURNA HCT TABS	4	MO
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	2	MO
<i>telmisartan-hctz tabs</i>	2	MO
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	2	MO
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	2	MO
<i>valsartan-hydrochlorothiazide tabs</i>	2	MO
VASODILATING AGENTS		
<i>alyq tabs</i>	2	PA
BIDIL TABS	4	MO
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	2	MO
GONITRO PACK	4	MO
<i>isosorbide dinitrate er tbc</i>	2	MO
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	2	MO
<i>isosorbide mononitrate er tb24 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate er tb24</i>	2	MO
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	MO
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>nitro-bid oint</i>	2	MO
NITRO-DUR PT24 <i>.3mg/hr, .8mg/hr</i>	3	MO
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	2	MO
<i>nitroglycerin soln</i>	2	MO
<i>nitroglycerin subl .3mg, .4mg, .6mg</i>	2	MO
<i>sildenafil citrate soln</i>	2	PA,NDS
<i>sildenafil citrate susr</i>	2	PA
<i>sildenafil citrate tabs</i>	2	PA,MO
<i>tadalafil (pah) tabs 20mg</i>	2	PA
<i>tadalafil tabs 2.5mg, 5mg</i>	2	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbec</i>	2	MO
<i>antabuse tabs 250mg, 500mg</i>	2	MO
<i>disulfiram tabs 250mg, 500mg</i>	2	MO
ANALGESICS AND ANTIPIRETTICS		
ABSTRAL SUBL <i>100mcg, 200mcg, 300mcg, 400mcg, 600mcg, 800mcg</i>	4	PA,NDS
<i>acetaminophen-codeine #3 tabs</i>	2	NDS
<i>acetaminophen-codeine soln</i>	2	NDS
<i>acetaminophen-codeine tabs</i>	2	NDS
<i>allzital tabs</i>	2	
<i>apap-caff-dihydrocodeine tabs</i>	2	NDS
ARYMO ER TBEA	5	NDS
<i>ascomp-codeine caps</i>	2	NDS
BELBUCA FILM <i>75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	4	NDS
<i>benzhydrocodone-acetaminophen tabs</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>bupap tabs</i>	2	
<i>buprenorphine hcl soln</i>	2	NDS
<i>buprenorphine ptwk</i> 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	NDS
<i>butalbital-acetaminophen caps</i>	4	NDS
<i>butalbital-acetaminophen tabs</i>	2	
<i>butalbital-apap-caff-cod caps</i>	2	NDS
<i>butalbital-apap-caffeine caps</i>	2	
<i>butalbital-apap-caffeine tabs</i>	2	
<i>butalbital-asa-caff-codeine caps</i>	2	NDS
<i>butalbital-aspirin-caffeine caps</i>	2	
<i>butalbital-aspirin-caffeine tabs</i>	2	
<i>butorphanol tartrate soln</i> 1mg/ml, 2mg/ml, 10mg/ml	2	NDS
BUTRANS PTWK	4	NDS
<i>cataflam tabs</i>	5	NDS
<i>celecoxib caps</i>	2	
CODEINE SULFATE TABS 15mg, 30mg, 60mg	2	NDS
DEMEROL SOLN 25mg/0.5ml, 75mg/1.5ml, 100mg/2ml, 75mg/ml	4	PA,NDS
<i>diclofenac potassium tabs</i>	2	
<i>diclofenac sodium er tb24</i>	2	
<i>diclofenac sodium tbec</i>	2	
<i>diclofenac-misoprostol tbec</i>	2	
<i>diflunisal tabs</i>	2	
DUEXIS TABS	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
DURAMORPH SOLN .5mg/ml, 1mg/ml	2	HI,NDS
<i>dvorah tabs</i>	2	NDS
EMBEDA CPCR	4	NDS
<i>endocet tabs</i>	2	NDS
<i>esgic caps</i>	2	
<i>esgic tabs</i>	2	
<i>etodolac caps</i>	2	
<i>etodolac er tb24</i>	2	
<i>etodolac tabs</i>	2	
<i>fenoprofen calcium caps</i>	2	
<i>fenoprofen calcium tabs</i>	2	
<i>fenortho caps</i>	2	
<i>fentanyl citrate (pf) soct</i>	2	NDS
FENTANYL CITRATE (PF) SOLN 50mcg/ml, 1000mcg/20ml, 2500mcg/50ml	2	NDS
<i>fentanyl citrate lpop</i> 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	PA,NDS
<i>fentanyl citrate tabs</i> 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	2	PA,NDS
<i>fentanyl pt72</i> 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	NDS
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	PA,NDS
<i>fioricet caps</i>	2	
<i>fioricet/codeine caps</i>	2	NDS
<i>flurbiprofen tabs</i>	2	
<i>hydrocodone bitartrate er cp12</i> 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	2	NDS
<i>hydrocodone-acetaminophen soln</i>	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
<i>hydrocodone-acetaminophen tabs</i>	2	NDS
<i>hydrocodone-ibuprofen tabs</i>	2	NDS
<i>hydromorphone hcl er tb24 8mg, 12mg, 16mg, 32mg</i>	2	NDS
<i>hydromorphone hcl liqd</i>	2	NDS
<i>hydromorphone hcl pf soln 50mg/5ml, 10mg/ml</i>	2	NDS
HYDROMORPHONE HCL SOLN 1mg/ml, 2mg/ml	2	NDS
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	2	NDS
<i>ibu tabs</i>	2	
<i>ibudone tabs</i>	2	NDS
<i>ibuprofen lysine soln</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs</i>	2	
ILARIS SOLN	5	NDS
<i>indocin supp</i>	2	
INDOCIN SUSP	4	
<i>indomethacin caps</i>	2	
INDOMETHACIN CAPS 20mg	4	
<i>indomethacin er cpcr</i>	2	
<i>indomethacin sodium solr</i>	2	
KADIAN CP24	4	NDS
<i>ketoprofen caps</i>	2	
<i>ketoprofen er cp24</i>	2	
<i>ketorolac tromethamine soln</i>	2	
<i>ketorolac tromethamine tabs</i>	2	
LAZANDA SOLN 100mcg/act, 300mcg/act, 400mcg/act	4	PA,NDS
<i>levorphanol tartrate tabs 2mg, 3mg</i>	5	NDS
<i>Iodine tabs</i>	2	
<i>lorcet hd tabs</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>lorcet plus tabs</i>	2	NDS
<i>lorcet tabs</i>	2	NDS
<i>lortab elix</i>	2	NDS
<i>meclofenamate sodium caps</i>	2	
<i>mefenamic acid caps</i>	2	
<i>meloxicam caps</i>	2	
<i>meloxicam tabs</i>	2	
<i>meperidine hcl soln 50mg/5ml, 25mg/ml, 50mg/ml, 100mg/ml</i>	2	PA,NDS
<i>meperidine hcl tabs 50mg, 100mg</i>	2	NDS
<i>methadone hcl conc</i>	2	NDS
<i>methadone hcl intensol conc</i>	2	NDS
<i>methadone hcl soln 5mg/5ml, 10mg/5ml, 10mg/ml</i>	2	NDS
<i>methadone hcl tabs 5mg, 10mg</i>	2	NDS
<i>mitigo soln</i>	2	
MORPHINE SULFATE (CONCENTRATE) SOLN	2	NDS
<i>morphine sulfate (pf) soln 4mg/ml, 10mg/ml</i>	2	NDS
MORPHINE SULFATE (PF) SOLN INTRAVENOUS	4	HI
<i>morphine sulfate er beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	2	NDS
<i>morphine sulfate er cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg</i>	2	NDS
<i>morphine sulfate er tbcr 15mg, 30mg, 60mg, 100mg, 200mg</i>	2	NDS
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	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
MORPHINE SULFATE SOLN	4	HI,NDS
MORPHINE SULFATE SOLN INJECTION 2mg/ml, 4mg/ml, 10mg/ml	4	HI
MORPHINE SULFATE SOLN INTRAVENOUS	2	HI
<i>morphine sulfate tabs 15mg, 30mg</i>	2	NDS
<i>nabumetone tabs</i>	2	
<i>nalbuphine hcl soln</i>	2	
<i>nalfon tabs</i>	2	
<i>nalocet tabs</i>	2	NDS
NAPRELAN TB24	4	
<i>naproxen sodium er tb24</i>	2	
<i>naproxen sodium tabs</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs</i>	2	
<i>naproxen tbec</i>	2	
<i>naproxen-esomeprazole tbec</i>	2	NDS
<i>norco tabs</i>	2	NDS
<i>norgesic forte tabs</i>	2	
NUCYNTA ER TB12 50mg, 100mg, 150mg	4	NDS
NUCYNTA ER TB12 200mg, 250mg	5	NDS
NUCYNTA TABS 50mg, 75mg	4	NDS
NUCYNTA TABS	5	NDS
<i>orphenadrine-aspirin-caffeine tabs</i>	2	
<i>orphengesic forte tabs</i>	2	
<i>oxaprozin tabs</i>	2	
OXAYDO TABS	5	NDS
<i>oxycodone hcl caps</i>	2	NDS
<i>oxycodone hcl conc</i>	2	NDS
<i>oxycodone hcl er t12a 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	NDS
<i>oxycodone hcl soln</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	NDS
<i>oxycodone-acetaminophen soln</i>	5	NDS
<i>oxycodone-acetaminophen tabs</i>	2	NDS
<i>oxycodone-acetaminophen tabs 5-300mg, 10-300mg</i>	5	NDS
<i>oxycodone-aspirin tabs</i>	2	NDS
<i>oxycodone-ibuprofen tabs</i>	2	NDS
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	NDS
<i>oxymorphone hcl er tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	2	NDS
<i>oxymorphone hcl tabs 5mg, 10mg</i>	2	NDS
<i>panlor tabs</i>	2	NDS
<i>pentazocine-naloxone hcl tabs</i>	2	NDS
<i>percocet tabs</i>	2	NDS
<i>phrenilin forte caps</i>	2	
PIROXICAM CAPS 10mg, 20mg	2	NDS
<i>pregabalin er tb24 82.5mg, 165mg, 330mg</i>	2	MO
<i>primlev tabs</i>	2	NDS
<i>prolate soln</i>	5	NDS
<i>prolate tabs</i>	2	NDS
QDOLO SOLN	5	NDS
<i>relafen ds tabs</i>	5	NDS
ROXYBOND TABA 5mg, 15mg, 30mg	5	NDS
SALSALATE TABS	2	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NDS
SUBSYS LIQD 100mcg, 200mcg, 400mcg,	4	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
600mcg, 800mcg, 1200mcg, 1600mcg		
<i>sulindac tabs</i>	2	
<i>tencon tabs</i>	2	
TIVORBEX CAPS	4	
<i>tolmetin sodium caps</i>	2	
<i>tolmetin sodium tabs</i>	2	
<i>tramadol hcl er (biphasic) tb24 100mg, 200mg, 300mg</i>	2	NDS
<i>tramadol hcl er cp24 100mg, 150mg, 200mg, 300mg</i>	2	NDS
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	2	NDS
<i>tramadol hcl tabs 50mg, 100mg</i>	2	NDS
<i>tramadol-acetaminophen tabs</i>	2	NDS
<i>trezix caps</i>	2	NDS
<i>tylenol with codeine #3 tabs</i>	2	NDS
<i>tylenol with codeine #4 tabs</i>	2	NDS
<i>vanatol lq soln</i>	2	
<i>vicodin es tabs</i>	2	NDS
<i>vicodin hp tabs</i>	2	NDS
<i>vicodin tabs</i>	2	NDS
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	4	NDS
<i>zebutal caps</i>	2	
ZIPSOR CAPS	4	
ZORVOLEX CAPS	4	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>adderall tabs</i>	2	NDS
ADDERALL XR CP24	2	NDS
ADZENYS ER SUER	4	NDS
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	4	NDS
<i>amphetamine er suer</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine sulfate tabs 5mg, 10mg</i>	2	NDS
<i>amphetamine-dextroamphet er cp24</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs</i>	2	NDS
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	2	PA
<i>caffeine citrate soln</i>	2	
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	4	NDS
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	4	NDS
<i>dexmethylphenidate hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg</i>	2	NDS
<i>dextroamphetamine sulfate soln</i>	2	NDS
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	2	NDS
DYANAVEL XR SUER	4	NDS
<i>evekeo tabs 5mg, 10mg</i>	2	NDS
<i>metadate er tbc</i>	2	NDS
<i>methamphetamine hcl tabs</i>	2	PA,NDS
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	2	NDS
<i>methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	NDS
<i>methylphenidate hcl er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg</i>	2	NDS
<i>methylphenidate hcl er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	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
<i>methylphenidate hcl er tb24 18mg, 27mg, 36mg, 54mg</i>	2	NDS
<i>methylphenidate hcl er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg</i>	2	NDS
<i>methylphenidate hcl soln 5mg/5ml, 10mg/5ml</i>	2	NDS
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	2	NDS
<i>modafinil tabs 100mg, 200mg</i>	2	PA,NDS
MYDAYIS CP24	4	NDS
<i>procentra soln</i>	2	NDS
QUILLICHEW ER CHER 20mg, 30mg, 40mg	4	NDS
QUILLIVANT XR SRER	4	NDS
<i>relexxii tbc</i>	2	NDS
SUNOSI TABS 75mg, 150mg	4	NDS
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	3	NDS
VYVANSE CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	4	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

Drug Name	Drug Tier	Requirements/ Limits
<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
<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>epitol tabs</i>	2	MO
<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

