

Kaiser Permanente

2024 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 09/01/2023. 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 Services

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Permanente Senior Advantage (HMO), Kaiser Permanente Senior Advantage (HMO-POS) and Kaiser Permanente Senior Advantage (PPO)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

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

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) and Kaiser Permanente Medicare Advantage (HMO-POS)

Member Services

1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Permanente Senior Advantage (HMO) and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services

1-877-221-8221 TTY 711



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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 01/01/2024. 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 the 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 these 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 01/01/2024. 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 10. 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 60. 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, Shingrix 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 2024 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 2024 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 2024 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 60.

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

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

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

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

Tier 3 – Preferred brand-name drugs

Tier 4 – Non-Preferred 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 6 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.

DOSAGE FORM	DOSAGE FORM DESCRIPTION
AERO	Aerosol
AEPB	Aerosol Powder, Breath Activated
AERB	Aerosol, Breath Activated
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AUIJ	Auto-injector
AJKT	Auto-injector Kit
CAPS	Capsule
CAPA	Capsule Abuse- Deterrent
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEP	Capsule Delayed Release Particles
CSDR	Capsule Delayed Release Sprinkle
CDPK	Capsule Delayed Release Therapy Pack
C12A	Capsule ER 12 Hour Abuse-Deterrent
CS12	Capsule ER 12 Hour Sprinkle
C2PK	Capsule ER 12 Hour Therapy Pack
C24A	Capsule ER 24 Hour Abuse-Deterrent
CS24	Capsule ER 24 Hour Sprinkle
C4PK	Capsule ER 24 Hour Therapy Pack
CP12	Capsule Extended Release 12 Hour
CP24	Capsule Extended Release 24 Hour
CPEA	Capsule Extended Release Abuse-Deterrent
CSER	Capsule Extended Release Sprinkle
CEPK	Capsule Extended Release Therapy Pack
CPCR	Capsule Extended Release*
CPSP	Capsule Sprinkle
CPPK	Capsule Therapy Pack
CART	Cartridge
CTKT	Cartridge Kit
CONC	Concentrate
CREA	Cream

DOSAGE FORM	DOSAGE FORM DESCRIPTION
CRYS	Crystals
DEVI	Device
TEST	Diagnostic Test
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXHA	Exhaler
EXHL	Exhaler Liquid
EXHP	Exhaler Powder
EXHS	Exhaler Solution
EXHU	Exhaler Suspension
FLAK	Flakes
EXTR	Fluid Extract
SOLG	Gel Forming Solution
GRAN	Granules
GRAF	Granules Effervescent
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector (Needleless)
JTKT	Jet-injector Kit (Needleless)
LEAV	Leaves
LIQD	Liquid
LQCR	Liquid Extended- Release
LQPK	Liquid Therapy Pack
LOTN	Lotion
LOZG	Lozenge
LPOP	Lozenge on a Handle
MISC	Miscellaneous
NEBU	Nebulization Solution
OINT	Ointment
PACK	Packet
PSTE	Paste
PTCH	Patch
PT24	Patch 24 HR
PT72	Patch 72 HR
PTTW	Patch Twice Weekly
PTWK	Patch Weekly

DOSAGE FORM	DOSAGE FORM DESCRIPTION
PLLT	Pellet
PEN	Pen-injector
PNKT	Pen-injector Kit
POWD	Powder
PDEF	Powder Effervescent
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PUDG	Pudding
SHAM	Shampoo
SHEE	Sheet
SOLN	Solution
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOTJ	Solution Jet-injector
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SPRT	Spirit
STCK	Stick
STRP	Strip
SUPP	Suppository
SUSP	Suspension
SUAJ	Suspension Autoinjector
SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUTJ	Suspension Jetinjector
SUPN	Suspension Peninjector
SUSY	Suspension Prefilled Syringe
SUSR	Suspension Reconstituted
SRER	Suspension Reconstituted ER
SUPK	Suspension Therapy Pack
SYRP	Syrup
CHER	Table Chewable Extended Release
TABS	Tablet
TABA	Tablet Abuse-Deterrent
CHEW	Tablet Chewable
TBEC	Tablet Delayed Release
TBDD	Tablet Delayed Release Disintegrating

DOSAGE FORM	DOSAGE FORM DESCRIPTION
TDPK	Tablet Delayed Release Therapy Pack
TBDP	Tablet Disintegrating
TB3D	Tablet Disintegrating Soluble
TB3E	Tablet Disintegrating Soluble ER
TPPK	Tablet Disintegrating Therapy Pack
TBEF	Tablet Effervescent
T12A	Tablet ER 12 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T24A	Tablet ER 24 Hour Abuse-Deterrent
T4PK	Tablet ER 24 Hour Therapy Pack
TB12	Tablet Extended Release 12 HR*
TB24	Tablet Extended Release 24 HR*
TBEA	Tablet Extended Release Abuse-Deterrent
TBED	Tablet Extended Release Disintegrating
TEPK	Tablet Extended Release Therapy Pack
TBCR	Tablet Extended-Release
TBSO	Tablet Soluble
SUBL	Tablet Sublingual
TBPK	Tablet Therapy Pack
THPK	Therapy Pack
TINC	Tincture
TROC	Troche
WAFR	Wafer

Drug Name	Drug Tier	Requirements/ Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs</i>	2	NDS
<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 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 125-31.25mg/5ml	3	
<i>azithromycin solr intravenous</i>	2	HI
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	2	MO
<i>aztreonam solr injection</i>	2	HI
BICILLIN C-R 900/300 SUSP	4	
BICILLIN C-R SUSP 1200000unit/2ml	4	

Drug Name	Drug Tier	Requirements/ Limits
BICILLIN L-A SUSP 2400000unit/4ml	3	
BICILLIN L-A SUSY 600000unit/ml	3	
BICILLIN L-A SUSY 1200000unit/2ml	4	
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	MO
<i>cefadroxil caps</i>	2	
<i>cefazolin sodium solr injection 1gm, 10gm, 500mg</i>	2	HI
<i>cefdinir caps</i>	2	
<i>cefdinir susr</i>	2	
CEFEPIME HCL SOLN INTRAVENOUS 2gm/100ml	2	HI
<i>cefepime hcl solr injection 1gm</i>	2	HI
<i>cefepime hcl solr intravenous 2gm</i>	2	HI
CEFEPIME-DEXTROSE SOLR INTRAVENOUS 2-5gm-%(50ml)	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 intravenous 1gm, 2gm, 10gm</i>	2	HI
<i>cefpodoxime proxetil susr</i>	2	
<i>cefpodoxime proxetil tabs</i>	2	
<i>ceftazidime solr injection 1gm, 6gm</i>	2	HI
<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	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>cefuroxime sodium solr injection 750mg</i>	2	HI
<i>cefuroxime sodium solr intravenous 1.5gm</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>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>	4	HI
DALVANCE SOLR INTRAVENOUS	5	HI
DAPTOMYCIN SOLR INTRAVENOUS 350mg, 500mg	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 60mg	4	
<i>doxy 100 solr intravenous</i>	2	HI
<i>doxycycline hyclate caps 50mg, 100mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline hyclate tabs 20mg, 100mg</i>	2	MO
<i>doxycycline monohydrate caps 50mg</i>	2	MO
<i>doxycycline monohydrate susr</i>	2	MO
<i>doxycycline monohydrate tabs 50mg, 100mg</i>	2	MO
<i>e.e.s. 400 tabs</i>	2	
<i>ertapenem sodium solr injection</i>	2	HI
ERYTHROCIN LACTOBIONATE SOLR INTRAVENOUS	2	HI
<i>erythromycin base cpep</i>	2	MO
<i>erythromycin base tabs 250mg</i>	2	
<i>erythromycin base tabs 500mg</i>	4	
<i>erythromycin tbec 250mg</i>	2	
FETROJA SOLR	5	NDS
<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>linezolid soln intravenous</i>	2	HI
<i>linezolid susr</i>	5	NDS
<i>linezolid tabs</i>	2	NDS
LYMEPAK TABS	5	NDS
<i>meropenem solr intravenous 1gm, 500mg</i>	2	HI

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

Drug Name	Drug Tier	Requirements/ Limits
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	2	MO
<i>minocycline hcl tabs 100mg</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
ORBACTIV SOLR	5	NDS
OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS	3	HI
<i>oxacillin sodium solr injection 1gm, 2gm</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 intravenous</i>	2	HI
RECARBRIO SOLR	5	NDS
SEYSARA TABS 60mg, 100mg, 150mg	5	NDS
SIVEXTRO SOLR INTRAVENOUS	5	HI
SIVEXTRO TABS	5	NDS
<i>streptomycin sulfate solr</i>	5	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole-trimethoprim soln</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim susp</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs</i>	2	MO
<i>sulfasalazine tabs</i>	2	
<i>sulfasalazine tbec</i>	2	
SYNERCID SOLR	3	
<i>tazicef solr injection</i>	2	HI
<i>tazicef solr intravenous 2gm, 6gm</i>	2	HI
TEFLARO SOLR INTRAVENOUS	5	HI
<i>tetracycline hcl caps 250mg, 500mg</i>	2	MO
<i>tigecycline solr intravenous</i>	5	HI
<i>tobramycin sulfate soln injection 80mg/2ml, 10mg/ml</i>	2	HI
<i>vancomycin hcl caps</i>	2	
<i>vancomycin hcl solr 250mg/5ml</i>	2	
<i>vancomycin hcl solr intravenous 1gm, 10gm, 500mg</i>	2	HI
<i>vancomycin hcl solr intravenous 5gm</i>	2	
XENLETA SOLN	5	NDS
XENLETA TABS	5	NDS
XIFAXAN TABS 200mg	4	
XIFAXAN TABS 550mg	5	NDS
ZEMDRI SOLN INTRAVENOUS	5	HI
ZERBAXA SOLR INTRAVENOUS	5	HI
ANTIFUNGALS		
AMBISOME SUSR INTRAVENOUS	5	HI
<i>amphotericin b solr intravenous</i>	2	HI
<i>caspofungin acetate solr intravenous 70mg</i>	4	HI
CRESEMBA CAPS	5	NDS
CRESEMBA SOLR	5	NDS
<i>fluconazole in sodium chloride soln intravenous</i>	2	HI

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

Drug Name	Drug Tier	Requirements/ Limits
<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	
NOXAFIL PACK	5	NDS
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>posaconazole susp</i>	5	NDS
<i>posaconazole tbec</i>	4	MO
REZZAYO SOLR	5	NDS
<i>terbinafine hcl tabs</i>	2	
TOLSURA CAPS	5	NDS
<i>voriconazole solr intravenous</i>	5	HI
<i>voriconazole susr</i>	5	
<i>voriconazole tabs</i>	2	
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR	3	
<i>cycloserine caps</i>	5	
<i>dapsone tabs 25mg, 100mg</i>	2	MO
<i>ethambutol hcl tabs 100mg, 400mg</i>	2	MO
<i>isoniazid soln</i>	2	
<i>isoniazid syrup</i>	2	MO
<i>isoniazid tabs 100mg, 300mg</i>	2	MO
PRETOMANID TABS	3	
PRIFTIN TABS	4	MO
<i>pyrazinamide tabs</i>	2	MO
<i>rifabutin caps</i>	2	MO
<i>rifamate caps</i>	2	MO
<i>rifampin caps 150mg, 300mg</i>	2	MO
<i>rifampin solr intravenous</i>	2	HI

Drug Name	Drug Tier	Requirements/ Limits
SIRTURO TABS 20mg, 100mg	5	NDS
TRECTOR TABS	4	MO
ANTIPROTOZOALS		
ARTESUNATE SOLR	5	NDS
<i>atovaquone susp</i>	2	NDS
<i>atovaquone-proguanil hcl tabs</i>	2	
<i>chloroquine phosphate tabs</i>	2	
COARTEM TABS	3	
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
IMPAVIDO CAPS	5	NDS
KRINTAFEL TABS	3	
<i>mefloquine hcl tabs</i>	2	
<i>metronidazole caps</i>	2	
<i>metronidazole soln intravenous</i>	2	HI
<i>metronidazole tabs</i>	2	
<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
<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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>adefovir dipivoxil tabs</i>	2	NDS
APRETUDE SUER	4	
APTIVUS CAPS	3	MO
APTIVUS SOLN	3	MO
<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
<i>darunavir tabs 600mg, 800mg</i>	2	MO
DELSTRIGO TABS	4	MO
DESCOVY TABS 200-25mg	3	MO
DESCOVY TABS 120-15mg	4	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-tenofo df 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 0.5mg, 1mg</i>	2	MO
EPCLUSA PACK	5	PA,NDS
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

Drug Name	Drug Tier	Requirements/ Limits
<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
HARVONI TABS	5	PA,NDS
INTELENCE TABS 25mg	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
<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
LIVTENCITY TABS	5	NDS
<i>lopinavir-ritonavir soln</i>	2	MO
<i>lopinavir-ritonavir tabs</i>	2	MO
<i>maraviroc tabs 150mg, 300mg</i>	2	MO
MAVYRET PACK	5	PA,NDS
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 PACK	4	MO
NORVIR SOLN	3	MO
ODEFSEY TABS	3	MO
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	2	MO
<i>oseltamivir phosphate susr</i>	2	MO
PEGASYS PROCLICK SOAJ	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
PEGASYS SOLN	5	NDS
PEGASYS SOSY	5	NDS
PEGINTRON KIT	5	NDS
PIFELTRO TABS	4	MO
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	3	MO
RAPIVAB SOLN	5	NDS
REBETOL SOLN	4	MO
RELENZA DISKHALER AEPB	3	MO
RESCRIPTOR TABS	3	MO
RETROVIR SOLN	3	MO
REYATAZ PACK	4	MO
<i>ribasphere caps</i>	2	MO
<i>ribasphere ribapak (1000 pack) tbpk</i>	2	MO
<i>ribasphere ribapak (1200 pack) tbpk</i>	2	MO
<i>ribasphere tabs</i>	2	MO
<i>ribavirin caps</i>	2	MO
<i>ribavirin solr</i>	2	
<i>ribavirin tabs</i>	2	MO
<i>rimantadine hcl tabs</i>	2	MO
<i>ritonavir tabs</i>	2	MO
RUKOBIA TB12	4	
SELZENTRY SOLN	4	MO
SELZENTRY TABS 25mg, 75mg	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
SUNLENCA SOLN	4	MO

Drug Name	Drug Tier	Requirements/ Limits
SUNLENCA TBPK	4	
SYMFI LO TABS	4	MO
SYMFI TABS	4	MO
SYMTUZA TABS	3	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 PD TBSO	4	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
VEKLURY SOLN	5	NDS
VEKLURY SOLR	5	NDS
VEMLIDY TABS	5	
VIDEX PEDIATRIC SOLR	3	MO
VIDEX EC CPDR	4	MO
VIDEX SOLR	3	MO
VIEKIRA PAK TBPK	5	PA,NDS
VIRACEPT TABS 250mg, 625mg	3	MO
VIREAD POWD	3	MO
VIREAD TABS 150mg, 200mg, 250mg	4	MO
VOCABRIA TABS	4	MO
VOSEVI TABS	5	PA,NDS
XOFLUZA (40 MG DOSE) TBPK	4	MO
XOFLUZA (80 MG DOSE) TBPK	4	MO
ZEPATIER TABS	5	PA,NDS
<i>zidovudine caps</i>	2	MO
<i>zidovudine syrup</i>	2	MO
<i>zidovudine tabs</i>	2	MO
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine pack</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine hippurate tabs</i>	2	
NITROFURANTOIN MACROCRYSTAL CAPS	2	
<i>nitrofurantoin monohyd macro caps</i>	2	
<i>nitrofurantoin susp</i>	5	NDS
<i>trimethoprim tabs</i>	2	MO
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hcl tabs</i>	2	
<i>diphenhydramine hcl soln</i>	2	
<i>levocetirizine dihydrochloride soln</i>	4	MO
<i>levocetirizine dihydrochloride tabs</i>	4	MO
<i>promethazine hcl soln</i>	2	
<i>promethazine hcl syrp</i>	2	
<i>promethazine hcl tabs</i>	2	
<i>promethegan supp</i>	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg</i>	2	
<i>abiraterone acetate tabs 500mg</i>	5	NDS
ABRAXANE SUSR	3	
<i>adriamycin soln</i>	2	
<i>adriamycin solr</i>	2	
<i>adrucil soln</i>	2	
ADSTILADRIN SUSP	5	
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	5	NDS
AFINITOR TABS	5	NDS
ALECENSA CAPS	5	NDS
ALIMTA SOLR	3	
ALIQOPA SOLR	5	NDS
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS
ALUNBRIG TBPK	5	NDS
ALYMSYS SOLN 400mg/16ml, 100mg/4ml	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>anastrozole tabs</i>	2	
<i>arsenic trioxide soln</i>	5	NDS
ARZERRA CONC 1000mg/50ml, 100mg/5ml	5	NDS
ASPARLAS SOLN	5	NDS
AVASTIN SOLN	5	
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS
<i>azacitidine susr</i>	2	
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS
BAVENCIO SOLN	5	NDS
BCG VACCINE SOLR	3	
BELEODAQ SOLR	5	NDS
BELRAPZO SOLN	5	NDS
BENDAMUSTINE HCL SOLN	5	NDS
<i>bendamustine hcl solr 25mg, 100mg</i>	5	NDS
BENDEKA SOLN	5	NDS
BESPONSA SOLR	5	NDS
BESREMI SOSY	5	NDS
<i>bexarotene caps</i>	5	NDS
<i>bicalutamide tabs</i>	2	
<i>bleomycin sulfate solr</i>	2	
BLINCYTO SOLR	5	NDS
BORTEZOMIB SOLN INJECTION 3.5mg/1.4ml	4	
BORTEZOMIB SOLR INJECTION 1mg, 2.5mg	4	
<i>bortezomib solr injection 3.5mg</i>	2	
BORTEZOMIB SOLR INTRAVENOUS 3.5mg	3	
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS
BRAFTOVI CAPS	5	NDS
BRUKINSA CAPS	5	NDS
<i>busulfan soln</i>	2	
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS
CALQUENCE CAPS	5	NDS
CALQUENCE TABS	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
CAMCEVI PRSY	4	
CAPRELSA TABS 100mg, 300mg	5	LD,NDS
<i>carboplatin soln</i>	2	
<i>carmustine solr 100mg</i>	2	
CARMUSTINE SOLR 50mg, 300mg	5	
<i>cisplatin soln</i>	2	
CISPLATIN SOLR	5	NDS
<i>cladribine soln</i>	2	
<i>clofarabine soln</i>	2	
COLUMVI SOLN 10mg/10ml, 2.5mg/2.5ml	5	NDS
COMETRIQ (100 MG DAILY DOSE) KIT	5	LD,NDS
COMETRIQ (140 MG DAILY DOSE) KIT	5	LD,NDS
COMETRIQ (60 MG DAILY DOSE) KIT	5	LD,NDS
COPIKTRA CAPS 15mg, 25mg	5	NDS
COTELLIC TABS	5	NDS
<i>cyclophosphamide caps 25mg, 50mg</i>	2	PA
CYCLOPHOSPHAMIDE SOLN 2gm/10ml, 1gm/5ml, 500mg/2.5ml, 500mg/ml	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	

