Kaiser Permanente

2026 Comprehensive Formulary

(List of Covered Drugs) or Drug List
PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 10/01/2025. 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 Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP), and Kaiser Permanente Senior Advantage (HMO-POS)
Member Services
1-800-476-2167 TTY **711**

GEORGIA REGION
Kaiser Permanente Senior Advantage (HMO), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (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) Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP) and Kaiser Permanente Medicare Advantage (HMO-POS)
Member Services
1-888-777-5536 TTY **711**

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NORTHWEST REGION

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

Member Services
1-877-221-8221 TTY 711

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

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

This document includes a Drug List (formulary) for our plan which is current as of 10/01/2025. For an updated Drug List (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 Drug List (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?

In this document, we use the terms Drug List and formulary to mean the same thing. 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 formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **kp.org/seniorrx**

Changes that can affect you this year:

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

Immediate substitutions of certain new versions of brand name drugs and original biological products

We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

- If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you that drug that is being changed. For more information, see the section below titled “How do I request an exception to the Kaiser Permanente formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original

biological products and how are they related to biosimilars?"

Drugs removed from the market

If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will 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?"

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

Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/01/2025. 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 7. 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 11. 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 98. The Index provides an alphabetical list of all of the drugs included in this document. Preferred generic and generic drugs, preferred brand name and nonpreferred 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws. 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 drugs. Please see your **Evidence of Coverage** for more information.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug, or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1 “The Drug List tells which Part D drugs are covered.”

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 7. 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 in this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2026 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 2026 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 2026 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 accordance 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 applying the restrictions would not be as effective for you or would cause you to have adverse medical effects.

You or your prescriber 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 ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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 can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your network provider about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your network provider 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 has a coverage restriction, 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. If coverage is not approved 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 98.
The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., TOBREX) 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 (this tier includes some generic drugs)
Tier 4 – Nonpreferred drugs (the tier includes both generic and brand-name 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, 8 a.m. to 6 p.m. and Sunday 8 a.m. to 6 p.m. – this is only for Pharmacist consultations.
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 **1-888-831-0725** Monday through Friday, 8 a.m. to 6 p.m.
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 Thereapy 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

DOSAGE FORM	DOSAGE FORM DESCRIPTION
CREA	Cream
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
GREF	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

DOSAGE FORM	DOSAGE FORM DESCRIPTION
PTWK	Patch Weekly
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		
albendazole tabs 200 mg	2	
ivermectin tabs 3 mg	2	
praziquantel tabs 600 mg	2	MO
ANTIBACTERIALS		
amikacin sulfate soln 1 gm/4ml	2	
amikacin sulfate soln 500 mg/2ml	2	HI
amoxicillin caps 250 mg	2	
amoxicillin caps 500 mg	2	
AMOXICILLIN CHEW 125 MG	2	
AMOXICILLIN CHEW 250 MG	2	
amoxicillin susr 125 mg/5ml	2	
amoxicillin susr 200 mg/5ml	2	
amoxicillin susr 250 mg/5ml	2	
amoxicillin susr 400 mg/5ml	2	
amoxicillin tabs 500 mg	2	
amoxicillin tabs 875 mg	2	
AMOXICILLIN-POT CLAVULANATE CHEW 200-28.5 MG	2	
AMOXICILLIN-POT CLAVULANATE CHEW 400-57 MG	2	
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	2	
amoxicillin-pot clavulanate susr 250-62.5 mg/5ml	2	
amoxicillin-pot clavulanate susr 400-57 mg/5ml	2	
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	2	
amoxicillin-pot clavulanate tabs 250-125 mg	2	
amoxicillin-pot clavulanate tabs 500-125 mg	2	
amoxicillin-pot clavulanate tabs 875-125 mg	2	
ampicillin caps 500 mg	2	
ampicillin sodium solr 1 gm	2	HI
ampicillin sodium solr 10 gm	2	HI
AMPICILLIN SODIUM SOLR 125 MG	2	HI
ampicillin sodium injection solr 2 gm	2	
AMPICILLIN SODIUM INTRAVENOUS SOLR 2 GM	2	
ampicillin sodium solr 250 mg	2	
ampicillin sodium solr 500 mg	2	
ampicillin-sulbactam sodium injection solr 1.5 (1-0.5) gm	2	HI
ampicillin-sulbactam sodium injection solr 3 (2-1) gm	2	HI
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 1.5 (1-0.5) GM	2	
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLR 3 (2-1) GM	2	
ARIKAYCE SUSP 590 MG/8.4ML	5	PA, 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
AUGMENTIN SUSR 125-31.25 MG/5ML	3	
azithromycin solr 500 mg	2	HI
azithromycin susr 100 mg/5ml	2	MO
azithromycin susr 200 mg/5ml	2	MO
azithromycin tabs 250 mg	2	MO
azithromycin tabs 500 mg	2	MO
azithromycin tabs 600 mg	2	MO
aztreonam solr 1 gm	2	HI
BICILLIN C-R 900/300 SUSP 900000-300000 UNIT/2ML	4	
BICILLIN C-R SUSP 1200000 UNIT/2ML	4	
BICILLIN L-A SUSY 1200000 UNIT/2ML	4	
BICILLIN L-A SUSY 2400000 UNIT/4ML	3	
BICILLIN L-A SUSY 600000 UNIT/ML	3	
CEFACLOR CAPS 250 MG	2	
CEFACLOR CAPS 500 MG	2	
CEFACLOR SUSR 250 MG/5ML	4	MO
cefadroxil caps 500 mg	2	
cefazolin sodium solr 1 gm	2	HI
cefazolin sodium solr 10 gm	2	HI
cefazolin sodium solr 500 mg	2	HI
cefdinir caps 300 mg	2	
cefdinir susr 125 mg/5ml	2	
cefdinir susr 250 mg/5ml	2	
cefepime hcl solr 1 gm	2	HI
cefepime hcl solr 2 gm	2	HI

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML)	2	HI
cefixime caps 400 mg	2	
cefixime susr 100 mg/5ml	2	
cefixime susr 200 mg/5ml	2	
CEFOTAXIME SODIUM SOLR 1 GM	2	
cefotetan disodium solr 1 gm	2	HI
cefotetan disodium solr 2 gm	2	HI
cefoxitin sodium solr 1 gm	2	HI
cefoxitin sodium solr 10 gm	2	HI
cefoxitin sodium solr 2 gm	2	HI
CEFPODOXIME PROXETIL SUSR 100 MG/5ML	2	
CEFPODOXIME PROXETIL SUSR 50 MG/5ML	2	
cefpodoxime proxetil tabs 100 mg	2	
cefpodoxime proxetil tabs 200 mg	2	
ceftazidime solr 1 gm	2	HI
CEFTAZIDIME SOLR 6 GM	2	HI
ceftriaxone sodium solr 1 gm	2	HI
ceftriaxone sodium solr 10 gm	2	HI
ceftriaxone sodium solr 2 gm	2	HI
ceftriaxone sodium solr 250 mg	2	HI
ceftriaxone sodium solr 500 mg	2	HI
cefuroxime axetil tabs 250 mg	2	
cefuroxime axetil tabs 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium solr 1.5 gm	2	HI
cefuroxime sodium solr 750 mg	2	HI
cephalexin caps 250 mg	2	
cephalexin caps 500 mg	2	
cephalexin susr 125 mg/5ml	2	
cephalexin susr 250 mg/5ml	2	
cephalexin tabs 500 mg	2	
CHLORAMPHENICOL SOD SUCCINATE SOLR 1 GM	2	
ciprofloxacin hcl tabs 250 mg	2	
ciprofloxacin hcl tabs 500 mg	2	
ciprofloxacin hcl tabs 750 mg	2	
CIPROFLOXACIN IN D5W SOLN 200 MG/100ML	2	HI
CIPROFLOXACIN IN D5W SOLN 400 MG/200ML	2	
CLARITHROMYCIN SUSR 125 MG/5ML	2	
CLARITHROMYCIN SUSR 250 MG/5ML	2	
clarithromycin tabs 250 mg	2	
clarithromycin tabs 500 mg	2	
clindamycin hcl caps 150 mg	2	
clindamycin hcl caps 300 mg	2	
clindamycin hcl caps 75 mg	2	
clindamycin palmitate hcl solr 75 mg/5ml	2	
clindamycin phosphate in d5w soln 300 mg/50ml	2	HI
clindamycin phosphate in d5w soln 600 mg/50ml	2	HI
clindamycin phosphate in d5w soln 900 mg/50ml	2	HI
clindamycin phosphate soln 300 mg/2ml	2	HI
clindamycin phosphate soln 600 mg/4ml	2	HI
clindamycin phosphate soln 900 mg/6ml	2	HI
clindamycin phosphate soln 9000 mg/60ml	2	
colistimethate sodium (cba) solr 150 mg	5	HI
DALVANCE SOLR 500 MG	5	HI
daptomycin solr 350 mg	5	HI
daptomycin solr 500 mg	5	HI
demeclocycline hcl tabs 150 mg	2	
demeclocycline hcl tabs 300 mg	2	
dicloxacillin sodium caps 250 mg	2	
dicloxacillin sodium caps 500 mg	2	
DIFICID SUSR 40 MG/ML	5	NDS
DIFICID TABS 200 MG	5	NDS
doxy 100 solr 100 mg	2	HI
doxycycline hyclate caps 100 mg	2	MO
doxycycline hyclate caps 50 mg	2	MO
doxycycline hyclate solr 100 mg	2	HI
doxycycline hyclate tabs 100 mg	2	MO
doxycycline hyclate tabs 20 mg	2	MO
doxycycline monohydrate caps 50 mg	2	MO
doxycycline monohydrate susr 25 mg/5ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate tabs 100 mg	2	MO
doxycycline monohydrate tabs 50 mg	2	MO
E.E.S. 400 TABS 400 MG	2	
ertapenem sodium solr 1 gm	2	HI
ERYTHROCIN LACTOBIONATE SOLR 500 MG	2	HI
ERYTHROMYCIN BASE CPEP 250 MG	2	MO
erythromycin base tabs 250 mg	2	
erythromycin base tabs 500 mg	4	
erythromycin tbec 250 mg	2	
FETROJA SOLR 1 GM	5	NDS
fidaxomicin tabs 200 mg	5	NDS
GENTAMICIN IN SALINE SOLN 0.8-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1.2-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 1.6-0.9 MG/ML-%	2	HI
GENTAMICIN IN SALINE SOLN 2-0.9 MG/ML-%	2	
gentamicin sulfate soln 10 mg/ml	2	
gentamicin sulfate soln 40 mg/ml	2	HI
IMIPENEM-CILASTATIN SOLR 250 MG	2	HI
imipenem-cilastatin solr 500 mg	2	HI
levofloxacin in d5w soln 250 mg/50ml	2	
levofloxacin in d5w soln 500 mg/100ml	2	HI
levofloxacin in d5w soln 750 mg/150ml	2	HI
levofloxacin oral soln 25 mg/ml	2	
LEVOFLOXACIN INTRAVENOUS SOLN 25 MG/ML	2	HI
levofloxacin tabs 250 mg	2	
levofloxacin tabs 500 mg	2	
levofloxacin tabs 750 mg	2	
linezolid soln 600 mg/300ml	2	HI
linezolid susr 100 mg/5ml	5	NDS
linezolid tabs 600 mg	2	NDS
meropenem solr 1 gm	2	HI
meropenem solr 500 mg	2	HI
minocycline hcl caps 100 mg	2	MO
minocycline hcl caps 50 mg	2	MO
minocycline hcl caps 75 mg	2	MO
minocycline hcl tabs 100 mg	2	MO
MOXIFLOXACIN HCL IN NACL SOLN 400 MG/250ML	2	HI
moxifloxacin hcl tabs 400 mg	2	
nafcillin sodium solr 1 gm	2	HI
nafcillin sodium solr 10 gm	2	HI
nafcillin sodium solr 2 gm	2	
neomycin sulfate tabs 500 mg	2	
NUZYRA TABS 150	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML	3	HI
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML	3	HI
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML	3	HI
penicillin g potassium solr 20000000 unit	2	HI
PENICILLIN G SODIUM SOLR 5000000 UNIT	2	HI
PENICILLIN V POTASSIUM SOLR 125 MG/5ML	2	
PENICILLIN V POTASSIUM SOLR 250 MG/5ML	2	
penicillin v potassium tabs 250 mg	2	
penicillin v potassium tabs 500 mg	2	
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	2	HI
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	2	HI
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	2	HI
piperacillin sod-tazobactam so solr 40.5 (36-4.5) gm	2	HI
SEYSARA TABS 100 MG	5	NDS
SIVEXTRO TABS 200 MG	5	NDS
STREPTOMYCIN SULFATE SOLR 1 GM	5	
sulfadiazine tabs 500 mg	2	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	MO
sulfamethoxazole-trimethoprim tabs 400-80 mg	2	MO
sulfamethoxazole-trimethoprim tabs 800-160 mg	2	MO
sulfasalazine tabs 500 mg	2	
SULFASALAZINE TBEC 500 MG	2	
tazicef solr 1 gm	2	HI
tazicef solr 2 gm	2	HI
TAZICEF SOLR 6 GM	2	HI
TEFLARO SOLR 600 MG	5	HI
tetracycline hcl caps 250 mg	2	MO
tetracycline hcl caps 500 mg	2	MO
tigecycline solr 50 mg	4	HI
TOBRAMYCIN SULFATE SOLN 10 MG/ML	2	HI
tobramycin sulfate soln 80 mg/2ml	2	HI
vancomycin hcl caps 125 mg	2	
vancomycin hcl caps 250 mg	2	
vancomycin hcl solr 1 gm	2	HI
vancomycin hcl solr 10 gm	2	HI
vancomycin hcl solr 250 mg/5ml	2	
vancomycin hcl solr 5 gm	2	
vancomycin hcl solr 500 mg	2	HI
XIFAXAN TABS 200 MG	4	
XIFAXAN TABS 550 MG	5	NDS
ZERBAXA SOLR 1.5	5	HI

Drug Name	Drug Tier	Requirements/Limits
(1-0.5) GM		
ANTIFUNGALS		
AMBISOME SUSR 50 MG	5	HI
amphotericin b liposome susr 50 mg	5	HI
AMPHOTERICIN B SOLR 50 MG	2	HI
caspofungin acetate solr 50 mg	4	HI
caspofungin acetate solr 70 mg	4	HI
CRESEMBA CAPS 186 MG	5	NDS
CRESEMBA CAPS 74.5 MG	5	NDS
CRESEMBA SOLR 372 MG	5	NDS
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	2	HI
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	2	HI
fluconazole susr 10 mg/ml	2	
fluconazole susr 40 mg/ml	2	
fluconazole tabs 100 mg	2	
fluconazole tabs 150 mg	2	
fluconazole tabs 200 mg	2	
fluconazole tabs 50 mg	2	
flucytosine caps 250 mg	5	NDS
flucytosine caps 500 mg	5	NDS
FULVICIN P/G 165 TABS 165 MG	5	NDS
griseofulvin microsize susp 125 mg/5ml	2	
griseofulvin microsize tabs 500 mg	2	
griseofulvin ultramicrosize tabs 125 mg	2	
GRISEOFULVIN ULTRAMICROSIZE TABS 165 MG	5	NDS
griseofulvin ultramicrosize tabs 250 mg	2	
itraconazole caps 100 mg	2	
itraconazole soln 10 mg/ml	5	MO
ketoconazole tabs 200 mg	2	
nystatin susp 100000 unit/ml	2	
nystatin tabs 500000 unit	2	
posaconazole susp 40 mg/ml	5	NDS
posaconazole tbec 100 mg	5	NDS
terbinafine hcl tabs 250 mg	2	
voriconazole solr 200 mg	5	HI
voriconazole susr 40 mg/ml	5	
voriconazole tabs 200 mg	2	
voriconazole tabs 50 mg	2	
ANTIMYCOBACTERIALS		
CYCLOSERINE CAPS 250 MG	5	
dapsone tabs 100 mg	2	MO
dapsone tabs 25 mg	2	MO
ethambutol hcl tabs 100 mg	2	MO
ethambutol hcl tabs 400 mg	2	MO
ISONIAZID SOLN 100 MG/ML	2	
isoniazid syrp 50 mg/5ml	2	MO
isoniazid tabs 100 mg	2	MO
isoniazid tabs 300 mg	2	MO
PRETOMANID TABS	3	

Drug Name	Drug Tier	Requirements/Limits
200 MG		
PRIFTIN TABS 150 MG	4	MO
pyrazinamide tabs 500 mg	2	MO
RIFABUTIN CAPS 150 MG	2	MO
rifampin caps 150 mg	2	MO
rifampin caps 300 mg	2	MO
rifampin solr 600 mg	2	HI
SIRTURO TABS 100 MG	5	NDS
SIRTURO TABS 20 MG	5	NDS
TRECATOR TABS 250 MG	4	MO
ANTIPROTOZOALS		
atovaquone susp 750 mg/5ml	2	NDS
atovaquone-proguanil hcl tabs 250-100 mg	2	
atovaquone-proguanil hcl tabs 62.5-25 mg	2	
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
chloroquine phosphate tabs 500 mg	2	
COARTEM TABS 20-120 MG	3	
HUMATIN CAPS 250 MG	5	NDS
hydroxychloroquine sulfate tabs 200 mg	2	MO
IMPAVIDO CAPS 50 MG	5	NDS
KRINTAFEL TABS 150 MG	3	
mefloquine hcl tabs 250 mg	2	
metronidazole caps 375 mg	2	
metronidazole soln 500 mg/100ml	2	HI
metronidazole tabs 250 mg	2	
metronidazole tabs 500 mg	2	
nitazoxanide tabs 500 mg	5	
pentamidine isethionate solr inhalation 300 mg	2	PA
pentamidine isethionate solr injection 300 mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3 (15 Base) MG	2	
pyrimethamine tabs 25 mg	5	
quinine sulfate caps 324 mg	2	NDS
tinidazole tabs 250 mg	2	
ANTIVIRALS		
abacavir sulfate soln 20 mg/ml	2	
abacavir sulfate tabs 300 mg	2	MO
abacavir sulfate-lamivudine tabs 600-300 mg	2	MO
acyclovir caps 200 mg	2	MO
acyclovir sodium soln 50 mg/ml	2	HI
acyclovir susp 200 mg/5ml	2	MO
acyclovir tabs 400 mg	2	MO
acyclovir tabs 800 mg	2	MO
adefovir dipivoxil tabs 10 mg	2	NDS
APTIVUS CAPS 250 MG	5	MO
atazanavir sulfate caps 150 mg	2	MO
atazanavir sulfate caps 200 mg	2	MO
atazanavir sulfate caps 300 mg	2	MO
BARACLUDE SOLN 0.05 MG/ML	3	MO
BIKTARVY TABS 30-120-15 MG	5	
BIKTARVY TABS 50-200-25 MG	5	
CABENUVA SUER 400	5	

Drug Name	Drug Tier	Requirements/Limits
& 600 MG/2ML		
CABENUVA SUER 600 & 900 MG/3ML	5	
cidofovir soln 75 mg/ml	2	
CIMDUO TABS 300-300 MG	5	MO
darunavir tabs 600 mg	2	MO
darunavir tabs 800 mg	2	MO
DELSTRIGO TABS 100-300-300 MG	5	MO
DESCOVY TABS 120-15 MG	5	MO
DESCOVY TABS 200-25 MG	5	MO
DOVATO TABS 50-300 MG	5	MO
EDURANT PED TBSO 2.5 MG	5	MO
EDURANT TABS 25 MG	5	MO
EFAVIRENZ CAPS 200 MG	2	MO
EFAVIRENZ CAPS 50 MG	2	MO
efavirenz tabs 600 mg	2	MO
efavirenz-emtricitab-tenofo df tabs 600-200-300 mg	2	MO
EFAVIRENZ-LAMIVUDINE-TENOFOVIR TABS 400-300-300 MG	5	MO
efavirenz-lamivudine-tenofovir tabs 600-300-300 mg	5	MO
emtricitab-rilpivir-tenofov df tabs 200-25-300 mg	5	MO
emtricitabine caps 200 mg	2	MO
emtricitabine-tenofovir df tabs 100-150 mg	4	MO
emtricitabine-tenofovir df tabs 133-200 mg	5	MO
emtricitabine-tenofovir df tabs 167-250 mg	4	MO
emtricitabine-tenofovir df tabs 200-300 mg	2	MO
EMTRIVA SOLN 10 MG/ML	3	MO
entecavir tabs 0.5 mg	2	MO
entecavir tabs 1 mg	2	MO
EPCLUSA PACK 150-37.5 MG	5	PA, NDS
EPCLUSA PACK 200-50 MG	5	PA, NDS
EPCLUSA TABS 200-50 MG	5	PA, NDS
EPCLUSA TABS 400-100 MG	5	PA, NDS
etravirine tabs 100 mg	2	MO
etravirine tabs 200 mg	2	MO
EVOTAZ TABS 300-150 MG	5	MO
famciclovir tabs 125 mg	2	MO
famciclovir tabs 250 mg	2	MO
famciclovir tabs 500 mg	2	MO
fosamprenavir calcium tabs 700 mg	2	MO
FUZEON SOLR 90 MG	5	NDS
ganciclovir sodium solr 500 mg	2	
GENVOYA TABS 150-150-200-10 MG	5	MO
HARVONI PACK 33.75-150 MG	5	PA, NDS
HARVONI PACK 45-200 MG	5	PA, NDS
HARVONI TABS 45-200 MG	5	PA, NDS
HARVONI TABS 90-400 MG	5	PA, NDS
INTELENCE TABS 25 MG	3	MO
ISENTRESS CHEW 100 MG	5	MO
ISENTRESS CHEW 25 MG	3	MO
ISENTRESS HD TABS 600 MG	5	MO
ISENTRESS PACK 100 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS TABS 400 MG	5	MO
JULUCA TABS 50-25 MG	5	MO
KALETRA SOLN 400-100 MG/5ML	5	MO
lamivudine soln 10 mg/ml	2	MO
lamivudine tabs 100 mg	2	MO
lamivudine tabs 150 mg	2	MO
lamivudine tabs 300 mg	2	MO
lamivudine-zidovudine tabs 150-300 mg	2	MO
LEDIPASVIR-SOFOSBUVIR TABS 90-400 MG	5	PA, NDS
LEXIVA SUSP 50 MG/ML	5	MO
LIVTENCITY TABS 200 MG	5	NDS
lopinavir-ritonavir soln 400-100 mg/5ml	2	MO
lopinavir-ritonavir tabs 100-25 mg	2	MO
lopinavir-ritonavir tabs 200-50 mg	2	MO
maraviroc tabs 150 mg	5	MO
maraviroc tabs 300 mg	5	MO
MAVYRET PACK 50-20 MG	5	PA, NDS
MAVYRET TABS 100-40 MG	5	PA, NDS
nevirapine er tb24 400 mg	2	MO
NEVIRAPINE SUSP 50 MG/5ML	2	MO
nevirapine tabs 200 mg	2	MO
NORVIR CAPS 100 MG	4	MO
NORVIR PACK 100 MG	4	MO
ODEFSEY TABS 200-25-25 MG	5	MO
oseltamivir phosphate caps 30 mg	2	MO
oseltamivir phosphate caps 45 mg	2	MO
oseltamivir phosphate caps 75 mg	2	MO
oseltamivir phosphate susr 6 mg/ml	2	MO
PAXLOVID (150/100) TBPK 10 x 150 MG & 10 X 100MG	3	NDS
PAXLOVID (300/100 & 150/100) TBPK 6 x 150 MG & 5 X 100MG	3	NDS
PAXLOVID (300/100) TBPK 20 x 150 MG & 10 X 100MG	3	NDS
PEGASYS SOLN 180 MCG/ML	5	NDS
PEGASYS SOSY 180 MCG/0.5ML	5	NDS
PIFELTRO TABS 100 MG	5	MO
PREVYMIS PACK 120 MG	5	NDS
PREVYMIS SOLN 240 MG/12ML	5	NDS
PREVYMIS SOLN 480 MG/24ML	5	NDS
PREVYMIS TABS 240 MG	5	NDS
PREVYMIS TABS 480 MG	5	NDS
PREZCOBIX TABS 675-150 MG	5	MO
PREZCOBIX TABS 800-150 MG	5	MO
PREZISTA SUSP 100 MG/ML	5	MO
PREZISTA TABS 150 MG	5	MO
PREZISTA TABS 75 MG	3	MO
RELENZA DISKHALER AEPB 5 MG/ACT	3	MO
RETROVIR SOLN 10 MG/ML	3	MO
REYATAZ PACK 50 MG	5	MO
RIBAVIRIN CAPS 200 MG	2	MO
ribavirin solr 6 gm	2	