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
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
HORIZANT TBCR 300mg, 600mg	4	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
<i>levetiracetam er tb24 500mg, 750mg</i>	2	MO
<i>levetiracetam in nacl soln</i>	2	
<i>levetiracetam soln</i>	2	MO
<i>levetiracetam tabs 250mg, 500mg, 750mg, 1000mg</i>	2	MO
<i>magnesium sulfate soln</i>	2	
<i>magnesium sulfate soln injection 50%</i>	2	HI
MAGNESIUM SULFATE SOLN INTRAVENOUS 40gm/1000ml, 4gm/100ml, 20gm/500ml, 2gm/50ml	3	HI
NAYZILAM SOLN	5	NDS
<i>oxcarbazepine susp</i>	2	MO
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
OXTELLAR XR TB24 150mg, 300mg, 600mg	4	MO
PEGANONE TABS	4	MO
<i>phenytek caps 200mg, 300mg</i>	2	MO
<i>phenytoin chew</i>	2	MO
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	2	MO
<i>phenytoin sodium soln</i>	2	
<i>phenytoin susp</i>	2	MO
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i>	2	MO
<i>pregabalin soln</i>	2	MO
<i>primidone tabs 50mg, 250mg</i>	2	MO
<i>roweepra tabs 500mg, 750mg, 1000mg</i>	2	MO
<i>roweepra xr tb24 500mg, 750mg</i>	2	MO
<i>rufinamide susp</i>	5	
<i>rufinamide tabs 200mg, 400mg</i>	5	NDS
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	NDS
<i>subvenite starter kit-blue kit</i>	2	MO
<i>subvenite starter kit-green kit</i>	2	MO
<i>subvenite starter kit-orange kit</i>	2	MO
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	2	MO
SYMPAZAN FILM 5mg	4	
SYMPAZAN FILM 10mg, 20mg	5	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	2	MO
<i>topiramate cpsp 15mg, 25mg</i>	2	MO
<i>topiramate er cs24 25mg, 50mg, 100mg, 150mg, 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
<i>topiramate tabs 25mg, 50mg, 100mg, 200mg</i>	2	MO
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	4	MO
<i>valproate sodium soln</i>	2	
<i>valproic acid caps</i>	2	MO
<i>valproic acid soln</i>	2	MO
VALTOCO 10 MG DOSE LIQD	5	NDS
VALTOCO 15 MG DOSE LQPK	5	NDS
VALTOCO 20 MG DOSE LQPK	5	NDS
VALTOCO 5 MG DOSE LIQD	5	NDS
<i>vigabatrin pack</i>	5	LD,NDS
<i>vigabatrin tabs</i>	5	NDS
<i>vigadrone pack</i>	2	LD,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 200 MG	5	NDS
XCOPRI TBPk 14 x 12.5 MG & 14 X 25 MG	4	
XCOPRI TBPk	5	NDS
<i>zarontin soln</i>	2	MO
<i>zonisamide caps 25mg, 50mg, 100mg</i>	2	MO
ANTIMIGRAINE AGENTS		
AJOVY SOAJ	4	
AJOVY SOSY	4	
<i>almotriptan malate tabs</i>	2	
<i>cafergot tabs</i>	2	
<i>eletriptan hydrobromide tabs</i>	2	
EMGALITY (300 MG DOSE) SOSY	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
EMGALITY SOAJ	4	
EMGALITY SOSY	4	
<i>ergotamine-caffeine tabs</i>	2	
<i>frovatriptan succinate tabs</i>	2	
<i>naratriptan hcl tabs</i>	2	
NURTEC TBDP	5	NDS
ONZETRA XSAIL EXHP	4	
<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	
TOSYMRA SOLN	4	
UBRELVY TABS 50mg, 100mg	5	NDS
ZEMBRACE SYMTOUCH SOAJ	4	
<i>zolmitriptan soln</i>	2	
<i>zolmitriptan tabs</i>	2	
<i>zolmitriptan tbdp</i>	2	
ZOMIG SOLN	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps</i>	2	MO
<i>amantadine hcl syrp</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
<i>bromocriptine mesylate caps</i>	2	MO
<i>bromocriptine mesylate 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
<i>cabergoline tabs</i>	2	MO
<i>carbidopa tabs</i>	2	MO
<i>carbidopa-levodopa er tbc</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
DUOPA SUSP	4	LD
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
RYTARY CPR	4	MO
<i>selegiline hcl caps</i>	2	MO
<i>selegiline hcl tabs</i>	2	MO
<i>tolcapone tabs</i>	2	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		
<i>alprazolam er tb24 .5mg, 1mg, 2mg, 3mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>alprazolam intensol conc</i>	2	NDS
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	2	NDS
<i>alprazolam tbdp .25mg, .5mg, 1mg, 2mg</i>	2	NDS
BELSOMRA TABS	4	
<i>buspirone hcl tabs 5mg, 10mg</i>	1	
<i>buspirone hcl tabs 7.5mg, 15mg, 30mg</i>	2	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2	NDS
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	NDS
<i>diazepam conc</i>	2	NDS
<i>diazepam soln 5mg/5ml, 5mg/ml</i>	2	NDS
<i>diazepam tabs 2mg, 5mg, 10mg</i>	2	NDS
<i>droperidol soln</i>	2	
EDLUAR SUBL 5mg, 10mg	4	NDS
<i>estazolam tabs 1mg, 2mg</i>	2	NDS
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	NDS
<i>flurazepam hcl caps 15mg, 30mg</i>	2	NDS
HETLIOZ CAPS	5	PA,NDS
HETLIOZ LQ SUSP	5	NDS
<i>hydroxyzine hcl soln</i>	2	
<i>hydroxyzine hcl syrup</i>	2	
<i>hydroxyzine hcl tabs</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>lorazepam intensol conc</i>	2	NDS
LORAZEPAM SOLN 4mg/ml, 2mg/ml	2	NDS
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	2	NDS
<i>meprobamate tabs</i>	2	
<i>midazolam hcl (pf) soln</i>	2	
<i>midazolam hcl 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
<i>midazolam hcl syrpf</i>	2	
<i>nembutal soln</i>	2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	NDS
<i>pentobarbital sodium soln</i>	2	
PHENOBARBITAL ELIX	2	
PHENOBARBITAL SODIUM SOLN	2	
PHENOBARBITAL TABS	2	
<i>ramelteon tabs</i>	2	
ROZEREM TABS	4	
<i>seconal caps</i>	2	
TEMAZEPAM CAPS 15mg, 22.5mg, 30mg, 7.5mg	2	NDS
<i>triazolam tabs .125mg, .25mg</i>	2	NDS
<i>zaleplon caps 5mg, 10mg</i>	2	NDS
<i>zolpidem tartrate er tbcr 6.25mg, 12.5mg</i>	2	NDS
<i>zolpidem tartrate subl 1.75mg, 3.5mg</i>	2	NDS
<i>zolpidem tartrate tabs 5mg, 10mg</i>	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	2	MO
AUSTEDO TABS 6mg, 9mg, 12mg	5	LD,NDS
EXSERVAN FILM	5	NDS
<i>flumazenil soln</i>	2	
<i>guanfacine hcl er tb24 1mg, 2mg, 3mg, 4mg</i>	2	MO
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS
INGREZZA CPPK	5	NDS
<i>memantine hcl er cp24</i>	2	
<i>memantine hcl soln</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>memantine hcl tabs 5mg, 10mg</i>	2	MO
NAMENDA XR TITRATION PACK CP24	4	MO
NOURIANZ TABS 20mg, 40mg	5	NDS
NUEDEXTA CAPS	3	PA,NDS
RADICAVA SOLN	5	NDS
<i>riluzole tabs</i>	2	MO,NDS
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	MO
SAVELLA TITRATION PACK MISC	4	MO
<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>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	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

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
OCREVUS SOLN	5	
PLEGRIDY SOSY	5	NDS
PONVORY STARTER PACK TBPK	5	NDS
PONVORY TABS	5	NDS
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ	5	NDS
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	NDS
REBIF TITRATION PACK SOSY	5	NDS
TECFIDERA CPDR 120mg, 240mg	5	NDS
TECFIDERA MISC	5	NDS
TYSABRI CONC INTRAVENOUS	5	HI
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		
BUNAVAIL FILM	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
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	
VIVITROL SUSR	5	NDS
ZUBSOLV SUBL	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS
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	4	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

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Drug Name	Drug Tier	Requirements/ Limits
CAPLYTA CAPS	5	NDS
<i>chlordiazepoxide-amitriptyline tabs</i>	2	
<i>chlorpromazine hcl soln</i>	2	
<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
DESVENLAFAXINE 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

Drug Name	Drug Tier	Requirements/ Limits
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS
FANAPT TITRATION PACK TABS	4	MO
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
GEODON SOLR	3	
<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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tabs</i> 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	2	MO
<i>olanzapine tbdp</i> 5mg, 10mg, 15mg, 20mg	2	MO
<i>olanzapine-fluoxetine hcl caps</i>	2	MO
PALIPERIDONE ER TB24 1.5mg, 3mg, 6mg, 9mg	2	MO
<i>paroxetine hcl er tb24</i> 12.5mg, 25mg, 37.5mg	2	MO
<i>paroxetine hcl tabs</i> 10mg, 20mg	1	MO
<i>paroxetine hcl tabs</i> 30mg, 40mg	2	MO
<i>paroxetine mesylate caps</i>	2	MO
PAXIL SUSP	4	MO
<i>perphenazine tabs</i> 2mg, 4mg, 8mg, 16mg	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</i> 1mg, 2mg	2	MO
<i>prochlorperazine edisylate soln</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp</i>	2	MO
<i>protriptyline hcl tabs</i> 5mg, 10mg	2	MO
<i>quetiapine fumarate er tb24</i> 50mg, 150mg, 200mg, 300mg, 400mg	2	MO
<i>quetiapine fumarate tabs</i> 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	2	MO
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	5	NDS

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Drug Name	Drug Tier	Requirements/ Limits
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	NDS
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS
<i>risperidone soln</i>	2	MO
<i>risperidone tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	MO
<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
SILENOR TABS	4	
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, 150mg</i>	1	MO
<i>trazodone hcl tabs</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

Drug Name	Drug Tier	Requirements/ Limits
<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	4	
VIIBRYD STARTER PACK KIT	4	MO
VIIBRYD TABS 10mg, 20mg, 40mg	4	MO
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	5	NDS
VRAYLAR CPPK	4	NDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	2	MO
<i>ziprasidone mesylate solr</i>	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
OMNIPOD STARTER KIT	5	NDS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
POT & SOD CIT-CIT AC SOLN	2	
<i>potassium citrate er tbc 15meq, 540mg, 1080mg</i>	2	MO
SODIUM ACETATE SOLN	2	

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Drug Name	Drug Tier	Requirements/ Limits
SODIUM BICARBONATE SOLN	2	
SODIUM LACTATE SOLN INTRAVENOUS	4	HI
TRICITRATES SOLN	2	
AMMONIA DETOXICANTS		
CARBAGLU TABS	5	LD
<i>constulose soln</i>	2	MO
<i>enulose soln</i>	2	MO
<i>generlac soln</i>	2	MO
<i>kristalose pack 10gm, 20gm</i>	2	MO
<i>lactulose encephalopathy soln</i>	2	MO
<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		
AMINOSYN-PF SOLN INTRAVENOUS	4	HI
CLINIMIX E/DEXTROSE (2.75/10) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (2.75/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/25) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI

Drug Name	Drug Tier	Requirements/ Limits
CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/25) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (2.75/5) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/20) 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
CLINIMIX/DEXTROSE (5/25) SOLN INTRAVENOUS	3	HI
<i>clinisol sf soln intravenous</i>	2	HI
DEXTROSE SOLN	2	
<i>dextrose soln intravenous 5%, 10%</i>	2	HI
FREAMINE HBC SOLN INTRAVENOUS	4	HI
HEPATAMINE SOLN INTRAVENOUS	4	HI
INTRALIPID EMUL INTRAVENOUS 20gm/100ml	2	HI
INTRALIPID EMUL INTRAVENOUS	4	HI
N-ACETYL-L-CYSTEINE CAPS	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
NEPHRAMINE SOLN INTRAVENOUS	3	HI
NUTRILIPID EMUL INTRAVENOUS	2	HI
<i>plenamine soln intravenous</i>	2	HI
<i>premasol soln intravenous</i>	2	HI
PROCALAMINE SOLN INTRAVENOUS	3	HI
PROSOL SOLN INTRAVENOUS	4	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>	1	MO
JYNARQUE TABS 15mg, 30mg	5	NDS
JYNARQUE TBPK	5	NDS
MANNITOL SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>methyclothiazide tabs</i>	2	MO
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	2	MO
OSMITROL SOLN	2	
SAMSCA TABS 15mg	5	NDS
TOLVAPTAN TABS 30mg, 15mg	5	NDS
<i>torseamide 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
FOSRENOL PACK 750mg, 1000mg	5	NDS
<i>kionex susp</i>	2	MO
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	2	MO
LOKELMA PACK 5gm, 10gm	4	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 (phos binder) tabs</i>	2	MO

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Drug Name	Drug Tier	Requirements/ Limits
CALCIUM GLUCONATE-NACL SOLN	2	
DEXTROSE IN LACTATED RINGERS SOLN	2	
DEXTROSE-NACL SOLN INTRAVENOUS	2	HI
DEXTROSE 10%/NACL 0.2% ; DEXTROSE 10%/NACL 0.45%	3	HI
DEXTROSE 5%/NACL 0.225%	4	HI
IONOSOL-MB IN D5W SOLN INTRAVENOUS	4	HI
ISOLYTE-P IN D5W SOLN INTRAVENOUS	4	HI
ISOLYTE-S SOLN INTRAVENOUS	4	HI
K-TAB TBCR	2	MO
KCL IN DEXTROSE-NACL SOLN INTRAVENOUS	2	HI
KCL IN DEXTROSE-NACL SOLN INTRAVENOUS 40-5-0.9 MEQ	3	HI
KCL IN DEXTROSE-NACL SOLN INTRAVENOUS 20-5-0.33 MEQ	4	HI
KCL-LACTATED RINGERS-D5W SOLN INTRAVENOUS	3	HI
KLOR-CON 10 TBCR	2	MO
<i>klor-con m10 tbc</i>	2	MO
<i>klor-con m15 tbc</i>	2	MO
<i>klor-con m20 tbc</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	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate in d5w soln</i>	2	
NORMOSOL-M IN D5W SOLN INTRAVENOUS	4	HI
NORMOSOL-R IN D5W SOLN INTRAVENOUS	4	HI
NORMOSOL-R SOLN INTRAVENOUS	4	HI
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 tbc 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 DEXTROSE SOLN INTRAVENOUS	2	HI
<i>potassium chloride in nacl soln intravenous</i>	2	HI
<i>potassium chloride pack</i>	2	MO
POTASSIUM CHLORIDE SOLN 10%, 20%	2	MO
POTASSIUM CHLORIDE SOLN INTRAVENOUS 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	2	HI
POTASSIUM PHOSPHATES SOLN	2	
POTASSIUM PHOSPHATES(66 MEQ K) SOLN	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN	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
SODIUM CHLORIDE SOLN	2	
SODIUM CHLORIDE SOLN INJECTION	2	HI
SODIUM CHLORIDE SOLN INTRAVENOUS .45%, .9%, 3%, .45%, 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
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
PANCREAZE CPEP	4	MO
PERTZYE CPEP	4	MO
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

Drug Name	Drug Tier	Requirements/ Limits
SUCRAID SOLN	5	LD
VIMIZIM SOLN	5	NDS
VIOKACE TABS	4	MO
VPRIV SOLR	5	NDS
ZENPEP CPEP	3	MO
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
AZASITE SOLN	4	
<i>bacitracin oint</i>	2	
<i>bacitracin-polymyxin b oint</i>	2	
BESIVANCE SUSP	4	
<i>bleph-10 soln</i>	2	
CETRAXAL SOLN	4	
<i>chlorhexidine gluconate soln</i>	2	
CILOXAN OINT	3	
<i>ciprofloxacin hcl soln (ophth)</i>	2	
CIPROFLOXACIN HCL SOLN (OTIC)	4	
CIPROFLOXACIN-FLUOCINOLONE PF SOLN	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	
MOXEZA SOLN	4	
<i>moxifloxacin hcl (2x day) soln</i>	2	
<i>moxifloxacin hcl soln</i>	2	
NATACYN SUSP	3	
<i>neo-polycin oint</i>	2	
<i>neomycin-bacitracin zn-polymyx oint</i>	2	
<i>neomycin-polymyxin-gramicidin soln</i>	2	
<i>ofloxacin soln</i>	2	
OTOVEL SOLN	4	