Drug Name	Drug Tier	Requirements/ Limits
DOCETAXEL (NON- ALCOHOL FORMULA) SOLN 80mg/4ml, 20mg/ml	5	NDS
<i>docetaxel conc</i>	2	
<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	
ELAHERE SOLN	5	NDS
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	
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	5	NDS
ERBITUX SOLN	3	
ERIVEDGE CAPS	5	NDS
ERLEADA TABS 60mg, 240mg	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>eulexin caps</i>	5	NDS
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	5	NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	NDS
EVOMELA SOLR	5	NDS
<i>exemestane tabs</i>	2	
EXKIVITY CAPS	5	NDS
FARYDAK CAPS 10mg, 15mg, 20mg	5	LD,NDS
FENSOLVI (6 MONTH) KIT	5	

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

Drug Name	Drug Tier	Requirements/ Limits
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	
FOLOTYN SOLN 40mg/2ml, 20mg/ml	5	NDS
FOTIVDA CAPS 0.89mg, 1.34mg	5	NDS
<i>fulvestrant sosy</i>	5	NDS
FYARRO SUSR	5	NDS
GAVRETO CAPS	5	NDS
GAZYVA SOLN	5	NDS
<i>gefitinib tabs</i>	5	NDS
<i>gemcitabine hcl soln</i>	2	
<i>gemcitabine hcl solr</i>	2	
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS
GLEOSTINE CAPS 10mg, 40mg	3	
GLEOSTINE CAPS 100mg	5	NDS
HERCEPTIN HYLECTA SOLN	5	NDS
HERCEPTIN SOLR	5	NDS
HERZUMA SOLR 150mg, 420mg	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	

Drug Name	Drug Tier	Requirements/ Limits
<i>imatinib mesylate tabs</i>	2	
IMBRUVICA CAPS 70mg, 140mg	5	NDS
IMBRUVICA SUSP	5	NDS
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	NDS
IMFINZI SOLN 500mg/10ml, 120mg/2.4ml	5	NDS
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	5	NDS
INFUGEM SOLN	5	NDS
INLYTA TABS 1mg, 5mg	5	NDS
INQOVI TABS	5	NDS
INREBIC CAPS	5	NDS
INTRON A SOLN 6000000unit/ml, 10000000unit/ml	5	NDS
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	NDS
<i>irinotecan hcl soln</i>	2	
IXEMPRA KIT SOLR	5	NDS
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS
JAYPIRCA TABS 50mg, 100mg	5	NDS
JEMPERLI SOLN	5	
KADCYLA SOLR 100mg, 160mg	5	NDS
KANJINTI SOLR 150mg, 420mg	5	NDS
KEYTRUDA SOLN	5	NDS
KIMMTRAK SOLN	5	NDS
KISQALI (200 MG DOSE) TBPK	5	NDS
KISQALI (400 MG DOSE) TBPK	5	NDS
KISQALI (600 MG DOSE) TBPK	5	NDS
KISQALI FEMARA (200 MG DOSE) TBPK	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA (400 MG DOSE) TBPB	5	NDS
KISQALI FEMARA (600 MG DOSE) TBPB	5	NDS
KOSELUGO CAPS 10mg, 25mg	5	NDS
KRAZATI TABS	5	NDS
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NDS
<i>lapatinib ditosylate tabs</i>	5	NDS
LARTRUVO SOLN 190mg/19ml, 500mg/50ml	5	NDS
<i>lenalidomide caps</i> 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (12 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (14 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (18 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (20 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (24 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (4 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (8 MG DAILY DOSE) CPPK	5	LD,NDS
<i>letrozole tabs</i>	2	
LEUKERAN TABS	5	NDS
<i>leuprolide acetate kit</i>	2	
LIBTAYO SOLN	5	NDS
LONSURF TABS	5	NDS
LORBRENA TABS 25mg, 100mg	5	NDS
LUMAKRAS TABS 120mg, 320mg	5	NDS
LUMOXITI SOLR	5	NDS
LUNSUMIO SOLN 30mg/30ml, 1mg/ml	5	NDS
LUPANETA PACK KIT	5	

Drug Name	Drug Tier	Requirements/ Limits
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	5	
LUPRON DEPOT-PED (3-MONTH) KIT	5	
LUPRON DEPOT-PED (6-MONTH) KIT	5	
LYNPARZA TABS 100mg, 150mg	5	NDS
LYSODREN TABS	5	NDS
LYTGOBI (12 MG DAILY DOSE) TBPB	5	NDS
LYTGOBI (16 MG DAILY DOSE) TBPB	5	NDS
LYTGOBI (20 MG DAILY DOSE) TBPB	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 SOLR	5	NDS
MEKINIST TABS 0.5mg, 2mg	5	NDS
MEKTOVI TABS	5	NDS
<i>melphalan hcl solr</i>	2	
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium (pf) soln</i>	2	
<i>methotrexate sodium soln</i>	2	
<i>methotrexate sodium solr</i>	2	
<i>methotrexate sodium tabs</i>	2	
<i>methotrexate tabs</i>	2	
<i>mitomycin solr</i>	2	
<i>mitoxantrone hcl conc</i>	2	
MONJUVI SOLR	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
<i>mutamycin solr</i>	2	
MVASI SOLN 400mg/16ml, 100mg/4ml	5	NDS
MYLOTARG SOLR	5	NDS
<i>nelarabine soln</i>	5	NDS
NERLYNX 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, 120mg/12ml, 240mg/24ml, 40mg/4ml	5	NDS
OPDUALAG SOLN	5	NDS
ORSERDU TABS 86mg, 345mg	5	NDS
<i>oxaliplatin soln</i>	2	
<i>oxaliplatin solr</i>	2	
<i>paclitaxel conc</i>	2	
<i>paclitaxel protein-bound part susr</i>	5	NDS
PADCEV SOLR 20mg, 30mg	5	NDS
<i>paraplatin soln</i>	2	
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS
PEMETREXED DISODIUM SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml, 850mg/34ml	4	
<i>pemetrexed disodium solr 100mg, 750mg, 1000mg</i>	5	NDS
<i>pemetrexed disodium solr 500mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
PEMETREXED DITROMETHAMINE SOLR 100mg, 500mg	5	NDS
PEMETREXED SOLN 1gm/40ml, 500mg/20ml, 100mg/4ml	5	NDS
PEMFEXY SOLN	5	NDS
PEPAXTO SOLR	5	NDS
PERJETA SOLN	5	NDS
PHESGO SOLN	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPk	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPk	5	NDS
PIQRAY (300 MG DAILY DOSE) TBPk	5	NDS
POLIVY SOLR 30mg, 140mg	5	NDS
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS
PORTRAZZA SOLN	5	NDS
POTELIGEO SOLN	5	NDS
<i>pralatrexate soln 40mg/2ml, 20mg/ml</i>	5	NDS
PROLEUKIN SOLR	5	NDS
PURIXAN SUSP	5	NDS
QINLOCK TABS	5	NDS
RETEVMO CAPS 40mg, 80mg	5	NDS
REVLIMID CAPS 2.5mg, 20mg	5	NDS
REZLIDHIA CAPS	5	NDS
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NDS
RITUXAN HYCELA SOLN	5	
RITUXAN SOLN	5	
ROMIDEPSIN SOLN	5	NDS
ROZLYTREK CAPS 100mg, 200mg	5	NDS
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
RYBREVANT SOLN	5	NDS
RYDAPT CAPS	5	NDS
RYLAZE SOLN	5	NDS
SARCLISA SOLN 500mg/25ml, 100mg/5ml	5	NDS
SCEMBLIX TABS 20mg, 40mg	5	NDS
SIKLOS TABS	5	NDS
SOLTAMOX SOLN	5	
<i>sorafenib tosylate tabs</i>	5	NDS
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS
STIVARGA TABS	5	NDS
<i>sunitinib malate caps</i> 12.5mg, 25mg, 37.5mg, 50mg	5	NDS
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS
SYLVANT SOLR 100mg, 400mg	5	NDS
SYNRIBO SOLR	5	NDS
TABLOID TABS	5	NDS
TABRECTA TABS 150mg, 200mg	5	NDS
TAFINLAR CAPS 50mg, 75mg	5	NDS
TAFINLAR TBSO	5	NDS
TAGRISSE TABS 40mg, 80mg	5	NDS
TALZENNA CAPS 0.1mg, 0.25mg, 0.35mg, 0.5mg, 0.75mg, 1mg	5	NDS
<i>tamoxifen citrate tabs</i>	2	
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS
TAZVERIK TABS	5	NDS
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS
TECVAYLI SOLN 153mg/1.7ml, 30mg/3ml	5	NDS
<i>temsirolimus soln</i>	2	
TENIPOSIDE SOLN	3	
TEPADINA SOLR	5	NDS
TEPMETKO TABS	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	5	NDS
<i>thiotepa solr 15mg, 100mg</i>	5	NDS
TIBSOVO TABS	5	NDS
TIVDAK SOLR	5	NDS
<i>toposar soln</i>	2	
TOPOTECAN HCL SOLN	2	
<i>topotecan hcl solr</i>	2	
<i>toremifene citrate tabs</i>	5	NDS
TRAZIMERA SOLR 150mg, 420mg	5	NDS
TREANDA SOLR 25mg, 100mg	5	NDS
TRELSTAR MIXJECT SUSR	4	
<i>tretinoin caps</i>	5	NDS
<i>trexall tabs</i>	2	
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 125mg, 200mg	5	NDS
UKONIQ TABS	5	NDS
UNITUXIN SOLN	5	NDS
<i>valrubicin soln</i>	2	
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS
VANTAS KIT	3	
VEGZELMA SOLN 400mg/16ml, 100mg/4ml	5	NDS
VENCLEXTA STARTING PACK TBPK	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
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	
VITRAKVI CAPS 25mg, 100mg	5	NDS
VITRAKVI SOLN	5	NDS
VIVIMUSTA SOLN	5	NDS
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS
VONJO CAPS	5	NDS
VOTRIENT TABS	5	NDS
VYXEOS SUSR	5	NDS
WELIREG TABS	5	NDS
XALKORI CAPS 200mg, 250mg	5	NDS
XATMEP SOLN	4	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

Drug Name	Drug Tier	Requirements/ Limits
YERVOY SOLN	3	
YONDELIS SOLR	5	NDS
YONSA TABS	5	NDS
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	NDS
ZEJULA CAPS	5	NDS
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS
ZELBORAF TABS	5	NDS
ZEPZELCA SOLR	5	NDS
ZIRABEV SOLN 400mg/16ml, 100mg/4ml	5	NDS
ZOLINZA CAPS	5	NDS
ZYDELIG TABS 100mg, 150mg	5	NDS
ZYKADIA CAPS	5	NDS
ZYKADIA TABS	5	NDS
ZYNLONTA SOLR	5	NDS
ZYNYZ SOLN	5	NDS
ZYTIGA TABS	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE SOLN	2	
ATROPINE SULFATE SOSY	2	
ATROVENT HFA AERS	4	MO
<i>chlordiazepoxide-clidinium caps</i>	2	
<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>glycopyrrolate oral soln</i>	2	MO
<i>glycopyrrolate soln injection</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>glycopyrrolate tabs 1.5mg</i>	2	
<i>ipratropium bromide soln 0.02%</i>	1	PA,MO
<i>ipratropium bromide soln 0.03%, 0.06%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
LONHALA MAGNAIR REFILL KIT SOLN	5	NDS
<i>propranolol hydrochloride</i> tabs	2	MO
SPIRIVA RESPIMAT AERS 2.5mcg/act	3	MO
STIOLTO RESPIMAT AERS	3	MO
YUPELRI SOLN	5	PA,NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL INHA	3	MO
<i>varenicline tartrate</i> tabs 0.5mg, 1mg	2	MO
<i>varenicline tartrate</i> tbpk	2	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i> tabs 5mg, 10mg, 25mg, 50mg	2	MO
<i>donepezil hcl</i> tabs 5mg, 10mg	1	MO
<i>donepezil hcl</i> tbdp 5mg, 10mg	2	MO
<i>galantamine hydrobromide</i> er cp24 8mg, 16mg, 24mg	2	MO
<i>galantamine hydrobromide</i> soln	2	MO
<i>galantamine hydrobromide</i> tabs 4mg, 8mg, 12mg	2	MO
GUANIDINE HCL TABS	4	MO
<i>pilocarpine hcl</i> tabs 5mg	2	MO
<i>pyridostigmine bromide</i> er tbc	2	MO
<i>pyridostigmine bromide</i> soln	5	MO
<i>pyridostigmine bromide</i> tabs 60mg	2	MO
REGONOL SOLN	3	
<i>rivastigmine tartrate</i> caps 1.5mg, 3mg, 4.5mg, 6mg	2	MO
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i> susp	5	NDS
<i>baclofen</i> tabs 5mg, 10mg, 20mg	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl</i> tabs 5mg, 10mg	2	PA
<i>dantrolene sodium</i> caps	2	
LYVISPAH PACK 20mg	5	NDS
<i>methocarbamol</i> tabs 500mg, 750mg	2	
<i>methocarbamol</i> tabs 1000mg	5	NDS
<i>succinylcholine chloride</i> soln	2	
<i>tizanidine hcl</i> tabs	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl</i> er tb24	2	MO
<i>dihydroergotamine mesylate</i> soln 1mg/ml	2	
<i>dihydroergotamine mesylate</i> soln 4mg/ml	5	NDS
<i>ergoloid mesylates</i> tabs	2	MO
<i>ergomar</i> subl	4	
<i>phenoxybenzamine hcl</i> caps	5	NDS
<i>tamsulosin hcl</i> caps	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
<i>albuterol sulfate</i> er tb12 4mg, 8mg	2	MO
<i>albuterol sulfate</i> hfa aers	2	MO
<i>albuterol sulfate</i> nebu 0.083%, 2.5mg/0.5ml, 0.63mg/3ml, 1.25mg/3ml	2	PA,MO
<i>albuterol sulfate</i> syrp	2	MO
<i>albuterol sulfate</i> tabs 2mg, 4mg	2	MO
<i>arformoterol tartrate</i> nebu	4	PA,MO
BROVANA NEBU	5	PA,MO,NDS
COMBIVENT RESPIMAT AERS	4	MO
<i>dobutamine hcl</i> soln	2	
DOBUTAMINE IN D5W SOLN	2	
<i>dopamine hcl</i> soln	2	
DOPAMINE IN D5W SOLN	2	
<i>droxidopa</i> caps	4	
<i>epinephrine</i> soaj	2	