Drug Name	Drug Tier	Requirements/Limits
RIBAVIRIN TABS 200 MG	2	MO
RIMANTADINE HCL TABS 100 MG	2	MO
ritonavir tabs 100 mg	2	MO
RUKOBIA TB12 600 MG	5	
SELZENTRY SOLN 20 MG/ML	5	MO
SELZENTRY TABS 25 MG	5	MO
SELZENTRY TABS 75 MG	5	MO
SOFOSBUVIR-VELPATASVIR TABS 400-100 MG	5	PA, NDS
SOVALDI PACK 150 MG	5	PA, NDS
SOVALDI PACK 200 MG	5	PA, NDS
SOVALDI TABS 200 MG	5	PA, NDS
SOVALDI TABS 400 MG	5	PA, NDS
STRIBILD TABS 150-150-200-300 MG	5	MO
SUNLENCA SOLN 463.5 MG/1.5ML	5	MO
SUNLENCA TABS 300 MG	5	
SUNLENCA TBPK 4 x 300 MG	5	
SUNLENCA TBPK 5 x 300 MG	5	
SYMFI LO TABS 400-300-300 MG	5	MO
SYMFI TABS 600-300-300 MG	5	MO
SYMTUZA TABS 800-150-200-10 MG	5	MO
SYNAGIS SOLN 100 MG/ML	5	NDS
SYNAGIS SOLN 50 MG/0.5ML	5	NDS
tenofovir disoproxil fumarate tabs 300 mg	2	MO
TIVICAY PD TBSO 5 MG	5	MO
TIVICAY TABS 10 MG	5	MO
TIVICAY TABS 25 MG	5	MO
TIVICAY TABS 50 MG	5	MO
TRIUMEQ PD TBSO 60-5-30 MG	4	MO
TRIUMEQ TABS 600-50-300 MG	5	MO
TYBOST TABS 150 MG	3	MO
valacyclovir hcl tabs 1 gm	2	MO
valacyclovir hcl tabs 500 mg	2	MO
valganciclovir hcl solr 50 mg/ml	2	NDS
valganciclovir hcl tabs 450 mg	2	NDS
VEKLURY SOLR 100 MG	5	NDS
VEMLIDY TABS 25 MG	5	
VIRACEPT TABS 250 MG	5	MO
VIRACEPT TABS 625 MG	5	MO
VIREAD POWD 40 MG/GM	5	MO
VIREAD TABS 150 MG	5	MO
VIREAD TABS 200 MG	5	MO
VIREAD TABS 250 MG	5	MO
VOCABRIA TABS 30 MG	5	MO
VOSEVI TABS 400-100-100 MG	5	PA, NDS
zidovudine caps 100 mg	2	MO
zidovudine syrp 50 mg/5ml	2	MO
zidovudine tabs 300 mg	2	MO
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3 gm	2	
methenamine hippurate tabs 1 gm	2	
nitrofurantoin macrocrystal caps 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystal caps 25 mg	2	
nitrofurantoin macrocrystal caps 50 mg	2	
nitrofurantoin monohyd macro caps 100 mg	2	
nitrofurantoin susp 25 mg/5ml	5	NDS
NITROFURANTOIN SUSP 50 MG/5ML	5	NDS
ORLYNVAH TABS 500-500 MG	5	NDS
trimethoprim tabs 100 mg	2	MO
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
cyproheptadine hcl syrp 2 mg/5ml	2	
cyproheptadine hcl tabs 4 mg	2	
diphenhydramine hcl soln 50 mg/ml	2	
levocetirizine dihydrochloride soln 2.5 mg/5ml	4	MO
levocetirizine dihydrochloride tabs 5 mg	4	MO
promethazine hcl soln 6.25 mg/5ml	2	
PROMETHAZINE HCL SYRP 6.25 MG/5ML	2	
promethazine hcl tabs 12.5 mg	2	
promethazine hcl tabs 25 mg	2	
promethazine hcl tabs 50 mg	2	
promethegan supp 12.5 mg	2	
promethegan supp 25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250 mg	5	
abiraterone acetate tabs 500 mg	5	NDS
ABRAXANE SUSR 100 MG	3	
adriamycin solr 50 mg	2	
ADSTILADRIN SUSP 300000000000 VP/ML	5	
AKEEGA TABS 100-500 MG	5	NDS
AKEEGA TABS 50-500 MG	5	NDS
ALECENSA CAPS 150 MG	5	NDS
ALIQOPA SOLR 60 MG	5	NDS
ALUNBRIG TABS 180 MG	5	NDS
ALUNBRIG TABS 30 MG	5	NDS
ALUNBRIG TABS 90 MG	5	NDS
ALUNBRIG TBPK 90 & 180 MG	5	NDS
ALYMSYS SOLN 100 MG/4ML	5	NDS
ALYMSYS SOLN 400 MG/16ML	5	NDS
anastrozole tabs 1 mg	1	
ANKTIVA SOLN 400 MCG/0.4ML	5	NDS
arsenic trioxide soln 12 mg/6ml	5	NDS
ARZERRA CONC 100 MG/5ML	5	NDS
ARZERRA CONC 1000 MG/50ML	5	NDS
ASPARLAS SOLN 3750 UNIT/5ML	5	NDS
AUGTYRO CAPS 160 MG	5	NDS
AUGTYRO CAPS 40 MG	5	NDS
AVASTIN SOLN 100	5	

Drug Name	Drug Tier	Requirements/Limits
MG/4ML		
AVASTIN SOLN 400 MG/16ML	5	
AVMAPKI FAKZYNJA CO-PACK THPK 0.8 & 200 MG	5	NDS
AXTLE SOLR 100 MG	5	NDS
AXTLE SOLR 500 MG	5	NDS
AYVAKIT TABS 100 MG	5	NDS
AYVAKIT TABS 200 MG	5	NDS
AYVAKIT TABS 25 MG	5	NDS
AYVAKIT TABS 300 MG	5	NDS
AYVAKIT TABS 50 MG	5	NDS
AZACITIDINE SUSR 100 MG	2	
BALVERSA TABS 3 MG	5	NDS
BALVERSA TABS 4 MG	5	NDS
BALVERSA TABS 5 MG	5	NDS
BAVENCIO SOLN 200 MG/10ML	5	NDS
BCG VACCINE SOLR 50 MG	3	
BELEODAQ SOLR 500 MG	5	NDS
BELRAPZO SOLN 100 MG/4ML	5	NDS
BENDAMUSTINE HCL SOLN 100 MG/4ML	5	NDS
bendamustine hcl solr 100 mg	5	NDS
bendamustine hcl solr 25 mg	5	NDS
BENDEKA SOLN 100 MG/4ML	5	NDS
BESPONSA SOLR 0.9 MG	5	NDS
BESREMI SOSY 500 MCG/ML	5	NDS
bexarotene caps 75 mg	5	NDS
bicalutamide tabs 50 mg	2	
BIZENGRI (750 MG DOSE) SOPK 375 MG/18.75ML	5	NDS
bleomycin sulfate solr 15 unit	2	
bleomycin sulfate solr 30 unit	2	
BLINCYTO SOLR 35 MCG	5	NDS
BORTEZOMIB INJECTION SOLR 1 MG	4	
BORTEZOMIB INJECTION SOLR 2.5 MG	4	
bortezomib injection solr 3.5 mg	2	
BORTEZOMIB INTRAVENOUS SOLR 3.5 MG	3	
BORTEZOMIB INTRAVENOUS SOLN 3.5 MG/1.4ML	4	
BORUZU SOLN 3.5 MG/1.4ML	5	NDS
BOSULIF CAPS 100 MG	5	NDS
BOSULIF CAPS 50 MG	5	NDS
BOSULIF TABS 100 MG	5	NDS
BOSULIF TABS 400 MG	5	NDS
BOSULIF TABS 500 MG	5	NDS
BRAFTOVI CAPS 75 MG	5	NDS
BRUKINSA CAPS 80 MG	5	NDS
BRUKINSA TABS 160 MG	5	NDS
busulfan soln 6 mg/ml	2	
CABOMETYX TABS 20 MG	5	NDS
CABOMETYX TABS 40 MG	5	NDS
CABOMETYX TABS 60	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
CALQUENCE CAPS 100 MG	5	NDS
CALQUENCE TABS 100 MG	5	NDS
CAMCEVI PRSY 42 MG	4	
CAPRELSA TABS 100 MG	5	LD, NDS
CAPRELSA TABS 300 MG	5	LD, NDS
carboplatin soln 150 mg/15ml	2	
carboplatin soln 450 mg/45ml	2	
carboplatin soln 50 mg/5ml	2	
carboplatin soln 600 mg/60ml	2	
carmustine solr 100 mg	2	
CARMUSTINE SOLR 300 MG	5	
CARMUSTINE SOLR 50 MG	5	
cisplatin soln 100 mg/100ml	2	
CISPLATIN SOLN 200 MG/200ML	2	
cisplatin soln 50 mg/50ml	2	
CISPLATIN SOLR 50 MG	5	NDS
cladribine soln 10 mg/10ml	2	
clofarabine soln 1 mg/ml	2	
COLUMVI SOLN 10 MG/10ML	5	NDS
COLUMVI SOLN 2.5 MG/2.5ML	5	NDS
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG	5	LD, NDS
COMETRIQ (140 MG DAILY DOSE) KIT 3 x 20 MG & 80 MG	5	LD, NDS
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG	5	LD, NDS
COPIKTRA CAPS 15 MG	5	NDS
COPIKTRA CAPS 25 MG	5	NDS
COTELLIC TABS 20 MG	5	NDS
cyclophosphamide caps 25 mg	2	PA
cyclophosphamide caps 50 mg	2	PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 1000 MG/10ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 2 GM/10ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 2000 MG/20ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/2.5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/5ML	5	NDS
CYCLOPHOSPHAMIDE SOLN 500 MG/ML	5	NDS
cyclophosphamide solr 1 gm	2	
cyclophosphamide solr 2 gm	2	
cyclophosphamide solr 500 mg	2	
CYRAMZA SOLN 100 MG/10ML	5	NDS
CYRAMZA SOLN 500 MG/50ML	5	NDS
cytarabine (pf) soln 100 mg/ml	2	
cytarabine (pf) soln 20 mg/ml	2	
CYTARABINE SOLN 20 MG/ML	2	
DACARBAZINE SOLR 100 MG	2	
dacarbazine solr 200	2	

Drug Name	Drug Tier	Requirements/Limits
mg		
dactinomycin solr 0.5 mg	2	
DANYELZA SOLN 40 MG/10ML	5	NDS
DANZITEN TABS 71 MG	5	NDS
DANZITEN TABS 95 MG	5	NDS
DARZALEX FASPRO SOLN 1800-30000 MG-UT/15ML	5	NDS
DARZALEX SOLN 100 MG/5ML	5	NDS
DARZALEX SOLN 400 MG/20ML	5	NDS
dasatinib tabs 100 mg	5	NDS
dasatinib tabs 140 mg	5	NDS
dasatinib tabs 20 mg	5	NDS
dasatinib tabs 50 mg	5	NDS
dasatinib tabs 70 mg	5	NDS
dasatinib tabs 80 mg	5	NDS
DATROWAY SOLR 100 MG	5	NDS
daunorubicin hcl soln 20 mg/4ml	2	
DAURISMO TABS 100 MG	5	NDS
DAURISMO TABS 25 MG	5	NDS
decitabine solr 50 mg	2	
docetaxel conc 20 mg/ml	2	
docetaxel conc 80 mg/4ml	2	
docetaxel soln 160 mg/16ml	2	
docetaxel soln 20 mg/2ml	2	
docetaxel soln 80 mg/8ml	2	
DOCIVYX SOLN 160 MG/16ML	5	NDS
DOCIVYX SOLN 20 MG/2ML	5	NDS
DOCIVYX SOLN 80 MG/8ML	5	NDS
doxorubicin hcl liposomal susp 2 mg/ml	2	
DOXORUBICIN HCL SOLN 2 MG/ML	2	
DOXORUBICIN HCL SOLR 10 MG	2	
doxorubicin hcl solr 50 mg	2	
DROXIA CAPS 200 MG	4	
DROXIA CAPS 300 MG	4	
DROXIA CAPS 400 MG	4	
ELAHERE SOLN 100 MG/20ML	5	NDS
ELIGARD KIT 22.5 MG	4	
ELIGARD KIT 30 MG	4	
ELIGARD KIT 45 MG	4	
ELIGARD KIT 7.5 MG	4	
ELLENCE SOLN 200 MG/100ML	2	
ELLENCE SOLN 50 MG/25ML	2	
ELREXFIO SOLN 44 MG/1.1ML	5	NDS
ELREXFIO SOLN 76 MG/1.9ML	5	NDS
ELZONRIS SOLN 1000 MCG/ML	5	NDS
EMCYT CAPS 140 MG	5	NDS
EMPLICITI SOLR 300 MG	5	NDS
EMPLICITI SOLR 400 MG	5	NDS
ENHERTU SOLR 100 MG	5	NDS
ENSACOVE CAPS 100 MG	5	NDS
ENSACOVE CAPS 25 MG	5	NDS
EPKINLY SOLN 4 MG/0.8ML	5	NDS
EPKINLY SOLN 48 MG/0.8ML	5	NDS
ERBITUX SOLN 100 MG/50ML	3	
ERBITUX SOLN 200	3	

Drug Name	Drug Tier	Requirements/Limits
MG/100ML		
eribulin mesylate soln 1 mg/2ml	5	NDS
ERIVEDGE CAPS 150 MG	5	NDS
ERLEADA TABS 240 MG	5	NDS
ERLEADA TABS 60 MG	5	NDS
erlotinib hcl tabs 100 mg	5	NDS
erlotinib hcl tabs 150 mg	5	NDS
erlotinib hcl tabs 25 mg	5	NDS
ETOPOPHOS SOLR 100 MG	5	NDS
etoposide soln 1 gm/50ml	2	
etoposide soln 100 mg/5ml	2	
etoposide soln 500 mg/25ml	2	
EULEXIN CAPS 125 MG	5	NDS
everolimus tabs 10 mg	5	NDS
everolimus tabs 2.5 mg	5	NDS
everolimus tabs 5 mg	5	NDS
everolimus tabs 7.5 mg	5	NDS
everolimus tbso 2 mg	5	NDS
everolimus tbso 3 mg	5	NDS
everolimus tbso 5 mg	5	NDS
EVOMELA SOLR 50 MG	5	NDS
exemestane tabs 25 mg	2	
FENSOLVI (6 MONTH) KIT 45 MG	5	
FIRMAGON (240 MG DOSE) SOLR 120 MG/VIAL	5	NDS
FIRMAGON SOLR 80 MG	4	
FLOXURIDINE SOLR 0.5 GM	2	
fludarabine phosphate soln 50 mg/2ml	2	
FLUDARABINE	2	
PHOSPHATE SOLR 50 MG		
fluorouracil soln 1 gm/20ml	2	
fluorouracil soln 2.5 gm/50ml	2	
fluorouracil soln 5 gm/100ml	2	
fluorouracil soln 500 mg/10ml	2	
FOLOTYN SOLN 20 MG/ML	5	NDS
FOTIVDA CAPS 0.89 MG	5	NDS
FOTIVDA CAPS 1.34 MG	5	NDS
FRINDOVYX SOLN 1 GM/2ML	5	NDS
FRINDOVYX SOLN 2 GM/4ML	5	NDS
FRINDOVYX SOLN 500 MG/ML	5	NDS
FRUZAQLA CAPS 1 MG	5	NDS
FRUZAQLA CAPS 5 MG	5	NDS
fulvestrant sosy 250 mg/5ml	5	NDS
FYARRO SUSR 100 MG	5	NDS
GAVRETO CAPS 100 MG	5	NDS
GAZYVA SOLN 1000 MG/40ML	5	NDS
gefitinib tabs 250 mg	5	NDS
gemcitabine hcl solr 1 gm	2	
gemcitabine hcl solr 2 gm	2	
gemcitabine hcl solr 200 mg	2	
GILOTRIF TABS 20 MG	5	NDS
GILOTRIF TABS 30 MG	5	NDS
GILOTRIF TABS 40 MG	5	NDS
GLEOSTINE CAPS 10 MG	3	
GLEOSTINE CAPS 100	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
GLEOSTINE CAPS 40 MG	3	
GOMEKLI CAPS 1 MG	5	NDS
GOMEKLI CAPS 2 MG	5	NDS
GOMEKLI TBSO 1 MG	5	NDS
HERCEPTIN HYLECTA SOLN 600-10000 MG-UNT/5ML	5	NDS
HERCEPTIN SOLR 150 MG	5	NDS
HERCESSI SOLR 150 MG	5	NDS
HERCESSI SOLR 420 MG	5	NDS
HERNEXEOS TABS 60 MG	5	NDS
HERZUMA SOLR 150 MG	5	NDS
HERZUMA SOLR 420 MG	5	NDS
hydroxyurea caps 500 mg	2	
IBRANCE CAPS 100 MG	5	NDS
IBRANCE CAPS 125 MG	5	NDS
IBRANCE CAPS 75 MG	5	NDS
IBRANCE TABS 100 MG	5	NDS
IBRANCE TABS 125 MG	5	NDS
IBRANCE TABS 75 MG	5	NDS
IBTROZI CAPS 200 MG	5	NDS
ICLUSIG TABS 10 MG	5	NDS
ICLUSIG TABS 15 MG	5	NDS
ICLUSIG TABS 30 MG	5	NDS
ICLUSIG TABS 45 MG	5	NDS
IDHIFA TABS 100 MG	5	NDS
IDHIFA TABS 50 MG	5	NDS
IFOSFAMIDE SOLN 1 GM/20ML	2	
IFOSFAMIDE SOLN 3 GM/60ML	2	
IFOSFAMIDE SOLR 1 GM	2	

Drug Name	Drug Tier	Requirements/Limits
imatinib mesylate tabs 100 mg	2	
imatinib mesylate tabs 400 mg	5	
IMBRUVICA CAPS 140 MG	5	NDS
IMBRUVICA CAPS 70 MG	5	NDS
IMBRUVICA SUSP 70 MG/ML	5	NDS
IMBRUVICA TABS 140 MG	5	NDS
IMBRUVICA TABS 280 MG	5	NDS
IMBRUVICA TABS 420 MG	5	NDS
IMDELLTRA SOLR 1 MG	5	NDS
IMDELLTRA SOLR 10 MG	5	NDS
IMFINZI SOLN 120 MG/2.4ML	5	NDS
IMFINZI SOLN 500 MG/10ML	5	NDS
IMJUDO SOLN 25 MG/1.25ML	5	NDS
IMJUDO SOLN 300 MG/15ML	5	NDS
IMKELDI SOLN 80 MG/ML	5	NDS
INLYTA TABS 1 MG	5	NDS
INLYTA TABS 5 MG	5	NDS
INQOVI TABS 35-100 MG	5	NDS
INREBIC CAPS 100 MG	5	NDS
irinotecan hcl soln 100 mg/5ml	2	
irinotecan hcl soln 300 mg/15ml	2	
irinotecan hcl soln 40 mg/2ml	2	
IRINOTECAN HCL SOLN 500 MG/25ML	2	
ITOVEBI TABS 3 MG	5	NDS
ITOVEBI TABS 9 MG	5	NDS
IWILFIN TABS 192 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT SOLR 45 MG	5	NDS
JAKAFI TABS 10 MG	5	NDS
JAKAFI TABS 15 MG	5	NDS
JAKAFI TABS 20 MG	5	NDS
JAKAFI TABS 25 MG	5	NDS
JAKAFI TABS 5 MG	5	NDS
JAYPIRCA TABS 100 MG	5	NDS
JAYPIRCA TABS 50 MG	5	NDS
JEMPERLI SOLN 500 MG/10ML	5	
JYLAMVO SOLN 2 MG/ML	4	
KADCYLA SOLR 100 MG	5	NDS
KADCYLA SOLR 160 MG	5	NDS
KANJINTI SOLR 150 MG	5	NDS
KANJINTI SOLR 420 MG	5	NDS
KEYTRUDA SOLN 100 MG/4ML	5	NDS
KIMMTRAK SOLN 100 MCG/0.5ML	5	NDS
KISQALI (200 MG DOSE) TBPK 200 MG	5	NDS
KISQALI (400 MG DOSE) TBPK 200 MG	5	NDS
KISQALI (600 MG DOSE) TBPK 200 MG	5	NDS
KISQALI FEMARA (200 MG DOSE) TBPK 200 & 2.5 MG	5	NDS
KISQALI FEMARA (400 MG DOSE) TBPK 200 & 2.5 MG	5	NDS
KISQALI FEMARA (600 MG DOSE) TBPK 200 & 2.5 MG	5	NDS
KOSELUGO CAPS 10 MG	5	NDS
KOSELUGO CAPS 25 MG	5	NDS
KRAZATI TABS 200 MG	5	NDS
KYPROLIS SOLR 10 MG	5	NDS
KYPROLIS SOLR 30 MG	5	NDS
KYPROLIS SOLR 60 MG	5	NDS
lapatinib ditosylate tabs 250 mg	5	NDS
LAZCLUZE TABS 240 MG	5	NDS
LAZCLUZE TABS 80 MG	5	NDS
lenalidomide caps 10 mg	5	NDS
lenalidomide caps 15 mg	5	NDS
lenalidomide caps 2.5 mg	5	NDS
lenalidomide caps 20 mg	5	NDS
lenalidomide caps 25 mg	5	NDS
lenalidomide caps 5 mg	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG	5	LD, NDS
LENVIMA (12 MG DAILY DOSE) CPPK 3 x 4 MG	5	LD, NDS
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG	5	LD, NDS
LENVIMA (18 MG DAILY DOSE) CPPK 10 MG & 2 X 4 MG	5	LD, NDS
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG	5	LD, NDS
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG	5	LD, NDS
LENVIMA (4 MG DAILY DOSE) CPPK 4 MG	5	LD, NDS
LENVIMA (8 MG DAILY DOSE) CPPK 2 x 4 MG	5	LD, NDS

Drug Name	Drug Tier	Requirements/Limits
letrozole tabs 2.5 mg	2	
LEUKERAN TABS 2 MG	5	NDS
leuprolide acetate kit 1 mg/0.2ml	2	
LIBTAYO SOLN 350 MG/7ML	5	NDS
LONSURF TABS 15-6.14 MG	5	NDS
LONSURF TABS 20-8.19 MG	5	NDS
LOQTORZI SOLN 240 MG/6ML	5	NDS
LORBRENA TABS 100 MG	5	NDS
LORBRENA TABS 25 MG	5	NDS
LUMAKRAS TABS 120 MG	5	NDS
LUMAKRAS TABS 240 MG	5	NDS
LUMAKRAS TABS 320 MG	5	NDS
LUNSUMIO SOLN 1 MG/ML	5	NDS
LUNSUMIO SOLN 30 MG/30ML	5	NDS
LUPRON DEPOT (1-MONTH) KIT 3.75 MG	5	
LUPRON DEPOT (1-MONTH) KIT 7.5 MG	4	
LUPRON DEPOT (3-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT (3-MONTH) KIT 22.5 MG	4	
LUPRON DEPOT (4-MONTH) KIT 30 MG	4	
LUPRON DEPOT (6-MONTH) KIT 45 MG	4	
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG	5	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG		
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	5	
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG	5	
LYNPARZA TABS 100 MG	5	NDS
LYNPARZA TABS 150 MG	5	NDS
LYSODREN TABS 500 MG	5	NDS
LYTGOBI (12 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (16 MG DAILY DOSE) TBPK 4 MG	5	NDS
LYTGOBI (20 MG DAILY DOSE) TBPK 4 MG	5	NDS
MARGENZA SOLN 250 MG/10ML	5	NDS
MATULANE CAPS 50 MG	5	NDS
megestrol acetate susp 40 mg/ml	2	
megestrol acetate tabs 20 mg	2	
megestrol acetate tabs 40 mg	2	
MEKINIST SOLR 0.05 MG/ML	5	NDS
MEKINIST TABS 0.5 MG	5	NDS
MEKINIST TABS 2 MG	5	NDS
MEKTOVI TABS 15 MG	5	NDS
melphalan hcl solr 50 mg	2	
mercaptopurine susp 2000 mg/100ml	5	NDS
mercaptopurine tabs 50 mg	2	
methotrexate sodium (pf) soln 1 gm/40ml	2	
methotrexate sodium (pf) soln 250 mg/10ml	2	

Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium (pf) soln 50 mg/2ml	2	
METHOTREXATE SODIUM SOLN 250 MG/10ML	2	
METHOTREXATE SODIUM SOLN 50 MG/2ML	2	
methotrexate sodium solr 1 gm	2	
methotrexate sodium tabs 2.5 mg	2	
mitomycin solr 20 mg	2	
mitomycin solr 40 mg	2	
mitomycin solr 5 mg	2	
mitoxantrone hcl conc 20 mg/10ml	2	
mitoxantrone hcl conc 25 mg/12.5ml	2	
mitoxantrone hcl conc 30 mg/15ml	2	
MODEYSO CAPS 125 MG	5	NDS
MONJUVI SOLR 200 MG	5	NDS
mutamycin solr 20 mg	2	
mutamycin solr 40 mg	2	
mutamycin solr 5 mg	2	
MVASI SOLN 100 MG/4ML	5	NDS
MVASI SOLN 400 MG/16ML	5	NDS
MYLOTARG SOLR 4.5 MG	5	NDS
nelarabine soln 5 mg/ml	5	NDS
NERLYNX TABS 40 MG	5	NDS
NILOTINIB D-TARTRATE CAPS 150 MG	5	NDS
NILOTINIB D-TARTRATE CAPS 200 MG	5	NDS
NILOTINIB D-TARTRATE CAPS 50 MG	5	NDS
nilotinib hcl caps 150 mg	5	NDS
nilotinib hcl caps 200 mg	5	NDS
nilotinib hcl caps 50 mg	5	NDS
nilutamide tabs 150 mg	5	
NINLARO CAPS 2.3 MG	5	NDS
NINLARO CAPS 3 MG	5	NDS
NINLARO CAPS 4 MG	5	NDS
NUBEQA TABS 300 MG	5	NDS
ODOMZO CAPS 200 MG	5	NDS
OGIVRI SOLR 150 MG	5	NDS
OGIVRI SOLR 420 MG	5	NDS
OGSIVEO TABS 100 MG	5	NDS
OGSIVEO TABS 150 MG	5	NDS
OGSIVEO TABS 50 MG	5	NDS
OJEMDA SUSR 25 MG/ML	5	NDS
OJEMDA TABS 100 MG	5	NDS
OJJAARA TABS 100 MG	5	NDS
OJJAARA TABS 150 MG	5	NDS
OJJAARA TABS 200 MG	5	NDS
ONIVYDE INJ 43 MG/10ML	5	NDS
ONTRUZANT SOLR 150 MG	5	NDS
ONTRUZANT SOLR 420 MG	5	NDS
ONUREG TABS 200 MG	5	NDS
ONUREG TABS 300 MG	5	NDS
OPDIVO QVANTIG SOLN 600-10000 MG-UT/5ML	5	NDS
OPDIVO SOLN 100 MG/10ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
OPDIVO SOLN 120 MG/12ML	5	NDS
OPDIVO SOLN 240 MG/24ML	5	NDS
OPDIVO SOLN 40 MG/4ML	5	NDS
OPDUALAG SOLN 240-80 MG/20ML	5	NDS
ORSERDU TABS 345 MG	5	NDS
ORSERDU TABS 86 MG	5	NDS
OXALIPLATIN SOLN 100 MG/20ML	2	
oxaliplatin soln 50 mg/10ml	2	
oxaliplatin solr 100 mg	2	
oxaliplatin solr 50 mg	2	
paclitaxel conc 100 mg/16.7ml	2	
PACLITAXEL CONC 150 MG/25ML	2	
paclitaxel conc 30 mg/5ml	2	
paclitaxel conc 300 mg/50ml	2	
PACLITAXEL PROTEIN-BOUND PART SUSR 100 MG	5	NDS
PADCEV SOLR 20 MG	5	NDS
PADCEV SOLR 30 MG	5	NDS
PARAPLATIN SOLN 1000 MG/100ML	2	
pazopanib hcl tabs 200 mg	5	NDS
PEMAZYRE TABS 13.5 MG	5	NDS
PEMAZYRE TABS 4.5 MG	5	NDS
PEMAZYRE TABS 9 MG	5	NDS
PEMETREXED DIPOTASSIUM SOLR 100 MG	5	NDS
PEMETREXED DIPOTASSIUM SOLR 500 MG	5	NDS
PEMETREXED DISODIUM SOLN 1 GM/40ML	4	
PEMETREXED DISODIUM SOLN 100 MG/4ML	4	
PEMETREXED DISODIUM SOLN 500 MG/20ML	4	
PEMETREXED DISODIUM SOLN 850 MG/34ML	4	
pemetrexed disodium solr 1000 mg	5	NDS
pemetrexed disodium solr 500 mg	2	
pemetrexed disodium solr 750 mg	5	NDS
PEMETREXED DITROMETHAMINE SOLR 100 MG	5	NDS
PEMETREXED DITROMETHAMINE SOLR 500 MG	5	NDS
PEMETREXED SOLN 1 GM/40ML	5	NDS
PEMETREXED SOLN 100 MG/4ML	5	NDS
PEMETREXED SOLN 500 MG/20ML	5	NDS
PEMFEXY SOLN 500 MG/20ML	5	NDS
PEMRYDI RTU SOLN 100 MG/10ML	5	NDS
PEMRYDI RTU SOLN 500 MG/50ML	5	NDS
PERJETA SOLN 420 MG/14ML	5	NDS
PHESGO SOLN 60-60-2000 MG-MG-U/ML	5	NDS
PHESGO SOLN 80-40-2000 MG-MG-U/ML	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPK 200 MG	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPK	5	NDS

Drug Name	Drug Tier	Requirements/Limits
200 & 50 MG		
PIQRAY (300 MG DAILY DOSE) TBPK 2 x 150 MG	5	NDS
POLIVY SOLR 140 MG	5	NDS
POLIVY SOLR 30 MG	5	NDS
POMALYST CAPS 1 MG	5	NDS
POMALYST CAPS 2 MG	5	NDS
POMALYST CAPS 3 MG	5	NDS
POMALYST CAPS 4 MG	5	NDS
PORTRAZZA SOLN 800 MG/50ML	5	NDS
POTELIGEO SOLN 20 MG/5ML	5	NDS
PRALATREXATE SOLN 20 MG/ML	5	NDS
QINLOCK TABS 50 MG	5	NDS
RETEVMO CAPS 40 MG	5	NDS
RETEVMO CAPS 80 MG	5	NDS
RETEVMO TABS 120 MG	5	NDS
RETEVMO TABS 160 MG	5	NDS
RETEVMO TABS 40 MG	5	NDS
RETEVMO TABS 80 MG	5	NDS
REVUFORJ TABS 110 MG	5	NDS
REVUFORJ TABS 160 MG	5	NDS
REVUFORJ TABS 25 MG	5	NDS
REZLIDHIA CAPS 150 MG	5	NDS
RIABNI SOLN 100 MG/10ML	3	
RIABNI SOLN 500 MG/50ML	3	
RITUXAN HYCELA SOLN 1400-23400 MG -UT/11.7ML	5	
RITUXAN HYCELA SOLN 1600-26800 MG -UT/13.4ML	5	
RITUXAN SOLN 100 MG/10ML	5	
RITUXAN SOLN 500 MG/50ML	5	
ROMVIMZA CAPS 14 MG	5	NDS
ROMVIMZA CAPS 20 MG	5	NDS
ROMVIMZA CAPS 30 MG	5	NDS
ROZLYTREK CAPS 100 MG	5	NDS
ROZLYTREK CAPS 200 MG	5	NDS
ROZLYTREK PACK 50 MG	5	NDS
RUBRACA TABS 200 MG	5	NDS
RUBRACA TABS 250 MG	5	NDS
RUBRACA TABS 300 MG	5	NDS
RUXIENCE SOLN 100 MG/10ML	5	NDS
RUXIENCE SOLN 500 MG/50ML	5	NDS
RYBREVANT SOLN 350 MG/7ML	5	NDS
RYDAPT CAPS 25 MG	5	NDS
RYLAZE SOLN 10 MG/0.5ML	5	NDS
RYTELO SOLR 188 MG	5	NDS
RYTELO SOLR 47 MG	5	NDS
SARCLISA SOLN 100 MG/5ML	5	NDS
SARCLISA SOLN 500 MG/25ML	5	NDS
SCEMBLIX TABS 100 MG	5	NDS
SCEMBLIX TABS 20 MG	5	NDS
SCEMBLIX TABS 40	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
SIKLOS TABS 1000 MG	5	NDS
SOLTAMOX SOLN 10 MG/5ML	5	
sorafenib tosylate tabs 200 mg	5	NDS
STIVARGA TABS 40 MG	5	NDS
sunitinib malate caps 12.5 mg	5	NDS
sunitinib malate caps 25 mg	5	NDS
sunitinib malate caps 37.5 mg	5	NDS
sunitinib malate caps 50 mg	5	NDS
SYLVANT SOLR 100 MG	5	NDS
SYLVANT SOLR 400 MG	5	NDS
TABLOID TABS 40 MG	5	NDS
TABRECTA TABS 150 MG	5	NDS
TABRECTA TABS 200 MG	5	NDS
TAFINLAR CAPS 50 MG	5	NDS
TAFINLAR CAPS 75 MG	5	NDS
TAFINLAR TBSO 10 MG	5	NDS
TAGRISSO TABS 40 MG	5	NDS
TAGRISSO TABS 80 MG	5	NDS
TALVEY SOLN 3 MG/1.5ML	5	NDS
TALVEY SOLN 40 MG/ML	5	NDS
TALZENNA CAPS 0.1 MG	5	NDS
TALZENNA CAPS 0.25 MG	5	NDS
TALZENNA CAPS 0.35 MG	5	NDS
TALZENNA CAPS 0.5	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
TALZENNA CAPS 0.75 MG	5	NDS
TALZENNA CAPS 1 MG	5	NDS
tamoxifen citrate tabs 10 mg	2	
tamoxifen citrate tabs 20 mg	2	
TAZVERIK TABS 200 MG	5	NDS
TECENTRIQ HYBREZA SOLN 1875-30000 MG-UT/15ML	5	NDS
TECENTRIQ SOLN 1200 MG/20ML	5	NDS
TECENTRIQ SOLN 840 MG/14ML	5	NDS
TECVAYLI SOLN 153 MG/1.7ML	5	NDS
TECVAYLI SOLN 30 MG/3ML	5	NDS
temsirolimus soln 25 mg/ml	2	
TEPMETKO TABS 225 MG	5	NDS
TEVIMBRA SOLN 100 MG/10ML	5	NDS
THALOMID CAPS 100 MG	5	NDS
THALOMID CAPS 150 MG	5	NDS
THALOMID CAPS 200 MG	5	NDS
THALOMID CAPS 50 MG	5	NDS
thiotepa solr 100 mg	5	NDS
thiotepa solr 15 mg	5	NDS
TIBSOVO TABS 250 MG	5	NDS
TIVDAK SOLR 40 MG	5	NDS
topotecan hcl soln 4 mg/4ml	2	
topotecan hcl solr 4 mg	2	
toremifene citrate tabs 60 mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
torpenz tabs 10 mg	5	NDS
torpenz tabs 2.5 mg	5	NDS
torpenz tabs 5 mg	5	NDS
torpenz tabs 7.5 mg	5	NDS
TRAZIMERA SOLR 150 MG	5	NDS
TRAZIMERA SOLR 420 MG	5	NDS
TRELSTAR MIXJECT SUSR 11.25 MG	4	
TRELSTAR MIXJECT SUSR 22.5 MG	4	
TRELSTAR MIXJECT SUSR 3.75 MG	4	
tretinoin caps 10 mg	5	NDS
TREXALL TABS 10 MG	2	
TREXALL TABS 15 MG	2	
TREXALL TABS 5 MG	2	
TREXALL TABS 7.5 MG	2	
TRODELVY SOLR 180 MG	5	NDS
TRUQAP TABS 160 MG	5	NDS
TRUQAP TABS 200 MG	5	NDS
TRUQAP TBPK 160 MG	5	NDS
TRUQAP TBPK 200 MG	5	NDS
TUKYSA TABS 150 MG	5	NDS
TUKYSA TABS 50 MG	5	NDS
TURALIO CAPS 125 MG	5	NDS
UNITUXIN SOLN 17.5 MG/5ML	5	NDS
VABRINTY KIT 22.5 MG	5	
VABRINTY KIT 45 MG	5	
valrubicin soln 40 mg/ml	2	
VANFLYTA TABS 17.7 MG	5	NDS
VANFLYTA TABS 26.5 MG	5	NDS
VEGZELMA SOLN 100 MG/4ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
VEGZELMA SOLN 400 MG/16ML	5	NDS
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG	5	NDS
VENCLEXTA TABS 10 MG	4	NDS
VENCLEXTA TABS 100 MG	5	NDS
VENCLEXTA TABS 50 MG	5	NDS
VERZENIO TABS 100 MG	5	NDS
VERZENIO TABS 150 MG	5	NDS
VERZENIO TABS 200 MG	5	NDS
VERZENIO TABS 50 MG	5	NDS
VINBLASTINE SULFATE SOLN 1 MG/ML	2	
VINCRISTINE SULFATE SOLN 1 MG/ML	2	
vinorelbine tartrate soln 10 mg/ml	2	
vinorelbine tartrate soln 50 mg/5ml	2	
VITRAKVI CAPS 100 MG	5	NDS
VITRAKVI CAPS 25 MG	5	NDS
VITRAKVI SOLN 20 MG/ML	5	NDS
VIVIMUSTA SOLN 100 MG/4ML	5	NDS
VIZIMPRO TABS 15 MG	5	NDS
VIZIMPRO TABS 30 MG	5	NDS
VIZIMPRO TABS 45 MG	5	NDS
VONJO CAPS 100 MG	5	NDS
VORANIGO TABS 10 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 40 MG	5	NDS
VYLOY SOLR 100 MG	5	NDS
VYXEOS SUSR 44-100 MG	5	NDS
WELIREG TABS 40 MG	5	NDS
XALKORI CAPS 200 MG	5	NDS
XALKORI CAPS 250 MG	5	NDS
XALKORI CPSP 150 MG	5	NDS
XALKORI CPSP 20 MG	5	NDS
XALKORI CPSP 50 MG	5	NDS
XATMEP SOLN 2.5 MG/ML	4	
XOSPATA TABS 40 MG	5	NDS
XPOVIO (100 MG ONCE WEEKLY) TBPK 50 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPK 10 MG	5	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPK 40 MG	5	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPK 40 MG	5	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPK 60 MG	5	NDS
XPOVIO (60 MG TWICE WEEKLY) TBPK 20 MG	5	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPK 40 MG	5	NDS
XPOVIO (80 MG TWICE WEEKLY) TBPK 20 MG	5	NDS
XROMI SOLN 100 MG/ML	5	NDS
XTANDI CAPS 40 MG	5	NDS
XTANDI TABS 40 MG	5	NDS
XTANDI TABS 80 MG	5	NDS
YERVOY SOLN 200 MG/40ML	5	NDS
YERVOY SOLN 50 MG/10ML	5	NDS
YONDELIS SOLR 1 MG	5	NDS
YONSA TABS 125 MG	5	NDS
ZALTRAP SOLN 100 MG/4ML	5	NDS
ZALTRAP SOLN 200 MG/8ML	5	NDS
ZEJULA TABS 100 MG	5	NDS
ZEJULA TABS 200 MG	5	NDS
ZEJULA TABS 300 MG	5	NDS
ZELBORAF TABS 240 MG	5	NDS
ZEPZELCA SOLR 4 MG	5	NDS
ZIIHERA SOLR 300 MG	5	NDS
ZIRABEV SOLN 100 MG/4ML	5	NDS
ZIRABEV SOLN 400 MG/16ML	5	NDS
ZOLINZA CAPS 100 MG	5	NDS
ZYDELIG TABS 100 MG	5	NDS
ZYDELIG TABS 150 MG	5	NDS
ZYKADIA TABS 150 MG	5	NDS
ZYNLONTA SOLR 10 MG	5	NDS
ZYNYZ SOLN 500 MG/20ML	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate soln 8 mg/20ml	2	
atropine sulfate sosy 1 mg/10ml	2	
ATROVENT HFA AERS 17 MCG/ACT	4	MO
chlordiazepoxide-clidinium caps 5-2.5 mg	2	
dicyclomine hcl caps 10 mg	2	MO
dicyclomine hcl soln 10 mg/5ml	2	MO
dicyclomine hcl soln 10	2	

Drug Name	Drug Tier	Requirements/Limits
mg/ml		
dicyclomine hcl tabs 20 mg	2	MO
DICYCLOMINE HCL TABS 40 MG	5	NDS
glycopyrrolate soln 0.2 mg/ml	2	
glycopyrrolate soln 0.4 mg/2ml	2	
glycopyrrolate injection soln 1 mg/5ml	2	
glycopyrrolate oral soln 1 mg/5ml	2	MO
glycopyrrolate soln 4 mg/20ml	2	
glycopyrrolate tabs 1 mg	2	MO
GLYCOPYRROLATE TABS 1.5 MG	2	
glycopyrrolate tabs 2 mg	2	MO
ipratropium bromide soln 0.02 %	1	PA, MO
ipratropium bromide soln 0.03 %	2	MO
ipratropium bromide soln 0.06 %	2	MO
SPIRIVA RESPIMAT AERS 1.25 MCG/ACT	4	MO
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT	3	MO
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT	3	MO
YUPELRI SOLN 175 MCG/3ML	5	PA, NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL INHA 10 MG	3	MO
NICOTROL NS SOLN 10 MG/ML	4	MO
varenicline tartrate (starter) tbpk 0.5 mg x 11 & 1 mg x 42	2	MO
varenicline tartrate tabs 0.5 mg	2	MO
varenicline tartrate tabs 1 mg		
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride tabs 10 mg	2	MO
bethanechol chloride tabs 25 mg	2	MO
bethanechol chloride tabs 5 mg	2	MO
bethanechol chloride tabs 50 mg	2	MO
donepezil hcl tabs 10 mg	1	MO
donepezil hcl tabs 5 mg	1	MO
donepezil hcl tbdp 10 mg	2	MO
donepezil hcl tbdp 5 mg	2	MO
galantamine hydrobromide er cp24 16 mg	2	MO
galantamine hydrobromide er cp24 24 mg	2	MO
galantamine hydrobromide er cp24 8 mg	2	MO
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	MO
galantamine hydrobromide tabs 12 mg	2	MO
galantamine hydrobromide tabs 4 mg	2	MO
galantamine hydrobromide tabs 8 mg	2	MO
pilocarpine hcl tabs 5 mg	2	MO
pyridostigmine bromide er tbcr 180 mg	2	MO
pyridostigmine bromide soln 60 mg/5ml	4	MO
pyridostigmine bromide tabs 60 mg	2	MO
REGONOL SOLN 10 MG/2ML	3	
rivastigmine tartrate	2	MO