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Drug Name	Drug Tier	Requirements/ Limits
<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	
ZIRGAN GEL	4	
ANTI-INFLAMMATORY AGENTS		
ACUVAIL SOLN	4	MO
ALREX SUSP	4	MO
<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
BROMSITE SOLN	4	MO
CEQUA SOLN	3	
CIPRO HC SUSP	4	MO
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
DUREZOL EMUL	4	MO
<i>flac oil</i>	2	MO
FLAREX SUSP	4	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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone propionate susp</i>	2	MO
FML FORTE SUSP	3	MO
FML OINT	3	MO
HYDROCORTISONE-ACETIC ACID SOLN	2	MO
ILEVRO SUSP	4	MO
ILUVIEN IMPL	5	
INVELTYS SUSP	4	MO
<i>ketorolac tromethamine soln .4%, .5%</i>	2	MO
LOTEMAX GEL	2	MO
LOTEMAX OINT	4	MO
LOTEMAX SUSP	4	MO
<i>loteprednol etabonate susp</i>	2	MO
MAXIDEX SUSP	4	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
NEVANAC SUSP	4	MO
OMNARIS SUSP	4	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
PROLENSA SOLN	4	MO
RESTASIS EMUL	4	MO
RETISERT IMPL	5	
<i>sulfacetamide-prednisolone soln</i>	2	MO
TOBRADEX 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
TOBRADEX ST SUSP	4	MO
<i>tobramycin-dexamethasone susp</i>	2	MO
XHANCE EXHU	4	MO
XIIDRA SOLN	4	
YUTIQ IMPL	5	
ZETONNA AERS	4	MO
ZYLET SUSP	4	MO
ANTIALLERGIC AGENTS		
ALOCRI SOLN	4	MO
ALOMIDE SOLN	4	MO
<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
LASTACRAFT SOLN	4	MO
<i>olopatadine hcl soln .1%, .2%, .6%</i>	2	MO
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12</i>	2	MO
<i>acetazolamide sodium solr</i>	2	
<i>acetazolamide tabs 125mg, 250mg</i>	2	MO
ALPHAGAN P SOLN	4	MO
<i>betaxolol hcl soln</i>	2	MO
BETIMOL SOLN .25%, .5%	4	MO
BETOPTIC-S SUSP	4	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
COMBIGAN SOLN	4	MO
<i>dorzolamide hcl soln</i>	2	MO
<i>dorzolamide hcl-timolol mal pf soln</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<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
SIMBRINZA SUSP	4	MO
<i>timolol maleate pf soln</i>	2	MO
<i>timolol maleate solg .25%, .5%</i>	4	MO
<i>timolol maleate soln .25%, .5%</i>	2	MO
TIMOPTIC OCUDOSE SOLN .25%	4	MO
TIMOPTIC-XE SOLG .25%, .5%	4	MO
TRAVATAN Z SOLN	4	MO
<i>travoprost (bak free) soln</i>	2	MO
VYZULTA SOLN	4	MO
XELPROS EMUL	4	MO
ZIOPTAN SOLN	4	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	
EYLEA SOSY	5	
IOPIDINE SOLN	3	MO
LACRISERT INST	3	MO
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml	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
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	5	NDS
OXERVATE SOLN	5	NDS
PHENYLEPHRINE HCL SOLN	2	
RHOPRESSA SOLN	4	
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
APRISO CP24	4	MO
<i>balsalazide disodium caps</i>	2	MO
<i>colazal caps</i>	2	MO
DELZICOL CPDR	4	MO
DIPENTUM CAPS	5	NDS
LIALDA TBEC	2	MO
<i>mesalamine cpdr</i>	2	MO
<i>mesalamine enem</i>	2	MO
<i>mesalamine er cp24</i>	2	MO
<i>mesalamine supp</i>	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
MYTESI TBEC	4	MO
OPIUM TINC	2	
XERMELO TABS	5	LD,NDS
ANTIEMETICS		
AKYNZEO CAPS	3	PA
ANZEMET TABS 50mg, 100mg	4	PA,NDS
<i>aprepitant caps</i>	2	PA,NDS
BONJESTA TBCR	4	MO
CESAMET CAPS	4	PA
<i>dimenhydrinate soln</i>	2	
<i>doxylamine-pyridoxine tbec</i>	2	MO
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	PA
EMEND SUSR	4	PA,NDS
<i>fosaprepitant 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
TRANSDERM SCOP (1.5 MG) PT72	3	
<i>trimethobenzamide hcl caps</i>	2	PA
VARUBI (180 MG DOSE) TBPK	4	PA,NDS
ZUPLENZ FILM 4mg, 8mg	4	PA
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>amoxicill-clarithro- lansopraz misc</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
CARAFATE SUSP	3	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	
ESOMEPRAZOLE STRONTIUM CPDR	4	
<i>famotidine premixed soln</i>	2	
<i>famotidine soln</i>	2	
<i>famotidine susr</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
<i>lansoprazole cpdr 15mg, 30mg</i>	2	MO
<i>lansoprazole tbdd 15mg, 30mg</i>	2	MO
<i>misoprostol tabs 100mcg, 200mcg</i>	2	MO
<i>nizatidine caps 150mg, 300mg</i>	2	MO
<i>nizatidine soln</i>	2	MO
OMECLAMOXY-PAK MISC	4	MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	2	MO
<i>omeprazole-sodium bicarbonate caps</i>	2	MO
<i>omeprazole-sodium bicarbonate pack</i>	2	MO
<i>pantoprazole sodium pack</i>	2	MO
PANTOPRAZOLE SODIUM SOLR	2	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	MO
<i>pepcid tabs 20mg, 40mg</i>	2	MO
PRILOSEC PACK 2.5mg, 10mg	4	MO

Drug Name	Drug Tier	Requirements/ Limits
PROTONIX PACK	3	MO
PYLERA CAPS	5	MO,NDS
<i>rabeprazole sodium cpsp</i>	2	
<i>rabeprazole sodium tbec</i>	2	MO
<i>sucralfate susp</i>	2	MO
<i>sucralfate tabs</i>	2	MO
CATHARTICS AND LAXATIVES		
<i>gavilyte-c solr</i>	2	MO
<i>gavilyte-g solr</i>	2	MO
<i>gavilyte-h kit</i>	2	
<i>gavilyte-n with flavor pack solr</i>	2	MO
GOLYTELY SOLR	3	
OSMOPREP TABS	4	MO
<i>peg 3350-kcl-na bicarb-nacl solr</i>	2	MO
<i>peg 3350/electrolytes solr</i>	2	MO
<i>peg-3350/electrolytes solr</i>	2	MO
PEG-PREP KIT	2	
PLENVU SOLR	4	MO
SUPREP BOWEL PREP KIT SOLN	4	MO
<i>trilyte solr</i>	2	MO
GI DRUGS, MISCELLANEOUS		
AMITIZA CAPS 8mcg, 24mcg	4	MO
CHOLBAM CAPS 50mg, 250mg	5	NDS
ENTYVIO SOLR	5	NDS
GATTEX KIT	5	PA,NDS
GIMOTI SOLN	5	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	MO
<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

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
MOVANTIK TABS 12.5mg, 25mg	4	MO
OCALIVA TABS 5mg, 10mg	5	LD,NDS
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS
RELISTOR TABS	5	NDS
<i>reltone caps 200mg, 400mg</i>	5	NDS
SYMPROIC TABS	4	MO
TRULANCE TABS	3	MO
<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>clovique caps</i>	2	NDS
CUPRIMINE CAPS	5	NDS
<i>deferasirox granules pack 90mg, 180mg, 360mg</i>	5	NDS
<i>deferasirox tabs 90mg, 180mg, 360mg</i>	5	NDS
<i>deferasirox tbso 125mg</i>	2	NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	NDS
<i>deferiprone tabs</i>	5	NDS
<i>deferoxamine mesylate solr</i>	2	
DEPEN TITRATABS TABS	5	
EXJADE TBSO 125mg, 250mg, 500mg	5	NDS
FERRIPROX SOLN	5	LD,NDS
FERRIPROX TABS 500mg, 1000mg	5	LD,NDS
FERRIPROX TWICE-A- DAY TABS	5	NDS
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
JADENU TABS 90mg, 360mg	5	NDS
<i>penicillamine caps</i>	2	
<i>penicillamine tabs</i>	2	
<i>trientine hcl caps</i>	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE CPSP .5mg, 1mg, 2mg, 5mg	5	NDS
<i>betamethasone sod phos & acet susp</i>	2	
<i>budesonide cpep</i>	2	MO
<i>budesonide er tb24</i>	5	NDS
<i>cortisone acetate tabs</i>	2	MO
<i>decadron elix</i>	2	MO
<i>decadron tabs .5mg, .75mg</i>	2	MO
<i>decadron tabs 4mg, 6mg</i>	2	PA,MO
<i>deltasone tabs</i>	2	PA,MO
DEPO-MEDROL SUSP	3	
<i>dexabliss tbpk</i>	2	
<i>dexamethasone elix</i>	2	MO
<i>dexamethasone intensol conc</i>	2	MO
<i>dexamethasone sod phosphate pf soln</i>	2	
<i>dexamethasone sodium phosphate soln</i>	2	
<i>dexamethasone soln</i>	2	
<i>dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	PA,MO
<i>dexamethasone tbpk</i>	2	MO
<i>dexpak 10 day tbpk</i>	2	MO
<i>dexpak 13 day tbpk</i>	2	MO
<i>dexpak 6 day tbpk</i>	2	MO
<i>dxevo 11-day tbpk</i>	2	
EMFLAZA SUSP	5	LD,NDS
EMFLAZA TABS 6mg, 18mg, 30mg, 36mg	5	LD,NDS
<i>fludrocortisone acetate 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
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	2	MO
INTRAROSA INST	4	
KENALOG SUSP	3	
MEDROL TABS	3	MO
<i>methylprednisolone acetate susp</i>	2	
<i>methylprednisolone sodium succ solr</i>	2	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	2	MO
<i>methylprednisolone tbpk</i>	2	MO
<i>millipred dp tbpk</i>	2	
<i>millipred tabs</i>	2	MO
ORTIKOS CP24 6mg, 9mg	5	NDS
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 20mg/5ml, 25mg/5ml</i>	2	MO
<i>prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg</i>	2	MO
<i>prednisolone soln</i>	2	MO
<i>prednisone intensol conc</i>	2	PA,MO
<i>prednisone soln</i>	2	PA,MO
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	2	PA,MO
<i>prednisone tbpk</i>	2	
PULMICORT FLEXHALER AEPB	4	
RAYOS TBEC 1mg, 2mg, 5mg	4	PA,MO
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR	3	
<i>taperdex 12-day tbpk</i>	2	
<i>taperdex 6-day tbpk</i>	2	MO
<i>taperdex 7-day tbpk</i>	2	MO
TRELEGY ELLIPTA AEPB	4	MO
<i>triamcinolone acetone susp</i>	2	
<i>veripred 20 soln</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
ANDROGENS		
ANADROL-50 TABS	5	MO
ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	MO
AVEED SOLN	4	MO
<i>danazol caps 50mg, 100mg, 200mg</i>	2	MO
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	2	MO
<i>methitest tabs</i>	2	MO
<i>methyltestosterone caps</i>	2	MO
<i>oxandrolone tabs 2.5mg</i>	2	MO
<i>oxandrolone tabs</i>	5	MO,NDS
STRIANT MISC	4	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, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm, 10mg/act</i>	2	MO
<i>testosterone soln</i>	2	MO
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	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>aranella 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

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
camila tabs	2	MO
camrese lo tabs	2	MO
caziant tabs	2	MO
cryselle-28 tabs	2	MO
cyclafem 1/35 tabs	2	MO
cyclafem 7/7/7 tabs	2	MO
cyred eq tabs	2	MO
deblitane tabs	2	MO
delyla tabs	2	MO
desogestrel-ethinyl estradiol tabs	2	MO
dolishale tabs	2	MO
drospiren-eth estrad-levomefol tabs	2	MO
drospirenone-ethinyl estradiol tabs	2	MO
ELLA TABS	3	MO
eluryng ring	2	MO
emoquette tabs	2	MO
enpresse-28 tabs	2	MO
enskyce tabs	2	MO
errin tabs	2	MO
estarylla tabs	2	MO
ethynodiol diac-eth estradiol tabs	2	MO
etonogestrel-ethinyl estradiol ring	2	MO
falmina tabs	2	MO
fayosim tabs	2	MO
femynor tabs	2	MO
gemmily caps	2	MO
gianvi tabs	2	MO
hailey 24 fe tabs	2	MO
iclevia tabs	2	MO
incassia tabs	2	MO
introvale tabs	2	MO
isibloom tabs	2	MO
jasmiel tabs	2	MO
JOLIVETTE TABS	2	MO
juleber tabs	2	MO
junel 1.5/30 tabs	2	MO

Drug Name	Drug Tier	Requirements/ Limits
junel 1/20 tabs	2	MO
junel fe 1.5/30 tabs	2	MO
junel fe 1/20 tabs	2	MO
junel fe 24 tabs	2	MO
kaitlib fe chew	2	MO
kariva tabs	2	MO
kelnor 1/35 tabs	2	MO
kelnor 1/50 tabs	2	MO
kurvelo tabs	2	MO
larin 1.5/30 tabs	2	MO
larin 1/20 tabs	2	MO
larin fe 1.5/30 tabs	2	MO
larin fe 1/20 tabs	2	MO
larissia tabs	2	MO
LAYOLIS FE CHEW	2	MO
leena tabs	2	MO
lessina tabs	2	MO
levonest tabs	2	MO
levonorg-eth estrad triphasic tabs	2	MO
levonorgest-eth est & eth est tabs	2	MO
levonorgest-eth estrad 91-day tabs	2	MO
levonorgestrel-ethinyl estrad tabs	2	MO
levora 0.15/30 (28) tabs	2	MO
LO LOESTRIN FE TABS	4	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
lutera 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