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

Drug Name	Drug Tier	Requirements/ Limits
EPINEPHRINE SOSY	2	
<i>ipratropium-albuterol soln</i>	2	PA,MO
<i>isoproterenol hcl soln</i>	2	
METAPROTERENOL SULFATE TABS 10mg, 20mg	2	MO
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	2	MO
<i>norepinephrine bitartrate soln</i>	2	
<i>phenylephrine hcl (pressors) soln</i>	2	
SEREVENT DISKUS AEPB	4	MO
STRIVERDI RESPIMAT AERS	3	MO
<i>terbutaline sulfate soln</i>	2	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
ADAKVEO SOLN	5	NDS
<i>icatibant acetate sosy</i>	5	NDS
OXBRYTA TABS 300mg, 500mg	5	NDS
OXBRYTA TBSO	5	NDS
RUCONEST SOLR INTRAVENOUS	5	HI
<i>sajazir sosy</i>	5	NDS
COAGULANTS AND ANTICOAGULANTS		
<i>aminocaproic acid soln</i>	2	MO
<i>aminocaproic acid tabs 500mg, 1000mg</i>	2	MO
<i>anagrelide hcl caps 0.5mg, 1mg</i>	2	MO
<i>argatroban soln</i>	2	
<i>aspirin-dipyridamole er cp12</i>	2	MO
BRILINTA TABS 60mg, 90mg	3	MO
<i>cilostazol tabs 50mg, 100mg</i>	2	MO
<i>clopidogrel bisulfate tabs 75mg</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABS 5mg	4	MO
<i>enoxaparin sodium soln</i>	2	NDS
<i>enoxaparin sodium sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 100mg/ml, 150mg/ml</i>	2	NDS
<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
<i>heparin (porcine) in nacl soln</i>	2	
HEPARIN SOD (PORCINE) IN D5W SOLN	2	
<i>heparin sodium (porcine) pf soln</i>	2	
<i>heparin sodium (porcine) soln</i>	2	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MO
LOVENOX SOLN	2	NDS
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 100mg/ml, 150mg/ml	2	NDS
<i>pentoxifylline er tbc</i>	2	MO
PRADAXA CAPS 75mg, 110mg, 150mg	4	MO
PRADAXA PACK 20mg, 30mg, 40mg, 50mg, 110mg, 150mg	5	NDS
<i>prasugrel hcl tabs 5mg, 10mg</i>	2	MO
<i>tranexamic acid soln</i>	2	
<i>tranexamic acid tabs</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium tabs</i> 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 10mg	1	MO
XARELTO STARTER PACK TBPK	4	MO
XARELTO SUSR	5	NDS
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	4	MO
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml	5	NDS
ARANESP (ALBUMIN FREE) SOSY 60mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.4ml, 100mcg/0.5ml, 300mcg/0.6ml, 500mcg/ml	5	NDS
CABLIVI KIT	5	NDS
DOPTELET TABS	5	NDS
FULPHILA SOSY	5	NDS
FYLNETRA SOSY	5	NDS
LEUKINE SOLR	5	NDS
MOZOBIL SOLN	5	NDS
MULPLETA TABS	5	NDS
NEULASTA ONPRO PSKT	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
<i>plerixafor soln</i>	5	NDS
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NDS
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
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/ml	4	NDS
ROLVEDON SOSY	5	NDS
STIMUFEND SOSY	5	NDS
TAVALISSE TABS 100mg, 150mg	5	NDS
UDENYCA SOAJ	5	NDS
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
DEMSER 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		
<i>atorvastatin calcium tabs</i> 10mg, 20mg, 40mg, 80mg	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 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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fenofibrate tabs 54mg, 160mg</i>	2	MO
<i>gemfibrozil tabs</i>	2	MO
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	5	PA,LD,NDS
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	MO
<i>niacin er (antihyperlipidemic) tbc 500mg</i>	2	MO
<i>niacor tabs</i>	2	MO
<i>omega-3-acid ethyl esters caps</i>	4	MO
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	MO
<i>prevalite pack</i>	2	MO
<i>prevalite powd</i>	2	MO
REPATHA SURECLICK SOAJ	4	PA
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	1	MO
VASCEPA CAPS 0.5gm, 1gm	2	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>bisoprolol fumarate tabs 5mg, 10mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide tabs</i>	2	MO
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	MO
ESMOLOL HCL SOLN	2	
<i>esmolol hcl-sodium chloride soln</i>	2	
<i>labetalol hcl soln</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
LABELALOL HCL SOSY	2	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	2	MO
<i>metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg</i>	1	MO
<i>metoprolol tartrate soln</i>	2	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide tabs</i>	2	MO
<i>nadolol tabs 20mg, 40mg, 80mg</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>	2	MO
<i>sotalol hcl (af) tabs 80mg, 120mg, 160mg</i>	2	MO
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	2	MO
<i>timolol maleate tabs 10mg</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
CARDENE IV SOLN	3	
<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
DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
<i>diltiazem hcl er cp12 60mg, 90mg, 120mg</i>	2	MO
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl soln</i>	2	
<i>diltiazem hcl solr</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	2	MO
<i>diltiazem hydrochloride soln</i>	2	
<i>felodipine er tb24 2.5mg, 5mg, 10mg</i>	2	MO
NICARDIPINE HCL SOLN	2	
<i>nifedipine caps 10mg, 20mg</i>	2	MO
<i>nifedipine er osmotic release tb24 30mg, 60mg, 90mg</i>	2	MO
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	MO
<i>nimodipine caps</i>	2	MO
NYMALIZE SOLN 60mg/20ml, 6mg/ml	5	NDS
<i>verapamil hcl er tbc 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl soln</i>	2	
<i>verapamil hcl tabs 40mg, 80mg, 120mg</i>	1	MO
CARDIAC DRUGS		
<i>adenosine soln</i>	2	
<i>amiodarone hcl soln</i>	2	
<i>amiodarone hcl tabs 200mg</i>	1	MO
<i>amiodarone hcl tabs 100mg, 400mg</i>	2	MO
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS
CORLANOR SOLN	4	MO
CORLANOR TABS 5mg, 7.5mg	4	MO
<i>digoxin soln</i>	2	
<i>digoxin tabs 125mcg, 250mcg</i>	2	MO
<i>disopyramide phosphate caps 100mg, 150mg</i>	2	MO
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	2	MO
<i>ibutilide fumarate soln</i>	2	
LANOXIN PEDIATRIC SOLN	3	
<i>lidocaine hcl (cardiac) pf sosy</i>	2	
<i>lidocaine hcl (cardiac) sosy</i>	2	
LIDOCAINE IN D5W SOLN	2	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	2	MO
<i>milrinone lactate in dextrose soln</i>	2	
<i>milrinone lactate soln</i>	2	
MULTAQ TABS	4	
NORPACE CR CP12 100mg, 150mg	3	MO
<i>procainamide hcl soln</i>	2	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	2	MO
<i>quinidine gluconate er tbc</i>	2	MO
<i>quinidine sulfate tabs 200mg, 300mg</i>	2	MO
<i>ranolazine er tb12 1000mg</i>	4	MO
VYNDAMAX CAPS	5	NDS
VYNDAQEL CAPS	5	NDS
HYPOTENSIVE AGENTS		
<i>clonidine hcl (analgesia) soln</i>	2	
<i>clonidine hcl tabs 0.1mg, 0.2mg, 0.3mg</i>	1	MO
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/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

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

Drug Name	Drug Tier	Requirements/ Limits
<i>minoxidil tabs 2.5mg, 10mg</i>	2	MO
<i>nitropress soln</i>	2	
<i>nitroprusside sodium soln</i>	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren fumarate tabs 150mg, 300mg</i>	2	MO
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg</i>	2	MO
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	2	MO
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	MO
<i>enalaprilat inj</i>	2	
ENTRESTO TABS	3	MO
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	2	MO
KERENDIA TABS 10mg, 20mg	4	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>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
<i>valsartan soln</i>	5	NDS
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	1	MO
<i>valsartan-hydrochlorothiazide tabs</i>	2	MO
VASODILATING AGENTS		
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<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, 120mg</i>	1	MO
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	MO
LIQREV SUSP	5	PA,NDS
<i>minitran pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
<i>nitro-bid oint</i>	2	MO
NITRO-DUR PT24 0.3mg/hr, 0.8mg/hr	5	MO
<i>nitroglycerin pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	MO
<i>nitroglycerin soln</i>	2	MO
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	MO
<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
TADLIQ SUSP	5	PA,NDS
VERQUVO TABS 10mg	4	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbc</i>	2	MO
<i>antabuse tabs 250mg, 500mg</i>	2	MO
<i>disulfiram tabs 250mg, 500mg</i>	2	MO
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen-codeine soln</i>	2	NDS
<i>acetaminophen-codeine tabs</i>	2	NDS
<i>butalbital-apap-caffeine tabs</i>	2	
<i>butalbital-aspirin-caffeine caps</i>	2	
<i>celecoxib caps</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
CODEINE SULFATE TABS 15mg, 30mg, 60mg	2	NDS
<i>diclofenac sodium tbec</i>	2	
<i>diflunisal tabs</i>	2	
DUEXIS TABS	5	NDS
<i>endocet tabs</i>	2	NDS
<i>etodolac caps</i>	2	
<i>etodolac tabs</i>	2	
<i>fentanyl citrate (pf) soct</i>	2	NDS
FENTANYL CITRATE (PF) SOLN 1000mcg/20ml, 2500mcg/50ml	2	NDS
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	4	PA,NDS
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	2	NDS
<i>hydrocodone-acetaminophen soln</i>	2	NDS
<i>hydrocodone-acetaminophen tabs</i>	2	NDS
<i>hydromorphone hcl liqd</i>	2	NDS
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	2	NDS
<i>ibu tabs</i>	2	
<i>ibuprofen lysine soln</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs</i>	2	
ILARIS SOLN	5	NDS
<i>indocin supp</i>	5	NDS
<i>indomethacin caps</i>	2	
<i>indomethacin er cpcr</i>	2	
<i>indomethacin sodium solr</i>	2	
<i>ketoprofen caps</i>	2	
<i>ketorolac tromethamine soln</i>	2	
LAZANDA SOLN 100mcg/act, 400mcg/act	4	PA,NDS
<i>levorphanol tartrate tabs 2mg, 3mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>lorTAB elix</i>	2	NDS
<i>meclofenamate sodium caps</i>	2	
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	1	
<i>methadone hcl conc</i>	2	NDS
<i>methadone hcl intensol conc</i>	2	NDS
<i>methadone hcl tabs 5mg, 10mg</i>	2	NDS
<i>morphine sulfate (concentrate) soln 20mg/ml</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
MORPHINE SULFATE TABS 15mg, 30mg	2	NDS
<i>nabumetone tabs</i>	2	
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	2	NDS
<i>naproxen susp</i>	2	
<i>naproxen tabs</i>	2	
<i>naproxen tbec</i>	2	
NUCYNTA ER TB12 200mg, 250mg	5	NDS
NUCYNTA TABS	5	NDS
OXAYDO TABS	5	NDS
<i>oxycodone hcl conc</i>	2	NDS
<i>oxycodone hcl soln</i>	2	NDS
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	NDS
<i>oxycodone-acetaminophen soln</i>	5	NDS
<i>oxycodone-acetaminophen tabs 5-325mg, 7.5-325mg, 10-325mg</i>	2	NDS
<i>oxycodone-acetaminophen tabs 5-300mg, 7.5-300mg, 10-300mg</i>	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
<i>oxycodone-aspirin tabs</i>	2	NDS
<i>percocet tabs 7.5-325mg, 10-325mg</i>	5	NDS
<i>piroxicam caps</i>	2	
<i>prolate soln</i>	5	NDS
QDOLO SOLN	5	NDS
<i>relafen ds tabs</i>	5	NDS
ROXYBOND TABA 5mg, 15mg, 30mg	5	NDS
SALSALATE TABS	2	
SUBSYS LIQD 1200mcg, 1600mcg	4	PA,NDS
<i>sulindac tabs</i>	2	
<i>tolmetin sodium tabs</i>	2	
<i>tramadol hcl soln</i>	5	NDS
<i>tramadol hcl tabs 50mg</i>	2	NDS
<i>tramadol-acetaminophen tabs</i>	2	NDS
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>adderall tabs</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	
<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 tabs 5mg, 10mg</i>	2	NDS
<i>methylphenidate hcl chew 2.5mg</i>	2	NDS
<i>methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl er (osm) tbc 18mg, 27mg, 36mg, 54mg</i>	2	NDS
<i>methylphenidate hcl er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	NDS
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	2	NDS
<i>methylphenidate hcl soln 5mg/5ml</i>	2	NDS
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	2	NDS
<i>modafinil tabs 100mg, 200mg</i>	2	PA,NDS
WAKIX TABS 4.45mg, 17.8mg	5	NDS
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	5	MO
BRIVIACT SOLN	5	NDS
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS
<i>carbamazepine chew</i>	2	MO
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	2	MO
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	2	MO
<i>carbamazepine susp</i>	2	MO
<i>carbamazepine tabs</i>	2	MO
CELONTIN CAPS	3	MO
<i>clobazam susp</i>	2	MO
<i>clobazam tabs 10mg, 20mg</i>	2	MO
<i>clonazepam tabs 0.5mg, 1mg, 2mg</i>	2	NDS
<i>clonazepam tbdp 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	2	NDS
DIACOMIT CAPS 250mg, 500mg	5	NDS
DIACOMIT PACK 250mg, 500mg	5	NDS
DIASTAT ACUDIAL GEL 10mg, 20mg	2	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
DIASTAT PEDIATRIC GEL	2	NDS
<i>diazepam gel 2.5mg, 20mg</i>	2	NDS
<i>diazepam gel 10mg</i>	4	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
EPRONTIA SOLN	4	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
FYCOMPA TABS 2mg	4	
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	
<i>gabapentin caps 100mg, 400mg</i>	2	MO
<i>gabapentin soln</i>	2	MO
<i>gabapentin tabs 600mg, 800mg</i>	2	MO
<i>lacosamide soln</i>	4	
<i>lacosamide tabs 50mg, 100mg, 150mg, 200mg</i>	2	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

Drug Name	Drug Tier	Requirements/ Limits
<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	
LEVETIRACETAM IN NACL SOLN 250mg/50ml	4	
<i>levetiracetam soln</i>	2	MO
<i>levetiracetam tabs 250mg, 500mg, 750mg, 1000mg</i>	2	MO
<i>magnesium sulfate soln</i>	2	
MAGNESIUM SULFATE SOLN INJECTION 50%	2	HI
NAYZILAM SOLN	5	NDS
<i>oxcarbazepine susp</i>	2	MO
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	2	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>primidone tabs 125mg</i>	4	MO
<i>roweepra tabs 500mg, 750mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>roweepra xr tb24 500mg, 750mg</i>	2	MO
<i>rufinamide susp</i>	5	
<i>rufinamide tabs 200mg</i>	4	
<i>rufinamide tabs 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	5	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	2	MO
<i>topiramate csp 15mg, 25mg</i>	2	MO
<i>topiramate er cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	2	MO
<i>topiramate tabs 25mg, 50mg, 100mg, 200mg</i>	2	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	4	
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 tabs</i>	5	NDS
XCOPRI (250 MG DAILY DOSE) TBPK	5	NDS
XCOPRI (350 MG DAILY DOSE) TBPK	5	NDS
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	5	

Drug Name	Drug Tier	Requirements/ Limits
XCOPRI TBPK 14x12.5mg & 14x25mg	4	
XCOPRI TBPK	5	NDS
ZONISADE SUSP	4	MO
<i>zonisamide caps 25mg, 50mg, 100mg</i>	2	MO
ZTALMY SUSP	5	NDS
ANTIMIGRAINE AGENTS		
AJOVY SOAJ	4	PA
AJOVY SOSY	4	PA
<i>cafergot tabs</i>	2	
<i>eletriptan hydrobromide tabs</i>	2	
<i>ergotamine-caffeine tabs</i>	2	
<i>naratriptan hcl tabs</i>	2	
NURTEC TBDP	5	NDS
QULIPTA TABS 10mg, 30mg, 60mg	5	NDS
<i>rizatriptan benzoate tabs</i>	2	
<i>rizatriptan benzoate tbdp</i>	2	
<i>sumatriptan soln</i>	2	
<i>sumatriptan succinate refill soct</i>	2	
<i>sumatriptan succinate soaj</i>	2	
<i>sumatriptan succinate soln</i>	2	
<i>sumatriptan succinate sosy</i>	2	
<i>sumatriptan succinate tabs</i>	2	
UBRELVY TABS 100mg	4	
UBRELVY TABS 50mg	5	NDS
ZAVZPRET SOLN	5	NDS
<i>zolmitriptan tbdp</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps</i>	2	MO
<i>amantadine hcl soln</i>	2	MO
<i>amantadine hcl tabs</i>	2	MO
APOKYN SOCT	5	NDS
<i>apomorphine hcl soct</i>	5	NDS
<i>benztropine mesylate soln</i>	2	
<i>benztropine mesylate tabs 0.5mg, 1mg, 2mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>bromocriptine mesylate caps</i>	2	MO
<i>bromocriptine mesylate tabs</i>	2	MO
<i>cabergoline tabs</i>	2	MO
<i>carbidopa tabs</i>	2	MO
<i>carbidopa-levodopa er tbc</i>	2	MO
<i>carbidopa-levodopa tabs</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs</i>	2	MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS
<i>entacapone tabs</i>	2	MO
INBRIJA CAPS	5	NDS
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS
<i>pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg</i>	2	MO
<i>rasagiline mesylate tabs 0.5mg, 1mg</i>	2	MO
<i>ropinirole hcl er tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	MO
<i>ropinirole hcl tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	MO
<i>selegiline hcl caps</i>	2	MO
<i>selegiline hcl tabs</i>	2	MO
<i>tolcapone tabs</i>	5	MO
<i>trihexyphenidyl hcl soln</i>	2	MO
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>	2	MO
ZELAPAR TBDP	5	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i>	2	NDS
<i>buspirone hcl tabs</i>	1	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	NDS
<i>diazepam intensol 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	
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	NDS
HETLIOZ LQ SUSP	5	PA,NDS
<i>hydroxyzine hcl soln</i>	2	
<i>hydroxyzine hcl syr</i>	2	
<i>hydroxyzine hcl tabs</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
IGALMI FILM 120mcg, 180mcg	4	NDS
<i>lorazepam intensol conc</i>	2	NDS
LORAZEPAM SOLN 4mg/ml, 2mg/ml	2	NDS
<i>lorazepam tabs 0.5mg, 1mg, 2mg</i>	2	NDS
<i>midazolam hcl (pf) soln</i>	2	
<i>midazolam hcl soln</i>	2	
<i>nembutal soln</i>	2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	NDS
PHENOBARBITAL ELIX	2	
PHENOBARBITAL SODIUM SOLN	2	
PHENOBARBITAL TABS	2	
<i>seconal caps</i>	2	
SEZABY SOLR	4	
<i>tasimelteon caps</i>	5	PA,NDS
<i>temazepam caps 7.5mg, 15mg, 30mg</i>	2	NDS
<i>triazolam tabs 0.125mg, 0.25mg</i>	2	NDS
<i>zaleplon caps 5mg, 10mg</i>	2	NDS
<i>zolpidem tartrate tabs 5mg, 10mg</i>	2	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
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	NDS
AUSTEDO XR PATIENT TITRATION TEPK	5	NDS
AUSTEDO XR TB24 6mg, 12mg, 24mg	5	NDS
DAYBUE SOLN	5	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
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	5	PA,LD,NDS
<i>memantine hcl soln</i>	2	MO
<i>memantine hcl tabs</i>	2	MO
NOURIANZ TABS 20mg, 40mg	5	NDS
NUDEXTA CAPS	5	PA,NDS
QALSODY SOLN	5	NDS
RADICAVA ORS STARTER KIT SUSP	5	NDS
RADICAVA ORS SUSP	5	NDS
RADICAVA SOLN	5	NDS
RELYVRIO PACK	5	NDS
<i>riluzole tabs</i>	2	MO,NDS
<i>sodium oxybate soln</i>	5	PA,LD,NDS
<i>tetrabenazine tabs 12.5mg, 25mg</i>	4	MO
TIGLUTIK SUSP	5	NDS
XYREM SOLN	5	PA,LD,NDS
XYWAV SOLN	5	PA,NDS
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN AJKT	5	NDS
AVONEX PREFILLED PSKT	5	NDS
BAFIERTAM CPDR	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
BETASERON KIT	5	NDS
BRIUMVI SOLN	5	
<i>dalfampridine er tb12</i>	2	MO
<i>dimethyl fumarate cpdr</i>	2	
<i>dimethyl fumarate starter pack misc</i>	2	
EXTAVIA KIT	5	NDS
<i>ingolimod hcl caps 0.5mg</i>	2	MO
GILENYA CAPS 0.25mg	5	NDS
<i>glatopa sosy 20mg/ml, 40mg/ml</i>	4	MO
LEMTRADA SOLN	5	NDS
MAYZENT STARTER PACK TBPK	5	NDS
MAYZENT TABS 0.25mg, 1mg, 2mg	5	NDS
OCREVUS SOLN	5	
PLEGRIDY SOPN	5	NDS
PLEGRIDY SOSY	5	NDS
PLEGRIDY STARTER PACK SOPN	5	NDS
PLEGRIDY STARTER PACK SOSY	5	NDS
PONVORY STARTER PACK TBPK	5	NDS
PONVORY TABS	5	NDS
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ	5	NDS
REBIF TITRATION PACK SOSY	5	NDS
TASCENSO ODT TBDP 0.25mg, 0.5mg	5	NDS
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA,MO
ZEPOSIA 7-DAY STARTER PACK CPPK	5	NDS
ZEPOSIA CAPS	5	NDS
ZEPOSIA STARTER KIT CPPK	5	NDS
OPIATE ANTAGONISTS		