Drug Name	Drug Tier	Requirements/Limits
caps 1.5 mg		
rivastigmine tartrate caps 3 mg	2	MO
rivastigmine tartrate caps 4.5 mg	2	MO
rivastigmine tartrate caps 6 mg	2	MO
SKELETAL MUSCLE RELAXANTS		
baclofen soln 10 mg/5ml	4	
baclofen susp 25 mg/5ml	5	NDS
baclofen tabs 10 mg	2	MO
baclofen tabs 20 mg	2	MO
baclofen tabs 5 mg	2	MO
cyclobenzaprine hcl tabs 10 mg	2	PA
cyclobenzaprine hcl tabs 5 mg	2	PA
dantrolene sodium caps 100 mg	2	
dantrolene sodium caps 25 mg	2	
dantrolene sodium caps 50 mg	2	
METAXALONE TABS 640 MG	5	NDS
methocarbamol tabs 500 mg	2	
methocarbamol tabs 750 mg	2	
succinylcholine chloride soln 20 mg/ml	2	
tizanidine hcl tabs 2 mg	2	
tizanidine hcl tabs 4 mg	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er tb24 10 mg	2	MO
dihydroergotamine mesylate soln 1 mg/ml	2	
dihydroergotamine mesylate soln 4 mg/ml	5	NDS
ERGOLOID MESYLATES TABS 1 MG	2	MO
ERGOMAR SUBL 2 MG	4	
phenoxybenzamine hcl caps 10 mg	5	NDS
silodosin caps 4 mg	2	MO
silodosin caps 8 mg	2	MO
tamsulosin hcl caps 0.4 mg	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
albuterol sulfate hfa aers 108 (90 base) mcg/act	2	MO
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	2	PA, MO
albuterol sulfate nebu 0.63 mg/3ml	2	PA, MO
albuterol sulfate nebu 1.25 mg/3ml	2	PA, MO
albuterol sulfate nebu 2.5 mg/0.5ml	2	PA, MO
albuterol sulfate syrp 2 mg/5ml	2	MO
albuterol sulfate tabs 2 mg	2	MO
albuterol sulfate tabs 4 mg	2	MO
arformoterol tartrate nebu 15 mcg/2ml	4	PA, MO
AUVI-Q SOAJ 0.1 MG/0.1ML	2	
AUVI-Q SOAJ 0.15 MG/0.15ML	2	
AUVI-Q SOAJ 0.3 MG/0.3ML	2	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT	4	MO
dobutamine hcl soln 250 mg/20ml	2	
DOBUTAMINE-DEXTROSE SOLN 1-5 MG/ML-%	2	
DOBUTAMINE-DEXTROSE SOLN 2-5 MG/ML-%	2	
dopamine hcl soln 40 mg/ml	2	
DOPAMINE-	2	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE SOLN 0.8-5 MG/ML-%		
DOPAMINE-DEXTROSE SOLN 1.6-5 MG/ML-%	2	
DOPAMINE-DEXTROSE SOLN 3.2-5 MG/ML-%	2	
droxidopa caps 100 mg	4	
droxidopa caps 200 mg	4	
droxidopa caps 300 mg	4	
EPINEPHRINE SOAJ 0.3 MG/0.3ML	2	
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	2	PA, MO
isoproterenol hcl soln 0.2 mg/ml	2	
midodrine hcl tabs 10 mg	2	MO
midodrine hcl tabs 2.5 mg	2	MO
midodrine hcl tabs 5 mg	2	MO
norepinephrine bitartrate soln 1 mg/ml	2	
SEREVENT DISKUS AEPB 50 MCG/ACT	4	MO
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT	3	MO
terbutaline sulfate soln 1 mg/ml	2	
terbutaline sulfate tabs 2.5 mg	2	MO
terbutaline sulfate tabs 5 mg	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
ADAKVEO SOLN 100 MG/10ML	5	NDS
icatibant acetate sosy 30 mg/3ml	5	NDS
sajazir sosy 30 mg/3ml	5	NDS
COAGULANTS AND ANTICOAGULANTS		
aminocaproic acid soln 0.25 gm/ml	2	MO
aminocaproic acid soln 250 mg/ml	2	
aminocaproic acid tabs 1000 mg	2	MO
aminocaproic acid tabs 500 mg	2	MO
anagrelide hcl caps 0.5 mg	2	MO
anagrelide hcl caps 1 mg	2	MO
argatroban soln 250 mg/2.5ml	2	
aspirin-dipyridamole er cp12 25-200 mg	2	MO
cilostazol tabs 100 mg	2	MO
cilostazol tabs 50 mg	2	MO
clopidogrel bisulfate tabs 75 mg	1	MO
dabigatran etexilate mesylate caps 110 mg	2	MO
dabigatran etexilate mesylate caps 150 mg	2	MO
dabigatran etexilate mesylate caps 75 mg	2	MO
ELIQUIS DVT/PE STARTER PACK TBPK 5 MG	3	
ELIQUIS TABS 2.5 MG	3	MO
ELIQUIS TABS 5 MG	3	MO
ENOXAPARIN SODIUM SOLN 300 MG/3ML	2	
enoxaparin sodium sosy 100 mg/ml	2	
enoxaparin sodium sosy 120 mg/0.8ml	2	
enoxaparin sodium sosy 150 mg/ml	2	
enoxaparin sodium sosy 30 mg/0.3ml	2	
enoxaparin sodium sosy 40 mg/0.4ml	2	
enoxaparin sodium sosy 60 mg/0.6ml	2	
enoxaparin sodium sosy 80 mg/0.8ml	2	
FONDAPARINUX SODIUM SOLN 10	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/0.8ML		
fondaparinux sodium soln 2.5 mg/0.5ml	2	NDS
FONDAPARINUX SODIUM SOLN 5 MG/0.4ML	5	NDS
FONDAPARINUX SODIUM SOLN 7.5 MG/0.6ML	5	NDS
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-%	2	
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 100 UNIT/ML	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-%	2	
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-%	2	
heparin sodium (porcine) pf soln 1000 unit/ml	2	
heparin sodium (porcine) pf soln 5000 unit/0.5ml	2	
heparin sodium (porcine) soln 1000 unit/ml	2	
heparin sodium (porcine) soln 10000 unit/ml	2	
heparin sodium (porcine) soln 20000 unit/ml	2	
heparin sodium (porcine) soln 5000 unit/ml	2	
pentoxifylline er tbcr 400 mg	2	MO
prasugrel hcl tabs 10 mg	2	MO
prasugrel hcl tabs 5 mg	2	MO
rivaroxaban susr 1 mg/ml	2	MO
ticagrelor tabs 60 mg	2	MO
ticagrelor tabs 90 mg	2	MO
tranexamic acid soln 1000 mg/10ml	2	
tranexamic acid tabs 650 mg	2	MO
warfarin sodium tabs 1 mg	1	MO
warfarin sodium tabs 10 mg	1	MO
warfarin sodium tabs 2 mg	1	MO
warfarin sodium tabs 2.5 mg	1	MO
warfarin sodium tabs 3 mg	1	MO
warfarin sodium tabs 4 mg	1	MO
warfarin sodium tabs 5 mg	1	MO
warfarin sodium tabs 6 mg	1	MO
warfarin sodium tabs 7.5 mg	1	
XARELTO STARTER PACK TBPK 15 & 20 MG	3	MO
XARELTO TABS 10 MG	3	MO
XARELTO TABS 15 MG	3	MO
XARELTO TABS 2.5 MG	3	MO
XARELTO TABS 20 MG	3	MO
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18 MG	5	NDS
ALVAIZ TABS 36 MG	5	NDS
ALVAIZ TABS 54 MG	5	NDS
ALVAIZ TABS 9 MG	5	NDS
ARANESP (ALBUMIN FREE) SOLN 100 MCG/ML	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) SOLN 200 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOLN 60 MCG/ML	4	
ARANESP (ALBUMIN FREE) SOSY 100 MCG/0.5ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 150 MCG/0.3ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 200 MCG/0.4ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 300 MCG/0.6ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 500 MCG/ML	5	NDS
ARANESP (ALBUMIN FREE) SOSY 60 MCG/0.3ML	5	NDS
CABLIVI KIT 11 MG	5	NDS
DOPTELET TABS 20 MG	5	NDS
eltrombopag olamine pack 12.5 mg	5	NDS
eltrombopag olamine pack 25 mg	5	NDS
eltrombopag olamine tabs 12.5 mg	5	NDS
eltrombopag olamine tabs 25 mg	5	NDS
eltrombopag olamine tabs 50 mg	5	NDS
eltrombopag olamine tabs 75 mg	5	NDS
FULPHILA SOSY 6 MG/0.6ML	5	NDS
GRANIX SOLN 300 MCG/ML	3	
GRANIX SOLN 480 MCG/1.6ML	3	
GRANIX SOSY 300 MCG/0.5ML	3	
GRANIX SOSY 480 MCG/0.8ML	3	
LEUKINE SOLR 250 MCG	5	NDS
NIVESTYM SOLN 300 MCG/ML	5	NDS
NIVESTYM SOLN 480 MCG/1.6ML	5	NDS
NIVESTYM SOSY 300 MCG/0.5ML	5	NDS
NIVESTYM SOSY 480 MCG/0.8ML	5	NDS
NYPOZI SOSY 300 MCG/0.5ML	5	NDS
NYPOZI SOSY 480 MCG/0.8ML	5	NDS
PLERIXAFOR SOLN 24 MG/1.2ML	5	NDS
PROCRIT SOLN 10000 UNIT/ML	3	
PROCRIT SOLN 2000 UNIT/ML	3	
PROCRIT SOLN 20000 UNIT/ML	5	NDS
PROCRIT SOLN 3000 UNIT/ML	3	
PROCRIT SOLN 4000 UNIT/ML	3	
PROCRIT SOLN 40000 UNIT/ML	5	NDS
RETACRIT SOLN 20000 UNIT/ML	4	NDS
RYZNEUTA SOSY 20 MG/ML	5	NDS
TAVALISSE TABS 100 MG	5	NDS
TAVALISSE TABS 150 MG	5	NDS
ZARXIO SOSY 300 MCG/0.5ML	5	NDS
ZARXIO SOSY 480 MCG/0.8ML	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate tabs 1 mg	1	MO
doxazosin mesylate	1	MO

Drug Name	Drug Tier	Requirements/Limits
tabs 2 mg		
doxazosin mesylate tabs 4 mg	1	MO
doxazosin mesylate tabs 8 mg	1	MO
metyrosine caps 250 mg	5	NDS
prazosin hcl caps 1 mg	2	MO
prazosin hcl caps 2 mg	2	MO
prazosin hcl caps 5 mg	2	MO
terazosin hcl caps 1 mg	1	MO
terazosin hcl caps 10 mg	1	MO
terazosin hcl caps 2 mg	1	MO
terazosin hcl caps 5 mg	1	MO
ANTILIPEMIC AGENTS		
atorvastatin calcium tabs 10 mg	1	MO
atorvastatin calcium tabs 20 mg	1	MO
atorvastatin calcium tabs 40 mg	1	MO
atorvastatin calcium tabs 80 mg	1	MO
cholestyramine light pack 4 gm	2	MO
cholestyramine light powd 4 gm/dose	2	MO
cholestyramine pack 4 gm	2	MO
cholestyramine powd 4 gm/dose	2	MO
colesevelam hcl tabs 625 mg	2	MO
COLESTIPOL HCL GRAN 5 GM	2	MO
COLESTIPOL HCL PACK 5 GM	2	MO
colestipol hcl tabs 1 gm	2	MO
ezetimibe tabs 10 mg	1	MO
fenofibrate tabs 160 mg	2	MO
fenofibrate tabs 54 mg	2	MO
gemfibrozil tabs 600 mg	2	MO
icosapent ethyl caps 0.5 gm	2	MO
icosapent ethyl caps 1 gm	2	MO
lovastatin tabs 10 mg	1	MO
lovastatin tabs 20 mg	1	MO
lovastatin tabs 40 mg	1	MO
NEXLETOL TABS 180 MG	4	MO
niacin er (antihyperlipidemic) tbcr 500 mg	2	MO
NIACOR TABS 500 MG	2	MO
omega-3-acid ethyl esters caps 1 gm	2	MO
pravastatin sodium tabs 10 mg	1	MO
pravastatin sodium tabs 20 mg	1	MO
pravastatin sodium tabs 40 mg	1	MO
pravastatin sodium tabs 80 mg	1	MO
prevalite pack 4 gm	2	MO
prevalite powd 4 gm/dose	2	MO
REPATHA SURECLICK SOAJ 140 MG/ML	4	PA
rosuvastatin calcium tabs 10 mg	1	MO
rosuvastatin calcium tabs 20 mg	1	MO
rosuvastatin calcium tabs 40 mg	1	MO
rosuvastatin calcium tabs 5 mg	1	MO
simvastatin tabs 10 mg	1	MO
simvastatin tabs 20 mg	1	MO
simvastatin tabs 40 mg	1	MO
simvastatin tabs 5 mg	1	MO
simvastatin tabs 80 mg	1	MO
TRYNGOLZA SOAJ 80 MG/0.8ML	5	NDS
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl caps 200 mg	2	MO
acebutolol hcl caps 400 mg	2	MO
atenolol tabs 100 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
atenolol tabs 25 mg	1	MO
atenolol tabs 50 mg	1	MO
atenolol-chlorthalidone tabs 100-25 mg	1	MO
atenolol-chlorthalidone tabs 50-25 mg	1	MO
bisoprolol fumarate tabs 10 mg	1	MO
bisoprolol fumarate tabs 5 mg	1	MO
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	2	MO
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	2	MO
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	2	MO
carvedilol tabs 12.5 mg	1	MO
carvedilol tabs 25 mg	1	MO
carvedilol tabs 3.125 mg	1	MO
carvedilol tabs 6.25 mg	1	MO
ESMOLOL HCL SOLN 100 MG/10ML	2	
esmolol hcl-sodium chloride soln 2500 mg/250ml	2	
labetalol hcl soln 5 mg/ml	2	
labetalol hcl tabs 100 mg	2	MO
labetalol hcl tabs 200 mg	2	MO
labetalol hcl tabs 300 mg	2	MO
metoprolol succinate er tb24 100 mg	1	MO
metoprolol succinate er tb24 200 mg	1	MO
metoprolol succinate er tb24 25 mg	1	MO
metoprolol succinate er tb24 50 mg	1	MO
metoprolol tartrate soln 5 mg/5ml	2	
metoprolol tartrate tabs 100 mg	1	MO
metoprolol tartrate tabs 25 mg	1	MO
metoprolol tartrate tabs 50 mg	1	MO
nadolol tabs 20 mg	2	MO
nadolol tabs 40 mg	2	MO
nadolol tabs 80 mg	2	MO
nebivolol hcl tabs 10 mg	2	MO
nebivolol hcl tabs 2.5 mg	2	MO
nebivolol hcl tabs 20 mg	2	MO
nebivolol hcl tabs 5 mg	2	MO
propranolol hcl er cp24 120 mg	2	MO
propranolol hcl er cp24 160 mg	2	MO
propranolol hcl er cp24 60 mg	2	MO
propranolol hcl er cp24 80 mg	2	MO
propranolol hcl soln 1 mg/ml	2	
PROPRANOLOL HCL SOLN 20 MG/5ML	2	MO
PROPRANOLOL HCL SOLN 40 MG/5ML	2	MO
propranolol hcl tabs 10 mg	1	MO
propranolol hcl tabs 20 mg	1	MO
propranolol hcl tabs 40 mg	1	MO
propranolol hcl tabs 60 mg	2	MO
propranolol hcl tabs 80 mg	1	MO
sotalol hcl (af) tabs 120 mg	2	MO
sotalol hcl (af) tabs 160 mg	2	MO
sotalol hcl (af) tabs 80 mg	2	MO
sotalol hcl tabs 120 mg	2	MO
sotalol hcl tabs 160 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl tabs 240 mg	2	MO
sotalol hcl tabs 80 mg	2	MO
timolol maleate tabs 10 mg	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besy-benazepril hcl caps 10-20 mg	2	MO
amlodipine besy-benazepril hcl caps 10-40 mg	2	MO
amlodipine besy-benazepril hcl caps 2.5-10 mg	2	MO
amlodipine besy-benazepril hcl caps 5-10 mg	2	MO
amlodipine besy-benazepril hcl caps 5-20 mg	2	MO
amlodipine besy-benazepril hcl caps 5-40 mg	2	MO
amlodipine besylate tabs 10 mg	1	MO
amlodipine besylate tabs 2.5 mg	1	MO
amlodipine besylate tabs 5 mg	1	MO
cartia xt cp24 120 mg	2	MO
cartia xt cp24 180 mg	2	MO
cartia xt cp24 240 mg	2	MO
cartia xt cp24 300 mg	2	MO
dilt-xr cp24 120 mg	2	MO
dilt-xr cp24 180 mg	2	MO
dilt-xr cp24 240 mg	2	MO
diltiazem hcl er coated beads cp24 120 mg	2	MO
diltiazem hcl er coated beads cp24 180 mg	2	MO
diltiazem hcl er coated beads cp24 240 mg	2	MO
diltiazem hcl er coated beads cp24 300 mg	2	MO
diltiazem hcl er coated beads cp24 360 mg	2	MO
diltiazem hcl er cp12 120 mg	2	MO
diltiazem hcl er cp12 60 mg	2	MO
diltiazem hcl er cp12 90 mg	2	MO
diltiazem hcl er cp24 120 mg	2	MO
diltiazem hcl er cp24 180 mg	2	MO
diltiazem hcl er cp24 240 mg	2	MO
diltiazem hcl soln 125 mg/25ml	2	
diltiazem hcl soln 25 mg/5ml	2	
diltiazem hcl soln 50 mg/10ml	2	
DILTIAZEM HCL SOLR 100 MG	2	
diltiazem hcl tabs 120 mg	2	MO
diltiazem hcl tabs 30 mg	2	MO
diltiazem hcl tabs 60 mg	2	MO
diltiazem hcl tabs 90 mg	2	MO
felodipine er tb24 10 mg	2	MO
felodipine er tb24 2.5 mg	2	MO
felodipine er tb24 5 mg	2	MO
NICARDIPINE HCL SOLN 2.5 MG/ML	2	
nifedipine caps 10 mg	2	MO
nifedipine caps 20 mg	2	MO
nifedipine er osmotic release tb24 30 mg	2	MO
nifedipine er osmotic release tb24 60 mg	2	MO
nifedipine er osmotic release tb24 90 mg	2	MO
nifedipine er tb24 30 mg	2	MO
nifedipine er tb24 60 mg	2	MO
nifedipine er tb24 90 mg	2	MO
nimodipine caps 30 mg	2	MO
NIMODIPINE SOLN 60 MG/20ML	5	NDS
verapamil hcl er tbcr	2	MO

Drug Name	Drug Tier	Requirements/Limits
120 mg		
verapamil hcl er tbcr 180 mg	2	MO
verapamil hcl er tbcr 240 mg	2	MO
verapamil hcl soln 2.5 mg/ml	2	
verapamil hcl tabs 120 mg	1	MO
verapamil hcl tabs 40 mg	1	MO
verapamil hcl tabs 80 mg	1	MO
CARDIAC DRUGS		
adenosine soln 12 mg/4ml	2	
adenosine soln 6 mg/2ml	2	
amiodarone hcl soln 150 mg/3ml	2	
amiodarone hcl soln 450 mg/9ml	2	
amiodarone hcl soln 900 mg/18ml	2	
amiodarone hcl tabs 100 mg	2	MO
amiodarone hcl tabs 200 mg	1	MO
amiodarone hcl tabs 400 mg	2	MO
ATTRUBY TBPK 356 MG	5	NDS
CORLANOR SOLN 5 MG/5ML	4	MO
DIGOXIN SOLN 0.05 MG/ML	2	
digoxin soln 0.25 mg/ml	2	
digoxin tabs 125 mcg	2	MO
digoxin tabs 250 mcg	2	MO
disopyramide phosphate caps 100 mg	2	MO
disopyramide phosphate caps 150 mg	2	MO
dofetilide caps 125 mcg	2	MO
dofetilide caps 250 mcg	2	MO
dofetilide caps 500 mcg	2	MO

Drug Name	Drug Tier	Requirements/Limits
flecainide acetate tabs 100 mg	2	MO
flecainide acetate tabs 150 mg	2	MO
flecainide acetate tabs 50 mg	2	MO
ibutilide fumarate soln 1 mg/10ml	2	
ivabradine hcl tabs 5 mg	4	MO
ivabradine hcl tabs 7.5 mg	4	MO
LANOXIN PEDIATRIC SOLN 0.1 MG/ML	3	
LIDOCAINE HCL (CARDIAC) PF SOSY 100 MG/5ML	2	
LIDOCAINE HCL (CARDIAC) PF SOSY 50 MG/5ML	2	
LIDOCAINE HCL (CARDIAC) SOSY 100 MG/5ML	2	
LIDOCAINE IN D5W SOLN 4-5 MG/ML-%	2	
mexiletine hcl caps 150 mg	2	MO
mexiletine hcl caps 200 mg	2	MO
mexiletine hcl caps 250 mg	2	MO
milrinone lactate in dextrose soln 20-5 mg/100ml-%	2	
milrinone lactate in dextrose soln 40-5 mg/200ml-%	2	
milrinone lactate soln 10 mg/10ml	2	
MULTAQ TABS 400 MG	4	
NORPACE CR CP12 100 MG	3	MO
NORPACE CR CP12 150 MG	3	MO
procainamide hcl soln 100 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
procainamide hcl soln 500 mg/ml	2	
propafenone hcl tabs 150 mg	2	MO
propafenone hcl tabs 225 mg	2	MO
propafenone hcl tabs 300 mg	2	MO
quinidine gluconate er tbcr 324 mg	2	MO
QUINIDINE SULFATE TABS 200 MG	2	MO
QUINIDINE SULFATE TABS 300 MG	2	MO
ranolazine er tb12 1000 mg	4	MO
ranolazine er tb12 500 mg	4	MO
VYNDAMAX CAPS 61 MG	5	NDS
VYNDAQEL CAPS 20 MG	5	NDS
HYPOTENSIVE AGENTS		
clonidine hcl (analgesia) soln 100 mcg/ml	2	
clonidine hcl tabs 0.1 mg	1	MO
clonidine hcl tabs 0.2 mg	1	MO
clonidine hcl tabs 0.3 mg	1	MO
clonidine ptwk 0.1 mg/24hr	2	MO
clonidine ptwk 0.2 mg/24hr	2	MO
clonidine ptwk 0.3 mg/24hr	2	MO
guanfacine hcl tabs 1 mg	2	MO
guanfacine hcl tabs 2 mg	2	MO
hydralazine hcl soln 20 mg/ml	2	
hydralazine hcl tabs 10 mg	1	MO
hydralazine hcl tabs 100 mg	1	MO
hydralazine hcl tabs 25 mg	1	MO
hydralazine hcl tabs 50 mg	1	MO
minoxidil tabs 10 mg	2	MO
minoxidil tabs 2.5 mg	2	MO
nitroprusside sodium soln 25 mg/ml	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALISKIREN FUMARATE TABS 150 MG	2	MO
ALISKIREN FUMARATE TABS 300 MG	2	MO
benazepril hcl tabs 10 mg	1	MO
benazepril hcl tabs 20 mg	1	MO
benazepril hcl tabs 40 mg	1	MO
benazepril hcl tabs 5 mg	1	MO
candesartan cilexetil tabs 16 mg	2	MO
candesartan cilexetil tabs 32 mg	2	MO
candesartan cilexetil tabs 4 mg	2	MO
candesartan cilexetil tabs 8 mg	2	MO
captopril tabs 100 mg	2	MO
captopril tabs 12.5 mg	2	MO
captopril tabs 25 mg	2	MO
captopril tabs 50 mg	2	MO
enalapril maleate tabs 10 mg	1	MO
enalapril maleate tabs 2.5 mg	1	MO
enalapril maleate tabs 20 mg	1	MO
enalapril maleate tabs 5 mg	1	MO
enalaprilat soln 1.25 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO CPSP 15-16 MG	3	MO
ENTRESTO CPSP 6-6 MG	3	MO
eplerenone tabs 25 mg	2	MO
eplerenone tabs 50 mg	2	MO
irbesartan tabs 150 mg	2	MO
irbesartan tabs 300 mg	2	MO
irbesartan tabs 75 mg	2	MO
KERENDIA TABS 10 MG	4	MO
KERENDIA TABS 20 MG	4	MO
lisinopril tabs 10 mg	1	MO
lisinopril tabs 2.5 mg	1	MO
lisinopril tabs 20 mg	1	MO
lisinopril tabs 30 mg	1	MO
lisinopril tabs 40 mg	1	MO
lisinopril tabs 5 mg	1	MO
lisinopril-hydrochlorothiazide tabs 10-12.5 mg	1	MO
lisinopril-hydrochlorothiazide tabs 20-12.5 mg	1	MO
lisinopril-hydrochlorothiazide tabs 20-25 mg	1	MO
losartan potassium tabs 100 mg	1	MO
losartan potassium tabs 25 mg	1	MO
losartan potassium tabs 50 mg	1	MO
losartan potassium-hctz tabs 100-12.5 mg	1	MO
losartan potassium-hctz tabs 100-25 mg	1	MO
losartan potassium-hctz tabs 50-12.5 mg	1	MO
ramipril caps 1.25 mg	2	MO
ramipril caps 10 mg	2	MO
ramipril caps 2.5 mg	2	MO
ramipril caps 5 mg	2	MO
sacubitril-valsartan tabs 24-26 mg	2	MO
sacubitril-valsartan tabs 49-51 mg	2	MO
sacubitril-valsartan tabs 97-103 mg	2	MO
spironolactone tabs 100 mg	1	MO
spironolactone tabs 25 mg	1	MO
spironolactone tabs 50 mg	1	MO
spironolactone-hctz tabs 25-25 mg	2	MO
valsartan tabs 160 mg	1	MO
valsartan tabs 320 mg	1	MO
valsartan tabs 40 mg	1	MO
valsartan tabs 80 mg	1	MO
valsartan-hydrochlorothiazide tabs 160-12.5 mg	1	MO
valsartan-hydrochlorothiazide tabs 160-25 mg	1	MO
valsartan-hydrochlorothiazide tabs 320-12.5 mg	1	MO
valsartan-hydrochlorothiazide tabs 320-25 mg	1	MO
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	MO
VASODILATING AGENTS		
dipyridamole tabs 25 mg	2	MO
dipyridamole tabs 50 mg	2	MO
dipyridamole tabs 75 mg	2	MO
isosorbide dinitrate tabs 10 mg	2	MO
isosorbide dinitrate tabs 20 mg	2	MO
isosorbide dinitrate tabs 30 mg	2	MO
isosorbide dinitrate tabs 5 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate er tb24 120 mg	1	MO
isosorbide mononitrate er tb24 30 mg	1	MO
isosorbide mononitrate er tb24 60 mg	1	MO
ISOSORBIDE MONONITRATE TABS 10 MG	2	MO
ISOSORBIDE MONONITRATE TABS 20 MG	2	MO
NITRO-BID OINT 2 %	2	MO
NITRO-DUR PT24 0.3 MG/HR	5	MO
NITRO-DUR PT24 0.8 MG/HR	5	MO
nitroglycerin pt24 0.1 mg/hr	2	MO
nitroglycerin pt24 0.2 mg/hr	2	MO
nitroglycerin pt24 0.4 mg/hr	2	MO
nitroglycerin pt24 0.6 mg/hr	2	MO
nitroglycerin soln 0.4 mg/spray	2	MO
NITROGLYCERIN SOLN 5 MG/ML	2	
nitroglycerin subl 0.3 mg	2	MO
nitroglycerin subl 0.4 mg	2	MO
nitroglycerin subl 0.6 mg	2	MO
sildenafil citrate susr 10 mg/ml	2	PA
sildenafil citrate tabs 20 mg	2	PA, MO
tadalafil (pah) tabs 20 mg	2	PA
tadalafil tabs 2.5 mg	2	PA
tadalafil tabs 5 mg	2	PA
VERQUVO TABS 10 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
acamprosate calcium tbec 333 mg	2	MO
disulfiram tabs 250 mg	4	MO
disulfiram tabs 500 mg	4	MO
ANALGESICS AND ANTIPYRETICS		
ACETAMINOPHEN-CODEINE SOLN 120-12 MG/5ML	2	NDS
acetaminophen-codeine tabs 300-15 mg	2	NDS
acetaminophen-codeine tabs 300-30 mg	2	NDS
acetaminophen-codeine tabs 300-60 mg	2	NDS
BUTALBITAL-APAP-CAFFEINE SOLN 50-325-40 MG/15ML	5	NDS
butalbital-apap-caffeine tabs 50-325-40 mg	2	
butalbital-aspirin-caffeine caps 50-325-40 mg	2	
celecoxib caps 100 mg	2	
celecoxib caps 200 mg	2	
celecoxib caps 400 mg	2	
celecoxib caps 50 mg	2	
CODEINE SULFATE TABS 15 MG	2	NDS
CODEINE SULFATE TABS 30 MG	2	NDS
CODEINE SULFATE TABS 60 MG	2	NDS
diclofenac sodium tbec 25 mg	2	
diclofenac sodium tbec 50 mg	2	
diclofenac sodium tbec 75 mg	2	
diflunisal tabs 500 mg	2	
DOLOBID TABS 375 MG	5	NDS
endocet tabs 5-325 mg	2	NDS
endocet tabs 7.5-325 mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
etodolac caps 200 mg	2	
etodolac caps 300 mg	2	
etodolac tabs 400 mg	2	
etodolac tabs 500 mg	2	
FENTANYL CITRATE (PF) SOLN 1000 MCG/20ML	2	NDS
FENTANYL CITRATE (PF) SOLN 2500 MCG/50ML	2	NDS
FENTANYL CITRATE TABS 100 MCG	4	PA, NDS
FENTANYL CITRATE TABS 200 MCG	4	PA, NDS
fentanyl pt72 100 mcg/hr	2	NDS
fentanyl pt72 12 mcg/hr	2	NDS
fentanyl pt72 25 mcg/hr	2	NDS
fentanyl pt72 50 mcg/hr	2	NDS
fentanyl pt72 75 mcg/hr	2	NDS
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	2	NDS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	NDS
hydrocodone-acetaminophen tabs 10-325 mg	2	NDS
hydrocodone-acetaminophen tabs 5-325 mg	2	NDS
hydrocodone-acetaminophen tabs 7.5-325 mg	2	NDS
hydromorphone hcl liqd 1 mg/ml	2	NDS
hydromorphone hcl tabs 2 mg	2	NDS
hydromorphone hcl tabs 4 mg	2	NDS
hydromorphone hcl tabs 8 mg	2	NDS
ibu tabs 400 mg	2	
ibu tabs 600 mg	2	
ibu tabs 800 mg	2	
ibuprofen lysine soln 10 mg/ml	2	
ibuprofen susp 100 mg/5ml	2	
ibuprofen tabs 400 mg	2	
ibuprofen tabs 600 mg	2	
ibuprofen tabs 800 mg	2	
indocin supp 50 mg	5	NDS
indomethacin caps 25 mg	2	
indomethacin caps 50 mg	2	
indomethacin er cpcr 75 mg	2	
INDOMETHACIN SODIUM SOLR 1 MG	2	
KETOPROFEN CAPS 50 MG	2	
ketorolac tromethamine soln 15 mg/ml	2	
ketorolac tromethamine soln 30 mg/ml	2	
ketorolac tromethamine soln 60 mg/2ml	2	
levorphanol tartrate tabs 2 mg	5	NDS
levorphanol tartrate tabs 3 mg	5	NDS
MECLOFENAMATE SODIUM CAPS 100 MG	2	
MECLOFENAMATE SODIUM CAPS 50 MG	2	
mefenamic acid caps 250 mg	2	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
methadone hcl conc 10 mg/ml	2	NDS
methadone hcl intensol conc 10 mg/ml	2	NDS
METHADONE HCL SOLN 5 MG/5ML	2	NDS
methadone hcl tabs 10 mg	2	NDS
methadone hcl tabs 5	2	NDS