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>microgestin 1.5/30 tabs</i>	2	MO
<i>microgestin 1/20 tabs</i>	2	MO
<i>microgestin fe 1.5/30 tabs</i>	2	MO
<i>microgestin fe 1/20 tabs</i>	2	MO
<i>mili tabs</i>	2	MO
MONONESSA TABS	2	MO
NATAZIA TABS	4	MO
<i>necon 0.5/35 (28) tabs</i>	2	MO
NECON 7/7/7 TABS	2	MO
<i>nikki tabs</i>	2	MO
<i>nora-be tabs</i>	2	MO
<i>norethin ace-eth estrad-fe caps</i>	2	MO
<i>norethin ace-eth estrad-fe chew</i>	2	MO
<i>norethin ace-eth estrad-fe tabs</i>	2	MO
<i>norethin-eth estradiol-fe chew</i>	2	MO
<i>norethindrone acet-ethinyl est tabs</i>	2	MO
<i>norethindrone tabs</i>	2	MO
<i>norgestim-eth estrad triphasic tabs</i>	2	MO
<i>norgestimate-eth estradiol tabs</i>	2	MO
<i>norlyroc tabs</i>	2	MO
<i>nortrel 0.5/35 (28) tabs</i>	2	MO
<i>nortrel 1/35 (21) tabs</i>	2	MO
<i>nortrel 1/35 (28) tabs</i>	2	MO
<i>nortrel 7/7/7 tabs</i>	2	MO
NUVARING RING	4	MO
<i>nylia 7/7/7 tabs</i>	2	MO
<i>nymyo tabs</i>	2	MO
<i>ocella tabs</i>	2	MO
<i>ogestrel tabs</i>	2	MO
<i>orsythia tabs</i>	2	MO
<i>pimtrea tabs</i>	2	MO
<i>pirmella 1/35 tabs</i>	2	MO
<i>portia-28 tabs</i>	2	MO
<i>previfem tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>reclipsen tabs</i>	2	MO
<i>rivelsa tabs</i>	2	MO
<i>setlakin tabs</i>	2	MO
<i>sharobel tabs</i>	2	MO
<i>sprintec 28 tabs</i>	2	MO
<i>sronyx tabs</i>	2	MO
<i>syeda tabs</i>	2	MO
<i>tarina 24 fe tabs</i>	2	MO
<i>tarina fe 1/20 eq tabs</i>	2	MO
<i>tilia fe tabs</i>	2	MO
<i>tri-estarylla tabs</i>	2	MO
<i>tri-legest fe tabs</i>	2	MO
<i>tri-lo-estarylla tabs</i>	2	MO
<i>tri-lo-sprintec tabs</i>	2	MO
<i>tri-mili tabs</i>	2	MO
<i>tri-nymyo tabs</i>	2	MO
<i>tri-previfem tabs</i>	2	MO
<i>tri-sprintec tabs</i>	2	MO
<i>tri-vylibra lo tabs</i>	2	MO
<i>tri-vylibra tabs</i>	2	MO
TRINESSA (28) TABS	2	MO
<i>trivora (28) tabs</i>	2	MO
<i>tydemy tabs</i>	2	MO
<i>velivet tabs</i>	2	MO
<i>vestura tabs</i>	2	MO
<i>vienva tabs</i>	2	MO
<i>vyfemla tabs</i>	2	MO
<i>vylibra tabs</i>	2	MO
<i>wymzya fe chew</i>	2	MO
<i>xulane ptwk</i>	2	MO
<i>zafemy ptwk</i>	2	MO
<i>zarah tabs</i>	2	MO
<i>zovia 1/35e (28) tabs</i>	2	MO
DIABETIC AGENTS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	2	MO
ADMELOG SOLN	4	MO
ADMELOG SOLOSTAR SOPN	4	MO
AFREZZA POWD	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
AFREZZA POWD 8 (90) & 12 (90) UNIT	5	NDS
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	2	MO
ALOGLIPTIN-METFORMIN HCL TABS	2	MO
<i>alogliptin-pioglitazone tabs</i>	2	MO
APIDRA SOLN	4	PA,MO
APIDRA SOLOSTAR SOPN	4	MO
AVANDIA TABS 2mg, 4mg	4	MO
BAQSIMI ONE PACK POWD	3	
BAQSIMI TWO PACK POWD	3	
BYDUREON BCISE AUIJ	4	
BYDUREON PEN	4	
BYETTA 10 MCG PEN SOPN	4	MO
BYETTA 5 MCG PEN SOPN	4	MO
CYCLOSET TABS	4	MO
<i>diazoxide susp</i>	5	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	MO
<i>glipizide er tb24 2.5mg, 5mg, 10mg</i>	2	MO
<i>glipizide tabs 5mg, 10mg</i>	1	MO
<i>glipizide-metformin hcl tabs</i>	2	MO
GLUCAGEN HYPOKIT SOLR	4	
<i>glucagon emergency kit</i>	2	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	2	MO
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	2	MO
<i>glyburide-metformin tabs</i>	2	MO
GLYXAMBI TABS	4	MO
HUMALOG JUNIOR KWIKPEN SOPN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	MO
HUMALOG MIX 50/50 KWIKPEN SUPN	4	MO
HUMALOG MIX 50/50 SUSP	4	MO
HUMALOG MIX 75/25 KWIKPEN SUPN	4	MO
HUMALOG MIX 75/25 SUSP	4	MO
HUMALOG SOCT	4	MO
HUMALOG SOLN	3	PA,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	PA,MO
HUMULIN R U-500 (CONCENTRATED) SOLN	3	MO
HUMULIN R U-500 KWIKPEN SOPN	3	MO
INSULIN ASP PROT & ASP FLEXPEN SUPN	2	MO
INSULIN ASPART FLEXPEN SOPN	2	MO
INSULIN ASPART PENFILL SOCT	2	MO
INSULIN ASPART PROT & ASPART SUSP	2	MO
INSULIN ASPART SOLN	2	PA,MO
INSULIN LISPRO (1 UNIT DIAL) SOPN	4	MO
INSULIN LISPRO SOLN	4	MO
INVOKAMET TABS	4	MO
INVOKAMET XR TB24	4	MO
INVOKANA TABS 100mg, 300mg	4	MO
JARDIANCE TABS 10mg, 25mg	3	MO
JENTADUETO 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
JENTADUETO XR TB24	4	MO
KAZANO TABS	4	MO
KORLYM TABS	5	LD,NDS
LANTUS SOLN	3	MO
LANTUS SOLOSTAR SOPN	4	MO
LEVEMIR FLEXTOUCH SOPN	4	MO
LEVEMIR SOLN	4	MO
<i>metformin hcl er tb24 500mg, 750mg</i>	1	MO
<i>metformin hcl tabs 500mg, 850mg, 1000mg</i>	1	MO
<i>miglitol tabs 25mg, 50mg, 100mg</i>	2	MO
<i>nateglinide tabs 60mg, 120mg</i>	2	MO
NOVOLIN 70/30 SUSP	4	MO
NOVOLOG 70/30 FLEXPEN RELION SUPN	4	MO
NOVOLOG FLEXPEN RELION SOPN	4	MO
NOVOLOG FLEXPEN SOPN	4	MO
NOVOLOG MIX 70/30 FLEXPEN SUPN	4	MO
NOVOLOG MIX 70/30 RELION SUSP	4	MO
NOVOLOG MIX 70/30 SUSP	4	MO
NOVOLOG PENFILL SOCT	4	MO
NOVOLOG RELION SOLN	4	PA,MO
NOVOLOG SOLN	4	PA,MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	3	MO
OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml	3	MO
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	MO
<i>pioglitazone hcl-glimepiride tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl-metformin hcl tabs</i>	2	MO
<i>prandin tabs 1mg, 2mg</i>	2	MO
PROGLYCEM SUSP	5	MO
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	2	MO
<i>repaglinide-metformin hcl tabs</i>	2	MO
SOLIQUA SOPN	4	MO
SYMLINPEN 120 SOPN	5	MO
SYMLINPEN 60 SOPN	5	MO
SYNJARDY TABS	4	MO
SYNJARDY XR TB24	4	MO
<i>tolazamide tabs 250mg, 500mg</i>	2	MO
<i>tolbutamide tabs</i>	2	MO
TRADJENTA TABS	4	MO
VICTOZA SOPN	3	MO
ESTROGENS AND ANTIESTROGENS		
<i>amabelz tabs</i>	2	MO
ANGELIQ TABS	4	MO
CLIMARA PRO PTWK	4	MO
CLIMARA PTWK 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr	2	MO
COMBIPATCH PTTW	4	MO
DELESTROGEN OIL	4	
<i>depo-estradiol oil</i>	2	
DIVIGEL GEL	4	MO
<i>dotti pttw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
DUAVEE TABS	4	MO
ELESTRIN GEL	4	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,</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
.0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr		
estradiol ptwk 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr	2	MO
estradiol tabs 10mcg, .5mg, 1mg, 2mg	2	MO
estradiol valerate oil	2	
estradiol-norethindrone acet tabs	2	MO
ESTRING RING	3	MO
EVAMIST SOLN	4	MO
fyavolv tabs	2	MO
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	4	MO
IMVEXXY STARTER PACK INST 4mcg, 10mcg	4	MO
jinteli tabs	2	MO
lopreeza tabs	2	MO
lyllana ptw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	MO
menest tabs .3mg, .625mg, 1.25mg	2	MO
MENOSTAR PTWK	4	MO
mimvey lo tabs	2	MO
mimvey tabs	2	MO
norethindrone-eth estradiol tabs	2	MO
ORIAHNN CPPK	5	NDS
OSPHENA TABS	4	MO
prefest tabs	2	MO
PREMARIN SOLR	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	MO
PREMPHASE TABS	4	MO
PREMPRO TABS	4	MO

Drug Name	Drug Tier	Requirements/ Limits
raloxifene hcl tabs	2	MO
yuvaferm tabs	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR	4	PA
MYFEMBREE TABS	5	NDS
NOVAREL SOLR 5000unit, 10000unit	4	PA
ORGOVYX TABS	5	NDS
ORLISSA TABS 150mg, 200mg	5	NDS
PREGNYL SOLR	4	PA
TRIPTODUR SRER	5	NDS
OXYTOCICS		
carboprost tromethamine soln	2	
methergine tabs	2	
methylergonovine maleate soln	2	
methylergonovine maleate tabs	2	
OXYTOCIN SOLN	2	
PARATHYROID		
calcitonin (salmon) soln	2	MO
cinacalcet hcl tabs 30mg, 60mg, 90mg	2	PA,NDS
FORTEO SOPN	5	PA,NDS
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LD,NDS
SENSIPAR TABS 30mg, 60mg, 90mg	5	PA,NDS
TERIPARATIDE (RECOMBINANT) SOPN	5	PA,NDS
TYMLOS SOPN	5	NDS
PITUITARY		
ACTHAR GEL	5	PA,LD,NDS
DDAVP RHINAL TUBE SOLN	4	MO
desmopressin ace spray refrig soln	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>desmopressin acetate soln</i>	2	MO
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate spray soln</i>	2	
DESMOPRESSIN ACETATE TABS .1mg, .2mg	2	MO
NOCDURNA SUBL 27.7mcg, 55.3mcg	4	MO
NOCTIVA EMUL .83mcg/0.1ml, 1.66mcg/0.1ml	4	MO
STIMATE SOLN	3	MO
SYNAREL SOLN	5	MO
PROGESTINS		
<i>aygestin tabs</i>	2	MO
CRINONE GEL 4%, 8%	4	PA,MO
DEPO-PROVERA SUSP 400mg/ml	3	
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		

Drug Name	Drug Tier	Requirements/ Limits
BYNFEZIA PEN SOPN	5	NDS
EGRIFTA SOLR	5	NDS
EGRIFTA SV SOLR	5	NDS
GENOTROPIN MINIQUICK SOLR .2mg	4	PA,NDS
GENOTROPIN MINIQUICK SOLR .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	PA,NDS
GENOTROPIN SOLR 5mg, 12mg	5	PA,NDS
HUMATROPE SOLR 5mg, 6mg, 12mg, 24mg	5	PA,NDS
INCRELEX SOLN	5	NDS
MYCAPSSA CPDR	5	NDS
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	PA,NDS
NUTROPIN AQ NUSPIN 10 SOPN	5	PA,NDS
NUTROPIN AQ NUSPIN 20 SOPN	5	PA,NDS
NUTROPIN AQ NUSPIN 5 SOPN	5	PA,NDS
<i>octreotide acetate soln</i>	2	
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

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
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS
SOMATULINE DEPOT SOLN	5	
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LD,NDS
ZOMACTON SOLR 5mg	4	PA,NDS
ZOMACTON SOLR	5	PA,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	MO
<i>levothyroxine sodium</i> <i>caps</i> 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MO
LEVOTHYROXINE SODIUM SOLR	2	
<i>levothyroxine sodium</i> <i>tabs</i> 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

Drug Name	Drug Tier	Requirements/ Limits
<i>liothyronine sodium soln</i>	2	
<i>liothyronine sodium tabs</i> 5mcg, 25mcg, 50mcg	2	MO
<i>methimazole tabs</i> 5mg, 10mg	2	MO
<i>propylthiouracil tabs</i>	2	MO
<i>tapazole tabs</i> 5mg, 10mg	2	MO
THYROLAR-1 TABS	4	
THYROLAR-1/2 TABS	4	
THYROLAR-1/4 TABS	4	
THYROLAR-2 TABS	4	
THYROLAR-3 TABS	4	
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	MO
UNITHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride caps</i>	2	MO
<i>dutasteride-tamsulosin</i> <i>hcl caps</i>	2	MO
<i>finasteride tabs</i>	2	MO
ANTIDOTES		
<i>acetylcysteine soln</i> 10%, 20%	2	PA,MO
<i>fomepizole soln</i>	2	
KHAPZORY SOLR 175mg, 300mg	5	NDS
<i>leucovorin calcium soln</i>	2	
<i>leucovorin calcium solr</i>	2	
<i>leucovorin calcium tabs</i> 5mg, 10mg, 15mg, 25mg	2	MO
<i>levoleucovorin calcium pf</i> <i>soln</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levoleucovorin calcium solr</i>	2	
VISTOGARD PACK	5	NDS
VORAXAZE SOLR	5	NDS
ANTIGOUT AGENTS		
<i>allopurinol sodium solr</i>	2	
<i>allopurinol tabs 100mg, 300mg</i>	2	MO
COLCHICINE CAPS	2	MO
<i>colchicine tabs</i>	2	MO
<i>febuxostat tabs 40mg, 80mg</i>	2	MO
GLOPERBA SOLN	4	
MITIGARE CAPS	4	MO
ULORIC TABS 40mg, 80mg	4	MO
BONE RESORPTION INHIBITORS		
<i>alendronate sodium soln</i>	2	MO
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 70mg</i>	1	MO
<i>alendronate sodium tabs 40mg</i>	2	MO
BINOSTO TBEF	4	MO
EVENITY SOSY	5	NDS
FOSAMAX PLUS D TABS	4	MO
IBANDRONATE SODIUM SOLN	2	
<i>ibandronate sodium tabs</i>	2	PA,MO
<i>pamidronate disodium soln</i>	2	
<i>pamidronate disodium solr</i>	2	
PROLIA SOSY	4	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	2	MO
RISEDRONATE SODIUM TBEC	2	MO
XGEVA SOLN	5	PA,NDS
<i>zoledronic acid conc</i>	2	
<i>zoledronic acid soln</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SOAJ	5	NDS
ACTEMRA SOSY	5	NDS
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/UEIT 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
INFLECTRA SOLR INTRAVENOUS	5	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
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
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
OTREXUP SOAJ	4	
RASUVO SOAJ	3	
REMICADE SOLR INTRAVENOUS	5	HI
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	

Drug Name	Drug Tier	Requirements/ Limits
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
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	4	PA,MO
<i>everolimus tabs .25mg</i>	2	PA,MO
<i>everolimus tabs .5mg, .75mg</i>	5	PA
GAMIFANT SOLN 50mg/10ml, 100mg/20ml, 10mg/2ml	5	NDS
<i>gengraf caps 25mg, 50mg, 100mg</i>	2	PA,MO
<i>gengraf soln</i>	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
<i>mycophenolate mofetil caps</i>	2	PA,MO
<i>mycophenolate mofetil hcl solr</i>	2	
<i>mycophenolate mofetil susr</i>	5	PA,MO
<i>mycophenolate mofetil tabs</i>	2	PA,MO

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Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate sodium tbec 180mg, 360mg</i>	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
<i>sirolimus soln</i>	5	PA
<i>sirolimus tabs .5mg, 1mg, 2mg</i>	2	PA,MO
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	2	PA,MO
UPLIZNA SOLN	5	
ZORTRESS TABS .25mg	4	PA,MO
ZORTRESS TABS .5mg, .75mg, 1mg	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	
BOTOX SOLR 100unit, 200unit	3	PA
<i>bupivacaine hcl (pf) soln</i>	2	
<i>bupivacaine hcl soln</i>	2	
BUPIVACAINE IN DEXTROSE SOLN	2	
<i>bupivacaine spinal soln</i>	2	
<i>bupivacaine-epinephrine (pf) soln</i>	2	
<i>bupivacaine-epinephrine soln</i>	2	
CARNITOR SOLN	2	PA,MO
CARNITOR TABS	2	PA,MO
<i>chloroprocaine hcl (pf) soln</i>	2	
CINRYZE SOLR INTRAVENOUS	5	HI

Drug Name	Drug Tier	Requirements/ Limits
<i>citanest plain dental soln</i>	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
<i>dexrazoxane hcl solr</i>	2	
DYSPORT SOLR 300unit, 500unit	4	PA
EASYGEL GEL	2	
ELMIRON CAPS	5	
EMPAVELI SOLN	5	NDS
ENDARI PACK	5	NDS
ENSPRYNG SOSY	5	NDS
EVRYSDI SOLR	5	NDS
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
KUVAN PACK 100mg, 500mg	5	NDS
KUVAN 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	

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>lidocaine-epinephrine soln</i>	2	
LUDENT 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
ORALAIR SUBL	4	MO
ORFADIN CAPS	5	LD,NDS
ORFADIN SUSP	5	LD,NDS
ORLADEYO CAPS 110mg, 150mg	5	NDS
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