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

Drug Name	Drug Tier	Requirements/ Limits
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	4	NDS
BELBUCA FILM 750mcg, 900mcg	5	NDS
BRIXADI (WEEKLY) SOSY 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml	5	NDS
BRIXADI SOSY 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	5	NDS
<i>buprenorphine hcl subl</i> 2mg, 8mg	2	NDS
<i>buprenorphine hcl-naloxone hcl subl</i>	2	NDS
<i>buprenorphine ptwk</i> 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	NDS
LUCEMYRA TABS	5	NDS
<i>naloxone hcl liqd</i>	2	
<i>naloxone hcl soct</i>	2	
<i>naloxone hcl soln</i>	2	
<i>naloxone hcl sosy</i>	2	
<i>naltrexone hcl tabs</i>	2	
NARCAN LIQD	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NDS
VIVITROL SUSR	5	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII PRSY	5	
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	NDS
ABILIFY MYCITE STARTER KIT TBPK	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
2mg, 5mg, 10mg, 15mg, 20mg, 30mg		
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	NDS
<i>amitriptyline hcl tabs</i> 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	MO
<i>amoxapine tabs</i> 25mg, 50mg, 100mg, 150mg	2	MO
APLENZIN TB24 174mg, 348mg, 522mg	5	MO
<i>aripiprazole soln</i>	2	MO
<i>aripiprazole tabs</i> 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	MO
<i>aripiprazole tbdp</i> 10mg, 15mg	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</i> 2.5mg, 5mg, 10mg	2	MO
AUVELITY TBCR	4	MO
<i>bupropion hcl er (smoking det) tb12</i>	2	MO
<i>bupropion hcl er (sr) tb12</i> 100mg, 150mg, 200mg	2	MO
<i>bupropion hcl er (xl) tb24</i> 150mg, 300mg, 450mg	2	MO
<i>bupropion hcl tabs</i> 75mg, 100mg	2	MO
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS
<i>chlordiazepoxide-amitriptyline tabs</i>	2	
<i>chlorpromazine hcl conc</i> 30mg/ml, 100mg/ml	4	MO
<i>chlorpromazine hcl soln</i>	2	
<i>chlorpromazine hcl tabs</i> 10mg, 25mg, 50mg, 100mg, 200mg	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
CITALOPRAM HYDROBROMIDE CAPS	4	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
<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
<i>escitalopram oxalate soln</i>	2	MO
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	1	MO
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

Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1	MO
<i>fluoxetine hcl cpdr</i>	2	MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hcl tabs 10mg, 20mg, 60mg</i>	2	MO
<i>fluphenazine decanoate soln</i>	2	
<i>fluphenazine hcl conc</i>	2	MO
<i>fluphenazine hcl elix</i>	2	MO
<i>fluphenazine hcl soln</i>	2	
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	2	MO
<i>fluvoxamine maleate er cp24 100mg, 150mg</i>	2	MO
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	2	MO
<i>haloperidol decanoate soln</i>	2	
<i>haloperidol lactate conc</i>	2	MO
<i>haloperidol lactate soln</i>	2	
<i>haloperidol tabs 0.5mg, 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 HAFYERA SUSY	5	
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 234mg/1.5ml, 156mg/ml	5	NDS
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS
KHEDEZLA TB24 50mg, 100mg	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
LITHIUM CARBONATE CAPS 150mg, 300mg, 600mg	2	MO
<i>lithium carbonate er tbc</i> 300mg, 450mg	2	MO
LITHIUM CARBONATE TABS	2	MO
<i>loxapine succinate caps</i> 5mg, 10mg, 25mg, 50mg	2	MO
<i>lurasidone hcl tabs</i> 20mg, 40mg, 60mg, 80mg, 120mg	4	MO
LYBALVI TABS	5	NDS
<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	5	NDS
<i>olanzapine solr</i>	2	
<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
<i>paliperidone er tb24</i> 1.5mg, 3mg, 6mg, 9mg	2	MO
<i>paroxetine hcl er tb24</i> 12.5mg, 25mg, 37.5mg	2	MO
<i>paroxetine hcl susp</i>	4	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>paroxetine hcl tabs</i> 10mg, 20mg, 30mg, 40mg	1	MO
<i>paroxetine mesylate caps</i>	2	MO
<i>perphenazine tabs</i> 2mg, 4mg, 8mg, 16mg	2	MO
<i>perphenazine-amitriptyline tabs</i>	2	MO
PERSERIS PRSY 90mg, 120mg	5	NDS
<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, 150mg, 200mg, 300mg, 400mg	2	MO
REXULTI TABS 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	5	NDS
RISPERDAL CONSTA SRER 12.5mg	4	NDS
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	5	NDS
<i>risperidone soln</i>	2	MO
<i>risperidone tabs</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	2	MO
<i>risperidone tbdp</i> 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	2	MO
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS
SERTRALINE HCL CAPS 150mg, 200mg	4	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>sertraline hcl conc</i>	2	MO
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	1	MO
SPRAVATO (56 MG DOSE) SOPK	5	NDS
SPRAVATO (84 MG DOSE) SOPK	5	NDS
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	2	MO
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	2	MO
<i>tofranil tabs 10mg, 25mg, 50mg</i>	2	MO
<i>tranylcypromine sulfate tabs</i>	2	MO
<i>trazodone hcl tabs 50mg, 100mg, 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
UZEDY SUSY	5	
VENLAFAXINE BESYLATE ER TB24	4	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg, 150mg</i>	2	MO
<i>venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg</i>	2	MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
VERSACLOZ SUSP	5	
VIIBRYD STARTER PACK KIT	4	MO
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	4	MO
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	5	NDS
VRAYLAR CPPK	4	NDS

Drug Name	Drug Tier	Requirements/ Limits
<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
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 BICARBONATE SOLN	2	
TRICITRATES SOLN	2	
AMMONIA DETOXICANTS		
<i>carglumic acid tbso</i>	5	NDS
<i>enulose soln</i>	2	MO
<i>generlac soln</i>	2	MO
<i>lactulose encephalopathy soln</i>	2	MO
<i>lactulose soln</i>	2	MO
LITHOSTAT TABS	4	MO
OLPRUVA (2 GM DOSE) THPK	5	NDS
OLPRUVA (3 GM DOSE) THPK	5	NDS
OLPRUVA (4 GM DOSE) THPK	5	NDS
OLPRUVA (5 GM DOSE) THPK	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
OLPRUVA (6 GM DOSE) THPK	5	NDS
OLPRUVA (6.67 GM DOSE) THPK	5	NDS
PHEBURANE PLLT	5	NDS
RAVICTI LIQD	5	NDS
<i>sodium phenylbutyrate powd</i>	5	NDS
<i>sodium phenylbutyrate tabs</i>	5	NDS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
<i>clinisol sf soln intravenous</i>	2	HI
DEXTROSE SOLN	2	
DEXTROSE SOLN INTRAVENOUS 5%, 10%	2	HI
INTRALIPID EMUL INTRAVENOUS	2	HI

Drug Name	Drug Tier	Requirements/ Limits
NUTRILIPID EMUL INTRAVENOUS	2	HI
<i>plenamine soln intravenous</i>	2	HI
<i>premasol soln intravenous</i>	2	HI
PROCALAMINE SOLN INTRAVENOUS	3	HI
TRAVASOL SOLN INTRAVENOUS	2	HI
TROPHAMINE SOLN INTRAVENOUS	3	HI
DIURETICS		
AMILORIDE HCL TABS	2	MO
<i>amiloride-hydrochlorothiazide tabs</i>	1	MO
<i>bumetanide soln</i>	2	
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	2	MO
<i>chlorothiazide tabs 250mg, 500mg</i>	2	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	2	MO
<i>ethacrynic acid tabs</i>	4	MO
<i>furosemide soln 40mg/5ml, 10mg/ml</i>	2	MO
<i>furosemide soln injection</i>	2	HI
<i>furosemide tabs 20mg, 40mg, 80mg</i>	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	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	2	MO
OSMITROL SOLN	2	
<i>tolvaptan tabs 15mg, 30mg</i>	5	NDS
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>triamterene caps 50mg, 100mg</i>	2	MO
<i>triamterene-hctz caps</i>	1	MO
<i>triamterene-hctz tabs</i>	1	MO
ION-REMOVING AGENTS		
AURYXIA TABS	5	PA,MO,NDS
<i>kionex susp</i>	2	MO
LOKELMA PACK 5gm, 10gm	4	MO
<i>sevelamer carbonate pack 0.8gm, 2.4gm</i>	2	MO
<i>sevelamer carbonate tabs</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
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps</i>	2	MO
<i>calcium acetate tabs</i>	2	MO
DEXTROSE IN LACTATED RINGERS SOLN	2	
DEXTROSE-NACL SOLN INTRAVENOUS 2.5-0.45%, 5-0.2%, 5-0.45%, 5-0.9%	2	HI
DEXTROSE-NACL SOLN INTRAVENOUS 10-0.45%	3	HI
<i>kcl in dextrose-nacl soln intravenous 10-5-0.45 meq, 20-5-0.2 meq, 20-5-0.45 meq, 20-5-0.9 meq, 30-5-0.45 meq, 40-5-0.45 meq, 40-5-0.9 meq</i>	2	HI
KCL-LACTATED RINGERS-D5W SOLN INTRAVENOUS	3	HI
KLOR-CON 10 TBCR	2	MO
KLOR-CON TBCR	2	MO

Drug Name	Drug Tier	Requirements/ Limits
LACTATED RINGERS SOLN	2	
<i>magnesium sulfate in d5w soln</i>	2	
PHOSLYRA SOLN	3	MO
PLASMA-LYTE 148 SOLN INTRAVENOUS	3	HI
PLASMA-LYTE A SOLN INTRAVENOUS	3	HI
POTASSIUM ACETATE SOLN	2	
<i>potassium chloride crys er 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
<i>potassium chloride in nacl soln intravenous 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	HI
<i>potassium chloride pack</i>	2	MO
<i>potassium chloride soln 10%, 20%</i>	2	MO
POTASSIUM CHLORIDE SOLN INTRAVENOUS 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	2	HI
<i>potassium cl in dextrose 5% soln intravenous</i>	2	HI
POTASSIUM PHOSPHATES SOLN	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN	2	
SODIUM CHLORIDE SOLN	2	
SODIUM CHLORIDE SOLN INTRAVENOUS 0.45%, 0.9%, 3%, 5%	2	HI
SODIUM PHOSPHATES SOLN	2	
URICOSURIC AGENTS		

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

Drug Name	Drug Tier	Requirements/ Limits
<i>colchicine-probenecid tabs</i>	2	MO
<i>probenecid tabs</i>	2	MO
ENZYMES		
ENZYMES		
ADAGEN SOLN	3	
ALDURAZYME SOLN	5	NDS
CERDELGA CAPS	5	NDS
CEREZYME SOLR	5	NDS
CREON CPEP	3	MO
ELAPRASE SOLN	5	NDS
ELELYSO SOLR	5	NDS
ELFABRIO SOLN	5	NDS
ELITEK SOLR	3	
FABRAZYME SOLR 5mg, 35mg	5	NDS
KANUMA SOLN	5	NDS
LAMZEDE SOLR	5	NDS
LUMIZYME SOLR	5	NDS
<i>miglustat caps</i>	5	NDS
NAGLAZYME SOLN	5	NDS
NEXVIAZYME SOLR	5	NDS
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NDS
PULMOZYME SOLN	5	PA,NDS
REVCOVI SOLN	5	NDS
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 80mg/0.8ml, 40mg/ml	5	LD,NDS
SUCRAID SOLN	5	LD
VIMIZIM SOLN	5	NDS
VPRIV SOLR	5	NDS
XENPOZYME SOLR 4mg, 20mg	5	NDS
ZENPEP CPEP	3	MO
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
<i>bacitracin oint</i>	2	
<i>bacitracin-polymyxin b oint</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>chlorhexidine gluconate soln</i>	2	
CILOXAN OINT	3	
<i>ciprofloxacin hcl soln (ophth)</i>	2	
<i>erythromycin oint</i>	2	
<i>gatifloxacin soln</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate soln</i>	2	
<i>moxifloxacin hcl soln</i>	2	
NATACYN SUSP	3	
<i>neomycin-bacitracin zn-polymyx oint</i>	2	
<i>neomycin-polymyxin-gramicidin soln</i>	2	
<i>ofloxacin soln</i>	2	
<i>polymyxin b-trimethoprim soln</i>	2	
<i>sulfacetamide sodium soln</i>	2	
<i>tobramycin soln</i>	2	
TOBEX OINT	3	
<i>trifluridine soln</i>	2	
ANTI-INFLAMMATORY AGENTS		
<i>bacitra-neomycin-polymyxin-hc oint</i>	2	MO
<i>blephamide s.o.p. oint</i>	2	MO
BLEPHAMIDE SUSP	3	MO
CEQUA SOLN	4	
<i>ciprofloxacin-dexamethasone susp</i>	2	MO
COLY-MYCIN S SUSP	3	MO
<i>cyclosporine emul</i>	2	MO
<i>dexamethasone sodium phosphate soln</i>	2	MO
<i>diclofenac sodium soln</i>	2	MO
<i>difluprednate emul</i>	4	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>fluorometholone susp</i>	2	MO
<i>flurbiprofen sodium soln</i>	2	MO
<i>fluticasone propionate susp</i>	2	MO
FML FORTE SUSP	3	MO
FML OINT	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone-acetic acid soln</i>	2	MO
ILUVIEN IMPL	5	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	2	MO
<i>mometasone furoate susp</i>	2	MO
<i>neomycin-polymyxin-dexameth oint</i>	2	MO
<i>neomycin-polymyxin-dexameth susp</i>	2	MO
<i>neomycin-polymyxin-hc soln</i>	2	MO
<i>neomycin-polymyxin-hc susp</i>	2	MO
PRED MILD SUSP	3	MO
PRED-G S.O.P. OINT	3	MO
PRED-G SUSP	3	MO
<i>prednisolone acetate susp</i>	2	MO
<i>prednisolone sodium phosphate soln</i>	2	MO
RETISERT IMPL	5	
<i>sulfacetamide-prednisolone soln</i>	2	MO
TOBRADEX OINT	3	MO
<i>tobramycin-dexamethasone susp</i>	2	MO
VERKAZIA EMUL	5	NDS
YUTIQ IMPL	5	
ANTIALLERGIC AGENTS		
<i>azelastine hcl soln 0.1%</i>	2	MO
<i>cromolyn sodium soln</i>	2	MO
<i>olopatadine hcl soln 0.1%</i>	4	MO
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12</i>	2	MO
<i>acetazolamide sodium solr</i>	2	
<i>acetazolamide tabs 125mg, 250mg</i>	2	MO
<i>betaxolol hcl soln</i>	2	MO
<i>bimatoprost soln</i>	2	MO
<i>brimonidine tartrate soln 0.2%</i>	1	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>dorzolamide hcl soln</i>	2	MO
<i>dorzolamide hcl-timolol mal soln</i>	1	MO
DURYSTA IMPL	5	NDS
<i>latanoprost soln</i>	1	MO
<i>levobunolol hcl soln</i>	2	MO
<i>methazolamide tabs 25mg, 50mg</i>	2	MO
PHOSPHOLINE IODIDE SOLR	3	MO
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	1	MO
<i>travoprost (bak free) soln</i>	2	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid soln</i>	2	MO
<i>apraclonidine hcl soln</i>	2	MO
<i>atropine sulfate soln</i>	2	MO
BEOVU SOLN	5	
BEOVU SOSY	5	
BYOOVIZ SOLN	5	NDS
CIMERLI SOLN 0.5mg/0.05ml	5	NDS
CYSTADROPS SOLN	5	NDS
CYSTARAN SOLN	5	
EYLEA SOLN	5	
EYLEA SOSY	5	
LACRISERT INST	3	MO
LUCENTIS SOLN 0.3mg/0.05ml, 0.5mg/0.05ml	5	NDS
LUCENTIS SOSY 0.3mg/0.05ml, 0.5mg/0.05ml	5	NDS
MIEBO SOLN	5	NDS
OXERVATE SOLN	5	NDS
PHENYLEPHRINE HCL SOLN	2	
SUSVIMO (IMPLANT 1ST FILL) SOLN	5	
SUSVIMO (IMPLANT REFILL) SOLN	5	
SYFOVRE SOLN	5	
TEPEZZA SOLR	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
VABYSMO SOLN	5	NDS
LOCAL ANESTHETICS		
<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		
<i>alosetron hcl tabs 0.5mg, 1mg</i>	5	NDS
<i>balsalazide disodium caps</i>	2	MO
DIPENTUM CAPS	5	NDS
LIALDA TBEC	2	MO
<i>mesalamine enem</i>	2	MO
<i>mesalamine er cpcr</i>	2	MO
<i>mesalamine supp</i>	2	MO
<i>mesalamine tbec 1.2gm</i>	2	MO
PENTASA CPCR 250mg, 500mg	3	MO
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd</i>	2	
<i>diphenoxylate-atropine tabs</i>	2	
XERMELO TABS	5	LD,NDS
ANTIEMETICS		
<i>aprepitant caps</i>	2	PA,NDS
<i>dimenhydrinate soln</i>	2	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	PA
<i>fosaprepitant dimeglumine solr</i>	2	
<i>meclizine hcl tabs 25mg</i>	2	
<i>ondansetron hcl soln</i>	2	PA
<i>ondansetron hcl sosy</i>	2	
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	PA
<i>ondansetron tbdp 4mg, 8mg</i>	2	PA
<i>scopolamine pt72</i>	2	MO
SYNDROS SOLN	5	PA,NDS