Drug Name	Drug Tier	Requirements/Limits
mg		
morphine sulfate (concentrate) soln 100 mg/5ml	2	NDS
morphine sulfate er tbcr 100 mg	2	NDS
morphine sulfate er tbcr 15 mg	2	NDS
morphine sulfate er tbcr 200 mg	2	NDS
morphine sulfate er tbcr 30 mg	2	NDS
morphine sulfate er tbcr 60 mg	2	NDS
MORPHINE SULFATE SOLN 10 MG/5ML	2	NDS
MORPHINE SULFATE SOLN 20 MG/5ML	2	NDS
morphine sulfate tabs 15 mg	2	NDS
morphine sulfate tabs 30 mg	2	NDS
nabumetone tabs 500 mg	2	
nabumetone tabs 750 mg	2	
nalbuphine hcl soln 10 mg/ml	2	NDS
nalbuphine hcl soln 20 mg/ml	2	NDS
naproxen susp 125 mg/5ml	2	
naproxen tabs 250 mg	2	
naproxen tabs 375 mg	2	
naproxen tabs 500 mg	2	
naproxen tbec 375 mg	2	
OXAYDO TABS 5 MG	5	NDS
oxycodone hcl conc 100 mg/5ml	2	NDS
oxycodone hcl soln 5 mg/5ml	2	NDS
oxycodone hcl tabs 10 mg	2	NDS
oxycodone hcl tabs 15 mg	2	NDS
oxycodone hcl tabs 20 mg	2	NDS
oxycodone hcl tabs 30 mg	2	NDS
oxycodone hcl tabs 5 mg	2	NDS
oxycodone-acetaminophen tabs 10-325 mg	2	NDS
oxycodone-acetaminophen tabs 5-325 mg	2	NDS
oxycodone-acetaminophen tabs 7.5-325 mg	2	NDS
piroxicam caps 10 mg	2	
piroxicam caps 20 mg	2	
salsalate tabs 500 mg	2	
salsalate tabs 750 mg	2	
sulindac tabs 150 mg	2	
sulindac tabs 200 mg	2	
TRAMADOL HCL SOLN 5 MG/ML	4	NDS
tramadol hcl tabs 50 mg	2	NDS
tramadol-acetaminophen tabs 37.5-325 mg	2	NDS
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine-dextroamphet er cp24 10 mg	2	NDS
amphetamine-dextroamphet er cp24 15 mg	2	NDS
amphetamine-dextroamphet er cp24 20 mg	2	NDS
amphetamine-dextroamphet er cp24 25 mg	2	NDS
amphetamine-dextroamphet er cp24 30 mg	2	NDS
amphetamine-dextroamphet er cp24 5 mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tabs 10 mg	2	NDS
amphetamine-dextroamphetamine tabs 12.5 mg	2	NDS
amphetamine-dextroamphetamine tabs 15 mg	2	NDS
amphetamine-dextroamphetamine tabs 20 mg	2	NDS
amphetamine-dextroamphetamine tabs 30 mg	2	NDS
amphetamine-dextroamphetamine tabs 5 mg	2	NDS
amphetamine-dextroamphetamine tabs 7.5 mg	2	NDS
armodafinil tabs 150 mg	2	PA
armodafinil tabs 200 mg	2	PA
armodafinil tabs 250 mg	2	PA
armodafinil tabs 50 mg	2	PA
caffeine citrate soln 20 mg/ml	2	
caffeine citrate soln 60 mg/3ml	2	
dexmethylphenidate hcl er cp24 10 mg	2	NDS
dexmethylphenidate hcl er cp24 15 mg	2	NDS
dexmethylphenidate hcl er cp24 20 mg	2	NDS
dexmethylphenidate hcl er cp24 25 mg	2	NDS
dexmethylphenidate hcl er cp24 30 mg	2	NDS
dexmethylphenidate hcl er cp24 35 mg	2	NDS
dexmethylphenidate hcl er cp24 40 mg	2	NDS
dexmethylphenidate hcl er cp24 5 mg	2	NDS
dexmethylphenidate hcl tabs 10 mg	2	NDS
dexmethylphenidate hcl tabs 2.5 mg	2	NDS
dexmethylphenidate hcl tabs 5 mg	2	NDS
dextroamphetamine sulfate er cp24 10 mg	2	NDS
dextroamphetamine sulfate er cp24 15 mg	2	NDS
dextroamphetamine sulfate er cp24 5 mg	2	NDS
dextroamphetamine sulfate tabs 10 mg	2	NDS
dextroamphetamine sulfate tabs 5 mg	2	NDS
lisdexamfetamine dimesylate caps 10 mg	4	NDS
lisdexamfetamine dimesylate caps 20 mg	4	NDS
lisdexamfetamine dimesylate caps 30 mg	4	NDS
lisdexamfetamine dimesylate caps 40 mg	4	NDS
lisdexamfetamine dimesylate caps 50 mg	4	NDS
lisdexamfetamine dimesylate caps 60 mg	4	NDS
lisdexamfetamine dimesylate caps 70 mg	4	NDS
methylphenidate hcl chew 2.5 mg	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 10 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 20 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 30 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 40 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 50 MG	2	NDS
METHYLPHENIDATE HCL ER (CD) CPCR 60	2	NDS

Drug Name	Drug Tier	Requirements/Limits
MG		
methylphenidate hcl er (osm) tbcr 18 mg	2	NDS
methylphenidate hcl er (osm) tbcr 27 mg	2	NDS
methylphenidate hcl er (osm) tbcr 36 mg	2	NDS
methylphenidate hcl er (osm) tbcr 54 mg	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 10 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 15 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 20 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 30 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 40 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 50 MG	2	NDS
METHYLPHENIDATE HCL ER (XR) CP24 60 MG	2	NDS
methylphenidate hcl er tbcr 10 mg	2	NDS
methylphenidate hcl er tbcr 20 mg	2	NDS
methylphenidate hcl soln 5 mg/5ml	2	NDS
methylphenidate hcl tabs 10 mg	2	NDS
methylphenidate hcl tabs 20 mg	2	NDS
methylphenidate hcl tabs 5 mg	2	NDS
modafinil tabs 100 mg	2	PA, NDS
modafinil tabs 200 mg	2	PA, NDS
VYKAT XR TB24 150 MG	5	NDS
VYKAT XR TB24 25 MG	5	NDS
VYKAT XR TB24 75 MG	5	NDS
WAKIX TABS 17.8 MG	5	NDS
WAKIX TABS 4.45 MG	5	NDS
ANTICONVULSANTS		
BRIVIACT SOLN 10 MG/ML	5	NDS
BRIVIACT TABS 10 MG	5	NDS
BRIVIACT TABS 100 MG	5	NDS
BRIVIACT TABS 25 MG	5	NDS
BRIVIACT TABS 50 MG	5	NDS
BRIVIACT TABS 75 MG	5	NDS
carbamazepine chew 100 mg	2	MO
CARBAMAZEPINE CHEW 200 MG	4	MO
carbamazepine er cp12 100 mg	2	MO
carbamazepine er cp12 200 mg	2	MO
carbamazepine er cp12 300 mg	2	MO
carbamazepine er tb12 100 mg	2	MO
carbamazepine er tb12 200 mg	2	MO
carbamazepine er tb12 400 mg	2	MO
carbamazepine susp 100 mg/5ml	2	MO
carbamazepine tabs 200 mg	2	MO
CARBATROL CP12 100 MG	2	MO
CARBATROL CP12 200 MG	2	MO
CARBATROL CP12 300 MG	2	MO
CELONTIN CAPS 300 MG	3	MO
clobazam susp 2.5 mg/ml	2	MO
clobazam tabs 10 mg	2	MO
clobazam tabs 20 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
clonazepam tabs 0.5 mg	2	NDS
clonazepam tabs 1 mg	2	NDS
clonazepam tabs 2 mg	2	NDS
clonazepam tbdp 0.125 mg	2	NDS
clonazepam tbdp 0.25 mg	2	NDS
clonazepam tbdp 0.5 mg	2	NDS
clonazepam tbdp 1 mg	2	NDS
clonazepam tbdp 2 mg	2	NDS
DIACOMIT CAPS 250 MG	5	NDS
DIACOMIT CAPS 500 MG	5	NDS
DIACOMIT PACK 250 MG	5	NDS
DIACOMIT PACK 500 MG	5	NDS
diazepam gel 10 mg	4	NDS
DIAZEPAM GEL 2.5 MG	2	NDS
diazepam gel 20 mg	2	NDS
DILANTIN CAPS 100 MG	2	MO
DILANTIN CAPS 30 MG	2	MO
DILANTIN INFATABS CHEW 50 MG	2	MO
divalproex sodium csdr 125 mg	2	MO
divalproex sodium er tb24 250 mg	2	MO
divalproex sodium er tb24 500 mg	2	MO
divalproex sodium tbec 125 mg	2	MO
divalproex sodium tbec 250 mg	2	MO
divalproex sodium tbec 500 mg	2	MO
ELEPSIA XR TB24 1000 MG	5	NDS
ELEPSIA XR TB24 1500 MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX SOLN 100 MG/ML	5	PA
eslicarbazepine acetate tabs 200 mg	4	MO
eslicarbazepine acetate tabs 400 mg	4	MO
eslicarbazepine acetate tabs 600 mg	4	MO
eslicarbazepine acetate tabs 800 mg	4	MO
ethosuximide caps 250 mg	2	MO
ethosuximide soln 250 mg/5ml	2	MO
felbamate susp 600 mg/5ml	4	MO
felbamate tabs 400 mg	2	MO
felbamate tabs 600 mg	2	MO
FINTEPLA SOLN 2.2 MG/ML	5	NDS
fosphenytoin sodium soln 100 mg pe/2ml	2	
fosphenytoin sodium soln 500 mg pe/10ml	2	
FYCOMPA SUSP 0.5 MG/ML	5	NDS
gabapentin caps 100 mg	2	MO
gabapentin caps 300 mg	2	MO
gabapentin caps 400 mg	2	MO
gabapentin soln 250 mg/5ml	2	MO
gabapentin tabs 600 mg	2	MO
gabapentin tabs 800 mg	2	MO
GABARONE TABS 100 MG	5	NDS
GABARONE TABS 400 MG	5	NDS
lacosamide soln 10 mg/ml	4	
lacosamide soln 200 mg/20ml	4	
lacosamide tabs 100 mg	2	MO
lacosamide tabs 150	2	MO

Drug Name	Drug Tier	Requirements/Limits
mg		
lacosamide tabs 200 mg	2	MO
lacosamide tabs 50 mg	2	MO
lamotrigine chew 25 mg	2	MO
lamotrigine chew 5 mg	2	MO
lamotrigine er tb24 100 mg	2	MO
lamotrigine er tb24 200 mg	2	MO
lamotrigine er tb24 25 mg	2	MO
lamotrigine er tb24 250 mg	2	MO
lamotrigine er tb24 300 mg	2	MO
lamotrigine er tb24 50 mg	2	MO
lamotrigine kit 25 & 50 & 100 mg	2	MO
lamotrigine starter kit-blue kit 35 x 25 mg	2	MO
lamotrigine starter kit-green kit 84 x 25 mg & 14x100 mg	2	MO
lamotrigine starter kit-orange kit 42 x 25 mg & 7 x 100 mg	2	MO
lamotrigine tabs 100 mg	2	MO
lamotrigine tabs 150 mg	2	MO
lamotrigine tabs 200 mg	2	MO
lamotrigine tabs 25 mg	2	MO
lamotrigine tbdp 100 mg	2	MO
lamotrigine tbdp 200 mg	2	MO
lamotrigine tbdp 25 mg	2	MO
lamotrigine tbdp 50 mg	2	MO
levetiracetam er tb24 500 mg	2	MO
levetiracetam er tb24 750 mg	2	MO
levetiracetam in nacl soln 1000 mg/100ml	2	
levetiracetam in nacl soln 1500 mg/100ml	2	
LEVETIRACETAM IN NACL SOLN 250 MG/50ML	4	
levetiracetam in nacl soln 500 mg/100ml	2	
levetiracetam soln 100 mg/ml	2	MO
levetiracetam soln 500 mg/5ml	2	
levetiracetam tabs 1000 mg	2	MO
levetiracetam tabs 250 mg	2	MO
levetiracetam tabs 500 mg	2	MO
levetiracetam tabs 750 mg	2	MO
LIBERVANT FILM 10 MG	5	NDS
LIBERVANT FILM 12.5 MG	5	NDS
LIBERVANT FILM 15 MG	5	NDS
LIBERVANT FILM 5 MG	5	NDS
LIBERVANT FILM 7.5 MG	5	NDS
magnesium sulfate soln 4 gm/50ml	2	
magnesium sulfate soln 50 %	2	HI
methsuximide caps 300 mg	2	MO
NAYZILAM SOLN 5 MG/0.1ML	4	NDS
oxcarbazepine susp 300 mg/5ml	2	MO
oxcarbazepine tabs 150 mg	2	MO
oxcarbazepine tabs 300 mg	2	MO
oxcarbazepine tabs 600 mg	2	MO
perampanel tabs 10 mg	5	
perampanel tabs 12 mg	5	
perampanel tabs 2 mg	4	
perampanel tabs 4 mg	5	
perampanel tabs 6 mg	5	

Drug Name	Drug Tier	Requirements/Limits
perampanel tabs 8 mg	5	
phenytek caps 200 mg	2	MO
phenytek caps 300 mg	2	MO
phenytoin chew 50 mg	2	MO
phenytoin sodium extended caps 100 mg	2	MO
phenytoin sodium extended caps 200 mg	2	MO
phenytoin sodium extended caps 300 mg	2	MO
phenytoin sodium soln 50 mg/ml	2	
phenytoin susp 125 mg/5ml	2	MO
pregabalin caps 100 mg	2	MO
pregabalin caps 150 mg	2	MO
pregabalin caps 200 mg	2	MO
pregabalin caps 225 mg	2	MO
pregabalin caps 25 mg	2	MO
pregabalin caps 300 mg	2	MO
pregabalin caps 50 mg	2	MO
pregabalin caps 75 mg	2	MO
pregabalin soln 20 mg/ml	2	MO
PRIMIDONE TABS 125 MG	4	MO
primidone tabs 250 mg	2	MO
primidone tabs 50 mg	2	MO
roweepra tabs 500 mg	2	MO
rufinamide susp 40 mg/ml	5	
rufinamide tabs 200 mg	4	
rufinamide tabs 400 mg	5	
SPRITAM TB3D 1000 MG	4	MO
SPRITAM TB3D 250 MG	4	MO
SPRITAM TB3D 500 MG	4	MO
SPRITAM TB3D 750 MG	4	MO
subvenite starter kit-blue kit 35 x 25 mg	2	MO
subvenite starter kit-green kit 84 x 25 mg & 14x100 mg	2	MO
subvenite starter kit-orange kit 42 x 25 mg & 7 x 100 mg	2	MO
subvenite tabs 100 mg	2	MO
subvenite tabs 150 mg	2	MO
subvenite tabs 200 mg	2	MO
subvenite tabs 25 mg	2	MO
SYMPAZAN FILM 10 MG	5	
SYMPAZAN FILM 20 MG	5	
SYMPAZAN FILM 5 MG	5	
TIAGABINE HCL TABS 12 MG	4	MO
TIAGABINE HCL TABS 16 MG	4	MO
tiagabine hcl tabs 2 mg	4	MO
tiagabine hcl tabs 4 mg	4	MO
topiramate cpsp 15 mg	2	MO
topiramate cpsp 25 mg	2	MO
topiramate soln 25 mg/ml	4	MO
topiramate tabs 100 mg	2	MO
topiramate tabs 200 mg	2	MO
topiramate tabs 25 mg	2	MO
topiramate tabs 50 mg	2	MO
valproate sodium soln 100 mg/ml	2	
valproic acid caps 250 mg	2	MO
valproic acid soln 250 mg/5ml	2	MO
VALTOCO 10 MG DOSE LIQD 10 MG/0.1ML	3	
VALTOCO 15 MG DOSE LQPK 2 x 7.5 MG/0.1ML	3	
VALTOCO 20 MG DOSE LQPK 2 x 10 MG/0.1ML	3	
VALTOCO 5 MG DOSE LIQD 5 MG/0.1ML	3	
vigabatrin pack 500 mg	5	LD, NDS
vigabatrin tabs 500 mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
vigadrone tabs 500 mg	5	NDS
VIGAFYDE SOLN 100 MG/ML	5	NDS
XCOPRI (250 MG DAILY DOSE) TBPK 100 & 150 MG	5	
XCOPRI (350 MG DAILY DOSE) TBPK 150 & 200 MG	5	
XCOPRI TABS 100 MG	5	
XCOPRI TABS 150 MG	5	
XCOPRI TABS 200 MG	5	
XCOPRI TABS 25 MG	5	
XCOPRI TABS 50 MG	5	
XCOPRI TBPK 14 x 12.5 MG & 14 X 25 MG	4	
XCOPRI TBPK 14 x 150 MG & 14 X200 MG	5	
XCOPRI TBPK 14 x 50 MG & 14 X100 MG	5	
ZONISADE SUSP 100 MG/5ML	4	MO
zonisamide caps 100 mg	2	MO
zonisamide caps 25 mg	2	MO
zonisamide caps 50 mg	2	MO
ZTALMY SUSP 50 MG/ML	5	NDS
ANTIMIGRAINE AGENTS		
AJOVY SOAJ 225 MG/1.5ML	4	PA
AJOVY SOSY 225 MG/1.5ML	4	PA
eletriptan hydrobromide tabs 20 mg	2	
eletriptan hydrobromide tabs 40 mg	2	
ERGOTAMINE-CAFFEINE TABS 1-100 MG	2	
naratriptan hcl tabs 1 mg	2	
naratriptan hcl tabs 2.5 mg	2	
NURTEC TBDP 75 MG	5	NDS
QULIPTA TABS 10 MG	5	NDS
QULIPTA TABS 30 MG	5	NDS
QULIPTA TABS 60 MG	5	NDS
rizatriptan benzoate tabs 10 mg	2	
rizatriptan benzoate tabs 5 mg	2	
rizatriptan benzoate tbdp 10 mg	2	
rizatriptan benzoate tbdp 5 mg	2	
SUMATRIPTAN SOLN 20 MG/ACT	2	
SUMATRIPTAN SOLN 5 MG/ACT	2	
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML	2	
sumatriptan succinate soaj 6 mg/0.5ml	2	
sumatriptan succinate soln 6 mg/0.5ml	2	
sumatriptan succinate tabs 100 mg	2	
sumatriptan succinate tabs 25 mg	2	
sumatriptan succinate tabs 50 mg	2	
UBRELVY TABS 100 MG	3	
UBRELVY TABS 50 MG	5	NDS
ZAVZPRET SOLN 10 MG/ACT	5	NDS
zolmitriptan tabs 2.5 mg	2	
zolmitriptan tabs 5 mg	2	
zolmitriptan tbdp 2.5 mg	2	
zolmitriptan tbdp 5 mg	2	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100 mg	2	MO
amantadine hcl soln 50 mg/5ml	2	MO
amantadine hcl tabs 100 mg	2	MO
apomorphine hcl soct 30 mg/3ml	5	NDS