Drug Name	Drug Tier	Requirements/ Limits
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	
PROCYSBI CPDR 25mg, 75mg	5	NDS
PROCYSBI 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
<i>sapropterin dihydrochloride tabs</i>	5	NDS
SENSORCAINE SOLN	2	
<i>sensorcaine-mpf soln</i>	2	
<i>sensorcaine-mpf/epinephrine soln</i>	2	
<i>sensorcaine/epinephrine soln</i>	2	
SODIUM CHLORIDE SOLN	2	MO
SODIUM FLUORIDE CHEW .25mg, .5mg, 1mg	2	MO
SODIUM FLUORIDE SOLN	2	MO
SODIUM FLUORIDE TABS	4	MO
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN	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
TEGSEDI SOSY	5	NDS
THIOLA EC TBEC 100mg, 300mg	5	NDS
THIOLA TABS	5	NDS
THYROGEN SOLR	4	
<i>tiopronin tabs</i>	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 50unit, 100unit	4	PA
XEOMIN SOLR	5	PA,NDS
XURIDEN PACK	5	NDS
<i>xylocaine dental soln</i>	2	
ZOKINVY CAPS 50mg, 75mg	5	NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
CINQAIR SOLN	5	NDS
<i>cromolyn sodium conc</i>	2	MO
<i>cromolyn sodium nebu</i>	2	PA,MO
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
<i>montelukast sodium chew 4mg, 5mg</i>	1	MO
<i>montelukast sodium pack</i>	2	MO
<i>montelukast sodium tabs</i>	1	MO
NUCALA SOAJ	5	PA,NDS
NUCALA SOLR	5	PA,NDS

Drug Name	Drug Tier	Requirements/ Limits
NUCALA SOSY	5	PA,NDS
<i>zafirlukast tabs 10mg, 20mg</i>	2	MO
<i>zileuton er tb12</i>	5	NDS
CYSTIC FIBROSIS		
BETHKIS NEBU	5	PA
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	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	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		
ALVESCO AERS 80mcg/act, 160mcg/act	3	MO
ARALAST NP SOLR INTRAVENOUS 500mg, 1000mg	5	HI
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	4	MO
ASMANEX (120 METERED DOSES) AEPB	3	MO
ASMANEX (30 METERED DOSES) AEPB 110mcg/inh	3	MO
ASMANEX (30 METERED DOSES) AEPB	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (60 METERED DOSES) AEPB	3	MO
ASMANEX HFA AERO 100mcg/act, 200mcg/act	3	MO
BRONCHITOL CAPS	5	NDS
<i>budesonide susp</i> .25mg/2ml, .5mg/2ml, 1mg/2ml	2	PA,MO
<i>budesonide-formoterol fumarate aereo</i>	4	
DALIRESP TABS 250mcg, 500mcg	4	MO
DULERA AERO	4	MO
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	4	MO
FLOVENT HFA AERO 44mcg/act	3	MO
FLOVENT HFA AERO 110mcg/act, 220mcg/act	4	MO
<i>fluticasone-salmeterol aepb</i>	2	MO
GLASSIA SOLN INTRAVENOUS	5	HI
PROLASTIN-C SOLN INTRAVENOUS	5	HI
PROLASTIN-C SOLR INTRAVENOUS	5	HI
SYMBICORT AERO	3	
<i>wixela inhub aepb</i>	2	
XOLAIR SOLR	5	PA,NDS
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	5	PA,NDS
ZEMAIRA SOLR INTRAVENOUS	5	HI
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	
LETAIRIS TABS 5mg, 10mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR .125mg	4	LD,NDS
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	LD,NDS
TRACLEER TABS 62.5mg, 125mg	5	NDS
TRACLEER TBSO	5	NDS
<i>treprostinil soln</i> 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA,LD,NDS
TYVASO REFILL SOLN	4	PA,LD
TYVASO 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
BIVIGAM SOLN 10gm/100ml	3	HI
BIVIGAM SOLN 5gm/50ml	4	HI
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 5gm/100ml, 10gm/100ml, .5gm/10ml, 10gm/200ml, 20gm/200ml, 20gm/400ml, 2.5gm/50ml, 5gm/50ml	3	HI
GAMASTAN INJ	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
GAMMAGARD S/D LESS IGA SOLR INTRAVENOUS 5gm, 10gm	3	HI
GAMMAGARD SOLN INJECTION	3	HI
GAMMAKED SOLN INJECTION	3	HI
GAMMAPLEX SOLN INTRAVENOUS 10gm/200ml	3	HI
GAMMAPLEX SOLN INTRAVENOUS 10gm/100ml, 20gm/200ml, 5gm/50ml	4	HI
GAMUNEX-C SOLN INJECTION 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 5gm/50ml	3	HI
HYPERHEP B SOLN	3	
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 5gm/100ml, 1gm/20ml, 2gm/20ml, 25gm/500ml	3	HI
PANZYGA SOLN INTRAVENOUS 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml	5	HI
PRIVIGEN SOLN INTRAVENOUS	3	HI
VARIZIG SOLN	6	
XEMBIFY SOLN SUBCUTANEOUS 2gm/10ml, 4gm/20ml, 10gm/50ml, 1gm/5ml	5	HI
TOXOIDS		

Drug Name	Drug Tier	Requirements/ Limits
DIPHTHERIA-TETANUS TOXOIDS DT SUSP	6	
KINRIX SUSP	6	
QUADRACEL SUSP	6	
TDVAX SUSP	6	
TENIVAC INJ	6	
VACCINES		
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	
IPOL 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	

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
VARIVAX INJ	6	
VAXCHORA SUSR	3	
YF-VAX INJ	6	
ZOSTAVAX SUSR	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir oint</i>	2	
AKTIPAK PACK	4	MO
AVC VAGINAL CREA	3	
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	
CLEOCIN SUPP	4	
<i>clindacin-p swab</i>	2	MO
<i>clindamycin phos-benzoyl perox 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
CLINDESSE CREA	4	
<i>clotrimazole crea</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<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	
DENAVIR CREA	5	
<i>econazole nitrate crea</i>	2	
ERTACZO CREA	4	
<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	
EXELDERM CREA	4	
EXELDERM SOLN	4	
<i>gentamicin sulfate crea</i>	2	
<i>gentamicin sulfate oint</i>	2	
<i>gynazole-1 crea</i>	2	
<i>ivermectin crea</i>	2	
<i>ivermectin lotn</i>	2	
<i>ketoconazole crea</i>	2	
<i>ketoconazole foam</i>	2	
<i>ketoconazole sham</i>	2	
<i>ketodan foam</i>	2	
<i>lindane sham</i>	2	
LULICONAZOLE CREA	4	
LUZU CREA	4	
<i>mafenide acetate pack</i>	2	
<i>malathion lotn</i>	2	
MENTAX CREA	4	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole lotn</i>	2	
<i>miconazole 3 supp</i>	2	
<i>miconazole-zinc oxide-petrolat oint</i>	2	
<i>mupirocin calcium crea</i>	2	
<i>mupirocin oint</i>	2	
<i>naftifine hcl crea</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>naftifine hcl gel</i>	2	
NAFTIN GEL	4	
NATROBA SUSP	4	
<i>neomycin-polymyxin b gu soln</i>	2	
<i>nyamyc powd</i>	2	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd</i>	2	
<i>nystop powd</i>	2	
ORAVIG TABS	4	
<i>ovide lotn</i>	2	
<i>oxiconazole nitrate crea</i>	2	
OXISTAT LOTN	4	
<i>permethrin crea</i>	2	
PR BENZOYL PEROXIDE WASH LIQD	2	
<i>selenium sulfide lotn</i>	2	
SELENIUM SULFIDE SHAM	2	
SILVER SULFADIAZINE CREA	2	
SKLICE LOTN	4	
SODIUM SULFACETAMIDE SHAM	2	
SODIUM SULFACETAMIDE WASH LIQD	2	
SOOLANTRA CREA	4	
SPINOSAD SUSP	4	
SSD CREA	2	
<i>sulfacetamide sodium (acne) lotn</i>	2	MO
SULFACETAMIDE SODIUM GEL	2	
SULFACETAMIDE SODIUM LIQD	2	
SULFAMYLON CREA	3	
<i>tavaborole soln</i>	2	
<i>terconazole crea</i>	2	
<i>terconazole supp</i>	2	
VANDAZOLE GEL	2	

Drug Name	Drug Tier	Requirements/ Limits
XEPI CREA	4	MO
XERESE CREA	4	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>ala scalp lotn</i>	2	MO
<i>ala-cort crea 1%, 2.5%</i>	2	MO
<i>alclometasone dipropionate crea</i>	2	MO
<i>alclometasone dipropionate oint</i>	2	MO
<i>amcinonide crea</i>	2	MO
<i>amcinonide lotn</i>	2	MO
<i>amcinonide oint</i>	2	MO
<i>anusol-hc crea</i>	2	MO
<i>apexicon e crea</i>	2	MO
<i>benzoyl perox-hydrocortisone lotn</i>	2	
BENZOYL PEROXIDE FORTE- HC LOTN	5	NDS
<i>beser lotn</i>	2	MO
<i>betamethasone dipropionate aug crea</i>	2	MO
<i>betamethasone dipropionate aug gel</i>	2	MO
<i>betamethasone dipropionate aug lotn</i>	2	MO
<i>betamethasone dipropionate aug oint</i>	2	MO
<i>betamethasone dipropionate crea</i>	2	MO
<i>betamethasone dipropionate lotn</i>	2	MO
BETAMETHASONE DIPROPIONATE OINT	2	MO
<i>betamethasone valerate crea</i>	2	MO
<i>betamethasone valerate foam</i>	2	MO
BETAMETHASONE VALERATE LOTN	2	MO
BETAMETHASONE VALERATE OINT	2	MO
BRYHALI LOTN	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
<i>calcipotriene-betameth diprop oint</i>	2	MO,NDS
<i>calcipotriene-betameth diprop susp</i>	5	NDS
CAPEX SHAM	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
CLOBEX SHAM	2	MO
CLOBEX SPRAY LIQD	2	MO
<i>clocortolone pivalate crea</i>	2	MO
<i>clocortolone pivalate pump crea</i>	2	MO
<i>clodan sham</i>	2	MO
<i>colocort enem</i>	2	MO
CORDRAN TAPE	3	MO
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
DESONATE GEL	4	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
<i>desoximetasone crea .05%, .25%</i>	2	MO
<i>desoximetasone gel</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<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
DUOBRII LOTN	4	MO
ENSTILAR FOAM	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
FLUOCINONIDE GEL	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
HALOBETASOL PROPIONATE FOAM	5	NDS
<i>halobetasol propionate oint</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
HALOG CREA	4	MO
HALOG OINT	4	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
PANDEL CREA	4	MO
prednicarbate crea	2	MO
prednicarbate oint	2	MO
procto-med hc crea	2	MO
procto-pak crea	2	MO

Drug Name	Drug Tier	Requirements/ Limits
proctosol hc crea	2	MO
proctozone-hc crea	2	MO
psorcon crea	2	MO
TACLONEX SUSP	5	NDS
topicort crea .05%, .25%	2	MO
topicort gel	2	MO
topicort oint	2	MO
tovet foam	2	MO
triamcinolone acetamide aers	2	MO
triamcinolone acetamide crea .025%, .1%, .5%	2	MO
triamcinolone acetamide lotn .025%, .1%	2	MO
triamcinolone acetamide oint .025%, .05%, .1%, .5%	2	MO
triamcinolone acetamide pste	2	MO
trianex oint	2	MO
triderm crea .1%, .5%	2	MO
tritocin oint	2	MO
UCERIS FOAM	4	MO
ULTRAVATE LOTN	5	NDS
VANOXIDE-HC LOTN	2	
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

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
LIDOCAINE-HYDROCORT (PERIANAL) CREA	2	
LIDOCAINE-HYDROCORTISONE ACE KIT	2	
<i>lidocaine-prilocaine crea</i>	2	PA,MO
<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>proctofoam hc foam</i>	2	
<i>texacort soln</i>	2	MO
TOPEX TOPICAL ANESTHETIC AERO	2	
ZERUVIA PTCH	2	
ZIONODIL 100 LOTN	2	
ZIONODIL LOTN	2	
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOTN	4	PA,MO
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
RETIN-A MICRO PUMP GEL .08%	4	PA,MO
RETIN-A MICRO PUMP GEL	5	PA,NDS
TARGRETIN GEL	5	PA,NDS
<i>tretinoin crea .025%, .05%, .1%</i>	2	PA,MO

Drug Name	Drug Tier	Requirements/ Limits
<i>tretinoin gel .01%, .025%, .05%</i>	2	PA,MO
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA,MO
<i>tretinoin microsphere pump gel .04%, .1%</i>	2	PA,MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ABSORICA CAPS 25mg, 35mg	4	NDS
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	NDS
<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	NDS
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>amnestem 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	

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>claravis caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
CONDYLOX GEL	4	MO
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
DIFFERIN LOTN	4	MO
EPIDUO FORTE GEL	4	MO
FABIOR FOAM	4	PA,MO
FINACEA FOAM	4	MO
<i>fluorouracil crea 5%</i>	2	MO
<i>fluorouracil crea .5%</i>	5	
<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
<i>keralyt sham</i>	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	

Drug Name	Drug Tier	Requirements/ Limits
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-CLEANSER KIT	2	
SALIMEZ CREA	2	
SANTYL OINT	3	MO
SILIQ SOSY	5	NDS
SKYRIZI (150 MG DOSE) PSKT	5	
SKYRIZI PEN SOAJ	5	
SKYRIZI SOSY	5	
SORILUX FOAM	4	MO
SSS 10-5 CREA	2	
STELARA SOLN 45mg/0.5ml, 130mg/26ml	5	PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	PA
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	
SULFACLEANSE 8/4 SUSP	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>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
TOLAK CREA	4	
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
VEREGEN OINT	4	MO
WYNZORA CREA	5	NDS
XUREA CREA	2	
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
ZYCLARA PUMP CREA	4	MO
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<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
MYRBETRIQ TB24 25mg, 50mg	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

Drug Name	Drug Tier	Requirements/ Limits
<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>tropium chloride er cp24</i>	2	MO
<i>tropium chloride tabs</i>	2	MO
VITAMINS		
VITAMINS		
ADC/F (0.5MG/ML) SOLN	2	MO
<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
DOXERCALCIFEROL SOLN	2	
MULTI- VITAMIN/FLUORIDE/IR ON SOLN	2	MO
MULTI- VITAMIN/FLUORIDE SOLN	2	MO
MULTIVITAMIN/FLUORI DE CHEW	2	MO
MVC-FLUORIDE CHEW	2	MO
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	PA,MO
PARICALCITOL SOLN	2	
PRENATAL TABS	4	MO
RAYALDEE CPCR	5	NDS
TRI- VITAMIN/FLUORIDE SOLN	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
TRI-VITE/FLUORIDE SOLN	2	MO
VITAMINS ACD-FLUORIDE SOLN	2	MO
VP-PNV-DHA CAPS	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.