Drug Name	Drug Tier	Requirements/ Limits
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>bismuth/metronidaz/tetra cyclin caps</i>	4	
<i>cimetidine hcl soln</i>	2	MO
<i>famotidine (pf) soln</i>	2	
<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>misoprostol tabs 100mcg, 200mcg</i>	2	MO
<i>nizatidine soln</i>	2	MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	2	MO
PANTOPRAZOLE SODIUM SOLR	2	
<i>pantoprazole sodium tbec 20mg, 40mg</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-n with flavor pack solr</i>	2	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
SUPREP BOWEL PREP KIT SOLN	4	
GI DRUGS, MISCELLANEOUS		
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	5	NDS
BYLVAY CAPS 400mcg, 1200mcg	5	NDS
CHOLBAM CAPS 50mg, 250mg	5	NDS
ENTYVIO SOLR	5	NDS
GATTEX KIT	5	PA,NDS
GIMOTI SOLN	5	NDS

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

Drug Name	Drug Tier	Requirements/ Limits
IBSRELA TABS	5	NDS
LINZESS CAPS 290mcg	4	MO
LIVMARLI SOLN	5	NDS
<i>lubiprostone caps 8mcg, 24mcg</i>	2	MO
<i>metoclopramide hcl soln</i>	2	MO
<i>metoclopramide hcl tabs 5mg, 10mg</i>	2	MO
MOVANTIK TABS 25mg	4	MO
OCALIVA TABS 5mg, 10mg	5	LD,NDS
RELISTOR SOLN 12mg/0.6ml	5	NDS
<i>reltone caps 200mg, 400mg</i>	5	NDS
SKYRIZI SOCT	5	
SKYRIZI SOLN	5	
TRULANCE TABS	4	
<i>ursodiol caps 300mg</i>	2	MO
<i>ursodiol caps 200mg, 400mg</i>	5	NDS
<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>	5	NDS
CUVRIOR TABS	5	NDS
<i>deferasirox granules pack 90mg</i>	4	
<i>deferasirox granules pack 180mg, 360mg</i>	5	NDS
<i>deferasirox tabs</i>	2	
<i>deferasirox tbso</i>	2	
<i>deferiprone tabs 500mg, 1000mg</i>	5	NDS
<i>deferoxamine mesylate solr</i>	2	
FERRIPROX SOLN	5	LD,NDS
FERRIPROX TWICE-A-DAY TABS	5	NDS
<i>penicillamine caps</i>	5	NDS
<i>penicillamine tabs</i>	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>trientine hcl caps</i>	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	5	NDS
<i>betamethasone sod phos & acet susp</i>	2	
<i>budesonide cpep</i>	2	MO
<i>budesonide er tb24</i>	4	
<i>cortisone acetate tabs</i>	2	MO
DEPO-MEDROL SUSP	3	
<i>dexamethasone elix</i>	2	MO
<i>dexamethasone intensol conc</i>	2	MO
<i>dexamethasone sodium phosphate soln</i>	2	
<i>dexamethasone soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	MO
EMFLAZA SUSP	5	LD,NDS
EMFLAZA TABS 6mg, 18mg, 30mg, 36mg	5	LD,NDS
<i>fludrocortisone acetate tabs</i>	2	MO
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	2	MO
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 tabs</i>	4	MO
ORTIKOS CP24 6mg, 9mg	5	NDS
<i>prednisolone sodium phosphate soln 6.7 (5 base)mg/5ml</i>	2	MO
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>prednisolone soln</i>	2	MO
<i>prednisolone tabs</i>	4	MO
<i>prednisone intensol conc</i>	2	MO
<i>prednisone soln</i>	2	MO
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	MO
<i>prednisone tbpk</i>	2	
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR	3	
TARPEYO CPDR	5	NDS
<i>triamcinolone acetonide susp</i>	2	
ANDROGENS		
ANADROL-50 TABS	5	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>	5	NDS
<i>methyltestosterone caps</i>	5	NDS
<i>oxandrolone tabs</i>	2	MO
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	2	MO
<i>testosterone enanthate soln</i>	2	MO
<i>testosterone gel 1%, 1.62%, 25mg/2.5gm, 50mg/5gm</i>	2	MO
CONTRACEPTIVES		
<i>apri tabs</i>	2	MO
<i>aranella tabs</i>	2	MO
<i>aviane tabs</i>	2	MO
<i>balziva tabs</i>	2	MO
<i>cryselle-28 tabs</i>	2	MO
<i>cyclafem 1/35 tabs</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs</i>	2	MO
ELLA TABS	3	MO
<i>eluryng ring</i>	2	MO
<i>ethynodiol diac-eth estradiol tabs</i>	2	MO
<i>etonogestrel-ethinyl estradiol ring</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>jolivette tabs</i>	2	MO
<i>junel 1.5/30 tabs</i>	2	MO
<i>junel 1/20 tabs</i>	2	MO
<i>junel fe 1.5/30 tabs</i>	2	MO
<i>junel fe 1/20 tabs</i>	2	MO
<i>junel fe 24 tabs</i>	2	MO
<i>kelnor 1/35 tabs</i>	2	MO
<i>kelnor 1/50 tabs</i>	2	MO
<i>leena tabs</i>	2	MO
<i>levora 0.15/30 (28) tabs</i>	2	MO
<i>loestrin 1/20 (21) tabs</i>	2	MO
<i>lutera tabs</i>	2	MO
<i>merzee caps</i>	2	MO
<i>microgestin 1/20 tabs</i>	2	MO
<i>microgestin 24 fe tabs</i>	2	MO
<i>microgestin fe 1.5/30 tabs</i>	2	MO
<i>microgestin fe 1/20 tabs</i>	2	MO
<i>necon 0.5/35 (28) tabs</i>	2	MO
<i>nikki tabs</i>	2	MO
<i>nora-be tabs</i>	2	MO
<i>norethin ace-eth estrad-fe chew</i>	2	MO
<i>norethindrone 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
<i>nylia 1/35 tabs</i>	2	MO
<i>ocella tabs</i>	2	MO
<i>ogestrel tabs</i>	2	MO
<i>portia-28 tabs</i>	2	MO
<i>reclipsen tabs</i>	2	MO
<i>sprintec 28 tabs</i>	2	MO
TAYSOFY CAPS	2	MO
<i>tri-lo-sprintec tabs</i>	2	MO
<i>tri-sprintec tabs</i>	2	MO
<i>trivora (28) tabs</i>	2	MO
<i>xulane ptwk</i>	2	MO
DIABETIC AGENTS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	2	MO
BAQSIMI ONE PACK POWD	3	

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

Drug Name	Drug Tier	Requirements/ Limits
BAQSIMI TWO PACK POWD	3	
<i>diazoxide susp</i>	4	
<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>	1	MO
<i>glucagon emergency kit</i>	2	
HUMALOG KWIKPEN SOPN	4	MO
HUMALOG SOCT	4	MO
HUMALOG SOLN	3	MO
HUMULIN 70/30 KWIKPEN SUPN	2	MO
HUMULIN 70/30 SUSP	2	MO
HUMULIN N KWIKPEN SUPN	2	MO
HUMULIN N SUSP	2	MO
HUMULIN R SOLN	2	MO
HUMULIN R U-500 (CONCENTRATED) SOLN	3	MO
HUMULIN R U-500 KWIKPEN SOPN	3	MO
INSULIN GLARGINE-YFGN SOLN	3	MO
INSULIN GLARGINE-YFGN SOPN	3	MO
JARDIANCE TABS 10mg, 25mg	3	MO
KORLYM TABS	5	PA,LD,NDS
<i>metformin hcl er tb24 500mg, 750mg</i>	1	MO
<i>metformin hcl tabs 500mg, 850mg, 1000mg</i>	1	MO
<i>metformin hcl tabs 625mg</i>	5	NDS
<i>nateglinide tabs 60mg, 120mg</i>	2	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	PA,MO

Drug Name	Drug Tier	Requirements/ Limits
OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml	3	PA,MO
OZEMPIC (2 MG/DOSE) SOPN	3	PA,MO
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	MO
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	2	MO
SYMLINPEN 120 SOPN	5	MO
SYMLINPEN 60 SOPN	5	MO
<i>tolbutamide tabs</i>	2	MO
TRADJENTA TABS	3	MO
TZIELD SOLN	5	NDS
VICTOZA SOPN	3	PA,MO
ESTROGENS AND ANTIESTROGENS		
CLIMARA PTWK 37.5mcg/24hr, 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr	2	MO
<i>depo-estradiol oil</i>	2	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO
<i>estrace crea</i>	2	MO
<i>estradiol crea</i>	2	MO
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO
<i>estradiol ptwk 37.5mcg/24hr, 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	2	MO
<i>estradiol tabs 0.5mg, 1mg, 2mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol tabs 10mcg</i>	2	MO
<i>estradiol valerate oil</i>	2	
ESTRING RING 7.5mcg/24hr, 2mg	4	MO
<i>jinteli tabs</i>	2	MO
PREMARIN SOLR	3	
<i>raloxifene hcl tabs</i>	2	MO
<i>yuvafem tabs</i>	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR	4	PA
MYFEMBREE TABS	5	NDS
ORGOVYX TABS	5	NDS
ORILISSA TABS 150mg, 200mg	5	NDS
TRIPTODUR SRER	5	NDS
OXYTOCICS		
<i>methergine tabs</i>	2	
<i>methylergonovine maleate soln</i>	2	
<i>methylergonovine maleate tabs</i>	2	
MIFEPREX TABS	2	
<i>mifepristone tabs</i>	2	
OXYTOCIN SOLN	2	
PARATHYROID		
<i>calcitonin (salmon) soln</i>	2	MO
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	2	NDS
FORTEO SOPN	5	NDS
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LD,NDS
PITUITARY		
ACTHAR GEL	5	PA,NDS
CORTROPHIN GEL	5	PA,NDS
<i>desmopressin ace spray refrig soln</i>	2	MO
DESMOPRESSIN ACETATE SOLN	2	
<i>desmopressin acetate spray soln</i>	2	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	5	PA, NDS
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	PA, NDS
STIMATE SOLN	3	MO
SYNAREL SOLN	5	MO
PROGESTINS		
DEPO-PROVERA SUSP 400mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY	4	MO
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>norethindrone acetate tabs</i>	2	MO
<i>progesterone caps 100mg, 200mg</i>	2	MO
<i>progesterone oil</i>	2	
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SOLR	5	NDS
EGRIFTA SV SOLR	5	NDS
HUMATROPE CART 6mg, 12mg, 24mg	5	PA,NDS
HUMATROPE SOLR	5	PA,NDS
INCRELEX SOLN	5	NDS
LANREOTIDE ACETATE SOLN	5	NDS
MYCAPSSA CPDR	5	NDS
NORDITROPIN FLEXPRO SOPN	5	PA,NDS

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

Drug Name	Drug Tier	Requirements/ Limits
5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml		
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	2	
<i>octreotide acetate soln 500mcg/ml, 1000mcg/ml</i>	5	
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml	2	PA
OMNITROPE SOLR	2	PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NDS
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NDS
SIGNIFOR SOLN 0.3mg/ml, 0.6mg/ml, 0.9mg/ml	5	NDS
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LD,NDS
ZORBTIVE SOLR	5	PA,NDS
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLN 100 mcg/ml	5	NDS
LEVOTHYROXINE SODIUM SOLR	2	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	MO
LEVOXYL TABS 137mcg	2	MO
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	2	MO
<i>methimazole tabs 5mg, 10mg</i>	1	MO
<i>propylthiouracil tabs</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride caps</i>	2	MO
<i>finasteride tabs 5mg</i>	1	MO
ANTIDOTES		
<i>acetylcysteine soln 10%, 20%</i>	2	PA,MO
KHAPZORY SOLR 175mg, 300mg	5	NDS
<i>leucovorin calcium solr</i>	2	
<i>leucovorin calcium tabs 5mg, 10mg, 25mg</i>	2	MO
<i>levoleucovorin calcium solr 50mg</i>	2	
PEDMARK SOLN	5	NDS
VISTOGARD PACK	5	NDS
VORAXAZE SOLR	5	NDS
ANTIGOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	1	MO
<i>colchicine tabs</i>	2	MO
<i>febuxostat tabs 40mg, 80mg</i>	2	MO
BONE RESORPTION INHIBITORS		
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	MO
<i>alendronate sodium tabs</i>	2	MO
<i>pamidronate disodium soln</i>	2	
<i>pamidronate disodium solr</i>	2	
XGEVA SOLN	5	PA,NDS
<i>zoledronic acid conc</i>	2	
<i>zoledronic acid soln</i>	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SOAJ	5	NDS
ACTEMRA SOSY	5	NDS
ADALIMUMAB-ADAZ SOAJ	5	NDS
ADALIMUMAB-ADAZ SOSY	5	NDS
AMJEVITA SOAJ 40mg/0.8ml	3	MO

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

Drug Name	Drug Tier	Requirements/ Limits
AMJEVITA SOSY 10mg/0.2ml, 20mg/0.4ml, 40mg/0.8ml	3	MO
AVSOLA SOLR	5	NDS
CIBINQO TABS 50mg, 100mg, 200mg	5	NDS
CIMZIA KIT	5	PA,NDS
CIMZIA PSKT	5	PA,NDS
CIMZIA STARTER KIT PSKT	5	PA
CYLTEZO AJKT	5	NDS
CYLTEZO PSKT 10mg/0.2ml, 20mg/0.4ml, 40mg/0.8ml	5	NDS
CYLTEZO-CD/UC/HS STARTER AJKT	5	NDS
CYLTEZO-PSORIASIS STARTER AJKT	5	NDS
ENBREL MINI SOCT	5	NDS
ENBREL SOLN	5	NDS
ENBREL SOLR	5	NDS
ENBREL SOSY 25mg/0.5ml, 50mg/ml	5	NDS
ENBREL SURECLICK SOAJ	5	NDS
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS
HULIO AJKT	5	NDS
HULIO PSKT 20mg/0.4ml, 40mg/0.8ml	5	NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	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

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN- PEDIATRIC UC START PNKT	5	NDS
HUMIRA PEN- PS/UV/ADOL HS START PNKT	5	NDS
HUMIRA PEN- PSOR/UEVIT 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
HYRIMOZ SOAJ 40mg/0.4ml, 80mg/0.8ml	5	NDS
HYRIMOZ SOSY 10mg/0.1 ml, 20mg/0.2ml, 40mg/0.4ml	5	NDS
HYRIMOZ-CROHNS/UC STARTER PACK SOAJ	5	NDS
HYRIMOZ-PED CROHNS STARTER SOSY	5	NDS
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	5	NDS
IDACIO AJKT	5	NDS
IDACIO FOR CROHNS DISEASE/UC AJKT	5	NDS
IDACIO FOR PLAQUE PSORIASIS AJKT	5	NDS
IDACIO PSKT	5	NDS
INFLECTRA SOLR INTRAVENOUS	5	HI
INFLIXIMAB SOLR INTRAVENOUS	5	HI
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

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

Drug Name	Drug Tier	Requirements/ Limits
OLUMIANT TABS 1mg, 2mg	5	PA,NDS
ORENCIA CLICKJECT SOAJ	5	NDS
ORENCIA SOLR	5	NDS
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	5	NDS
OTEZLA TABS	5	PA,NDS
OTEZLA TBPK	5	PA,NDS
RASUVO SOAJ	3	
RINVOQ TB24 15mg, 30mg, 45mg	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	PA,NDS
XELJANZ TABS 5mg, 10mg	5	PA,NDS
XELJANZ XR TB24 11mg, 22mg	5	PA,NDS
YUFLYMA 1-PEN KIT AJKT	5	NDS
YUFLYMA 2-PEN KIT AJKT	5	NDS
YUSIMRY SOPN	5	NDS
IMMUNE SUPPRESSANTS		
<i>azathioprine sodium solr</i>	2	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	2	PA,MO
BENLYSTA SOAJ	5	
BENLYSTA SOLR	5	
BENLYSTA SOSY	5	
<i>cyclosporine caps 25mg, 100mg</i>	2	PA,MO
<i>cyclosporine modified caps 25mg, 50mg, 100mg</i>	2	PA,MO
<i>cyclosporine modified soln</i>	2	PA,MO
<i>cyclosporine soln</i>	2	MO
ENVARUSUS XR TB24 0.75mg, 1mg	4	PA,MO
ENVARUSUS XR TB24	5	PA,MO