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate soln 1 mg/ml	2	
benztropine mesylate tabs 0.5 mg	2	MO
benztropine mesylate tabs 1 mg	2	MO
benztropine mesylate tabs 2 mg	2	MO
bromocriptine mesylate caps 5 mg	2	MO
bromocriptine mesylate tabs 2.5 mg	2	MO
cabergoline tabs 0.5 mg	2	MO
carbidopa tabs 25 mg	2	MO
carbidopa-levodopa er tbcr 25-100 mg	2	MO
carbidopa-levodopa er tbcr 50-200 mg	2	MO
carbidopa-levodopa tabs 10-100 mg	2	MO
carbidopa-levodopa tabs 25-100 mg	2	MO
carbidopa-levodopa tabs 25-250 mg	2	MO
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	MO
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	MO
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	MO
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	MO
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	MO
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	MO
EMSAM PT24 12 MG/24HR	5	NDS
EMSAM PT24 6 MG/24HR	5	NDS
EMSAM PT24 9 MG/24HR	5	NDS
entacapone tabs 200 mg	2	MO
INBRIJA CAPS 42 MG	5	NDS
pramipexole dihydrochloride tabs 0.125 mg	2	MO
pramipexole dihydrochloride tabs 0.25 mg	2	MO
pramipexole dihydrochloride tabs 0.5 mg	2	MO
pramipexole dihydrochloride tabs 0.75 mg	2	MO
pramipexole dihydrochloride tabs 1 mg	2	MO
pramipexole dihydrochloride tabs 1.5 mg	2	MO
rasagiline mesylate tabs 0.5 mg	2	MO
rasagiline mesylate tabs 1 mg	2	MO
ropinirole hcl er tb24 12 mg	2	MO
ropinirole hcl er tb24 2 mg	2	MO
ropinirole hcl er tb24 4 mg	2	MO
ropinirole hcl er tb24 6 mg	2	MO
ropinirole hcl er tb24 8 mg	2	MO
ropinirole hcl tabs 0.25 mg	2	MO
ropinirole hcl tabs 0.5 mg	2	MO
ropinirole hcl tabs 1 mg	2	MO
ropinirole hcl tabs 2 mg	2	MO
ropinirole hcl tabs 3 mg	2	MO
ropinirole hcl tabs 4 mg	2	MO
ropinirole hcl tabs 5 mg	2	MO
selegiline hcl caps 5 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl tabs 5 mg	2	MO
tolcapone tabs 100 mg	5	MO
TRIHEXYPHENIDYL HCL SOLN 0.4 MG/ML	2	MO
trihexyphenidyl hcl tabs 2 mg	2	MO
trihexyphenidyl hcl tabs 5 mg	2	MO
ZELAPAR TBDP 1.25 MG	5	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25 mg	2	NDS
alprazolam tabs 0.5 mg	2	NDS
alprazolam tabs 1 mg	2	NDS
alprazolam tabs 2 mg	2	NDS
BUCAPSOL CAPS 10 MG	5	NDS
BUCAPSOL CAPS 15 MG	5	NDS
BUCAPSOL CAPS 7.5 MG	5	NDS
buspirone hcl tabs 10 mg	1	
buspirone hcl tabs 15 mg	1	
buspirone hcl tabs 30 mg	1	
buspirone hcl tabs 5 mg	1	
buspirone hcl tabs 7.5 mg	1	
chlordiazepoxide hcl caps 10 mg	2	NDS
chlordiazepoxide hcl caps 25 mg	2	NDS
chlordiazepoxide hcl caps 5 mg	2	NDS
clorazepate dipotassium tabs 15 mg	2	NDS
clorazepate dipotassium tabs 3.75 mg	2	NDS
clorazepate dipotassium tabs 7.5 mg	2	NDS
diazepam intensol conc 5 mg/ml	2	NDS
diazepam soln 5 mg/5ml	2	NDS
diazepam soln 5 mg/ml	2	NDS
diazepam tabs 10 mg	2	NDS
diazepam tabs 2 mg	2	NDS
diazepam tabs 5 mg	2	NDS
droperidol soln 2.5 mg/ml	2	
eszopiclone tabs 1 mg	2	NDS
eszopiclone tabs 2 mg	2	NDS
eszopiclone tabs 3 mg	2	NDS
HYDROXYZINE HCL SOLN 25 MG/ML	2	
HYDROXYZINE HCL SOLN 50 MG/ML	2	
hydroxyzine hcl syrp 10 mg/5ml	2	
hydroxyzine hcl tabs 10 mg	2	
hydroxyzine hcl tabs 25 mg	2	
hydroxyzine hcl tabs 50 mg	2	
HYDROXYZINE PAMOATE CAPS 100 MG	2	
hydroxyzine pamoate caps 25 mg	2	
hydroxyzine pamoate caps 50 mg	2	
IGALMI FILM 120 MCG	4	NDS
IGALMI FILM 180 MCG	4	NDS
lorazepam intensol conc 2 mg/ml	2	NDS
LORAZEPAM SOLN 2 MG/ML	2	NDS
LORAZEPAM SOLN 4 MG/ML	2	NDS
lorazepam tabs 0.5 mg	2	NDS
lorazepam tabs 1 mg	2	NDS
lorazepam tabs 2 mg	2	NDS
midazolam hcl (pf) soln 10 mg/2ml	2	
midazolam hcl (pf) soln 2 mg/2ml	2	
midazolam hcl (pf) soln 5 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
midazolam hcl soln 10 mg/2ml	2	
midazolam hcl soln 2 mg/2ml	2	
midazolam hcl soln 25 mg/5ml	2	
midazolam hcl soln 5 mg/5ml	2	
midazolam hcl soln 5 mg/ml	2	
oxazepam caps 10 mg	2	NDS
oxazepam caps 15 mg	2	NDS
oxazepam caps 30 mg	2	NDS
phenobarbital elix 20 mg/5ml	2	
phenobarbital sodium soln 130 mg/ml	2	
phenobarbital sodium soln 65 mg/ml	2	
phenobarbital tabs 100 mg	2	
phenobarbital tabs 15 mg	2	
phenobarbital tabs 16.2 mg	2	
phenobarbital tabs 30 mg	2	
phenobarbital tabs 32.4 mg	2	
phenobarbital tabs 60 mg	2	
phenobarbital tabs 64.8 mg	2	
phenobarbital tabs 97.2 mg	2	
SEZABY SOLR 100 MG	4	
tasimelteon caps 20 mg	5	PA, NDS
temazepam caps 15 mg	2	NDS
temazepam caps 30 mg	2	NDS
temazepam caps 7.5 mg	2	NDS
triazolam tabs 0.125 mg	2	NDS
triazolam tabs 0.25 mg	2	NDS
zaleplon caps 10 mg	2	NDS
zaleplon caps 5 mg	2	NDS
zolpidem tartrate tabs 10 mg	2	NDS
zolpidem tartrate tabs 5 mg	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
atomoxetine hcl caps 10 mg	2	MO
atomoxetine hcl caps 100 mg	2	MO
atomoxetine hcl caps 18 mg	2	MO
atomoxetine hcl caps 25 mg	2	MO
atomoxetine hcl caps 40 mg	2	MO
atomoxetine hcl caps 60 mg	2	MO
atomoxetine hcl caps 80 mg	2	MO
AUSTEDO TABS 12 MG	5	NDS
AUSTEDO TABS 6 MG	5	NDS
AUSTEDO TABS 9 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 12 & 18 & 24 & 30 MG	5	NDS
AUSTEDO XR PATIENT TITRATION TEPK 6 & 12 & 24 MG	5	NDS
AUSTEDO XR TB24 12 MG	5	NDS
AUSTEDO XR TB24 18 MG	5	NDS
AUSTEDO XR TB24 24 MG	5	NDS
AUSTEDO XR TB24 30 MG	5	NDS
AUSTEDO XR TB24 36 MG	5	NDS
AUSTEDO XR TB24 42 MG	5	NDS
AUSTEDO XR TB24 48 MG	5	NDS
AUSTEDO XR TB24 6 MG	5	NDS
DAYBUE SOLN 200	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/ML		
flumazenil soln 0.5 mg/5ml	2	
flumazenil soln 1 mg/10ml	2	
guanfacine hcl er tb24 1 mg	2	MO
guanfacine hcl er tb24 2 mg	2	MO
guanfacine hcl er tb24 3 mg	2	MO
guanfacine hcl er tb24 4 mg	2	MO
INGREZZA CAPS 40 MG	5	NDS
INGREZZA CAPS 60 MG	5	NDS
INGREZZA CAPS 80 MG	5	NDS
INGREZZA CPPK 40 & 80 MG	5	NDS
memantine hcl soln 2 mg/ml	2	MO
memantine hcl tabs 10 mg	2	MO
MEMANTINE HCL TABS 28 x 5 MG & 21 X 10 MG	2	MO
memantine hcl tabs 5 mg	2	MO
NOURIANZ TABS 20 MG	5	NDS
NOURIANZ TABS 40 MG	5	NDS
NUEDEXTA CAPS 20-10 MG	5	PA, NDS
QALSODY SOLN 100 MG/15ML	5	NDS
RADICAVA ORS STARTER KIT SUSP 105 MG/5ML	5	NDS
RADICAVA ORS SUSP 105 MG/5ML	5	NDS
RELYVRIO PACK 3-1 GM	5	NDS
riluzole tabs 50 mg	2	MO
SODIUM OXYBATE	5	PA, LD, NDS
SOLN 500 MG/ML		
tetrabenazine tabs 12.5 mg	4	MO
tetrabenazine tabs 25 mg	4	MO
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN AJKT 30 MCG/0.5ML	5	NDS
AVONEX PREFILLED PSKT 30 MCG/0.5ML	5	NDS
BETASERON KIT 0.3 MG	5	NDS
dalfampridine er tb12 10 mg	2	MO
dimethyl fumarate cpdr 120 mg	2	MO
dimethyl fumarate cpdr 240 mg	2	MO
dimethyl fumarate starter pack cdpk 120 & 240 mg	2	MO
fingolimod hcl caps 0.5 mg	2	MO
glatopa sosy 20 mg/ml	4	MO
glatopa sosy 40 mg/ml	4	MO
LEMTRADA SOLN 12 MG/1.2ML	5	NDS
OCREVUS SOLN 300 MG/10ML	5	
OCREVUS ZUNOVO SOLN 920-23000 MG-UT/23ML	5	
REBIF REBIDOSE SOAJ 22 MCG/0.5ML	5	NDS
REBIF REBIDOSE SOAJ 44 MCG/0.5ML	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22 MCG	5	NDS
REBIF TITRATION PACK SOSY 6X8.8 & 6X22 MCG	5	NDS
teriflunomide tabs 14 mg	4	PA, MO
teriflunomide tabs 7 mg	4	PA, MO

Drug Name	Drug Tier	Requirements/Limits
OPIATE ANTAGONISTS		
BELBUCA FILM 150 MCG	4	NDS
BELBUCA FILM 300 MCG	4	NDS
BELBUCA FILM 450 MCG	4	NDS
BELBUCA FILM 600 MCG	4	NDS
BELBUCA FILM 75 MCG	4	NDS
BELBUCA FILM 750 MCG	5	NDS
BELBUCA FILM 900 MCG	5	NDS
buprenorphine hcl subl 2 mg	2	NDS
buprenorphine hcl subl 8 mg	2	NDS
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	2	NDS
buprenorphine hcl-naloxone hcl subl 8-2 mg	2	NDS
buprenorphine ptwk 10 mcg/hr	2	NDS
buprenorphine ptwk 15 mcg/hr	2	NDS
buprenorphine ptwk 20 mcg/hr	2	NDS
buprenorphine ptwk 5 mcg/hr	2	NDS
buprenorphine ptwk 7.5 mcg/hr	2	NDS
KLOXXADO LIQD 8 MG/0.1ML	4	
lofexidine hcl tabs 0.18 mg	5	NDS
NALOXONE HCL SOCT 0.4 MG/ML	2	
naloxone hcl soln 0.4 mg/ml	2	
naloxone hcl soln 4 mg/10ml	2	
naloxone hcl sosy 2 mg/2ml	2	
naltrexone hcl tabs 50 mg	2	
NARCAN LIQD 4 MG/0.1ML	3	
VIVITROL SUSR 380 MG	5	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII PRSY 720 MG/2.4ML	5	
ABILIFY ASIMTUFII PRSY 960 MG/3.2ML	5	
ABILIFY MAINTENA PRSY 300 MG	5	NDS
ABILIFY MAINTENA PRSY 400 MG	5	NDS
ABILIFY MAINTENA SRER 300 MG	5	NDS
ABILIFY MAINTENA SRER 400 MG	5	NDS
amitriptyline hcl tabs 10 mg	2	MO
amitriptyline hcl tabs 100 mg	2	MO
amitriptyline hcl tabs 150 mg	2	MO
amitriptyline hcl tabs 25 mg	2	MO
amitriptyline hcl tabs 50 mg	2	MO
amitriptyline hcl tabs 75 mg	2	MO
amoxapine tabs 100 mg	2	MO
amoxapine tabs 150 mg	2	MO
amoxapine tabs 25 mg	2	MO
amoxapine tabs 50 mg	2	MO
APLENZIN TB24 348 MG	5	MO
APLENZIN TB24 522 MG	5	MO
aripiprazole soln 1 mg/ml	2	MO
aripiprazole tabs 10 mg	2	MO
aripiprazole tabs 15 mg	2	MO
aripiprazole tabs 2 mg	2	MO
aripiprazole tabs 20 mg	2	MO
aripiprazole tabs 30 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
aripiprazole tabs 5 mg	2	MO
aripiprazole tbdp 10 mg	4	MO
aripiprazole tbdp 15 mg	4	MO
ARISTADA INITIO PRSY 675 MG/2.4ML	5	NDS
ARISTADA PRSY 1064 MG/3.9ML	5	NDS
ARISTADA PRSY 441 MG/1.6ML	5	NDS
ARISTADA PRSY 662 MG/2.4ML	5	NDS
ARISTADA PRSY 882 MG/3.2ML	5	NDS
asenapine maleate subl 10 mg	2	MO
asenapine maleate subl 2.5 mg	2	MO
asenapine maleate subl 5 mg	2	MO
AUVELITY TBCR 45-105 MG	5	NDS
bupropion hcl er (smoking det) tb12 150 mg	2	MO
bupropion hcl er (sr) tb12 100 mg	2	MO
bupropion hcl er (sr) tb12 150 mg	2	MO
bupropion hcl er (sr) tb12 200 mg	2	MO
bupropion hcl er (xl) tb24 150 mg	2	MO
bupropion hcl er (xl) tb24 300 mg	2	MO
BUPROPION HCL ER (XL) TB24 450 MG	2	MO
bupropion hcl tabs 100 mg	2	MO
bupropion hcl tabs 75 mg	2	MO
CAPLYTA CAPS 10.5 MG	5	NDS
CAPLYTA CAPS 21 MG	5	NDS
CAPLYTA CAPS 42 MG	5	NDS
CHLORDIAZEPOXIDE-	2	

Drug Name	Drug Tier	Requirements/Limits
AMITRIPTYLINE TABS 10-25 MG		
CHLORDIAZEPOXIDE-AMITRIPTYLINE TABS 5-12.5 MG	2	
CHLORPROMAZINE HCL CONC 100 MG/ML	4	MO
CHLORPROMAZINE HCL CONC 30 MG/ML	4	MO
chlorpromazine hcl soln 25 mg/ml	2	
chlorpromazine hcl soln 50 mg/2ml	2	
chlorpromazine hcl tabs 10 mg	2	MO
chlorpromazine hcl tabs 100 mg	2	MO
chlorpromazine hcl tabs 200 mg	2	MO
chlorpromazine hcl tabs 25 mg	2	MO
chlorpromazine hcl tabs 50 mg	2	MO
CITALOPRAM HYDROBROMIDE CAPS 30 MG	4	MO
citalopram hydrobromide soln 10 mg/5ml	2	MO
citalopram hydrobromide tabs 10 mg	1	MO
citalopram hydrobromide tabs 20 mg	1	MO
citalopram hydrobromide tabs 40 mg	1	MO
clomipramine hcl caps 25 mg	2	MO
clomipramine hcl caps 50 mg	2	MO
clomipramine hcl caps 75 mg	2	MO
clozapine tabs 100 mg	2	NDS
clozapine tabs 200 mg	2	NDS
clozapine tabs 25 mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
clozapine tabs 50 mg	2	NDS
clozapine tbdp 100 mg	2	NDS
CLOZAPINE TBDP 12.5 MG	2	NDS
clozapine tbdp 150 mg	2	NDS
clozapine tbdp 200 mg	2	NDS
clozapine tbdp 25 mg	2	NDS
COBENFY CAPS 100-20 MG	5	NDS
COBENFY CAPS 125-30 MG	5	NDS
COBENFY CAPS 50-20 MG	5	NDS
COBENFY STARTER PACK CPPK 50-20 & 100-20 MG	5	NDS
compro supp 25 mg	2	MO
desipramine hcl tabs 10 mg	2	MO
desipramine hcl tabs 100 mg	2	MO
desipramine hcl tabs 150 mg	2	MO
desipramine hcl tabs 25 mg	2	MO
desipramine hcl tabs 50 mg	2	MO
desipramine hcl tabs 75 mg	2	MO
desvenlafaxine succinate er tb24 100 mg	2	MO
desvenlafaxine succinate er tb24 25 mg	2	MO
desvenlafaxine succinate er tb24 50 mg	2	MO
doxepin hcl caps 10 mg	2	MO
doxepin hcl caps 100 mg	2	MO
doxepin hcl caps 150 mg	2	MO
doxepin hcl caps 25 mg	2	MO
doxepin hcl caps 50 mg	2	MO
doxepin hcl caps 75 mg	2	MO
doxepin hcl conc 10 mg/ml	2	MO
doxepin hcl tabs 3 mg	2	MO
doxepin hcl tabs 6 mg	2	MO
DRIZALMA SPRINKLE CSDR 20 MG	4	
DRIZALMA SPRINKLE CSDR 30 MG	4	
DRIZALMA SPRINKLE CSDR 40 MG	4	
DRIZALMA SPRINKLE CSDR 60 MG	4	
duloxetine hcl cpep 20 mg	2	MO
duloxetine hcl cpep 30 mg	2	MO
duloxetine hcl cpep 40 mg	4	MO
duloxetine hcl cpep 60 mg	2	MO
ERZOFRI SUSY 117 MG/0.75ML	5	NDS
ERZOFRI SUSY 156 MG/ML	5	NDS
ERZOFRI SUSY 234 MG/1.5ML	5	NDS
ERZOFRI SUSY 351 MG/2.25ML	5	NDS
ERZOFRI SUSY 78 MG/0.5ML	5	NDS
escitalopram oxalate soln 5 mg/5ml	2	MO
escitalopram oxalate tabs 10 mg	1	MO
escitalopram oxalate tabs 20 mg	1	MO
escitalopram oxalate tabs 5 mg	1	MO
FANAPT TABS 1 MG	5	NDS
FANAPT TABS 10 MG	5	NDS
FANAPT TABS 12 MG	5	NDS
FANAPT TABS 2 MG	5	NDS
FANAPT TABS 4 MG	5	NDS
FANAPT TABS 6 MG	5	NDS
FANAPT TABS 8 MG	5	NDS
FANAPT TITRATION PACK A TABS 1 & 2 & 4 & 6 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CP24 120 MG	4	MO
FETZIMA CP24 20 MG	4	MO
FETZIMA CP24 40 MG	4	MO
FETZIMA CP24 80 MG	4	MO
FETZIMA TITRATION C4PK 20 & 40 MG	4	MO
FLUOXETINE HCL (PMDD) TABS 10 MG	2	MO
FLUOXETINE HCL (PMDD) TABS 20 MG	2	MO
fluoxetine hcl caps 10 mg	1	MO
fluoxetine hcl caps 20 mg	1	MO
fluoxetine hcl caps 40 mg	1	MO
FLUOXETINE HCL CPDR 90 MG	2	MO
fluoxetine hcl soln 20 mg/5ml	2	MO
fluoxetine hcl tabs 10 mg	2	MO
fluoxetine hcl tabs 20 mg	2	MO
fluoxetine hcl tabs 60 mg	2	MO
fluphenazine decanoate soln 25 mg/ml	2	
FLUPHENAZINE HCL CONC 5 MG/ML	2	MO
FLUPHENAZINE HCL ELIX 2.5 MG/5ML	2	MO
FLUPHENAZINE HCL SOLN 2.5 MG/ML	2	
fluphenazine hcl tabs 1 mg	2	MO
fluphenazine hcl tabs 10 mg	2	MO
fluphenazine hcl tabs 2.5 mg	2	MO
fluphenazine hcl tabs 5 mg	2	MO
fluvoxamine maleate er cp24 100 mg	2	MO
fluvoxamine maleate er cp24 150 mg	2	MO
fluvoxamine maleate tabs 100 mg	2	MO
fluvoxamine maleate tabs 25 mg	2	MO
fluvoxamine maleate tabs 50 mg	2	MO
haloperidol decanoate soln 100 mg/ml	2	
haloperidol decanoate soln 50 mg/ml	2	
haloperidol lactate conc 2 mg/ml	2	MO
haloperidol lactate soln 5 mg/ml	2	
haloperidol tabs 0.5 mg	2	MO
haloperidol tabs 1 mg	2	MO
haloperidol tabs 10 mg	2	MO
haloperidol tabs 2 mg	2	MO
haloperidol tabs 20 mg	2	MO
haloperidol tabs 5 mg	2	MO
imipramine hcl tabs 10 mg	2	MO
imipramine hcl tabs 25 mg	2	MO
imipramine hcl tabs 50 mg	2	MO
imipramine pamoate caps 100 mg	2	MO
imipramine pamoate caps 125 mg	2	MO
imipramine pamoate caps 150 mg	2	MO
imipramine pamoate caps 75 mg	2	MO
INVEGA HAFYERA SUSY 1092 MG/3.5ML	5	
INVEGA HAFYERA SUSY 1560 MG/5ML	5	
INVEGA SUSTENNA SUSY 117 MG/0.75ML	5	NDS
INVEGA SUSTENNA SUSY 156 MG/ML	5	NDS
INVEGA SUSTENNA SUSY 234 MG/1.5ML	5	NDS
INVEGA SUSTENNA SUSY 39 MG/0.25ML	4	