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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bupropion hcl er (sr) tb12 100mg, 150mg, 200mg	40
bupropion hcl er (xl) tb24 150mg, 300mg, 450mg	40
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cefazolin sodium solr	8	chlorhexidine gluconate soln	47
cefazolin sodium solr injection 1gm, 10gm, 500mg	8	chloroprocaine hcl (pf) soln	63
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cefdinir susr	8	chlorothiazide sodium solr	45
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cefixime caps	8	chlorpromazine hcl soln	41
cefixime susr	8	chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	41
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cefotetan disodium solr injection 1gm, 2gm	8	chlorzoxazone tabs 375mg, 500mg, 750mg	22
cefoxitin sodium solr injection	8	CHOLBAM CAPS 50mg, 250mg	51
cefoxitin sodium solr intravenous 1gm, 2gm	8	cholestyramine light pack	26
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cefuroxime axetil tabs	9	ciclopirox soln	68
cefuroxime sodium solr injection 7.5gm, 750mg	9	cidofovir soln	13
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ciprofloxacin susr	9	CLINIMIX/DEXTROSE (2.75/5) SOLN INTRAVENOUS	44
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clarithromycin susr	9	clobetasol propionate gel	70
clarithromycin tabs	9	clobetasol propionate liqd	70
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cleocin phosphate soln	9	clobetasol propionate oint	70
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clindamycin hcl caps	9	clocortolone pivalate pump crea	70
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clonidine hcl tabs .1mg, .2mg, .3mg	29	CORTISPORIN OINT	70
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colesevelam hcl tabs	26	CUPRIMINE CAPS.....	52
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COMETRIQ (140 MG DAILY DOSE) KIT.	16	cycloserine caps	12
COMETRIQ (60 MG DAILY DOSE) KIT ...	16	CYCLOSET TABS.....	56
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DARZALEX SOLN 400mg/20ml, 100mg/5ml	16
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decadron tabs 4mg, 6mg	52
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deferasirox tabs 90mg, 180mg, 360mg	52
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desoximetasone oint .05%, .25%	70
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dexabliss tbpk	52	dicloxacillin sodium caps	9
dexamethasone elix	52	dicyclomine hcl caps	21
dexamethasone intensol conc	52	dicyclomine hcl soln	21
dexamethasone sod phosphate pf soln	52	dicyclomine hcl tabs	21
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dexchlorpheniramine maleate soln	15	DIFICID TABS	9
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dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg	34	diflorasone diacetate oint	70
dexpak 10 day tbpk	52	diflunisal tabs	31
dexpak 13 day tbpk	52	digitek tabs .125mg, .25mg	28
dexpak 6 day tbpk	52	digox tabs	28
dexrazoxane hcl solr	63	DIGOXIN ORAL SOLN	28
dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg	34	digoxin soln inj	28
dextroamphetamine sulfate soln	34	digoxin tabs 125mcg, 250mcg	28
dextroamphetamine sulfate tabs 5mg, 10mg	34	dihydroergotamine mesylate soln	23
DEXTROSE 10%/NACL 0.2%	46	dilantin caps 30mg, 100mg	35
DEXTROSE 5%/NACL 0.225%	46	dilantin infatabs chew	35
DEXTROSE IN LACTATED RINGERS SOLN	46	diltiazem hcl er beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	27
DEXTROSE SOLN	44	DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg	27
dextrose soln intravenous 5%, 10%	44	diltiazem hcl er coated beads tb24 180mg, 240mg, 300mg, 360mg, 420mg	27
DEXTROSE-NACL SOLN INTRAVENOUS	46	diltiazem hcl er cp12 60mg, 90mg, 120mg	27
DIACOMIT CAPS 250mg, 500mg	35	diltiazem hcl er cp24 120mg, 180mg, 240mg	27
DIACOMIT PACK 250mg, 500mg	35	diltiazem hcl soln	27
DIASTAT ACUDIAL GEL 10mg, 20mg	35	diltiazem hcl solr	27
DIASTAT PEDIATRIC GEL	35	diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg	28
diazepam conc	38	dilt-xr cp24 120mg, 180mg, 240mg	27
diazepam gel 2.5mg, 10mg, 20mg	35	dimenhydrinate soln	50
diazepam soln 5mg/5ml, 5mg/ml	38	dimethyl fumarate cpdr	39
diazepam tabs 2mg, 5mg, 10mg	38	dimethyl fumarate starter pack misc	39
diazoxide susp	56	DIPENTUM CAPS	50
diclofenac potassium tabs	31	diphen elix	15
diclofenac sodium er tb24	31	di-phen elix	15
diclofenac sodium gel 1%, 3%	70	diphenhydramine hcl elix	15
diclofenac sodium soln	48	diphenhydramine hcl soln	15
diclofenac sodium tbec	31	diphenoxylate-atropine liqd	50
		diphenoxylate-atropine tabs	50
		DIPHThERIA-TETANUS TOXOIDS DT SUSP	67

dipyridamole tabs 25mg, 50mg, 75mg	30	doxycycline hyclate tbec 50mg, 75mg,	9
disopyramide phosphate caps 100mg,		100mg, 150mg, 200mg	9
150mg	28	doxycycline monohydrate caps 50mg,	9
disulfiram tabs 250mg, 500mg	30	75mg, 100mg, 150mg	9
DIURIL SUSP	45	doxycycline monohydrate susr	9
divalproex sodium csdr	35	doxycycline monohydrate tabs 50mg,	9
divalproex sodium er tb24 250mg, 500mg	35	75mg, 100mg, 150mg	9
divalproex sodium tbec 125mg, 250mg,		doxylamine-pyridoxine tbec	50
500mg	35	DRIZALMA SPRINKLE CSDR	41
DIVIGEL GEL	57	dronabinol caps 2.5mg, 5mg, 10mg	50
dobutamine hcl soln	23	droperidol soln	38
DOBUTAMINE IN D5W SOLN	23	drosipren-eth estrad-levomefol tabs	54
DOCETAXEL (NON-ALCOHOL) SOLN		drosiprenone-ethinyl estradiol tabs	54
80mg/4ml, 160mg/8ml, 20mg/ml	16	DROXIA CAPS	17
docetaxel conc	16	droxidopa caps	23
docetaxel soln	17	DUAKLIR PRESSAIR AEPB	21
dofetilide caps 125mcg, 250mcg, 500mcg		DUAVEE TABS	57
.....	28	DUEXIS TABS	31
dolishale tabs	54	DULERA AERO	66
donepezil hcl tabs 5mg, 10mg, 23mg	22	duloxetine hcl cpep 20mg, 30mg, 40mg,	
donepezil hcl tbdp 5mg, 10mg	22	60mg	41
dopamine hcl soln	23	DUOBRII LOTN	70
DOPAMINE IN D5W SOLN	23	DUOPA SUSP	38
DOPTLET TABS	25	DUPIXENT SOPN 200mg/1.14ml,	
DORYX MPC TBEC	9	300mg/2ml	65
dorzolamide hcl soln	49	DUPIXENT SOSY 200mg/1.14ml,	
dorzolamide hcl-timolol mal pf soln	49	300mg/2ml	65
dorzolamide hcl-timolol mal soln	49	DURAMORPH SOLN .5mg/ml, 1mg/ml	31
dotti		DUREZOL EMUL	48
pttw .025mg/24hr, .0375mg/24hr, .05mg/		DURYSTA IMPL	49
24hr, .075mg/24hr, .1mg/24hr	57	dutasteride caps	60
DOVATO TABS	13	dutasteride-tamsulosin hcl caps	60
doxazosin mesylate tabs 1mg, 2mg, 4mg,		DUTOPROL TB24	27
8mg	25	dvorah tabs	31
doxepin hcl caps 10mg, 25mg, 50mg,		dxevo 11-day tbpk	52
75mg, 100mg, 150mg	41	DYANAVAL XR SUER	34
doxepin hcl conc	41	DYSPORT SOLR 300unit, 500unit	63
doxepin hcl crea	71		
doxepin hcl tabs 3mg, 6mg	41	E	
doxercalciferol caps .5mcg, 1mcg, 2.5mcg		e.e.s. 400 tabs	9
.....	74	EASYGEL GEL	63
DOXERCALCIFEROL SOLN	74	econazole nitrate crea	68
doxorubicin hcl liposomal inj	17	EDARBYCLOR TABS	29
DOXORUBICIN HCL SOLN	17	EDLUAR SUBL 5mg, 10mg	38
doxorubicin hcl solr	17	EDURANT TABS	13
doxy 100 solr intravenous	9	efavirenz caps 50mg, 200mg	13
doxycycline hyclate caps 50mg, 100mg	9	efavirenz tabs	13
doxycycline hyclate tabs 20mg, 75mg,		efavirenz-emtricitab-tenofovir tabs	13
100mg, 150mg	9	EGRIFTA SOLR	59

EGRIFTA SV SOLR.....	59	enoxaparin sodium soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 300mg/3ml, 100mg/ml, 150mg/ml	24
ELAPRASE SOLN	47	enpresse-28 tabs	54
ELELYSO SOLR.....	47	enskyce tabs	54
ELEPSIA XR TB24 1000mg, 1500mg	35	ENSPRYNG SOSY	63
ELESTRIN GEL	57	ENSTILAR FOAM.....	70
eletriptan hydrobromide tabs	37	entacapone tabs	38
ELIGARD KIT	17	entecavir tabs .5mg, 1mg	13
ELIQUIS TABS	24	ENTRESTO TABS.....	29
ELITEK SOLR.....	47	ENTYVIO SOLR	51
elixophyllin elix.....	74	enulose soln	44
ELLA TABS.....	54	ENVARUSUS XR TB24 .75mg, 1mg, 4mg	62
ELLENCES SOLN.....	17	EPCLUSA TABS	13
ELMIRON CAPS.....	63	EPIDIOLEX SOLN.....	35
eluryng ring	54	EPIDUO FORTE GEL	73
ELZONRIS SOLN	17	epifoam foam	70
EMBEDA CPCR	31	epinastine hcl soln	49
EMCYT CAPS	17	epinephrine (anaphylaxis) soln.....	23
EMEND SUSR.....	50	epinephrine soaj	23
EMFLAZA SUSP	52	EPINEPHRINE SOSY	23
EMFLAZA TABS 6mg, 18mg, 30mg, 36mg	52	EPIPEN 2-PAK SOAJ.....	23
EMGALITY (300 MG DOSE) SOSY	37	EPIPEN JR 2-PAK SOAJ	23
EMGALITY SOAJ	37	epirubicin hcl soln	17
EMGALITY SOSY.....	37	epitol tabs	35
emoquette tabs	54	EPIVIR HBV SOLN.....	13
EMPAVELI SOLN.....	63	epiphenone tabs 25mg, 50mg.....	29
EMPLICITI SOLR 300mg, 400mg	17	EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	25
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	38	epoprostenol sodium solr	66
emtricitabine caps.....	13	eprosartan mesylate tabs	29
emtricitabine-tenofovir df tabs	13	eptifibatide soln.....	24
EMTRIVA SOLN	13	EQUETRO CP12 100mg, 200mg, 300mg	41
emverm chew	8	ERAXIS SOLR INTRAVENOUS 50mg, 100mg	11
enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg	29	ERBITUX SOLN	17
enalaprilat inj.....	29	ergoloid mesylates tabs.....	23
enalapril-hydrochlorothiazide tabs.....	29	ergomar subl.....	23
ENBREL MINI SOCT.....	61	ergotamine-caffeine tabs	37
ENBREL SOLN.....	61	ERIVEDGE CAPS	17
ENBREL SOLR.....	61	ERLEADA TABS	17
ENBREL SOSY 25mg/0.5ml, 50mg/ml.....	61	erlotinib hcl tabs 25mg, 100mg, 150mg ...	17
ENBREL SURECLICK SOAJ	61	errin tabs.....	54
ENDARI PACK	63	ERTACZO CREA	68
endocet tabs	31	ertapenem sodium solr injection.....	9
ENDOMETRIN INST	59	ERWINASE SOLR.....	17
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	67	ERWINAZE SOLR.....	17
ENHERTU SOLR.....	17		

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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	68
erythromycin oint	47
erythromycin pads	68
erythromycin soln	68
ESBRIET CAPS	65
ESBRIET TABS 267mg, 801mg	65
escitalopram oxalate soln	41
escitalopram oxalate tabs 5mg, 10mg, 20mg	41
esgic caps	31
esgic tabs	31
ESMOLOL HCL SOLN	27
esmolol hcl-sodium chloride soln	27
esomeprazole magnesium cpdr 20mg, 40mg	51
esomeprazole magnesium pack 10mg, 20mg, 40mg	51
esomeprazole sodium solr	51
ESOMEPRAZOLE STRONTIUM CPDR	51
estarylla tabs	54
estazolam tabs 1mg, 2mg	38
estrace crea	57
estrace tabs .5mg, 1mg, 2mg	57
estradiol crea	57
estradiol pttw .025mg/24hr, .0375mg/24hr, .05mg/ 24hr, .075mg/24hr, .1mg/24hr	57
estradiol ptwk 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr	58
estradiol tabs 10mcg, .5mg, 1mg, 2mg	58
estradiol valerate oil	58
estradiol-norethindrone acet tabs	58
ESTRING RING	58
eszopiclone tabs 1mg, 2mg, 3mg	38
ethacrynic acid tabs	45
ethambutol hcl tabs 100mg, 400mg	12
ethosuximide caps	35
ethosuximide soln	35

ethynodiol diac-eth estradiol tabs	54
etodolac caps	31
etodolac er tb24	31
etodolac tabs	31
etonogestrel-ethinyl estradiol ring	54
ETOPOPHOS SOLR	17
etoposide soln	17
etravirine tabs 100mg, 200mg	13
EURAX CREA	68
EUTHYROX TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	60
EVAMIST SOLN	58
evekeo tabs 5mg, 10mg	34
EVENITY SOSY	61
everolimus tabs .25mg	62
everolimus tabs .5mg, .75mg	62
everolimus tabs 2.5mg, 5mg, 7.5mg	17
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	26
EVOMELA SOLR	17
EVOTAZ TABS	13
EVRYSDI SOLR	63
EXELDERM CREA	68
EXELDERM SOLN	68
exemestane tabs	17
EXJADE TBSO 125mg, 250mg, 500mg	52
EXONDYS 51 SOLN 500mg/10ml, 100mg/2ml	63
EXSERVAN FILM	39
EXTAVIA KIT	39
EYLEA SOLN	49
EYLEA SOSY	49
ezetimibe tabs	26
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FABRAZYME SOLR 5mg, 35mg	47
falmina tabs	54
famciclovir tabs 125mg, 250mg, 500mg	13
famotidine premixed soln	51
famotidine soln	51
famotidine susr	51
famotidine tabs 20mg, 40mg	51
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	41
FANAPT TITRATION PACK TABS	41
FARYDAK CAPS 10mg, 15mg, 20mg	17