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	PA
GAMIFANT SOLN 50mg/10ml, 100mg/20ml, 10mg/2ml	5	NDS
<i>gengraf caps 25mg, 100mg</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
<i>mycophenolate sodium tbec 180mg, 360mg</i>	2	PA,MO
NULOJIX SOLR	5	NDS
PROGRAF PACK 0.2mg, 1mg	4	PA
PROGRAF SOLN	3	MO
SANDIMMUNE ORAL SOLN 100mg/ml	3	PA,MO
SAPHNELO SOLN	5	NDS
<i>sirolimus soln</i>	5	PA
<i>sirolimus tabs 0.5mg, 1mg</i>	2	PA,MO
<i>sirolimus tabs 2mg</i>	4	PA,MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA,MO
ZORTRESS TABS	5	PA

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

Drug Name	Drug Tier	Requirements/ Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETIC ACID SOLN	2	
ACTIMMUNE SOLN	5	
AMONDYS 45 SOLN	5	NDS
AMVUTTRA SOSY	5	
ARCALYST SOLR	5	NDS
ARGYLE STERILE WATER SOLN	2	
<i>articadent dental soct</i>	2	
BERINERT KIT INTRAVENOUS	5	HI
<i>betaine powd</i>	5	NDS
<i>bupivacaine hcl (pf) soln</i>	2	
<i>bupivacaine hcl soln</i>	2	
<i>bupivacaine in dextrose soln</i>	2	
<i>bupivacaine spinal soln</i>	2	
<i>bupivacaine-epinephrine (pf) soln</i>	2	
<i>bupivacaine-epinephrine soln</i>	2	
CARNITOR SOLN	2	MO
CARNITOR TABS	2	MO
<i>chloroprocaine hcl (pf) soln</i>	2	
CINRYZE SOLR INTRAVENOUS	5	HI
<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	
<i>dichlorphenamide tabs</i>	5	NDS
EASYGEL GEL	2	
ELMIRON CAPS	5	
ENDARI PACK	5	NDS
ENJAYMO SOLN	5	NDS
ENSPRYNG SOSY	5	NDS
EVRYSDI SOLR	5	NDS
EXONDYS 51 SOLN 500mg/10ml, 100mg/2ml	5	NDS

Drug Name	Drug Tier	Requirements/ Limits
FILSPARI TABS 200mg, 400mg	5	NDS
FIRDAPSE TABS	5	NDS
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
<i>javygtor pack 100mg, 500mg</i>	5	NDS
<i>javygtor tabs</i>	5	NDS
JOENJA TABS	5	NDS
KESIMPTA SOAJ	5	NDS
KEVEYIS TABS	5	NDS
LACTATED RINGERS SOLN	2	
<i>levocarnitine tabs</i>	2	MO
<i>lidocaine hcl (pf) soln</i>	2	
<i>lidocaine hcl soln</i>	2	
<i>lidocaine in dextrose soln</i>	2	
<i>lidocaine-epinephrine soln</i>	2	
<i>mesna soln</i>	2	
MESNEX TABS	5	NDS
MYALEPT SOLR	5	NDS
NAFRINSE CHEW	2	MO
NAFRINSE DROPS SOLN	2	MO
NULIBRY SOLR	5	NDS
ODACTRA SUBL	4	
ONPATTRO SOLN	5	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

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

Drug Name	Drug Tier	Requirements/ Limits
PALFORZIA (20 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (200 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (240 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (3 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (300 MG MAINTENANCE) PACK	5	NDS
PALFORZIA (300 MG TITRATION) PACK	5	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK	5	NDS
PALFORZIA INITIAL ESCALATION CSPK	5	NDS
PHYSIOLYTE SOLN	2	
<i>physiosol irrigation soln</i>	2	
<i>polocaine soln</i>	2	
<i>polocaine-mpf soln</i>	2	
PROCYSBI CPDR 25mg, 75mg	5	NDS
PROCYSBI PACK 75mg, 300mg	5	NDS
PYRUKYND TABS 5mg, 20mg, 50mg	5	NDS
PYRUKYND TAPER PACK TBPB	5	NDS
RECORLEV TABS	5	NDS
REZUROCK TABS	5	NDS
RIDAURA CAPS	5	MO
RIMSO-50 SOLN	3	
RINGERS IRRIGATION SOLN	2	
<i>ropivacaine hcl soln</i>	2	
RYSTIGGO SOLN	5	
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	5	NDS
<i>sapropterin dihydrochloride tabs</i>	5	NDS
SENSORCAINE SOLN	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>sensorcaine-mpf soln</i>	2	
<i>sensorcaine-mpf/epinephrine soln</i>	2	
<i>sensorcaine/epinephrine soln</i>	2	
SKYCLARYS CAPS	5	NDS
SODIUM CHLORIDE SOLN	2	MO
SODIUM FLUORIDE CHEW 0.25mg, 0.5mg, 1mg	2	MO
SODIUM FLUORIDE SOLN	2	MO
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN	5	NDS
TAKHZYRO SOSY 300mg/2ml, 150mg/ml	5	NDS
TAVNEOS CAPS	5	NDS
TEGSEDI SOSY	5	NDS
THIOLA EC TBEC 100mg, 300mg	5	NDS
THIOLA TABS	5	NDS
THYROGEN SOLR	5	NDS
<i>tiopronin tabs</i>	5	NDS
TIS-U-SOL SOLN	2	
ULTOMIRIS SOLN	5	
VIJOICE TBPB	5	NDS
VILTEPSO SOLN	5	NDS
VOWST CAPS	5	NDS
VOXZOGO SOLR 0.4mg, 0.56mg, 1.2mg	5	NDS
VUMERITY (STARTER) CPDR	5	NDS
VUMERITY CPDR	5	NDS
VYJUVEK GEL	5	NDS
VYONDYS 53 SOLN	5	NDS
VYVGART HYTRULO SOLN	5	NDS
VYVGART SOLN	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR	5	PA,NDS
XURIDEN PACK	5	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<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>	5	PA,MO
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	5	PA,NDS
DUPIXENT SOSY 100mg/0.67ml, 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
NUCALA SOSY 40mg/0.4ml, 100mg/ml	5	PA,NDS
<i>zileuton er tb12</i>	5	NDS
CYSTIC FIBROSIS		
CAYSTON SOLR	5	LD,NDS
KALYDECO PACK 13.4mg, 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
TRIKAFTA THPK	5	LD,NDS
PULMONARY FIBROSIS		
OFEV CAPS 100mg, 150mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone caps 267mg</i>	5	PA,NDS
<i>pirfenidone tabs 267mg, 801mg</i>	2	PA,MO
<i>pirfenidone tabs 534mg</i>	5	PA,NDS
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO 230-21mcg/act	3	MO
ADVAIR HFA AERO 45-21mcg/act, 115-21mcg/act	4	MO
ALVESCO AERS 80mcg/act, 160mcg/act	3	MO
ARALAST NP SOLR INTRAVENOUS	3	HI
ASMANEX HFA AERO 100mcg/act, 200mcg/act	4	MO
BREZTRI AEROSPHERE AERO	4	MO
BRONCHITOL CAPS	5	NDS
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml</i>	2	PA,MO
<i>budesonide susp</i>	4	PA,MO
FLOVENT HFA AERO 44mcg/act	3	MO
<i>fluticasone-salmeterol aepb</i>	2	MO
GLASSIA SOLN INTRAVENOUS	5	HI
<i>roflumilast tabs 250mcg, 500mcg</i>	4	MO
SYMBICORT AERO	3	
TEZSPIRE SOAJ	5	NDS
TEZSPIRE SOSY	5	NDS
<i>wixela inhub aepb</i>	2	
XOLAIR SOLR	5	PA,NDS
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	5	PA,NDS
VASODILATING AGENTS		
ADEMPAS TABS 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	PA,NDS
<i>ambrisentan tabs</i>	2	
<i>bosentan tabs 62.5mg, 125mg</i>	2	
<i>epoprostenol sodium solr</i>	2	
ORENITRAM MONTH 1 TEPK	5	LD,NDS

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

Drug Name	Drug Tier	Requirements/ Limits
ORENITRAM MONTH 2 TEPK	5	LD,NDS
ORENITRAM MONTH 3 TEPK	5	LD,NDS
ORENITRAM TBCR 0.25mg, 1mg, 2.5mg, 5mg	5	LD,NDS
TRACLEER TBSO	5	NDS
<i>treprostinil soln</i> 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA,LD,NDS
TYVASO DPI MAINTENANCE KIT POWD	5	LD,NDS
TYVASO DPI TITRATION KIT POWD	5	LD,NDS
TYVASO REFILL SOLN	5	PA,LD
TYVASO STARTER SOLN	5	PA,LD
UPTRAVI SOLR	5	NDS
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
CUTAQUIG SOLN 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml	5	PA,NDS
CYTOGAM INJ	3	
GAMASTAN INJ	3	
GAMMAGARD S/D LESS IGA SOLR INTRAVENOUS 5gm, 10gm	5	HI
GAMMAGARD SOLN INJECTION	5	HI
GAMMAKED SOLN INJECTION	5	HI

Drug Name	Drug Tier	Requirements/ Limits
GAMMAPLEX SOLN INTRAVENOUS	3	HI
GAMUNEX-C SOLN INJECTION	5	HI
HYQVIA KIT	5	PA,NDS
NABI-HB SOLN	3	
OCTAGAM SOLN INTRAVENOUS 1gm/20ml	3	HI
PANZYGA SOLN INTRAVENOUS 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml	5	HI
VARIZIG SOLN	6	
TOXOIDS		
DIPHThERIA-TETANUS TOXOIDS DT SUSP	6	
KINRIX SUSP	6	
KINRIX SUSY	6	
QUADRACEL SUSP	6	
QUADRACEL SUSY	6	
TDVAX SUSP	6	
TENIVAC INJ	6	
VACCINES		
ACTHIB SOLR	6	
ADACEL SUSP	6	
BEXSERO SUSY	6	
BOOSTRIX SUSP	6	
BOOSTRIX SUSY	6	
DAPTACEL SUSP	6	
ENGERIX-B SUSP	6	PA
ENGERIX-B SUSY 10mcg/0.5ml, 20mcg/ml	6	PA
GARDASIL 9 SUSP	6	
GARDASIL 9 SUSY	6	
HAVRIX SUSP	6	
HEPLISAV-B SOSY	6	PA
HIBERIX SOLR	6	
IMOVAX RABIES SUSR	6	
INFANRIX SUSP	6	
IPOL INJ	6	
IXIARO SUSP	6	

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

Drug Name	Drug Tier	Requirements/ Limits
JYNNEOS SUSP	6	
M-M-R II SOLR	6	
MENACTRA SOLN	6	
MENQUADFI SOLN	6	
MENVEO SOLR	6	
PEDIARIX SUSY	6	
PEDVAX HIB SUSP	6	
PENTACEL SUSR	6	
PREHEVBRIO SUSP	6	PA
PRIORIX SUSR	6	
PROQUAD SUSR	6	
RABAVERT SUSR	6	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	6	PA
RECOMBIVAX HB SUSY 5mcg/0.5ml, 10mcg/ml	6	PA
ROTARIX SUSP	4	
ROTARIX SUSR	4	
ROTATEQ SOLN	4	
SHINGRIX SUSR	6	
TICOVAC SUSY	6	
TRUMENBA SUSY	6	
TWINRIX SUSY	6	
TYPHIM VI SOLN	6	
TYPHIM VI SOSY	6	
VAQTA SUSP	6	
VARIVAX INJ	6	
VAXCHORA SUSR	3	
YF-VAX INJ	6	
ZOSTAVAX SUSR	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
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 soln</i>	2	
<i>clindamycin phos- benzoyl perox gel</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate gel</i>	2	MO
<i>clindamycin phosphate lotn</i>	2	MO
<i>clindamycin phosphate soln</i>	2	MO
<i>clindamycin phosphate swab</i>	2	MO
<i>clotrimazole troc</i>	2	
<i>clotrimazole- betamethasone crea</i>	2	
<i>croton lotn</i>	2	
<i>erythromycin gel</i>	2	MO
<i>erythromycin soln</i>	2	MO
<i>gentamicin sulfate crea</i>	2	
<i>gentamicin sulfate oint</i>	2	
<i>ketoconazole crea</i>	2	
<i>ketoconazole sham</i>	2	
<i>lindane sham</i>	2	
<i>malathion lotn</i>	2	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole lotn</i>	2	
<i>mupirocin calcium crea</i>	2	
<i>mupirocin oint</i>	2	
<i>neomycin-polymyxin b gu soln</i>	2	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd</i>	2	
<i>nystop powd</i>	2	
<i>permethrin crea</i>	2	
<i>selenium sulfide lotn</i>	2	
SELENIUM SULFIDE SHAM	2	
SILVER SULFADIAZINE CREA	2	
SSD CREA	2	
<i>sulfacetamide sodium (acne) lotn</i>	2	MO
SULFAMYLON CREA	3	
<i>terconazole crea</i>	2	
<i>terconazole supp</i>	2	

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

Drug Name	Drug Tier	Requirements/ Limits
VANDAZOLE GEL	2	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate crea</i>	2	MO
<i>alclometasone dipropionate oint</i>	2	MO
BENZOYL PEROXIDE FORTE- HC LOTN	5	NDS
<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
<i>betamethasone dipropionate oint</i>	2	MO
BETAMETHASONE VALERATE CREA	2	MO
<i>betamethasone valerate foam</i>	2	MO
BETAMETHASONE VALERATE LOTN	2	MO
BETAMETHASONE VALERATE OINT	2	MO
<i>calcipotriene-betameth diprop susp</i>	4	
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate e crea</i>	2	MO
<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

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate sham</i>	2	MO
<i>clobetasol propionate soln</i>	2	MO
<i>colocort enem</i>	2	MO
CORDRAN TAPE	3	MO
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
<i>desonide crea</i>	2	MO
<i>desonide lotn</i>	2	MO
<i>desonide oint</i>	2	MO
<i>desoximetasone crea 0.25%</i>	2	MO
<i>desoximetasone oint 0.25%</i>	2	MO
<i>diclofenac sodium gel 1%, 3%</i>	4	MO
<i>diflorasone diacetate oint</i>	4	MO
ENSTILAR FOAM	5	NDS
<i>fluocinolone acetonide body oil</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</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	
<i>fluocinonide emulsified base crea</i>	2	MO
<i>fluocinonide gel</i>	2	MO
<i>fluocinonide oint</i>	2	MO
<i>fluocinonide soln</i>	2	MO
<i>fluticasone propionate crea</i>	2	MO
<i>fluticasone propionate oint</i>	2	MO
<i>halobetasol propionate crea</i>	2	MO
HALOBETASOL PROPIONATE FOAM	4	
<i>halobetasol propionate oint</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone (perianal) crea 2.5%</i>	2	MO
<i>hydrocortisone butyr lipo base crea</i>	2	
<i>hydrocortisone butyrate crea</i>	2	MO
HYDROCORTISONE BUTYRATE OINT	2	MO
<i>hydrocortisone butyrate soln</i>	2	MO
<i>hydrocortisone crea 2.5%</i>	2	MO
<i>hydrocortisone enem</i>	2	MO
<i>hydrocortisone lotn</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	2	MO
<i>hydrocortisone valerate crea</i>	2	MO
<i>hydrocortisone valerate oint</i>	2	MO
LEXETTE FOAM	5	NDS
<i>mometasone furoate crea</i>	2	MO
<i>mometasone furoate oint</i>	2	MO
<i>mometasone furoate soln</i>	2	MO
<i>nystatin-triamcinolone crea</i>	2	MO
<i>nystatin-triamcinolone oint</i>	2	MO
<i>prednicarbate crea</i>	2	MO
<i>proctozone-hc crea</i>	2	MO
RADIAURA CREA	5	NDS
<i>triamcinolone acetonide aers</i>	2	MO
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide pste</i>	2	MO
WYNZORA CREA	5	NDS
ANTIPRURITICS AND LOCAL ANESTHETICS		
<i>glydo prsy</i>	2	MO