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA SUSY 78 MG/0.5ML	5	NDS
INVEGA TRINZA SUSY 273 MG/0.88ML	5	NDS
INVEGA TRINZA SUSY 410 MG/1.32ML	5	NDS
INVEGA TRINZA SUSY 546 MG/1.75ML	5	NDS
INVEGA TRINZA SUSY 819 MG/2.63ML	5	NDS
lithium carbonate caps 150 mg	2	MO
lithium carbonate caps 300 mg	2	MO
LITHIUM CARBONATE CAPS 600 MG	2	MO
lithium carbonate er tbcr 300 mg	2	MO
lithium carbonate er tbcr 450 mg	2	MO
LITHIUM CARBONATE TABS 300 MG	2	MO
lithium soln 8 meq/5ml	4	MO
loxapine succinate caps 10 mg	2	MO
loxapine succinate caps 25 mg	2	MO
loxapine succinate caps 5 mg	2	MO
loxapine succinate caps 50 mg	2	MO
lurasidone hcl tabs 120 mg	2	MO
lurasidone hcl tabs 20 mg	2	MO
lurasidone hcl tabs 40 mg	2	MO
lurasidone hcl tabs 60 mg	2	MO
lurasidone hcl tabs 80 mg	2	MO
LYBALVI TABS 10-10 MG	5	NDS
LYBALVI TABS 15-10 MG	5	NDS
LYBALVI TABS 20-10 MG	5	NDS
LYBALVI TABS 5-10 MG	5	NDS
MARPLAN TABS 10 MG	4	MO
mirtazapine tabs 15 mg	2	MO
mirtazapine tabs 30 mg	2	MO
mirtazapine tabs 45 mg	2	MO
mirtazapine tabs 7.5 mg	2	MO
mirtazapine tbdp 15 mg	2	MO
mirtazapine tbdp 30 mg	2	MO
mirtazapine tbdp 45 mg	2	MO
MOLINDONE HCL TABS 10 MG	2	MO
MOLINDONE HCL TABS 25 MG	2	MO
MOLINDONE HCL TABS 5 MG	2	MO
NEFAZODONE HCL TABS 100 MG	2	MO
NEFAZODONE HCL TABS 150 MG	2	MO
NEFAZODONE HCL TABS 200 MG	2	MO
NEFAZODONE HCL TABS 250 MG	2	MO
NEFAZODONE HCL TABS 50 MG	2	MO
nortriptyline hcl caps 10 mg	2	MO
nortriptyline hcl caps 25 mg	2	MO
nortriptyline hcl caps 50 mg	2	MO
nortriptyline hcl caps 75 mg	2	MO
nortriptyline hcl soln 10 mg/5ml	2	MO
NUPLAZID CAPS 34 MG	5	NDS
NUPLAZID TABS 10 MG	5	NDS
olanzapine solr 10 mg	2	
olanzapine tabs 10 mg	2	MO
olanzapine tabs 15 mg	2	MO
olanzapine tabs 2.5 mg	2	MO
olanzapine tabs 20 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
olanzapine tabs 5 mg	2	MO
olanzapine tabs 7.5 mg	2	MO
olanzapine tbdp 10 mg	2	MO
olanzapine tbdp 15 mg	2	MO
olanzapine tbdp 20 mg	2	MO
olanzapine tbdp 5 mg	2	MO
olanzapine-fluoxetine hcl caps 12-25 mg	2	MO
olanzapine-fluoxetine hcl caps 12-50 mg	2	MO
olanzapine-fluoxetine hcl caps 3-25 mg	2	MO
olanzapine-fluoxetine hcl caps 6-25 mg	2	MO
olanzapine-fluoxetine hcl caps 6-50 mg	2	MO
OPIPZA FILM 10 MG	5	NDS
OPIPZA FILM 2 MG	5	NDS
OPIPZA FILM 5 MG	5	NDS
paliperidone er tb24 1.5 mg	2	MO
paliperidone er tb24 3 mg	2	MO
paliperidone er tb24 6 mg	2	MO
paliperidone er tb24 9 mg	2	MO
paroxetine hcl er tb24 12.5 mg	2	MO
paroxetine hcl er tb24 25 mg	2	MO
paroxetine hcl er tb24 37.5 mg	2	MO
PAROXETINE HCL SUSP 10 MG/5ML	4	MO
paroxetine hcl tabs 10 mg	1	MO
paroxetine hcl tabs 20 mg	1	MO
paroxetine hcl tabs 30 mg	1	MO
paroxetine hcl tabs 40 mg	1	MO
paroxetine mesylate caps 7.5 mg	2	MO
perphenazine tabs 16 mg	2	MO
perphenazine tabs 2 mg	2	MO
perphenazine tabs 4 mg	2	MO
perphenazine tabs 8 mg	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 2-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-10 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-25 MG	2	MO
PERPHENAZINE-AMITRIPTYLINE TABS 4-50 MG	2	MO
PERSERIS PRSY 120 MG	5	NDS
PERSERIS PRSY 90 MG	5	NDS
PHENELZINE SULFATE TABS 15 MG	2	MO
PIMOZIDE TABS 1 MG	2	MO
PIMOZIDE TABS 2 MG	2	MO
prochlorperazine edisylate soln 10 mg/2ml	2	
prochlorperazine maleate tabs 10 mg	2	
prochlorperazine maleate tabs 5 mg	2	
prochlorperazine supp 25 mg	2	MO
protriptyline hcl tabs 10 mg	2	MO
protriptyline hcl tabs 5 mg	2	MO
quetiapine fumarate er tb24 150 mg	2	MO
quetiapine fumarate er tb24 200 mg	2	MO
quetiapine fumarate er tb24 300 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate er tb24 400 mg	2	MO
quetiapine fumarate er tb24 50 mg	2	MO
quetiapine fumarate tabs 100 mg	2	MO
QUETIAPINE FUMARATE TABS 150 MG	2	MO
quetiapine fumarate tabs 200 mg	2	MO
quetiapine fumarate tabs 25 mg	2	MO
quetiapine fumarate tabs 300 mg	2	MO
quetiapine fumarate tabs 400 mg	2	MO
quetiapine fumarate tabs 50 mg	2	MO
RALDESY SOLN 10 MG/ML	5	NDS
REXULTI TABS 0.25 MG	5	NDS
REXULTI TABS 0.5 MG	5	NDS
REXULTI TABS 1 MG	5	NDS
REXULTI TABS 2 MG	5	NDS
REXULTI TABS 3 MG	5	NDS
REXULTI TABS 4 MG	5	NDS
RISPERDAL CONSTA SRER 12.5 MG	4	
RISPERDAL CONSTA SRER 25 MG	4	
RISPERDAL CONSTA SRER 37.5 MG	5	NDS
RISPERDAL CONSTA SRER 50 MG	5	NDS
risperidone microspheres er srer 12.5 mg	4	
risperidone microspheres er srer 25 mg	4	
risperidone microspheres er srer 37.5 mg	5	NDS
risperidone microspheres er srer 50 mg	5	NDS
risperidone soln 1 mg/ml	2	MO
risperidone tabs 0.25 mg	2	MO
risperidone tabs 0.5 mg	2	MO
risperidone tabs 1 mg	2	MO
risperidone tabs 2 mg	2	MO
risperidone tabs 3 mg	2	MO
risperidone tabs 4 mg	2	MO
RISPERIDONE TBDP 0.25 MG	4	MO
risperidone tbdp 0.5 mg	4	MO
risperidone tbdp 1 mg	4	MO
risperidone tbdp 2 mg	4	MO
risperidone tbdp 3 mg	4	MO
risperidone tbdp 4 mg	4	MO
RYKINDO SRER 25 MG	5	NDS
RYKINDO SRER 37.5 MG	5	NDS
RYKINDO SRER 50 MG	5	NDS
SECUADO PT24 3.8 MG/24HR	5	NDS
SECUADO PT24 5.7 MG/24HR	5	NDS
SECUADO PT24 7.6 MG/24HR	5	NDS
sertraline hcl caps 150 mg	4	MO
sertraline hcl caps 200 mg	4	MO
sertraline hcl conc 20 mg/ml	2	MO
sertraline hcl tabs 100 mg	1	MO
sertraline hcl tabs 25 mg	1	MO
sertraline hcl tabs 50 mg	1	MO
thioridazine hcl tabs 10 mg	2	MO
thioridazine hcl tabs 100 mg	2	MO
thioridazine hcl tabs 25	2	MO

Drug Name	Drug Tier	Requirements/Limits
mg		
thioridazine hcl tabs 50 mg	2	MO
thiothixene caps 1 mg	2	MO
thiothixene caps 10 mg	2	MO
thiothixene caps 2 mg	2	MO
thiothixene caps 5 mg	2	MO
tranylcypromine sulfate tabs 10 mg	2	MO
trazodone hcl tabs 100 mg	1	MO
trazodone hcl tabs 150 mg	1	MO
trazodone hcl tabs 300 mg	2	MO
trazodone hcl tabs 50 mg	1	MO
trifluoperazine hcl tabs 1 mg	2	MO
trifluoperazine hcl tabs 10 mg	2	MO
trifluoperazine hcl tabs 2 mg	2	MO
trifluoperazine hcl tabs 5 mg	2	MO
trimipramine maleate caps 100 mg	2	MO
trimipramine maleate caps 25 mg	2	MO
trimipramine maleate caps 50 mg	2	MO
TRINTELLIX TABS 10 MG	4	MO
TRINTELLIX TABS 20 MG	4	MO
TRINTELLIX TABS 5 MG	4	MO
UZEDY SUSY 100 MG/0.28ML	5	
UZEDY SUSY 125 MG/0.35ML	5	
UZEDY SUSY 150 MG/0.42ML	5	
UZEDY SUSY 200 MG/0.56ML	5	
UZEDY SUSY 250 MG/0.7ML	5	
UZEDY SUSY 50 MG/0.14ML	5	
UZEDY SUSY 75 MG/0.21ML	5	
VENLAFAXINE BESYLATE ER TB24 112.5 MG	4	MO
venlafaxine hcl er cp24 150 mg	2	MO
venlafaxine hcl er cp24 37.5 mg	2	MO
venlafaxine hcl er cp24 75 mg	2	MO
venlafaxine hcl er tb24 150 mg	4	MO
venlafaxine hcl er tb24 225 mg	4	MO
venlafaxine hcl er tb24 37.5 mg	4	MO
venlafaxine hcl er tb24 75 mg	4	MO
venlafaxine hcl tabs 100 mg	2	MO
venlafaxine hcl tabs 25 mg	2	MO
venlafaxine hcl tabs 37.5 mg	2	MO
venlafaxine hcl tabs 50 mg	2	MO
venlafaxine hcl tabs 75 mg	2	MO
VERSACLOZ SUSP 50 MG/ML	5	
vilazodone hcl tabs 10 mg	4	MO
vilazodone hcl tabs 20 mg	4	MO
vilazodone hcl tabs 40 mg	4	MO
VRAYLAR CAPS 1.5 MG	5	NDS
VRAYLAR CAPS 3 MG	5	NDS
VRAYLAR CAPS 4.5 MG	5	NDS
VRAYLAR CAPS 6 MG	5	NDS
ziprasidone hcl caps 20 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl caps 40 mg	2	MO
ziprasidone hcl caps 60 mg	2	MO
ziprasidone hcl caps 80 mg	2	MO
ziprasidone mesylate solr 20 mg	2	
ZURZUVAE CAPS 20 MG	5	NDS
ZURZUVAE CAPS 25 MG	5	NDS
ZURZUVAE CAPS 30 MG	5	NDS
ZYPREXA RELPREVV SUSR 210 MG	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREP PADS 70 %	2	MO
BD INSULIN SYR ULTRAFINE II MISC 31G X 5/16" 0.3 ML	2	MO
BD INSULIN SYRINGE MISC 29G X 1/2" 1 ML	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.5 ML	2	MO
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 5/16" 1 ML	2	MO
BD PEN NEEDLE ORIG ULTRAFINE MISC 29G X 12.7MM	2	MO
CURITY GAUZE PADS 2"X2"	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
pot & sod cit-cit ac soln 550-500-334 mg/5ml	2	
potassium citrate er tbcr 10 meq (1080 mg)	2	MO
potassium citrate er tbcr 15 meq (1620 mg)	2	MO
potassium citrate er tbcr 5 meq (540 mg)	2	MO
sodium bicarbonate soln 4.2 %	2	
sodium bicarbonate soln 8.4 %	2	
tricitrates soln 550-500-334 mg/5ml	2	
AMMONIA DETOXICANTS		
carglumic acid tbso 200 mg	5	NDS
enulose soln 10 gm/15ml	2	MO
generlac soln 10 gm/15ml	2	MO
lactulose encephalopathy soln 10 gm/15ml	2	MO
lactulose soln 10 gm/15ml	2	MO
LITHOSTAT TABS 250 MG	4	MO
sodium phenylbutyrate powd 3 gm/tsp	5	NDS
sodium phenylbutyrate tabs 500 mg	5	NDS
CALORIC AGENTS		
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 %	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 %	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN 5 %	3	HI
CLINIMIX/DEXTROSE	3	HI

Drug Name	Drug Tier	Requirements/Limits
(5/20) SOLN 5 %		
clinisol sf soln 15 %	2	HI
DEXTROSE SOLN 10 %	2	HI
dextrose soln 5 %	2	HI
DEXTROSE SOLN 50 %	2	
DEXTROSE SOLN 70 %	2	
GLUCOSE (DEXTROSE) SOLN 50 %	2	
INTRALIPID EMUL 20 %	2	HI
plenamine soln 15 %	2	HI
PREMASOL SOLN 10 %	2	HI
TRAVASOL SOLN 10 %	2	HI
TROPHAMINE SOLN 10 %	3	HI
DIURETICS		
AMILORIDE HCL TABS 5 MG	2	MO
AMILORIDE-HYDROCHLOROTHIAZIDE TABS 5-50 MG	1	MO
bumetanide tabs 0.5 mg	2	MO
bumetanide tabs 1 mg	2	MO
bumetanide tabs 2 mg	2	MO
chlorthalidone tabs 25 mg	2	MO
chlorthalidone tabs 50 mg	2	MO
ethacrynic acid tabs 25 mg	4	MO
furosemide oral soln 10 mg/ml	1	MO
furosemide soln injection 10 mg/ml	2	HI
FUROSEMIDE SOLN 8 MG/ML	2	MO
furosemide tabs 20 mg	1	MO
furosemide tabs 40 mg	1	MO
furosemide tabs 80 mg	1	MO
hydrochlorothiazide caps 12.5 mg		
hydrochlorothiazide tabs 12.5 mg	1	MO
hydrochlorothiazide tabs 25 mg	1	MO
hydrochlorothiazide tabs 50 mg	1	MO
indapamide tabs 1.25 mg	1	MO
indapamide tabs 2.5 mg	1	MO
MANNITOL SOLN 20 %	2	
MANNITOL SOLN 25 %	2	
metolazone tabs 10 mg	2	MO
metolazone tabs 2.5 mg	2	MO
metolazone tabs 5 mg	2	MO
OSMITROL SOLN 20 %	2	
tolvaptan tabs 15 mg	5	NDS
tolvaptan tabs 30 mg	5	NDS
torsemide tabs 10 mg	2	MO
torsemide tabs 100 mg	2	MO
torsemide tabs 20 mg	2	MO
torsemide tabs 5 mg	2	MO
TRIAMTERENE CAPS 100 MG	2	MO
TRIAMTERENE CAPS 50 MG	2	MO
triamterene-hctz caps 37.5-25 mg	1	MO
triamterene-hctz tabs 37.5-25 mg	1	MO
triamterene-hctz tabs 75-50 mg	1	MO
ION-REMOVING AGENTS		
AURYXIA TABS 1 GM 210 MG(FE)	5	MO, NDS
lanthanum carbonate chew 1000 mg	4	MO
lanthanum carbonate chew 500 mg	4	MO
lanthanum carbonate chew 750 mg	4	MO
LOKELMA PACK 10 GM	4	MO
LOKELMA PACK 5 GM	4	MO
sevelamer carbonate	2	MO

Drug Name	Drug Tier	Requirements/Limits
pack 0.8 gm		
sevelamer carbonate pack 2.4 gm	2	MO
sevelamer carbonate tabs 800 mg	2	MO
sodium polystyrene sulfonate powd	2	MO
VELPHORO CHEW 500 MG	5	NDS
XPHOZAH TABS 20 MG	5	NDS
XPHOZAH TABS 30 MG	5	NDS
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	2	MO
calcium acetate tabs 667 mg	2	MO
DEXTROSE IN LACTATED RINGERS SOLN 5 %	2	
DEXTROSE-SODIUM CHLORIDE SOLN 10-0.45 %	3	HI
DEXTROSE-SODIUM CHLORIDE SOLN 2.5-0.45 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.2 %	2	HI
DEXTROSE-SODIUM CHLORIDE SOLN 5-0.45 %	2	HI
dextrose-sodium chloride soln 5-0.9 %	2	HI
KCL (0.298%) IN NACL SOLN 40-0.9 MEQ/L-%	2	HI
kcl in dextrose-nacl soln 10-5-0.45 meq/l-%-%	2	HI
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-%	2	HI
kcl in dextrose-nacl soln 20-5-0.45 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 20-5-0.9 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 30-5-0.45 meq/l-%-%	2	HI
kcl in dextrose-nacl soln 40-5-0.45 meq/l-%-%	2	HI
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-%	2	HI
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L	3	HI
klor-con 10 tbcr 10 meq	2	MO
KLOR-CON TBCR 8 MEQ	2	MO
LACTATED RINGERS SOLN	2	
magnesium sulfate in d5w soln 1-5 gm/100ml-%	2	
PLASMA-LYTE 148 SOLN	3	HI
PLASMA-LYTE A SOLN	3	HI
POTASSIUM ACETATE SOLN 2 MEQ/ML	2	
potassium chloride crys er tbcr 10 meq	2	MO
potassium chloride crys er tbcr 20 meq	2	MO
potassium chloride er cpcr 10 meq	2	MO
potassium chloride er cpcr 8 meq	2	MO
potassium chloride er tbcr 10 meq	2	MO
potassium chloride er tbcr 20 meq	2	MO
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	MO
potassium chloride in nacl soln 20-0.9 meq/l-%	2	HI
potassium chloride in nacl soln 40-0.9 meq/l-%	2	HI
potassium chloride pack 20 meq	2	MO
POTASSIUM	2	HI

Drug Name	Drug Tier	Requirements/Limits
CHLORIDE SOLN 10 MEQ/100ML		
potassium chloride soln 2 meq/ml	2	HI
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML	2	HI
potassium chloride soln 20 meq/15ml (10%)	2	MO
potassium chloride soln 40 meq/15ml (20%)	2	MO
potassium cl in dextrose 5% soln 20 meq/l	2	HI
potassium phosphates(66 meq k) soln 45 mmole/15ml	2	
RINGERS SOLN	2	
SODIUM CHLORIDE (PF) SOLN 0.9 %	2	
SODIUM CHLORIDE SOLN 0.45 %	2	HI
sodium chloride intravenous soln 0.9 %	2	HI
SODIUM CHLORIDE SOLN 3 %	2	HI
SODIUM CHLORIDE SOLN 4 MEQ/ML	2	
SODIUM CHLORIDE SOLN 5 %	2	HI
sodium phosphates soln 45 mmole/15ml	2	
URICOSURIC AGENTS		
colchicine-probenecid tabs 0.5-500 mg	2	MO
probenecid tabs 500 mg	2	MO
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML	5	NDS
CERDELGA CAPS 84 MG	5	NDS
CEREZYME SOLR 400 UNIT	5	NDS
CREON CPEP 12000-38000 UNIT	3	MO
CREON CPEP 24000-76000 UNIT	3	MO
CREON CPEP 3000-9500 UNIT	3	MO
CREON CPEP 36000-114000 UNIT	3	MO
CREON CPEP 6000-19000 UNIT	3	MO
ELAPRASE SOLN 6 MG/3ML	5	NDS
ELELYSO SOLR 200 UNIT	5	NDS
ELFABRIO SOLN 20 MG/10ML	5	NDS
ELFABRIO SOLN 5 MG/2.5ML	5	NDS
ELITEK SOLR 1.5 MG	5	NDS
FABRAZYME SOLR 35 MG	5	NDS
FABRAZYME SOLR 5 MG	5	NDS
HARLIKU TABS 2 MG	5	NDS
LAMZEDE SOLR 10 MG	5	NDS
LUMIZYME SOLR 50 MG	5	NDS
miglustat caps 100 mg	5	NDS
NAGLAZYME SOLN 1 MG/ML	5	NDS
PALYNZIQ SOSY 10 MG/0.5ML	5	NDS
PALYNZIQ SOSY 2.5 MG/0.5ML	5	NDS
PALYNZIQ SOSY 20 MG/ML	5	NDS
PULMOZYME SOLN 2.5 MG/2.5ML	5	PA, NDS
REVCOVI SOLN 2.4 MG/1.5ML	5	NDS
STRENSIQ SOLN 18 MG/0.45ML	5	LD, NDS
STRENSIQ SOLN 28 MG/0.7ML	5	LD, NDS
STRENSIQ SOLN 40 MG/ML	5	LD, NDS
STRENSIQ SOLN 80 MG/0.8ML	5	LD, NDS
VIMIZIM SOLN 5	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/5ML		
VPRIV SOLR 400 UNIT	5	NDS
XENPOZYME SOLR 20 MG	5	NDS
XENPOZYME SOLR 4 MG	5	NDS
yargesa caps 100 mg	5	NDS
ZENPEP CPEP 10000-32000 UNIT	3	MO
ZENPEP CPEP 15000-47000 UNIT	3	MO
ZENPEP CPEP 20000-63000 UNIT	3	MO
ZENPEP CPEP 25000-79000 UNIT	3	MO
ZENPEP CPEP 3000-10000 UNIT	3	MO
ZENPEP CPEP 40000-126000 UNIT	3	MO
ZENPEP CPEP 5000-24000 UNIT	3	MO
ZENPEP CPEP 60000-189600 UNIT	5	NDS
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
BACITRACIN OINT 500 UNIT/GM	2	
bacitracin-polymyxin b oint 500-10000 unit/gm	2	
chlorhexidine gluconate soln 0.12 %	1	
CILOXAN OINT 0.3 %	3	
ciprofloxacin hcl soln 0.3 %	2	
erythromycin oint 5 mg/gm	2	
GATIFLOXACIN SOLN 0.5 %	2	
gentamicin sulfate soln 0.3 %	2	
moxifloxacin hcl soln 0.5 %	2	
NATACYN SUSP 5 %	3	
neomycin-bacitracin zn-polymyx oint 5-400-10000	2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN SOLN 1.75-10000-.025	2	
ofloxacin otic soln 0.3 %	2	
ofloxacin ophthalmic soln 0.3 %	2	
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	2	
SULFACETAMIDE SODIUM SOLN 10 %	2	
tobramycin soln 0.3 %	2	
TOBREX OINT 0.3 %	3	
TRIFLURIDINE SOLN 1 %	2	
XDEMVY SOLN 0.25 %	5	NDS
ANTI-INFLAMMATORY AGENTS		
bacitra-neomycin-polymyxin-hc oint 1 %	2	MO
CEQUA SOLN 0.09 %	3	
ciprofloxacin-dexamethasone susp 0.3-0.1 %	2	MO
cyclosporine emul 0.05 %	2	MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1 %	2	MO
diclofenac sodium soln 0.1 %	2	MO
difluprednate emul 0.05 %	4	MO
fluocinolone acetonide oil 0.01 %	2	MO
fluorometholone susp 0.1 %	2	MO
FLURBIPROFEN SODIUM SOLN 0.03 %	2	MO
fluticasone propionate susp 50 mcg/act	2	MO
FML FORTE SUSP 0.25 %	3	MO
hydrocortisone-acetic acid soln 1-2 %	2	MO

Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE SOLN 0.4 %	2	MO
ketorolac tromethamine soln 0.5 %	2	MO
mometasone furoate susp 50 mcg/act	2	MO
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	2	MO
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	2	MO
neomycin-polymyxin-hc soln 1 %	2	MO
neomycin-polymyxin-hc otic susp 3.5-10000-1	2	MO
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSP 3.5-10000-1	2	MO
PRED MILD SUSP 0.12 %	3	MO
prednisolone acetate susp 1 %	2	MO
PREDNISOLONE SODIUM PHOSPHATE SOLN 1 %	2	MO
RETISERT IMPL 0.59 MG	5	
SULFACETAMIDE-PREDNISOLONE SOLN 10-0.23 %	2	MO
TOBRADEX OINT 0.3-0.1 %	3	MO
tobramycin-dexamethasone susp 0.3-0.1 %	4	MO
VERKAZIA EMUL 0.1 %	5	NDS
ANTIALLERGIC AGENTS		
azelastine hcl soln 0.05 %	4	
azelastine hcl soln 0.1 %	2	MO
CROMOLYN SODIUM SOLN 4 %	2	MO

Drug Name	Drug Tier	Requirements/Limits
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	2	MO
acetazolamide sodium solr 500 mg	2	
acetazolamide tabs 125 mg	2	MO
acetazolamide tabs 250 mg	2	MO
BETAXOLOL HCL SOLN 0.5 %	2	MO
bimatoprost soln 0.03 %	2	MO
brimonidine tartrate soln 0.2 %	1	MO
dorzolamide hcl soln 2 %	2	MO
dorzolamide hcl-timolol mal soln 2-0.5 %	1	MO
latanoprost soln 0.005 %	1	MO
LEVOBUNOLOL HCL SOLN 0.5 %	2	MO
methazolamide tabs 25 mg	2	MO
methazolamide tabs 50 mg	2	MO
PHOSPHOLINE IODIDE SOLR 0.125 %	3	MO
pilocarpine hcl soln 1 %	2	MO
pilocarpine hcl soln 2 %	2	MO
pilocarpine hcl soln 4 %	2	MO
timolol maleate soln 0.25 %	1	MO
timolol maleate soln 0.5 %	1	MO
travoprost (bak free) soln 0.004 %	2	MO
EENT DRUGS, MISCELLANEOUS		
acetic acid soln 2 %	2	MO
APRACLONIDINE HCL SOLN 0.5 %	2	MO
atropine sulfate soln 1 %	2	MO
BYOOVIZ SOLN 0.5 MG/0.05ML	5	NDS
CYSTARAN SOLN 0.44	5	