FASENRA PEN SOAJ.....	65	FIRMAGON (240 MG DOSE) SOLR.....	17
FASENRA SOSY.....	65	FIRMAGON SOLR.....	17
FASLODEX SOLN.....	17	FIRVANQ SOLR.....	9
fayosim tabs.....	54	flac oil.....	48
febuxostat tabs 40mg, 80mg.....	61	FLAREX SUSP.....	48
felbamate susp.....	35	flavoxate hcl tabs.....	74
felbamate tabs 400mg, 600mg.....	35	FLEBOGAMMA DIF SOLN INTRAVENOUS	
felodipine er tb24 2.5mg, 5mg, 10mg.....	28	5gm/100ml, 10gm/100ml, .5gm/10ml,	
femynor tabs.....	54	10gm/200ml, 20gm/200ml, 20gm/400ml,	
fenofibrate caps 50mg, 134mg, 150mg....	26	2.5gm/50ml, 5gm/50ml.....	66
fenofibrate micronized caps 43mg, 67mg,		flecainide acetate tabs 50mg, 100mg,	
130mg, 200mg.....	26	150mg.....	28
fenofibrate tabs 40mg, 48mg, 54mg,		FLOLIPID SUSP 20mg/5ml, 40mg/5ml....	26
120mg, 145mg, 160mg.....	26	FLOVENT DISKUS AEPB 50mcg/blist,	
fenofibric acid cpdr 45mg, 135mg.....	26	100mcg/blist, 250mcg/blist.....	66
FENOFIBRIC ACID TABS 35mg, 105mg.	26	FLOVENT HFA AERO 110mcg/act,	
fenoprofen calcium caps.....	31	220mcg/act.....	66
fenoprofen calcium tabs.....	31	FLOVENT HFA AERO 44mcg/act.....	66
fenortho caps.....	31	floxuridine solr.....	17
FENSOLVI (6 MONTH) KIT.....	17	fluconazole in sodium chloride soln	
fentanyl citrate (pf) soct.....	31	intravenous.....	11
FENTANYL CITRATE (PF) SOLN		fluconazole susr.....	11
50mcg/ml, 1000mcg/20ml,		fluconazole tabs.....	11
2500mcg/50ml.....	31	flucytosine caps 250mg, 500mg.....	11
fentanyl citrate lpop 200mcg, 400mcg,		fludarabine phosphate soln.....	17
600mcg, 800mcg, 1200mcg, 1600mcg.	31	fludarabine phosphate solr.....	17
fentanyl citrate tabs 100mcg, 200mcg,		fludrocortisone acetate tabs.....	52
400mcg, 600mcg, 800mcg.....	31	flumazenil soln.....	39
fentanyl pt72 12mcg/hr, 25mcg/hr,		flunisolide soln.....	48
37.5mcg/hr, 50mcg/hr, 62.5mcg/hr,		fluocinolone acetonide body oil.....	70
75mcg/hr, 87.5mcg/hr, 100mcg/hr.....	31	fluocinolone acetonide crea .01%, .025%	70
FENTORA TABS 100mcg, 200mcg,		fluocinolone acetonide oil.....	48
400mcg, 600mcg, 800mcg.....	31	fluocinolone acetonide oint.....	70
FERRIPROX SOLN.....	52	fluocinolone acetonide scalp oil.....	70
FERRIPROX TABS 500mg, 1000mg.....	52	fluocinolone acetonide soln.....	70
FERRIPROX TWICE-A-DAY TABS.....	52	fluocinonide crea.....	70
FETROJA SOLR.....	9	fluocinonide emulsified base crea.....	70
FETZIMA CP24 20mg, 40mg, 80mg, 120mg		FLUOCINONIDE GEL.....	70
.....	41	fluocinonide oint.....	70
FETZIMA TITRATION C4PK.....	41	fluocinonide soln.....	70
fexmid tabs.....	22	FLUORITAB CHEW .25mg, .5mg, 1mg...	63
FIBRICOR TABS.....	26	FLUORITAB SOLN.....	63
FINACEA FOAM.....	73	fluorometholone susp.....	48
finasteride tabs.....	60	fluorouracil crea .5%.....	73
FINTEPLA SOLN.....	35	fluorouracil crea 5%.....	73
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FIRAZYR SOLN.....	23	fluoxetine hcl (pmd) tabs 10mg, 20mg...	41
FIRDAPSE TABS.....	63	fluoxetine hcl caps 10mg, 20mg, 40mg....	41

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fluoxetine hcl soln.....	41
fluoxetine hcl tabs 10mg, 20mg, 60mg.....	41
fluphenazine decanoate soln.....	41
fluphenazine hcl conc.....	41
fluphenazine hcl elix.....	41
fluphenazine hcl soln.....	41
fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg.....	41
flurandrenolide crea.....	70
flurandrenolide lotn.....	70
flurandrenolide oint.....	70
flurazepam hcl caps 15mg, 30mg.....	38
flurbiprofen sodium soln.....	48
flurbiprofen tabs.....	31
flutamide caps.....	17
fluticasone propionate crea.....	70
fluticasone propionate lotn.....	70
fluticasone propionate oint.....	70
fluticasone propionate susp.....	48
fluticasone-salmeterol aepb.....	66
fluvastatin sodium caps 20mg, 40mg.....	26
fluvastatin sodium er tb24.....	26
fluvoxamine maleate er cp24 100mg, 150mg.....	41
fluvoxamine maleate tabs 25mg, 50mg, 100mg.....	41
FML FORTE SUSP.....	48
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fomepizole soln.....	60
fondaparinux sodium soln 2.5mg/0.5ml.....	24
fondaparinux sodium soln 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml.....	24
FORTEO SOPN.....	58
FOSAMAX PLUS D TABS.....	61
fosamprenavir calcium tabs.....	13
fosaprepitant dimeglumine solr.....	50
fosfomycin tromethamine pack.....	15
fosinopril sodium tabs 10mg, 20mg, 40mg	29
fosinopril sodium-hctz tabs.....	29
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FOSRENOL PACK 750mg, 1000mg.....	45
FOTIVDA CAPS .89mg, 1.34mg.....	17
FREAMINE HBC SOLN INTRAVENOUS.....	44
frovatriptan succinate tabs.....	37
FULPHILA SOSY.....	25
fulvestrant soln.....	17
furosemide soln 8mg/ml, 10mg/ml.....	45

furosemide soln injection.....	45
FUROSEMIDE TABS 40mg, 80mg, 20mg.....	45
FUZEON SOLR.....	13
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gabapentin caps 100mg, 400mg.....	36
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gabapentin tabs 600mg, 800mg.....	36
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GAMIFANT SOLN 50mg/10ml, 100mg/20ml, 10mg/2ml.....	62
GAMMAGARD S/D LESS IGA SOLR INTRAVENOUS 5gm, 10gm.....	67
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GAMMAPLEX SOLN INTRAVENOUS 10gm/100ml, 20gm/200ml, 5gm/50ml ..	67
GAMMAPLEX SOLN INTRAVENOUS 10gm/200ml.....	67
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gemfibrozil tabs.....	26
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GENOTROPIN MINIQUICK SOLR .2mg..	59
GENOTROPIN MINIQUICK SOLR .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	59
GENOTROPIN SOLR 5mg, 12mg	59
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gentamicin in saline soln	10
gentamicin in saline soln intravenous	10
gentamicin sulfate crea	68
gentamicin sulfate oint	68
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GILENYA CAPS .25mg, .5mg	39
GILOTRIF TABS 20mg, 30mg, 40mg	17
GIMOTI SOLN	51
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GLASSIA SOLN INTRAVENOUS	66
glatiramer acetate sosy 20mg/ml, 40mg/ml	39
glatopa sosy 20mg/ml, 40mg/ml	39
glimepiride tabs 1mg, 2mg, 4mg	56
glipizide er tb24 2.5mg, 5mg, 10mg	56
glipizide tabs 5mg, 10mg	56
glipizide-metformin hcl tabs	56
GLOPERBA SOLN	61
GLUCAGEN HYPOKIT SOLR	56
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glyburide micronized tabs 1.5mg, 3mg, 6mg	56
glyburide tabs 1.25mg, 2.5mg, 5mg	56
glyburide-metformin tabs	56
glycate tabs	21
glycopyrrolate pf sosy	21
glycopyrrolate soln	21
glycopyrrolate tabs 1mg, 2mg	21
glydo prsy	71
GLYXAMBI TABS	56
GOLYTELY SOLR	51
GONITRO PACK	30
granisetron hcl soln	50
granisetron hcl tabs	50
GRANIX SOLN 480mcg/1.6ml, 300mcg/ml	25
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	25

GRASTEK SUBL	63
griseofulvin microsize susp	11
griseofulvin microsize tabs	11
griseofulvin ultramicrosize tabs	11
guanfacine hcl er tb24 1mg, 2mg, 3mg, 4mg	39
guanfacine hcl tabs 1mg, 2mg	29
GUANIDINE HCL TABS	22
gynazole-1 crea	68

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halcinonide crea	70
halobetasol propionate crea	70
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heparin (porcine) in nacl soln	24
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HERZUMA SOLR 150mg, 420mg	17
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HEXALEN CAPS	17
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HUMALOG MIX 50/50 KWIKPEN SUPN	56
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HUMALOG MIX 75/25 KWIKPEN SUPN	56
HUMALOG MIX 75/25 SUSP	56
HUMALOG SOCT	56
HUMALOG SOLN	56
humatin caps	12
HUMATROPE SOLR 5mg, 6mg, 12mg, 24mg	59
HUMIRA PEDIATRIC CROHNS START PSKT	61
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	61
HUMIRA PEN-CD/UC/HS STARTER PNKT 40mg/0.8ml, 80mg/0.8ml	61
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levothyroxine sodium caps 13mcg, 25mcg,		50mcg	60
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medroxyprogesterone acetate susy	59	methadone hcl tabs 5mg, 10mg	32
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	59	methamphetamine hcl tabs	34
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melodetta 24 fe chew	54	methocarbamol soln	22
meloxicam caps	32	methocarbamol tabs	22
meloxicam tabs	32	methotrexate sodium (pf) soln	19
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memantine hcl soln	39	methotrexate tabs	19
memantine hcl tabs 5mg, 10mg	39	methoxsalen rapid caps	73
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merzee caps	54	methylphenidate hcl er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg	35
mesalamine cpdr	50	methylphenidate hcl soln 5mg/5ml, 10mg/5ml	35
mesalamine enem	50	methylphenidate hcl tabs 5mg, 10mg, 20mg	35
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metaxall tabs	22		

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methylprednisolone tbpk.....	53	pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	30
methyltestosterone caps.....	53	30
metoclopramide hcl soln.....	51	minocycline hcl caps 50mg, 75mg, 100mg	10
metoclopramide hcl tabs 5mg, 10mg.....	51	10
metoclopramide hcl tbdp 5mg, 10mg	51	minocycline hcl er tb24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg...	10
metolazone tabs 2.5mg, 5mg, 10mg	45	minocycline hcl tabs 50mg, 75mg, 100mg	10
metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg	27	minoxidil tabs 2.5mg, 10mg.....	29
metoprolol tartrate soct.....	27	MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	25
metoprolol tartrate soln.....	27	25
metoprolol tartrate tabs 25mg, 50mg, 100mg	27	mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg	42
metoprolol tartrate tabs 37.5mg, 75mg.....	27	mirtazapine tbdp 15mg, 30mg, 45mg	42
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mibelas 24 fe chew.....	54	mometasone furoate soln	71
micafungin sodium solr intravenous 50mg, 100mg	11	mometasone furoate susp	48
miconazole 3 supp.....	68	mondoxyne nl caps 75mg, 100mg.....	10
miconazole-zinc oxide-petrolat oint	68	MONJUVI SOLR.....	19
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microgestin 1.5/30 tabs	55	montelukast sodium chew 4mg, 5mg	65
microgestin 1/20 tabs	55	montelukast sodium pack.....	65
microgestin fe 1.5/30 tabs	55	montelukast sodium tabs.....	65
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midazolam hcl (pf) soln.....	38	MORPHINE SULFATE (CONCENTRATE) SOLN	32
midazolam hcl soln	38	morphine sulfate (pf) soln 4mg/ml, 10mg/ml	32
midazolam hcl syrp.....	39	32
midodrine hcl tabs 2.5mg, 5mg, 10mg	23	MORPHINE SULFATE (PF) SOLN INTRAVENOUS	32
miglitol tabs 25mg, 50mg, 100mg.....	57	morphine sulfate er beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg.....	32
miglustat caps.....	47	morphine sulfate er cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg	32
mili tabs.....	55	32
millipred dp tbpk.....	53	morphine sulfate er tbcr 15mg, 30mg, 60mg, 100mg, 200mg.....	32
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MORPHINE SULFATE SOLN INJECTION 2mg/ml, 4mg/ml, 10mg/ml.....	33
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MOVANTIK TABS 12.5mg, 25mg	52
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moxifloxacin hcl in nacl soln intravenous..	10
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MULTI-VITAMIN/FLUORIDE SOLN	74
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nadolol tabs 20mg, 40mg, 80mg	27
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nafcillin sodium solr	10
nafcillin sodium solr injection	10

nafcillin sodium solr intravenous.....	10
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NEUPOGEN SOSY 300mcg/0.5ml,		1.66mcg/0.1ml	59
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nicardipine hcl caps 20mg, 30mg	28	norethin ace-eth estrad-fe chew	55
nicardipine hcl soln	28	norethin ace-eth estrad-fe tabs.....	55
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NITROFURANTOIN MACROCRYSTAL		nortrel 1/35 (21) tabs	55
CAPS	15	nortrel 1/35 (28) tabs	55
NITROFURANTOIN MONOHYD MACRO		nortrel 7/7/7 tabs.....	55
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nitrofurantoin susp	15	75mg	42
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pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr		NORVIR CAPS	13
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oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg	33
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oxycodone-acetaminophen tabs.....	33
oxycodone-acetaminophen tabs 5-300mg, 10-300mg.....	33
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PALFORZIA (120 MG DAILY DOSE) CSPK	64
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PALFORZIA (200 MG DAILY DOSE) CSPK	64	peg 3350-kcl-na bicarb-nacl solr	51
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PALFORZIA (3 MG DAILY DOSE) CSPK	64	PEGANONE TABS	36
PALFORZIA (300 MG MAINTENANCE) PACK	64	PEGASYS PROCLICK SOLN 135mcg/0.5ml, 180mcg/0.5ml.....	13
PALFORZIA (300 MG TITRATION) PACK	64	PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	14
PALFORZIA (40 MG DAILY DOSE) CSPK	64	PEGINTRON KIT	14
PALFORZIA (6 MG DAILY DOSE) CSPK	64	PEG-INTRON REDIPEN KIT	13
PALFORZIA (80 MG DAILY DOSE) CSPK	64	PEG-PREP KIT	51
PALFORZIA INITIAL ESCALATION CSPK	64	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg .	19
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palonosetron hcl soln.....	50	penicillamine tabs	52
palonosetron hcl sosy	50	PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS	10
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	47	penicillin g potassium solr injection	10
pamidronate disodium soln.....	61	penicillin g procaine susp	10
pamidronate disodium solr	61	penicillin g sodium solr injection	10
PANCREAZE CPEP	47	penicillin v potassium solr	10
PANDEL CREA	71	penicillin v potassium tabs	10
panlor tabs	33	pentamidine isethionate inh.....	12
PANRETIN GEL	72	pentamidine isethionate inj.....	12
pantoprazole sodium pack.....	51	PENTASA CPR 250mg, 500mg.....	50
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pantoprazole sodium tbec 20mg, 40mg ...	51	pentobarbital sodium soln.....	39
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paroxetine hcl tabs 10mg, 20mg	42	PERJETA SOLN.....	19
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paroxetine mesylate caps	42	perphenazine tabs 2mg, 4mg, 8mg, 16mg	42
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phenytoin chew.....	36	portia-28 tabs.....	55
phenytoin sodium extended caps 100mg, 200mg, 300mg	36	PORTRAZZA SOLN	19
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piperacillin sod-tazobactam so solr intravenous	10	pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg.....	38
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PIQRAY (250 MG DAILY DOSE) TBPK...	19	prandin tabs 1mg, 2mg.....	57
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pregabalin er tb24 82.5mg, 165mg, 330mg	33	PROCYSBI CPDR 25mg, 75mg.....	64
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REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	40
REBIF TITRATION PACK SOSY	40
REBLOZYL SOLR 25mg, 75mg	25
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TECFIDERA CPDR 120mg, 240mg	40
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TEFLARO SOLR INTRAVENOUS 400mg, 600mg.....	11
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timolol maleate soln .25%, .5%	49	toposar soln	20
timolol maleate tabs 5mg, 10mg, 20mg....	27	TOPOTECAN HCL SOLN	20
TIMOPTIC OCUDOSE SOLN .25%	49	topotecan hcl solr	20
TIMOPTIC-XE SOLG .25%, .5%	49	toremifene citrate tabs	20
		torsemidate tabs 5mg, 10mg, 20mg, 100mg	45
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INTRAVENOUS	47	triamterene-hctz tabs	45
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TRACLEER TBSO	66	triazolam tabs .125mg, .25mg	39
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tramadol hcl tabs 50mg, 100mg	34	trihexyphenidyl hcl soln	38
tramadol-acetaminophen tabs	34	trihexyphenidyl hcl tabs 2mg, 5mg	38
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trandolapril-verapamil hcl er tbcR	28	tri-legest fe tabs	55
tranexamic acid soln	24	tri-lo-estarylla tabs	55
tranexamic acid tabs	24	tri-lo-sprintec tabs	55
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tranylcypramine sulfate tabs	43	trimethobenzamide hcl caps	50
TRAVASOL SOLN INTRAVENOUS	45	trimethoprim tabs	15
TRAVATAN Z SOLN	49	tri-mili tabs	55
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100mg/20ml, 200mg/20ml	66	tritocin oint	71
tretinoin caps	20	TRIUMEQ TABS	14
tretinoin crea .025%, .05%, .1%	72	TRI-VITAMIN/FLUORIDE SOLN	74
tretinoin gel .01%, .025%, .05%	72	TRI-VITE/FLUORIDE SOLN	75
tretinoin microsphere gel .04%, .1%	72	trivora (28) tabs	55
tretinoin microsphere pump gel .04%, .1%		tri-vylibra lo tabs	55
.....	72	tri-vylibra tabs	55
trexall tabs 5mg, 7.5mg, 10mg, 15mg	20	TRIZIVIR TABS	14
trezix caps	34	TRODELVY SOLR	20
triamcinolone acetonide aers	71	TROKENDI XR CP24 25mg, 50mg, 100mg,	
triamcinolone acetonide		200mg	37
crea .025%, .1%, .5%	71	TROPHAMINE SOLN INTRAVENOUS	45
triamcinolone acetonide lotn .025%, .1%		tropium chloride er cp24	74
triamcinolone acetonide		tropium chloride tabs	74
oint .025%, .05%, .1%, .5%	71	TRULANCE TABS	52
triamcinolone acetonide pste	71	TRUMENBA SUSY	67
triamcinolone acetonide susp	53	TRUSELTIQ (100MG DAILY DOSE) CPPK	
triamterene caps 50mg, 100mg	45	20