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocortisone ace-pramoxine crea</i>	2	MO
HYDROCORTISONE ACE-PRAMOXINE SUPP	5	NDS
<i>lidocaine hcl soln</i>	2	
<i>lidocaine hcl urethral/mucosal prsy</i>	2	MO
<i>lidocaine oint</i>	2	MO
<i>lidocaine ptch</i>	2	PA,MO
<i>lidocaine-prilocaine crea</i>	2	MO
<i>proctofoam hc foam</i>	2	
CELL STIMULANTS AND PROLIFERANTS		
AVITA CREA	2	PA,MO
<i>bexarotene gel</i>	5	PA,NDS
KEPIVANCE SOLR	5	NDS
PANRETIN GEL	5	NDS
RETIN-A CREA 0.025%, 0.05%, 0.1%	2	PA,MO
RETIN-A GEL 0.01%, 0.025%	2	PA,MO
RETIN-A MICRO GEL 0.04%, 0.1%	2	PA,MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA,MO
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA,MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	NDS
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	NDS
<i>adapalene gel 0.1%, 0.3%</i>	2	MO
<i>adapalene soln</i>	5	NDS
<i>adapalene-benzoyl peroxide gel</i>	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS	5	NDS
ADBRY SOSY	5	NDS
<i>ammonium lactate crea</i>	2	MO
<i>azelaic acid gel</i>	2	MO
<i>calcipotriene crea</i>	2	MO
<i>calcipotriene oint</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene soln</i>	2	MO
CARAC CREA	5	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
COSENTYX (300 MG DOSE) SOSY	5	NDS
COSENTYX SENSOREADY (300 MG) SOAJ	5	NDS
COSENTYX SENSOREADY PEN SOAJ	5	NDS
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	5	NDS
DICLONA GEL	5	NDS
DIFFERIN CREA	2	MO
<i>fluorouracil crea 5%</i>	2	MO
<i>fluorouracil crea .5%</i>	5	
<i>fluorouracil soln 2%, 5%</i>	2	MO
HYFTOR GEL	5	NDS
ILUMYA SOSY	5	PA
<i>imiquimod crea 5%</i>	2	MO
<i>isotretinoin caps 20mg, 30mg, 40mg</i>	2	NDS
KLISYRI OINT	5	NDS
KORSUVA SOLN	5	NDS
<i>methoxsalen rapid caps</i>	5	MO
OPZELURA CREA	5	NDS
<i>pimecrolimus crea</i>	2	MO
<i>podofilox soln</i>	2	MO
RECTIV OINT	4	MO
REGRANEX GEL	5	NDS
SALICYLIC ACID SHAM	2	
SANTYL OINT	3	MO
SILIQ SOSY	5	NDS
SKYRIZI (150 MG DOSE) PSKT	5	
SKYRIZI PEN SOAJ	5	
SKYRIZI SOSY	5	
SOTYKTU TABS	5	NDS
SPEVIGO SOLN	5	NDS
STELARA SOLN 45mg/0.5ml, 130mg/26ml	5	PA

Drug Name	Drug Tier	Requirements/ Limits
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	PA
<i>tacrolimus oint 0.03%, 0.1%</i>	2	MO
TALTZ SOAJ	5	NDS
TALTZ SOSY	5	NDS
<i>tazarotene crea</i>	2	PA,MO
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA,MO
TAZORAC CREA	4	PA,MO
TREMFYA SOPN	5	
TREMFYA SOSY	5	
VALCHLOR GEL	5	NDS
VECTICAL OINT	2	MO
VTAMA CREA	5	NDS
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
<i>solifenacin succinate tabs 5mg, 10mg</i>	2	MO
<i>theo-24 cp24 300mg</i>	2	MO
<i>theophylline elix</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	MO
<i>theophylline er tb24 400mg, 600mg</i>	2	MO
<i>theophylline soln</i>	2	MO
<i>tolterodine tartrate tabs</i>	2	MO
<i>tropium chloride tabs</i>	2	MO
VITAMINS		
VITAMINS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/ Limits
<i>calcitriol intravenous soln</i>	2	
<i>calcitriol oral soln</i>	2	MO
PARICALCITOL SOLN 2mcg/ml	2	
PRENATAL TABS	4	MO
RAYALDEE CPCR	5	NDS

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<i>abiraterone acetate tabs 250mg</i>	16	<i>adapalene-benzoyl peroxide gel</i>	57
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<i>allopurinol tabs 100mg, 300mg</i>	48	<i>ampicillin sodium solr</i>	10
<i>alosetron hcl tabs 0.5mg, 1mg</i>	43	<i>ampicillin sodium solr injection 1gm, 125mg</i>	10
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i>	33	<i>ampicillin sodium solr intravenous</i>	10
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<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	14
<i>atenolol tabs 25mg, 50mg, 100mg</i>	26
<i>atenolol-chlorthalidone tabs</i>	26
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	34
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	25
<i>atovaquone susp</i>	13
<i>atovaquone-proguanil hcl tabs</i>	13
<i>atropine sulfate soln</i>	42
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<i>azathioprine tabs 50mg, 75mg, 100mg</i> ...	50
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<i>azithromycin solr intravenous</i>	10
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	10
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	10
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<i>bacitracin-polymyxin b oint</i>	41
<i>bacitra-neomycin-polymyxin-hc oint</i>	41
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<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	28
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<i>bendamustine hcl solr 25mg, 100mg</i>	16
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<i>betamethasone dipropionate aug oint</i>	56	BRIVIACT TABS 10mg, 25mg, 50mg,	
<i>betamethasone dipropionate crea</i>	56	75mg, 100mg	30
<i>betamethasone dipropionate lotn</i>	56	BRIXADI (WEEKLY) SOSY 16mg/0.32ml,	
<i>betamethasone dipropionate oint</i>	56	24mg/0.48ml, 32mg/0.64ml	35
<i>betamethasone sod phos & acet susp</i>	44	BRIXADI SOSY 64mg/0.18ml,	
BETAMETHASONE VALERATE CREA ..	56	96mg/0.27ml, 128mg/0.36ml	35
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<i>bexarotene caps</i>	16	<i>budesonide er tb24</i>	44
<i>bexarotene gel</i>	57	<i>budesonide susp</i>	53
BEXSERO SUSY	54	<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml</i>	53
<i>bicalutamide tabs</i>	16	<i>bumetanide soln</i>	39
BICILLIN C-R 900/300 SUSP	10	<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	39
BICILLIN C-R SUSP 1200000unit/2ml....	10	<i>bupivacaine hcl (pf) soln</i>	51
BICILLIN L-A SUSP 2400000unit/4ml....	10	<i>bupivacaine hcl soln</i>	51
BICILLIN L-A SUSY 1200000unit/2ml....	10	<i>bupivacaine in dextrose soln</i>	51
BICILLIN L-A SUSY 600000unit/ml	10	<i>bupivacaine spinal soln</i>	51
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<i>bimatoprost soln</i>	42	<i>bupivacaine-epinephrine soln</i>	51
<i>bismuth/metronidaz/tetracyclin caps</i>	43	<i>buprenorphine hcl subl 2mg, 8mg</i>	35
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	26	<i>buprenorphine hcl-naloxone hcl subl</i>	35
<i>bisoprolol-hydrochlorothiazide tabs</i>	26	<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr,</i> <i>10mcg/hr, 15mcg/hr, 20mcg/hr</i>	35
<i>bleomycin sulfate solr</i>	16	<i>bupropion hcl er (smoking det) tb12</i>	35
<i>blephamide s.o.p. oint</i>	41	<i>bupropion hcl er (sr) tb12 100mg, 150mg,</i> <i>200mg</i>	35
BLEPHAMIDE SUSP	41	<i>bupropion hcl er (xl) tb24 150mg, 300mg,</i> <i>450mg</i>	35
BLINCYTO SOLR	16	<i>bupropion hcl tabs 75mg, 100mg</i>	35
BOOSTRIX SUSP	54	<i>buspironone hcl tabs</i>	33
BOOSTRIX SUSY	54	<i>busulfan soln</i>	16
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2.5mg	16		

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<i>calcipotriene crea</i>	57
<i>calcipotriene oint</i>	57
<i>calcipotriene soln</i>	58
<i>calcipotriene-betameth diprop susp</i>	56
<i>calcitonin (salmon) soln</i>	47
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	58
<i>calcitriol intravenous soln</i>	59
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<i>carbamazepine chew</i>	30
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	30
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	30
<i>carbamazepine susp</i>	30
<i>carbamazepine tabs</i>	30
<i>carbidopa tabs</i>	33
<i>carbidopa-levodopa er tbcr</i>	33
<i>carbidopa-levodopa tabs</i>	33
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<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	26
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<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	10
<i>cefadroxil caps</i>	10
<i>cefazolin sodium solr injection 1gm, 10gm, 500mg</i>	10
<i>cefdinir caps</i>	10
<i>cefdinir susr</i>	10
CEFEPIME HCL SOLN INTRAVENOUS 2gm/100ml.....	10
<i>cefepime hcl solr injection 1gm</i>	10
<i>cefepime hcl solr intravenous 2gm</i>	10
CEFEPIME-DEXTROSE SOLR INTRAVENOUS 2-5gm-%(50ml)	10
<i>cefixime caps</i>	10
<i>cefixime susr</i>	10
<i>cefotaxime sodium solr</i>	10
<i>cefotetan disodium solr injection 1gm, 2gm</i>	10
<i>cefoxitin sodium solr intravenous 1gm, 2gm, 10gm</i>	10
<i>cefpodoxime proxetil susr</i>	10
<i>cefpodoxime proxetil tabs</i>	10
<i>ceftazidime solr injection 1gm, 6gm</i>	10
<i>ceftriaxone sodium solr injection 1gm, 2gm, 250mg, 500mg</i>	10
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<i>chlordiazepoxide-clidinium caps</i>	22	<i>clarithromycin tabs</i>	11
<i>chlorhexidine gluconate soln</i>	41	<i>cleocin phosphate soln</i>	11
<i>chlorprocaine hcl (pf) soln</i>	51	<i>cleocin solr</i>	11
<i>chloroquine phosphate tabs</i>	13	CLIMARA PTWK 37.5mcg/24hr,	
<i>chlorothiazide tabs 250mg, 500mg</i>	39	0.025mg/24hr, 0.05mg/24hr,	
<i>chlorpromazine hcl conc 30mg/ml,</i>		0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr	
100mg/ml	35	46
<i>chlorpromazine hcl soln</i>	35	<i>clindamycin hcl caps</i>	11
<i>chlorpromazine hcl tabs 10mg, 25mg,</i>		<i>clindamycin palmitate hcl solr</i>	11
50mg, 100mg, 200mg	35	<i>clindamycin phos-benzoyl perox gel</i>	55
<i>chlorthalidone tabs 25mg, 50mg</i>	39	<i>clindamycin phosphate crea</i>	55
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<i>cholestyramine light pack</i>	25	<i>clindamycin phosphate in d5w soln</i>	
<i>cholestyramine light powd</i>	25	<i>intravenous</i>	11
<i>cholestyramine pack</i>	25	<i>clindamycin phosphate lotn</i>	55
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<i>ciclopirox gel</i>	55	<i>clindamycin phosphate swab</i>	55
<i>ciclopirox olamine crea</i>	55	CLINIMIX E/DEXTROSE (2.75/5) SOLN	
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<i>cimetidine hcl soln</i>	43	INTRAVENOUS.....	39
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<i>ciprofloxacin in d5w soln</i>	11	CLINIMIX/DEXTROSE (5/20) SOLN	
<i>ciprofloxacin in d5w soln intravenous</i>	11	INTRAVENOUS.....	39
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<i>ciprofloxacin-dexamethasone susp</i>	41	<i>clobazam susp</i>	30
<i>cisplatin soln</i>	17	<i>clobazam tabs 10mg, 20mg</i>	30
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<i>clonazepam tbdp 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	30	COSENTYX SENSOREADY PEN SOAJ.....	58
<i>clonidine hcl (analgesia) soln</i>	27	COSENTYX SOSY 75mg/0.5ml, 150mg/ml	58
<i>clonidine hcl tabs 0.1mg, 0.2mg, 0.3mg</i> ...	27	COTELIC TABS	17
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<i>clopidogrel bisulfate tabs 75mg</i>	24	CRESEMBA CAPS	12
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	33	CRESEMBA SOLR	12
<i>clotrimazole troc</i>	55	CRIXIVAN CAPS 200mg, 400mg.....	14
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<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	36	<i>cromolyn sodium soln</i>	42
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<i>colestipol hcl tabs</i>	25	<i>cyclophosphamide caps 25mg, 50mg</i>	17
<i>colistimethate sodium (cba) solr injection</i> ..	11	CYCLOPHOSPHAMIDE SOLN 2gm/10ml, 1gm/5ml, 500mg/2.5ml, 500mg/ml.....	17
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<i>dexamethasone intensol conc</i>	44
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<i>dexamethasone soln</i>	44
<i>dexamethasone tabs 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	44
<i>dexmethylphenidate hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	30
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	30
<i>dexrazoxane hcl solr</i>	51
<i>dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg</i>	30
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<i>dichlorphenamide tabs</i>	51	<i>divalproex sodium er tb24 250mg, 500mg</i>	31
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<i>diclofenac sodium soln</i>	41	<i>500mg</i>	31
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<i>dihydroergotamine mesylate soln 4mg/ml</i>	23	<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr,</i>	
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<i>flucytosine caps 250mg, 500mg</i>	13	<i>fondaparinux sodium soln 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	24
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<i>metoprolol-hydrochlorothiazide tabs</i>	26	<i>montelukast sodium chew 4mg, 5mg</i>	53
<i>metronidazole caps</i>	13	<i>montelukast sodium pack</i>	53
<i>metronidazole crea</i>	55	<i>montelukast sodium tabs</i>	53
<i>metronidazole gel</i>	55	<i>morphine sulfate (concentrate) soln</i> <i>20mg/ml</i>	29
<i>metronidazole lotn</i>	55	<i>morphine sulfate er tbcr 15mg, 30mg,</i> <i>60mg, 100mg, 200mg</i>	29
<i>metronidazole soln intravenous</i>	13	MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml.....	29
<i>metronidazole tabs</i>	13	MORPHINE SULFATE TABS 15mg, 30mg	29
<i>metyrosine caps</i>	25	MOVANTIK TABS 25mg	44
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	27	<i>moxifloxacin hcl in nacl soln intravenous</i> ..	12
<i>microgestin 1/20 tabs</i>	45	<i>moxifloxacin hcl soln</i>	41
<i>microgestin 24 fe tabs</i>	45	<i>moxifloxacin hcl tabs</i>	12
<i>microgestin fe 1.5/30 tabs</i>	45	MOZOBIL SOLN	25
<i>microgestin fe 1/20 tabs</i>	45	MULPLETA TABS.....	25
<i>midazolam hcl (pf) soln</i>	33	MULTAQ TABS.....	27
<i>midazolam hcl soln</i>	33	<i>mupirocin calcium crea</i>	55
		<i>mupirocin oint</i>	55
		<i>mutamycin solr</i>	20

MVASI SOLN 400mg/16ml, 100mg/4ml...	20
MYALEPT SOLR	51
MYCAPSSA CPDR	47
<i>mycophenolate mofetil caps</i>	50
<i>mycophenolate mofetil hcl solr</i>	50
<i>mycophenolate mofetil susr</i>	50
<i>mycophenolate mofetil tabs</i>	50
<i>mycophenolate sodium tbec 180mg, 360mg</i>	50
MYFEMBREE TABS	47
MYLOTARG SOLR	20
MYRBETRIQ TB24 25mg, 50mg	58

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NABI-HB SOLN	54
<i>nabumetone tabs</i>	29
<i>nadolol tabs 20mg, 40mg, 80mg</i>	26
<i>nafcillin sodium solr</i>	12
<i>nafcillin sodium solr injection</i>	12
<i>nafcillin sodium solr intravenous</i>	12
NAFRINSE CHEW	51
NAFRINSE DROPS SOLN	51
NAGLAZYME SOLN	41
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	29
<i>naloxone hcl liqd</i>	35
<i>naloxone hcl soct</i>	35
<i>naloxone hcl soln</i>	35
<i>naloxone hcl sosy</i>	35
<i>naltrexone hcl tabs</i>	35
<i>naproxen susp</i>	29
<i>naproxen tabs</i>	29
<i>naproxen tbec</i>	29
<i>naratriptan hcl tabs</i>	32
NARCAN LIQD	35
NATACYN SUSP	41
<i>nateglinide tabs 60mg, 120mg</i>	46
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	47
NAYZILAM SOLN	31
<i>necon 0.5/35 (28) tabs</i>	45
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	37
<i>nelarabine soln</i>	20
<i>nembutal soln</i>	33
<i>neomycin sulfate tabs</i>	12
<i>neomycin-bacitracin zn-polymyx oint</i>	41
<i>neomycin-polymyxin b gu soln</i>	55
<i>neomycin-polymyxin-dexameth oint</i>	42
<i>neomycin-polymyxin-dexameth susp</i>	42

<i>neomycin-polymyxin-gramicidin soln</i>	41
<i>neomycin-polymyxin-hc soln</i>	42
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<i>nevirapine susp</i>	14
<i>nevirapine tabs</i>	14
NEXVIAZYME SOLR	41
<i>niacin er (antihyperlipidemic) tbc 500mg</i>	26
<i>niacor tabs</i>	26
NICARDIPINE HCL SOLN	27
NICOTROL INHA	23
<i>nifedipine caps 10mg, 20mg</i>	27
<i>nifedipine er osmotic release tb24 30mg, 60mg, 90mg</i>	27
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	27
<i>nikki tabs</i>	45
<i>nilutamide tabs</i>	20
<i>nimodipine caps</i>	27
NINLARO CAPS 2.3mg, 3mg, 4mg	20
<i>nitazoxanide tabs</i>	13
<i>nitro-bid oint</i>	28
NITRO-DUR PT24 0.3mg/hr, 0.8mg/hr	28
NITROFURANTOIN MACROCRYSTAL CAPS	16
<i>nitrofurantoin monohyd macro caps</i>	16
<i>nitrofurantoin susp</i>	16
<i>nitroglycerin pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	28
<i>nitroglycerin soln</i>	28
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	28
<i>nitropress soln</i>	28
<i>nitroprusside sodium soln</i>	28
NIVESTYM SOLN 480mcg/1.6ml, 300mcg/ml	25
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	25
<i>nizatidine soln</i>	43
<i>nora-be tabs</i>	45
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	47
<i>norepinephrine bitartrate soln</i>	24
<i>norethin ace-eth estrad-fe chew</i>	45
<i>norethindrone acetate tabs</i>	47
<i>norethindrone tabs</i>	45
NORPACE CR CP12 100mg, 150mg	27
<i>nortrel 0.5/35 (28) tabs</i>	45