TRUSELTIQ (125MG DAILY DOSE) CPPK	20
TRUSELTIQ (50MG DAILY DOSE) CPPK	20
TRUSELTIQ (75MG DAILY DOSE) CPPK	20
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	20
TUKYSA TABS 50mg, 150mg	20
TURALIO CAPS	20
TWINRIX SUSY	67
TYBOST TABS	14
tydemy tabs	55
TYKERB TABS	20
tylenol with codeine #3 tabs	34
tylenol with codeine #4 tabs	34
TYMLOS SOPN	58
TYPHIM VI SOLN	67
TYSABRI CONC INTRAVENOUS	40
TYVASO REFILL SOLN	66
TYVASO SOLN	66
TYVASO STARTER SOLN	66

U

UBRELVY TABS 50mg, 100mg	37
UCERIS FOAM	71
UDENYCA SOSY	25
UKONIQ TABS	20
ULORIC TABS 40mg, 80mg	61
ULTOMIRIS SOLN	65
ULTRAVATE LOTN	71
UMECTA MOUSSE FOAM	74
UNITHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	60
UNITUXIN SOLN	20
UPLIZNA SOLN	63
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	66
UPTRAVI TBPK	66
UREA CREA 39%	74
UREA LOTN 40%	74
UREA-C40 LOTN	74
urecholine tabs 5mg, 10mg, 25mg, 50mg	22
uredeb crea	74
URETRON D/S TABS	15
URIN DS TABS	15

ursodiol caps	52
ursodiol tabs 250mg, 500mg	52
URYL TABS	15
USTELL CAPS	15
UTICAP CAPS	15
UTIRA-C TABS	15
UTRONA-C TABS	15

V

VABOMERE SOLR INTRAVENOUS	11
valacyclovir hcl tabs 1gm, 500mg	14
VALCHLOR GEL	74
valganciclovir hcl solr	14
valganciclovir hcl tabs	14
valproate sodium soln	37
valproic acid caps	37
valproic acid soln	37
valrubicin soln	20
valsartan tabs 40mg, 80mg, 160mg, 320mg	30
valsartan-hydrochlorothiazide tabs	30
VALTOCO 10 MG DOSE LIQD	37
VALTOCO 15 MG DOSE LQPK	37
VALTOCO 20 MG DOSE LQPK	37
VALTOCO 5 MG DOSE LIQD	37
vanadom tabs	22
vanatol lq soln	34
vancomycin hcl caps	11
vancomycin hcl solr	11
VANCOMYCIN HCL SOLR 250 MG	11
vancomycin hcl solr intravenous 1gm, 10gm, 500mg	11
VANDAZOLE GEL	69
VANOXIDE-HC LOTN	71
VANTAS KIT	20
VAQTA SUSP	67
VARIVAX INJ	68
VARIZIG SOLN	67
VARUBI (180 MG DOSE) TBPK	50
VASCEPA CAPS .5gm, 1gm	26
VAXCHORA SUSR	68
vecamyl tabs	29
VECTICAL OINT	74
VELCADE SOLR	20
velivet tabs	55
VELPHORO CHEW	45
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	45
VEMLIDY TABS	14

VENCLEXTA STARTING PACK TBPk.....	20	vinorelbine tartrate soln	20
VENCLEXTA TABS 10mg.....	20	VIOKACE TABS	47
VENCLEXTA TABS 50mg, 100mg.....	20	VIRACEPT TABS 250mg, 625mg	14
venlafaxine hcl er cp24 37.5mg, 75mg, 150mg	43	VIREAD POWD	14
venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg	43	VIREAD TABS 150mg.....	14
venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	43	VIREAD TABS 200mg, 250mg.....	14
VENTAVIS SOLN 10mcg/ml, 20mcg/ml...66		VISTOGARD PACK.....	61
VENTOLIN HFA AERS.....	23	VITAMINS ACD-FLUORIDE SOLN.....	75
VERAPAMIL HCL ER CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg	28	VITRAKVI CAPS 25mg, 100mg	21
verapamil hcl er tbcR 120mg, 180mg, 240mg	28	VITRAKVI SOLN	21
verapamil hcl soln	28	VIVITROL SUSR	40
verapamil hcl tabs.....	28	VIZIMPRO TABS 15mg, 30mg, 45mg.....	21
verapamil hcl tabs 80mg, 120mg.....	28	VOCABRIA TABS.....	14
VEREGEN OINT.....	74	VORAXAZE SOLR	61
VERELAN CP24	28	voriconazole solr intravenous	12
veripred 20 soln	53	voriconazole susR.....	12
VERSACLOZ SUSP	43	voriconazole tabs.....	12
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	20	VOSEVI TABS	14
vestura tabs	55	VOTRIENT TABS	21
VIBERZI TABS 75mg, 100mg	52	VP-PNV-DHA CAPS.....	75
VIBRAMYCIN SYRP.....	11	VPRIV SOLR	47
vicodin es tabs	34	VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	43
vicodin hp tabs.....	34	VRAYLAR CPPK	43
vicodin tabs.....	34	VUMERITY (STARTER) CPDR.....	65
VICTOZA SOPN	57	VUMERITY CPDR.....	65
VIDEX EC CPDR 125mg, 200mg, 400mg	14	vyfemla tabs	55
VIDEX SOLR 2gm, 4gm	14	vylibra tabs.....	55
VIEKIRA PAK TBPk.....	14	VYNDAMAX CAPS.....	29
VIEKIRA XR TB24	14	VYNDAQEL CAPS	29
vienva tabs.....	55	VYONDYS 53 SOLN	65
vigabatrin pack.....	37	VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg.....	35
vigabatrin tabs	37	VYVANSE CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg.....	35
vigadrone pack	37	VYXEOS SUSR.....	21
VIIBRYD STARTER PACK KIT	43	VYZULTA SOLN.....	49
VIIBRYD TABS 10mg, 20mg, 40mg.....	43		
VILTEPSO SOLN	65		
VIMIZIM SOLN	47		
VIMPAT SOLN.....	37		
VIMPAT TABS	37		
vinblastine sulfate soln	20		
vincasar pfs soln.....	20		
vincristine sulfate soln	20		

W

WAKIX TABS 4.45mg, 17.8mg.....	35
warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 10mg.....	24
WATER FOR IRRIGATION, STERILE SOLN	65
wixela inhub aepb.....	66
wymzya fe chew	55
WYNZORA CREA	74

X

XALKORI CAPS 200mg, 250mg	21
XARELTO STARTER PACK TBPk.....	24
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	24
XATMEP SOLN	21
XCOPRI (250 MG DAILY DOSE) TBPk...37	
XCOPRI (350 MG DAILY DOSE) TBPk...37	
XCOPRI TABS 200 MG.....	37
XCOPRI TABS 50mg, 100mg, 150mg	37
XCOPRI TBPk.....	37
XCOPRI TBPk 14 x 12.5 MG & 14 X 25 MG	37
XELJANZ SOLN	62
XELJANZ TABS 5mg, 10mg	62
XELJANZ XR TB24 11mg, 22mg	62
XELPROS EMUL.....	49
XEMBIFY SOLN SUBCUTANEOUS 2gm/10ml, 4gm/20ml, 10gm/50ml, 1gm/5ml	67
XENLETA SOLN.....	11
XENLETA TABS	11
XEOMIN SOLR.....	65
XEOMIN SOLR 50unit, 100unit.....	65
XEPI CREA.....	69
XERESE CREA	69
XERMELO TABS.....	50
XGEVA SOLN.....	61
XHANCE EXHU.....	49
XIFAXAN TABS 200mg, 550mg.....	11
XIIDRA SOLN	49
XIMINO CP24 45mg, 90mg, 135mg.....	11
XOFLUZA (40 MG DOSE) TBPk	15
XOFLUZA (80 MG DOSE) TBPk	15
XOLAIR SOLR.....	66
XOLAIR SOSY 75mg/0.5ml, 150mg/ml....	66
XOSPATA TABS	21
XPOVIO (100 MG ONCE WEEKLY) TBPk 20mg, 50mg	21
XPOVIO (40 MG ONCE WEEKLY) TBPk 20mg, 40mg	21
XPOVIO (40 MG TWICE WEEKLY) TBPk 20mg, 40mg	21
XPOVIO (60 MG ONCE WEEKLY) TBPk 20mg, 60mg	21
XPOVIO (60 MG TWICE WEEKLY) TBPk	21

XPOVIO (80 MG ONCE WEEKLY) TBPk 20mg, 40mg	21
XPOVIO (80 MG TWICE WEEKLY) TBPk	21
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	34
XTANDI CAPS.....	21
XTANDI TABS 40mg, 80mg	21
xulane ptwk.....	55
XUREA CREA	74
XURIDEN PACK.....	65
xylocaine dental soln	65
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	53
XYREM SOLN	39
XYWAV SOLN.....	39

Y

YERVOY SOLN.....	21
YF-VAX INJ	68
YONDELIS SOLR.....	21
YONSA TABS.....	21
YUPELRI SOLN	22
YUTIQ IMPL	49
yuvafem tabs	58

Z

zafemy ptwk.....	55
zafirlukast tabs 10mg, 20mg.....	65
zaleplon caps 5mg, 10mg.....	39
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	21
zarah tabs.....	55
zarontin soln	37
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	25
zebutal caps	34
ZEJULA CAPS	21
ZELAPAR TBPd.....	38
ZELBORAF TABS	21
ZEMAIRA SOLR INTRAVENOUS.....	66
ZEMBRACE SYMTOUCH SOAJ.....	37
ZEMDRI SOLN INTRAVENOUS.....	11
zenatane caps 10mg, 20mg, 30mg, 40mg	74
ZENPEP CPEP	47
zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg.....	35
ZEPATIER TABS.....	15

ZEPOSIA 7-DAY STARTER PACK CPPK	40	zolmitriptan soln.....	37
ZEPOSIA CAPS	40	zolmitriptan tabs	37
ZEPOSIA STARTER KIT CPPK.....	40	zolmitriptan tbdp	37
ZEPZELCA SOLR	21	zolpidem tartrate er tbc 6.25mg, 12.5mg	39
ZERBAXA SOLR INTRAVENOUS	11	zolpidem tartrate subl 1.75mg, 3.5mg	39
ZERIT CAPS 15mg, 20mg, 30mg, 40mg .	15	zolpidem tartrate tabs 5mg, 10mg.....	39
ZERUVIA PTCH	72	ZOMACTON SOLR	60
ZETONNA AERS.....	49	ZOMACTON SOLR 5mg	60
zidovudine caps	15	ZOMIG SOLN	37
zidovudine syrp.....	15	zonisamide caps 25mg, 50mg, 100mg.....	37
zidovudine tabs.....	15	ZONTIVITY TABS	24
ZIEXTENZO SOSY.....	25	ZORBTIVE SOLR.....	60
zileuton er tb12	65	ZORTRESS TABS .25mg.....	63
ZINBRYTA SOSY	40	ZORTRESS TABS .5mg, .75mg, 1mg	63
ZIONODIL 100 LOTN	72	ZORVOLEX CAPS	34
ZIONODIL LOTN	72	ZOSTAVAX SUSR	68
ZIOPTAN SOLN	49	ZOSYN SOLN INTRAVENOUS	11
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	43	zovia 1/35e (28) tabs	55
ziprasidone mesylate solr	43	ZUBSOLV SUBL	40
ZIPSOR CAPS.....	34	ZUPLENZ FILM 4mg, 8mg	50
ZIRABEV SOLN 400mg/16ml, 100mg/4ml	21	ZYCLARA PUMP CREA.....	74
ZIRGAN GEL	48	ZYDELIG TABS 100mg, 150mg.....	21
ZITHROMAX PACK.....	11	ZYKADIA CAPS	21
ZOKINVY CAPS 50mg, 75mg	65	ZYKADIA TABS.....	21
zoledronic acid conc	61	ZYLET SUSP	49
zoledronic acid soln	61	ZYNLONTA SOLR.....	21
ZOLINZA CAPS.....	21	ZYPITAMAG TABS 1mg, 2mg, 4mg	26
		ZYPREXA RELPREVV SUSR.....	43
		ZYTIGA TABS	21
		ZYVOX SOLN INTRAVENOUS.....	11

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: Ջանգահարեք **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** (телетайп: 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

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-443-0815** (TTY: **711**)។

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

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **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:

- 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 **1-800-476-2167 (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

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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** (телетайп: **711**).

Japanese

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Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው 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

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (711 TTY: 1-800-476-2167) تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-476-2167** (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) ।

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 Health Plan 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 **1-800-232-4404 (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** (телетайп: **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。**1-800-232-4404** (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

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-232-4404** (መስማት ለተሳናቸው: **711**)።

Farsi

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

Arabic

ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر 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 નિ:શુલ્ક 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

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ **1-800-805-2739** (TTY: **711**).

Ilocano

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe 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 togoti, mo oe, Telefoni mai: **1-800-805-2739** (TTY: **711**).

Marshallese

LALE: Ñe kwōj kōnono Kajin Majōl, kwomarōñ bōk jermal in jipañ ilo kajin ñe am ejjeļok wōñāān. Kaalok **1-800-805-2739** (TTY: **711**)

Trukese

MEI AUCHEA: Ika iei foosun fonuomw: 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

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 - ◆ 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 **1-888-777-5536** (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** (телетайп: **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

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: **711**).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता `वाएं उपलब्ध हैं। **1-888-777-5536** (TTY: **711**) पर कॉल करें।

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር 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 (TTY: 711) 1-888-777-5536 تماس بگیرید

Arabic

ملحوظة: إذا كنت تتحدث اذکر اللغة، فإن خدمات المساعدة اللغوية تتوافر 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 નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-777-5536 (TTY: 711).

Notice of nondiscrimination

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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 **1-877-221-8221 (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** (телетайп: 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៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អិតគឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-877-221-8221** (TTY: 711)។

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **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 تتوافر لك بالمجان. اتصل برقم **1-877-221-8221** (رقم هاتف الصم والبكم: 711).

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር 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

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ **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** (телетайп: 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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