<i>nortrel 1/35 (21) tabs</i>	45	ODEFSEY TABS.....	14
<i>nortrel 1/35 (28) tabs</i>	45	ODOMZO CAPS	20
<i>nortrel 7/7/7 tabs</i>	45	OFEV CAPS 100mg, 150mg.....	53
<i>nortriptyline hcl caps 10mg, 25mg, 50mg,</i> <i>75mg</i>	37	<i>ofloxacin soln</i>	41
<i>nortriptyline hcl soln</i>	37	<i>ogestrel tabs</i>	45
NORVIR PACK.....	14	OGIVRI SOLR.....	20
NORVIR SOLN.....	14	<i>olanzapine solr</i>	37
NOURIANZ TABS 20mg, 40mg.....	34	<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg,</i> <i>15mg, 20mg</i>	37
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NUBEQA TABS	20	<i>olopatadine hcl soln 0.1%</i>	42
NUCALA SOAJ.....	53	OLPRUVA (2 GM DOSE) THPK	38
NUCALA SOLR	53	OLPRUVA (3 GM DOSE) THPK	38
NUCALA SOSY 40mg/0.4ml, 100mg/ml..	53	OLPRUVA (4 GM DOSE) THPK	38
NUCYNTA ER TB12 200mg, 250mg	29	OLPRUVA (5 GM DOSE) THPK	38
NUCYNTA TABS.....	29	OLPRUVA (6 GM DOSE) THPK	39
NUDEXTA CAPS	34	OLPRUVA (6.67 GM DOSE) THPK	39
NULIBRY SOLR	51	OLUMIANT TABS 1mg, 2mg	50
NULOJIX SOLR.....	50	<i>omega-3-acid ethyl esters caps</i>	26
NUPLAZID CAPS	37	<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	43
NUPLAZID TABS	37	OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml.....	48
NURTEC TBDP	32	OMNITROPE SOLR.....	48
NUTRILIPID EMUL INTRAVENOUS	39	<i>ondansetron hcl soln</i>	43
NUZYRA SOLR	12	<i>ondansetron hcl sosy</i>	43
NUZYRA TABS	12	<i>ondansetron hcl tabs 4mg, 8mg</i>	43
<i>nylia 1/35 tabs</i>	45	<i>ondansetron tbdp 4mg, 8mg</i>	43
NYMALIZE SOLN 60mg/20ml, 6mg/ml....	27	ONIVYDE INJ	20
<i>nystatin crea</i>	55	ONPATTRO SOLN	51
<i>nystatin oint</i>	55	ONTRUZANT SOLR 150mg, 420mg.....	20
<i>nystatin powd</i>	55	ONUREG TABS 200mg, 300mg	20
<i>nystatin susp</i>	13	OPDIVO SOLN 100mg/10ml, 120mg/12ml, 240mg/24ml, 40mg/4ml	20
<i>nystatin tabs</i>	13	OPDUALAG SOLN	20
<i>nystatin-triamcinolone crea</i>	57	OPZELURA CREA.....	58
<i>nystatin-triamcinolone oint</i>	57	ORBACTIV SOLR.....	12
<i>nystop powd</i>	55	ORENCIA CLICKJECT SOAJ.....	50
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OICALIVA TABS 5mg, 10mg.....	44	ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	50
<i>ocella tabs</i>	45	ORENITRAM MONTH 1 TEPK	53
OCREVUS SOLN	34	ORENITRAM MONTH 2 TEPK	54
OCTAGAM SOLN INTRAVENOUS 1gm/20ml	54	ORENITRAM MONTH 3 TEPK	54
<i>octreotide acetate soln 500mcg/ml,</i> <i>1000mcg/ml</i>	48	ORENITRAM TBCR 0.25mg, 1mg, 2.5mg, 5mg	54
<i>octreotide acetate soln 50mcg/ml,</i> <i>100mcg/ml, 200mcg/ml</i>	48	ORFADIN SUSP	51
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ORKAMBI PACK	53
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ORLADEYO CAPS 110mg, 150mg	51
ORSERDU TABS 86mg, 345mg.....	20
ORTIKOS CP24 6mg, 9mg.....	44
<i>oseltamivir phosphate caps 30mg, 45mg,</i> <i>75mg</i>	14
<i>oseltamivir phosphate susr</i>	14
OSMITROL SOLN	39
OTEZLA TABS	50
OTEZLA TBPk	50
OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS	12
<i>oxacillin sodium solr injection 1gm, 2gm</i> ..	12
<i>oxaliplatin soln</i>	20
<i>oxaliplatin solr</i>	20
<i>oxandrolone tabs</i>	45
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<i>oxazepam caps 10mg, 15mg, 30mg</i>	33
OXBRYTA TABS 300mg, 500mg	24
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<i>oxcarbazepine susp</i>	31
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	31
OXERVATE SOLN	42
OXLUMO SOLN	51
<i>oxybutynin chloride er tb24 5mg, 10mg,</i> <i>15mg</i>	58
<i>oxybutynin chloride syrps</i>	58
<i>oxybutynin chloride tabs</i>	58
<i>oxycodone hcl conc</i>	29
<i>oxycodone hcl soln</i>	29
<i>oxycodone hcl tabs 5mg, 10mg, 15mg,</i> <i>20mg, 30mg</i>	29
<i>oxycodone-acetaminophen soln</i>	29
<i>oxycodone-acetaminophen tabs 5-300mg,</i> <i>7.5-300mg, 10-300mg</i>	29
<i>oxycodone-acetaminophen tabs 5-325mg,</i> <i>7.5-325mg, 10-325mg</i>	29
<i>oxycodone-aspirin tabs</i>	30
OXYTOCIN SOLN	47
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml.....	46
OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml	46
OZEMPIC (2 MG/DOSE) SOPN	46

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<i>paclitaxel conc</i>	20
<i>paclitaxel protein-bound part susr</i>	20
PADCEV SOLR 20mg, 30mg.....	20
PALFORZIA (12 MG DAILY DOSE) CSPK	51
PALFORZIA (120 MG DAILY DOSE) CSPK	51
PALFORZIA (160 MG DAILY DOSE) CSPK	51
PALFORZIA (20 MG DAILY DOSE) CSPK	52
PALFORZIA (200 MG DAILY DOSE) CSPK	52
PALFORZIA (240 MG DAILY DOSE) CSPK	52
PALFORZIA (3 MG DAILY DOSE) CSPK	52
PALFORZIA (300 MG MAINTENANCE) PACK.....	52
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PALFORZIA (40 MG DAILY DOSE) CSPK	52
PALFORZIA (6 MG DAILY DOSE) CSPK	52
PALFORZIA (80 MG DAILY DOSE) CSPK	52
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<i>paliperidone er tb24 1.5mg, 3mg, 6mg, 9mg</i>	37
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	41
<i>pamidronate disodium soln</i>	48
<i>pamidronate disodium solr</i>	48
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PANZYGA SOLN INTRAVENOUS 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml....	54
<i>paraplatin soln</i>	20
PARICALCITOL SOLN 2mcg/ml	59
<i>paromomycin sulfate caps</i>	13
<i>paroxetine hcl er tb24 12.5mg, 25mg,</i> <i>37.5mg</i>	37
<i>paroxetine hcl susp</i>	37
<i>paroxetine hcl tabs 10mg, 20mg, 30mg,</i> <i>40mg</i>	37

<i>paroxetine mesylate caps</i>	37	PHENOBARBITAL SODIUM SOLN	33
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PEDMARK SOLN	48	<i>phenoxybenzamine hcl caps</i>	23
PEDVAX HIB SUSP	55	<i>phenylephrine hcl (pressors) soln</i>	24
<i>peg 3350/electrolytes solr</i>	43	PHENYLEPHRINE HCL SOLN	42
<i>peg 3350-kcl-na bicarb-nacl solr</i>	43	<i>phenytek caps 200mg, 300mg</i>	31
<i>peg-3350/electrolytes solr</i>	43	<i>phenytoin chew</i>	31
PEGANONE TABS.....	31	<i>phenytoin sodium extended caps 100mg,</i> <i>200mg, 300mg</i>	31
PEGASYS PROCLICK SOAJ	14	<i>phenytoin sodium soln</i>	31
PEGASYS SOLN.....	15	<i>phenytoin susp</i>	31
PEGASYS SOSY	15	PHESGO SOLN.....	20
PEGINTRON KIT.....	15	PHOSLYRA SOLN.....	40
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg .	20	PHOSPHOLINE IODIDE SOLR	42
PEMETREXED DISODIUM SOLN		PHYSIOLYTE SOLN.....	52
1gm/40ml, 100mg/4ml, 500mg/20ml,		<i>physiosol irrigation soln</i>	52
850mg/34ml	20	PIFELTRO TABS	15
<i>pemetrexed disodium solr 100mg, 750mg,</i> <i>1000mg</i>	20	<i>pilocarpine hcl soln 1%, 2%, 4%</i>	42
<i>pemetrexed disodium solr 500mg</i>	20	<i>pilocarpine hcl tabs 5mg</i>	23
PEMETREXED DITROMETHAMINE SOLR		<i>pimecrolimus crea</i>	58
100mg, 500mg	20	<i>pimozide tabs 1mg, 2mg</i>	37
PEMETREXED SOLN 1gm/40ml,		<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i> .	46
500mg/20ml, 100mg/4ml.....	20	<i>piperacillin sod-tazobactam so solr</i> <i>intravenous</i>	12
PEMFEXY SOLN.....	20	PIQRAY (200 MG DAILY DOSE) TBPK...	20
<i>penicillamine caps</i>	44	PIQRAY (250 MG DAILY DOSE) TBPK...	20
<i>penicillamine tabs</i>	44	PIQRAY (300 MG DAILY DOSE) TBPK...	20
PENICILLIN G POT IN DEXTROSE SOLN		<i>pirfenidone caps 267mg</i>	53
INTRAVENOUS	12	<i>pirfenidone tabs 267mg, 801mg</i>	53
<i>penicillin g potassium solr injection</i>	12	<i>pirfenidone tabs 534mg</i>	53
<i>penicillin g procaine susp</i>	12	<i>piroxicam caps</i>	30
<i>penicillin g sodium solr injection</i>	12	PLASMA-LYTE 148 SOLN INTRAVENOUS	
<i>penicillin v potassium solr</i>	12	40
<i>penicillin v potassium tabs</i>	12	PLASMA-LYTE A SOLN INTRAVENOUS	40
PENTACEL SUSR.....	55	PLEGRIDY SOPN.....	34
<i>pentamidine isethionate inh</i>	13	PLEGRIDY SOSY	34
<i>pentamidine isethionate inj</i>	13	PLEGRIDY STARTER PACK SOPN.....	34
PENTASA CPCR 250mg, 500mg	43	PLEGRIDY STARTER PACK SOSY	34
<i>pentoxifylline er tbc</i> r.....	24	<i>plenamine soln intravenous</i>	39
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<i>percocet tabs 7.5-325mg, 10-325mg</i>	30	<i>podofilox soln</i>	58
PERJETA SOLN.....	20	POLIVY SOLR 30mg, 140mg.....	20
<i>permethrin crea</i>	55	<i>polocaine soln</i>	52
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	37	<i>polocaine-mpf soln</i>	52
<i>perphenazine-amitriptyline tabs</i>	37	<i>polymyxin b-trimethoprim soln</i>	41
PERSERIS PRSY 90mg, 120mg	37	POMALYST CAPS 1mg, 2mg, 3mg, 4mg	20
PHEBURANE PLLT.....	39	PONVORY STARTER PACK TBPK.....	34
<i>phenelzine sulfate tabs</i>	37	PONVORY TABS	34
PHENOBARBITAL ELIX.....	33	<i>portia-28 tabs</i>	45

PORTRAZZA SOLN	20	<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg,</i>	
<i>posaconazole susp</i>	13	<i>20mg, 50mg</i>	45
<i>posaconazole tbec</i>	13	<i>prednisone tbpk</i>	45
POT & SOD CIT-CIT AC SOLN	38	<i>pregabalin caps 25mg, 50mg, 75mg,</i>	
POTASSIUM ACETATE SOLN	40	<i>100mg, 150mg, 200mg, 225mg, 300mg</i>	
<i>potassium chloride crys er tbc 10meq,</i>		31
<i>20meq</i>	40	<i>pregabalin soln</i>	31
<i>potassium chloride er cpcr 8meq, 10meq</i>	40	PREHEVBRIO SUSP	55
POTASSIUM CHLORIDE ER TBCR 8meq,		PREMARIN SOLR	47
<i>10meq, 20meq</i>	40	<i>premasol soln intravenous</i>	39
<i>potassium chloride in nacl soln intravenous</i>		PRENATAL TABS	59
<i>20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	40	PRETOMANID TABS	13
<i>potassium chloride pack</i>	40	<i>prevalite pack</i>	26
<i>potassium chloride soln 10%, 20%</i>	40	<i>prevalite powd</i>	26
POTASSIUM CHLORIDE SOLN		PREVYMIS SOLN 240mg/12ml,	
<i>INTRAVENOUS 2meq/ml, 10meq/100ml,</i>		<i>480mg/24ml</i>	15
<i>20meq/100ml, 40meq/100ml</i>	40	PREVYMIS TABS 240mg, 480mg	15
<i>potassium citrate er tbc 15meq, 540mg,</i>		PREZCOBIX TABS	15
<i>1080mg</i>	38	PREZISTA SUSP	15
<i>potassium cl in dextrose 5% soln</i>		PREZISTA TABS 75mg, 150mg	15
<i>intravenous</i>	40	PRIFTIN TABS	13
POTASSIUM PHOSPHATES SOLN	40	PRIMAQUINE PHOSPHATE TABS	13
POTELIGEO SOLN	20	<i>primidone tabs 125mg</i>	31
PRADAXA CAPS 75mg, 110mg, 150mg .	24	<i>primidone tabs 50mg, 250mg</i>	31
PRADAXA PACK 20mg, 30mg, 40mg,		PRIORIX SUSR	55
<i>50mg, 110mg, 150mg</i>	24	<i>probenecid tabs</i>	41
<i>pralatrexate soln 40mg/2ml, 20mg/ml</i>	20	<i>procainamide hcl soln</i>	27
<i>pramipexole dihydrochloride tabs 0.125mg,</i>		PROCALAMINE SOLN INTRAVENOUS	39
<i>0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg</i>	33	<i>prochlorperazine edisylate soln</i>	37
<i>prasugrel hcl tabs 5mg, 10mg</i>	24	<i>prochlorperazine maleate tabs</i>	37
<i>pravastatin sodium tabs 10mg, 20mg,</i>		<i>prochlorperazine supp</i>	37
<i>40mg, 80mg</i>	26	PROCRIT SOLN 20000unit/ml,	
<i>praziquantel tabs</i>	10	<i>40000unit/ml</i>	25
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	25	PROCRIT SOLN 2000unit/ml, 3000unit/ml,	
PRED MILD SUSP	42	<i>4000unit/ml, 10000unit/ml</i>	25
PRED-G S.O.P. OINT	42	<i>proctofoam hc foam</i>	57
PRED-G SUSP	42	<i>proctozone-hc crea</i>	57
<i>prednicarbate crea</i>	57	PROCYSBI CPDR 25mg, 75mg	52
<i>prednisolone acetate susp</i>	42	PROCYSBI PACK 75mg, 300mg	52
<i>prednisolone sodium phosphate soln</i>	42, 44	<i>progesterone caps 100mg, 200mg</i>	47
<i>prednisolone sodium phosphate soln</i>		<i>progesterone oil</i>	47
<i>15mg/5ml</i>	44	PROGRAF PACK 0.2mg, 1mg	50
<i>prednisolone sodium phosphate soln 6.7 (5</i>		PROGRAF SOLN	50
<i>base)mg/5ml</i>	44	<i>prolate soln</i>	30
<i>prednisolone soln</i>	45	PROLEUKIN SOLR	20
<i>prednisolone tabs</i>	45	PROMACTA PACK 12.5mg, 25mg	25
<i>prednisone intensol conc</i>	45	PROMACTA TABS 12.5mg, 25mg, 50mg,	
<i>prednisone soln</i>	45	<i>75mg</i>	25
		<i>promethazine hcl soln</i>	16

<i>promethazine hcl syrp</i>	16
<i>promethazine hcl tabs</i>	16
<i>promethegan supp</i>	16
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	27
<i>propantheline bromide tabs</i>	23
<i>proparacaine hcl soln</i>	43
<i>propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg</i>	26
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml</i>	26
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	26
<i>propylthiouracil tabs</i>	48
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<i>venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg</i>	38	<i>voriconazole tabs</i>	13
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<i>zidovudine syrp</i>	15
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Notice of Nondiscrimination

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

If you need these services, call Member Services at **1-800-443-0815** (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**, **1-800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-443-0815** (TTY **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-443-0815** (TTY **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-443-0815** (TTY **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-443-0815** (TTY **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815** (TTY **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-443-0815** (TTY **711**) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-443-0815** (TTY **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-443-0815 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-443-0815 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-443-0815 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-443-0815 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-443-0815 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and Colorado state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, or any other basis protected by applicable federal or state laws.

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If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**). 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**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

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Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoaan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ó lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshallese: Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

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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 Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-777-5536 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-777-5536 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-777-5536 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

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French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-777-5536 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-777-5536 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-777-5536 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-777-5536 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-777-5536 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-777-5536 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-777-5536 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-777-5536 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-777-5536 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-777-5536 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-777-5536 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-777-5536 (TTY 711)**. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Notice of Nondiscrimination

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. 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 **1-800-813-2000** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY **711**), Fax: **1-855-347-7239**. 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 **www.hhs.gov/ocr/office/file/index.html**.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **1-800-562-6900**, or **360-586-0241** (TDD). Complaint forms are available at **<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>**.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-221-8221 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

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This formulary was updated on 09/01/2023. 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) and Kaiser Permanente Senior Advantage (HMO-POS)

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) and Kaiser Permanente Senior Advantage (HMO-POS)

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) and Kaiser Permanente Senior Advantage (HMO-POS)

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) and Kaiser Permanente Senior Advantage (HMO-POS)

Member Services
1-877-221-8221 TTY 711



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kp.org/seniorrx

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