Drug Name	Drug Tier	Requirements/Limits
%		
EYLEA SOLN 2 MG/0.05ML	5	
EYLEA SOSY 2 MG/0.05ML	5	
IZERVAY SOLN 2 MG/0.1ML	5	NDS
LACRISERT INST 5 MG	3	MO
LUCENTIS SOSY 0.3 MG/0.05ML	5	NDS
LUCENTIS SOSY 0.5 MG/0.05ML	5	NDS
MIEBO SOLN 1.338 GM/ML	4	
PAVBLU SOLN 2 MG/0.05ML	5	
PAVBLU SOSY 2 MG/0.05ML	5	
PHENYLEPHRINE HCL SOLN 10 %	2	
phenylephrine hcl soln 2.5 %	2	
SUSVIMO (IMPLANT 1ST FILL) SOLN 10 MG/0.1ML	5	
SUSVIMO (IMPLANT REFILL) SOLN 10 MG/0.1ML	5	
SYFOVRE SOLN 15 MG/0.1ML	5	
VABYSMO SOLN 6 MG/0.05ML	5	NDS
VABYSMO SOSY 6 MG/0.05ML	5	
LOCAL ANESTHETICS		
LIDOCAINE HCL SOLN 4 %	2	
lidocaine viscous hcl soln 2 %	2	MO
proparacaine hcl soln 0.5 %	2	MO
tetracaine hcl soln 0.5 %	2	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
alosetron hcl tabs 0.5 mg	4	MO
alosetron hcl tabs 1 mg	5	NDS
balsalazide disodium caps 750 mg	2	MO
DIPENTUM CAPS 250 MG	5	NDS
mesalamine enem 4 gm	2	MO
mesalamine er cpcr 500 mg	2	MO
mesalamine supp 1000 mg	2	MO
mesalamine tbec 1.2 gm	2	MO
PENTASA CPCR 250 MG	3	MO
PENTASA CPCR 500 MG	3	MO
ANTIDIARRHEA AGENTS		
DIPHENOXYLATE-ATROPINE LIQD 2.5-0.025 MG/5ML	2	
diphenoxylate-atropine tabs 2.5-0.025 mg	2	
XERMELO TABS 250 MG	5	LD, NDS
ANTIEMETICS		
aprepitant caps 125 mg	2	PA, NDS
aprepitant caps 40 mg	2	PA, NDS
aprepitant caps 80 & 125 mg	2	PA, NDS
aprepitant caps 80 mg	2	PA, NDS
DIMENHYDRINATE SOLN 50 MG/ML	2	
dronabinol caps 10 mg	2	PA
dronabinol caps 2.5 mg	2	PA
dronabinol caps 5 mg	2	PA
fosaprepitant dimeglumine solr 150 mg	2	
granisetron hcl tabs 1 mg	2	PA
meclizine hcl tabs 25 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl soln 4 mg/2ml	2	
ondansetron hcl soln 4 mg/5ml	2	PA
ondansetron hcl soln 40 mg/20ml	2	
ONDANSETRON HCL SOSY 4 MG/2ML	2	
ondansetron hcl tabs 4 mg	2	PA
ondansetron hcl tabs 8 mg	2	PA
ondansetron tbdp 4 mg	2	PA
ondansetron tbdp 8 mg	2	PA
scopolamine pt72 1 mg/3days	4	MO
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
bismuth/metronidaz/tetracyclin caps 140-125-125 mg	4	
cimetidine hcl soln 300 mg/5ml	2	MO
famotidine (pf) soln 20 mg/2ml	2	
FAMOTIDINE PREMIXED SOLN 20-0.9 MG/50ML-%	2	
famotidine soln 40 mg/4ml	2	
famotidine susr 40 mg/5ml	2	MO
famotidine tabs 20 mg	2	MO
famotidine tabs 40 mg	2	MO
misoprostol tabs 100 mcg	2	MO
misoprostol tabs 200 mcg	2	MO
omeprazole cpdr 10 mg	1	MO
omeprazole cpdr 20 mg	2	MO
omeprazole cpdr 40 mg	1	MO
PANTOPRAZOLE SODIUM SOLR 40 MG	2	
pantoprazole sodium tbec 20 mg	1	MO
pantoprazole sodium tbec 40 mg		
sucralfate susp 1 gm/10ml	4	MO
sucralfate tabs 1 gm	2	MO
CATHARTICS AND LAXATIVES		
GAVILYTE-C SOLR 240 GM	2	MO
gavilyte-g solr 236 gm	2	MO
na sulfate-k sulfate-mg sulf soln 17.5-3.13-1.6 gm/177ml	4	
peg 3350-kcl-na bicarb-nacl solr 420 gm	2	MO
PEG-3350/ELECTROLYTES SOLR 236 GM	2	MO
GI DRUGS, MISCELLANEOUS		
ENTYVIO PEN SOAJ 108 MG/0.68ML	5	NDS
ENTYVIO SOLR 300 MG	5	NDS
GATTEX KIT 5 MG	5	PA, NDS
IQIRVO TABS 80 MG	5	NDS
LINZESS CAPS 145 MCG	4	MO
LINZESS CAPS 290 MCG	4	MO
LINZESS CAPS 72 MCG	4	MO
LIVDELZI CAPS 10 MG	5	NDS
LIVMARLI TABS 10 MG	5	NDS
LIVMARLI TABS 15 MG	5	NDS
LIVMARLI TABS 20 MG	5	NDS
LIVMARLI TABS 30 MG	5	NDS
lubiprostone caps 24 mcg	2	MO
lubiprostone caps 8 mcg	2	MO
metoclopramide hcl soln 5 mg/5ml	2	MO
metoclopramide hcl soln 5 mg/ml	2	
metoclopramide hcl tabs 10 mg	1	MO
metoclopramide hcl tabs 5 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 25 MG	4	MO
OCALIVA TABS 10 MG	5	LD, NDS
OCALIVA TABS 5 MG	5	LD, NDS
RELISTOR SOLN 12 MG/0.6ML	5	NDS
SKYRIZI SOCT 180 MG/1.2ML	5	
SKYRIZI SOCT 360 MG/2.4ML	5	
TRULANCE TABS 3 MG	4	
ursodiol caps 300 mg	2	MO
ursodiol tabs 250 mg	2	MO
ursodiol tabs 500 mg	2	MO
VELSIPITY TABS 2 MG	5	NDS
VIBERZI TABS 100 MG	5	NDS
VIBERZI TABS 75 MG	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG	5	
deferasirox granules pack 180 mg	5	NDS
deferasirox granules pack 360 mg	5	NDS
deferasirox granules pack 90 mg	4	
deferasirox tabs 180 mg	2	
deferasirox tabs 360 mg	2	
deferasirox tabs 90 mg	2	
deferasirox tbso 125 mg	2	
deferasirox tbso 250 mg	2	
deferasirox tbso 500 mg	2	
deferiprone tabs 1000 mg	5	NDS
deferiprone tabs 500 mg	5	NDS
deferoxamine mesylate solr 2 gm	2	
deferoxamine mesylate solr 500 mg	2	
penicillamine caps 250 mg	5	NDS
penicillamine tabs 250 mg	5	NDS
trientine hcl caps 250 mg	5	NDS
TRIENTINE HCL CAPS 500 MG	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
betamethasone sod phos & acet susp 6 (3-3) mg/ml	2	
budesonide cpep 3 mg	2	MO
BUDESONIDE ER TB24 9 MG	4	
CORTISONE ACETATE TABS 25 MG	2	MO
deflazacort susp 22.75 mg/ml	5	NDS
deflazacort tabs 18 mg	5	NDS
deflazacort tabs 30 mg	5	NDS
deflazacort tabs 36 mg	5	NDS
deflazacort tabs 6 mg	5	NDS
DEPO-MEDROL SUSP 20 MG/ML	3	
dexamethasone elix 0.5 mg/5ml	2	MO
DEXAMETHASONE INTENSOL CONC 1 MG/ML	2	MO
DEXAMETHASONE SOD PHOS +RFID SOSY 4 MG/ML	2	
dexamethasone sodium phosphate soln 10 mg/ml	2	
dexamethasone sodium phosphate soln 20 mg/5ml	2	
dexamethasone sodium phosphate soln 4 mg/ml	2	
DEXAMETHASONE SODIUM PHOSPHATE SOSY 4 MG/ML	2	
DEXAMETHASONE SOLN 0.5 MG/5ML	2	
dexamethasone tabs 0.5 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tabs 0.75 mg	2	MO
dexamethasone tabs 1 mg	2	MO
dexamethasone tabs 1.5 mg	2	MO
dexamethasone tabs 2 mg	2	MO
dexamethasone tabs 4 mg	2	MO
dexamethasone tabs 6 mg	2	MO
fludrocortisone acetate tabs 0.1 mg	2	MO
hydrocortisone tabs 10 mg	2	MO
hydrocortisone tabs 20 mg	2	MO
hydrocortisone tabs 5 mg	2	MO
jaythari tabs 18 mg	5	NDS
jaythari tabs 30 mg	5	NDS
jaythari tabs 36 mg	5	NDS
jaythari tabs 6 mg	5	NDS
KENALOG-10 SUSP 10 MG/ML	3	
KHINDIVI SOLN 1 MG/ML	5	NDS
MEDROL TABS 2 MG	3	MO
methylprednisolone acetate susp 40 mg/ml	2	
methylprednisolone acetate susp 80 mg/ml	2	
methylprednisolone sodium succ solr 1000 mg	2	
methylprednisolone sodium succ solr 125 mg	2	
methylprednisolone sodium succ solr 40 mg	2	
methylprednisolone tabs 16 mg	2	MO
methylprednisolone tabs 32 mg	2	MO
methylprednisolone tabs 4 mg	2	MO
methylprednisolone tabs 8 mg	2	MO
methylprednisolone tbpk 4 mg	2	MO
prednisolone sodium phosphate soln 15 mg/5ml	2	
prednisolone sodium phosphate soln 5 mg/5ml	2	MO
prednisolone soln 15 mg/5ml	2	MO
prednisolone tabs 5 mg	4	MO
PREDNISONE INTENSOL CONC 5 MG/ML	2	MO
PREDNISONE SOLN 5 MG/5ML	2	MO
prednisone tabs 1 mg	1	MO
prednisone tabs 10 mg	1	MO
prednisone tabs 2.5 mg	1	MO
prednisone tabs 20 mg	1	MO
prednisone tabs 5 mg	1	MO
prednisone tabs 50 mg	1	MO
prednisone tbpk 10 mg (21)	2	
prednisone tbpk 10 mg (48)	2	
prednisone tbpk 5 mg (21)	2	
prednisone tbpk 5 mg (48)	2	
SOLU-CORTEF SOLR 100 MG	3	
SOLU-CORTEF SOLR 1000 MG	3	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-CORTEF SOLR 500 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
triamcinolone acetonide susp 40 mg/ml	2	
ANDROGENS		
danazol caps 100 mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
danazol caps 200 mg	2	MO
danazol caps 50 mg	2	MO
depo-testosterone soln 100 mg/ml	2	MO
depo-testosterone soln 200 mg/ml	2	MO
METHITEST TABS 10 MG	5	NDS
methyltestosterone caps 10 mg	5	NDS
testosterone cypionate soln 100 mg/ml	2	MO
testosterone cypionate soln 200 mg/ml	2	MO
TESTOSTERONE ENANTHATE SOLN 200 MG/ML	2	MO
testosterone gel 12.5 mg/act (1%)	2	MO
testosterone gel 20.25 mg/act (1.62%)	2	MO
testosterone gel 25 mg/2.5gm (1%)	2	MO
testosterone gel 50 mg/5gm (1%)	2	MO
CONTRACEPTIVES		
apri tabs 0.15-30 mg-mcg	2	MO
aranelle tabs 0.5/1/0.5-35 mg-mcg	2	MO
aviane tabs 0.1-20 mg-mcg	2	MO
balziva tabs 0.4-35 mg-mcg	2	MO
cryselle-28 tabs 0.3-30 mg-mcg	2	MO
drospirenone-ethinyl estradiol tabs 3-0.02 mg	2	MO
drospirenone-ethinyl estradiol tabs 3-0.03 mg	2	MO
eluryng ring 0.12-0.015 mg/24hr	2	MO
junel 1.5/30 tabs 1.5-30 mg-mcg	2	MO
junel 1/20 tabs 1-20 mg-mcg	2	MO
junel fe 1.5/30 tabs 1.5-30 mg-mcg	2	MO
junel fe 1/20 tabs 1-20 mg-mcg	2	MO
junel fe 24 tabs 1-20 mg-mcg(24)	2	MO
kelnor 1/35 tabs 1-35 mg-mcg	2	MO
kelnor 1/50 tabs 1-50 mg-mcg	2	MO
MIRENA (52 MG) IUD 20 MCG/DAY	3	MO
NEXPLANON IMPL 68 MG	3	MO
nikki tabs 3-0.02 mg	2	MO
NORA-BE TABS 0.35 MG	2	MO
norethin ace-eth estrad-fe chew 1-20 mg-mcg(24)	2	MO
norethindrone tabs 0.35 mg	2	MO
nortrel 0.5/35 (28) tabs 0.5-35 mg-mcg	2	MO
nortrel 1/35 (21) tabs 1-35 mg-mcg	2	MO
nortrel 1/35 (28) tabs 1-35 mg-mcg	2	MO
nortrel 7/7/7 tabs 0.5/0.75/1-35 mg-mcg	2	MO
OCELLA TABS 3-0.03 MG	2	MO
portia-28 tabs 0.15-30 mg-mcg	2	MO
reclipsen tabs 0.15-30 mg-mcg	2	MO
sprintec 28 tabs 0.25-35 mg-mcg	2	MO
tri-lo-sprintec tabs 0.18/0.215/0.25 mg-25 mcg	2	MO
tri-sprintec tabs 0.18/0.215/0.25 mg-35 mcg	2	MO
trivora (28) tabs 50-30/75-40/ 125-30 mcg	2	MO
xulane ptwk 150-35 mcg/24hr	2	MO

Drug Name	Drug Tier	Requirements/Limits
DIABETIC AGENTS		
acarbose tabs 100 mg	2	MO
acarbose tabs 25 mg	2	MO
acarbose tabs 50 mg	2	MO
BAQSIMI ONE PACK POWD 3 MG/DOSE	3	
BAQSIMI TWO PACK POWD 3 MG/DOSE	3	
DAPAGLIFLOZIN PROPANEDIOL TABS 10 MG	3	MO
DAPAGLIFLOZIN PROPANEDIOL TABS 5 MG	3	MO
diazoxide susp 50 mg/ml	4	
FARXIGA TABS 10 MG	3	MO
FARXIGA TABS 5 MG	3	MO
FIASP FLEXTOUCH SOPN 100 UNIT/ML	3	MO
FIASP PENFILL SOCT 100 UNIT/ML	3	MO
FIASP SOLN 100 UNIT/ML	3	MO
glimepiride tabs 1 mg	1	MO
glimepiride tabs 2 mg	1	MO
glimepiride tabs 4 mg	1	MO
glipizide er tb24 10 mg	2	MO
glipizide er tb24 2.5 mg	1	MO
glipizide er tb24 5 mg	1	MO
glipizide tabs 10 mg	1	MO
glipizide tabs 5 mg	1	MO
glipizide-metformin hcl tabs 2.5-250 mg	1	MO
glipizide-metformin hcl tabs 2.5-500 mg	1	MO
glipizide-metformin hcl tabs 5-500 mg	1	MO
glucagon emergency kit 1 mg	2	
glyburide tabs 1.25 mg	2	MO
glyburide tabs 2.5 mg	2	MO
glyburide tabs 5 mg	2	MO
HUMALOG KWIKPEN SOPN 100 UNIT/ML	4	MO
HUMALOG SOCT 100 UNIT/ML	4	MO
HUMALOG SOLN 100 UNIT/ML	3	MO
HUMULIN 70/30 KWIKPEN SUPN (70-30) 100 UNIT/ML	3	MO
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML	3	MO
HUMULIN N KWIKPEN SUPN 100 UNIT/ML	3	MO
HUMULIN N SUSP 100 UNIT/ML	3	MO
HUMULIN R SOLN 100 UNIT/ML	2	MO
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN SOPN 500 UNIT/ML	3	MO
INSULIN ASPART FLEXPEN SOPN 100 UNIT/ML	3	MO
INSULIN ASPART PENFILL SOCT 100 UNIT/ML	3	MO
INSULIN ASPART SOLN 100 UNIT/ML	3	MO
INSULIN GLARGINE-YFGN SOLN 100 UNIT/ML	2	MO
INSULIN GLARGINE-YFGN SOPN 100 UNIT/ML	2	MO
JANUVIA TABS 100 MG	3	MO
JANUVIA TABS 25 MG	3	MO
JANUVIA TABS 50 MG	3	MO
JARDIANCE TABS 10 MG	3	MO
JARDIANCE TABS 25 MG	3	MO
KIRSTY SOLN 100 UNIT/ML	2	MO
KIRSTY SOPN 100 UNIT/ML	2	MO

Drug Name	Drug Tier	Requirements/Limits
KORLYM TABS 300 MG	5	PA, LD, NDS
liraglutide sopn 18 mg/3ml	2	PA, MO
metformin hcl er tb24 500 mg	1	MO
metformin hcl er tb24 750 mg	1	MO
metformin hcl tabs 1000 mg	1	MO
metformin hcl tabs 500 mg	1	MO
metformin hcl tabs 850 mg	1	MO
mifepristone tabs 300 mg	5	PA, NDS
nateglinide tabs 120 mg	2	MO
nateglinide tabs 60 mg	2	MO
NOVOLIN R FLEXPEN SOPN 100 UNIT/ML	4	MO
NOVOLOG FLEXPEN SOPN 100 UNIT/ML	3	MO
NOVOLOG PENFILL SOCT 100 UNIT/ML	3	MO
NOVOLOG SOLN 100 UNIT/ML	3	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML	3	PA, MO
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	3	PA, MO
OZEMPIC (2 MG/DOSE) SOPN 8 MG/3ML	3	PA, MO
pioglitazone hcl tabs 15 mg	1	MO
pioglitazone hcl tabs 30 mg	1	MO
pioglitazone hcl tabs 45 mg	1	MO
repaglinide tabs 0.5 mg	2	MO
repaglinide tabs 1 mg	2	MO
repaglinide tabs 2 mg	2	MO
SITAGLIPTIN TABS 100 MG	3	MO
SITAGLIPTIN TABS 25 MG	3	MO
SITAGLIPTIN TABS 50 MG	3	MO
SYMLINPEN 120 SOPN 2700 MCG/2.7ML	5	MO
SYMLINPEN 60 SOPN 1500 MCG/1.5ML	5	MO
ESTROGENS AND ANTIESTROGENS		
CLIMARA PTWK 0.025 MG/24HR	2	MO
CLIMARA PTWK 0.0375 MG/24HR	2	MO
CLIMARA PTWK 0.05 MG/24HR	2	MO
CLIMARA PTWK 0.06 MG/24HR	2	MO
CLIMARA PTWK 0.075 MG/24HR	2	MO
CLIMARA PTWK 0.1 MG/24HR	2	MO
DEPO-ESTRADIOL OIL 5 MG/ML	2	
dotti pttw 0.025 mg/24hr	2	MO
dotti pttw 0.0375 mg/24hr	2	MO
dotti pttw 0.05 mg/24hr	2	MO
dotti pttw 0.075 mg/24hr	2	MO
dotti pttw 0.1 mg/24hr	2	MO
ESTRACE CREA 0.1 MG/GM	2	MO
estradiol crea 0.1 mg/gm	2	MO
estradiol tabs 0.5 mg	1	MO
estradiol tabs 1 mg	1	MO
estradiol tabs 2 mg	1	MO
estradiol valerate oil 20 mg/ml	2	
estradiol valerate oil 40 mg/ml	2	
ESTRING RING 7.5 MCG/24HR	4	MO
jinteli tabs 1-5 mg-mcg	2	MO
PREMARIN SOLR 25 MG	3	

Drug Name	Drug Tier	Requirements/Limits
raloxifene hcl tabs 60 mg	2	MO
yuvafem tabs 10 mcg	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR 10000 UNIT	5	PA, NDS
ORGOVYX TABS 120 MG	5	NDS
ORILISSA TABS 150 MG	5	NDS
ORILISSA TABS 200 MG	5	NDS
OXYTOCICS		
methergine tabs 0.2 mg	2	
methylergonovine maleate soln 0.2 mg/ml	2	
methylergonovine maleate tabs 0.2 mg	2	
MIFEPREX TABS 200 MG	2	
mifepristone tabs 200 mg	2	
OXYTOCIN SOLN 10 UNIT/ML	2	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	2	MO
calcitonin (salmon) soln 200 unit/ml	5	NDS
cinacalcet hcl tabs 30 mg	2	
cinacalcet hcl tabs 60 mg	2	
cinacalcet hcl tabs 90 mg	2	
FORTEO SOPN 560 MCG/2.24ML	5	NDS
PITUITARY		
CORTROPHIN GEL 80 UNIT/ML	5	PA, NDS
CORTROPHIN GEL PRSY 40 UNIT/0.5ML	5	PA, NDS
CORTROPHIN GEL PRSY 80 UNIT/ML	5	PA, NDS
CRENESSITY CAPS 100 MG	5	NDS
CRENESSITY CAPS 25 MG	5	NDS
CRENESSITY CAPS 50 MG	5	NDS
CRENESSITY SOLN 50 MG/ML	5	NDS
desmopressin ace spray refrig soln 0.01 %	2	MO
DESMOPRESSIN ACETATE SOLN 4 MCG/ML	2	
DESMOPRESSIN ACETATE SPRAY SOLN 0.01 %	2	
desmopressin acetate tabs 0.1 mg	2	MO
desmopressin acetate tabs 0.2 mg	2	MO
SYNAREL SOLN 2 MG/ML	5	MO
PROGESTINS		
DEPO-SUBQ PROVERA 104 SUSY 104 MG/0.65ML	3	MO
ENDOMETRIN INST 100 MG	4	PA
gallifrey tabs 5 mg	2	MO
medroxyprogesterone acetate susp 150 mg/ml	2	
MEDROXYPROGESTERONE ACETATE SUSY 150 MG/ML	2	
medroxyprogesterone acetate tabs 10 mg	2	MO
medroxyprogesterone acetate tabs 2.5 mg	2	MO
medroxyprogesterone acetate tabs 5 mg	2	MO
norethindrone acetate tabs 5 mg	2	MO
progesterone caps 100 mg	2	MO
progesterone caps 200 mg	2	MO
progesterone oil 50 mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SV SOLR 2 MG	5	NDS
EGRIFTA WR KIT 11.6 MG	5	NDS
INCRELEX SOLN 40 MG/4ML	5	NDS
LANREOTIDE ACETATE SOLN 120 MG/0.5ML	5	NDS
NORDITROPIN FLEXPRO SOPN 10 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPRO SOPN 15 MG/1.5ML	5	PA, NDS
NORDITROPIN FLEXPRO SOPN 5 MG/1.5ML	5	PA, NDS
octreotide acetate kit 10 mg	5	NDS
octreotide acetate kit 20 mg	5	NDS
octreotide acetate kit 30 mg	5	NDS
octreotide acetate soln 100 mcg/ml	2	
octreotide acetate soln 1000 mcg/ml	5	
octreotide acetate soln 200 mcg/ml	2	
octreotide acetate soln 50 mcg/ml	2	
octreotide acetate soln 500 mcg/ml	5	
OMNITROPE SOCT 10 MG/1.5ML	2	PA
OMNITROPE SOCT 5 MG/1.5ML	2	PA
OMNITROPE SOLR 5.8 MG	2	PA
SANDOSTATIN LAR DEPOT KIT 10 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 20 MG	5	NDS
SANDOSTATIN LAR DEPOT KIT 30 MG	5	NDS
SIGNIFOR LAR SRER 10 MG	5	NDS
SIGNIFOR LAR SRER 20 MG	5	NDS
SIGNIFOR LAR SRER 30 MG	5	NDS
SIGNIFOR LAR SRER 40 MG	5	NDS
SIGNIFOR LAR SRER 60 MG	5	NDS
SIGNIFOR SOLN 0.3 MG/ML	5	NDS
SIGNIFOR SOLN 0.6 MG/ML	5	NDS
SIGNIFOR SOLN 0.9 MG/ML	5	NDS
SOMAVERT SOLR 10 MG	5	LD, NDS
SOMAVERT SOLR 15 MG	5	LD, NDS
SOMAVERT SOLR 20 MG	5	LD, NDS
SOMAVERT SOLR 25 MG	5	LD, NDS
SOMAVERT SOLR 30 MG	5	LD, NDS
THYROID AND ANTITHYROID AGENTS		
LEVOTHYROXINE SODIUM SOLR 500 MCG	2	
levothyroxine sodium tabs 100 mcg	1	MO
levothyroxine sodium tabs 112 mcg	1	MO
levothyroxine sodium tabs 125 mcg	1	MO
levothyroxine sodium tabs 137 mcg	1	MO
levothyroxine sodium tabs 150 mcg	1	MO
levothyroxine sodium tabs 175 mcg	1	MO
levothyroxine sodium tabs 200 mcg	1	MO
levothyroxine sodium tabs 25 mcg	1	MO

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tabs 300 mcg	1	MO
levothyroxine sodium tabs 50 mcg	1	MO
levothyroxine sodium tabs 75 mcg	1	MO
levothyroxine sodium tabs 88 mcg	1	MO
liothyronine sodium tabs 25 mcg	2	MO
liothyronine sodium tabs 5 mcg	2	MO
liothyronine sodium tabs 50 mcg	2	MO
methimazole tabs 10 mg	1	MO
methimazole tabs 5 mg	1	MO
propylthiouracil tabs 50 mg	2	MO
REZDIFFRA TABS 100 MG	5	NDS
REZDIFFRA TABS 60 MG	5	NDS
REZDIFFRA TABS 80 MG	5	NDS
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride caps 0.5 mg	2	MO
finasteride tabs 5 mg	1	MO
ANTIDOTES		
acetylcysteine soln 10 %	2	PA, MO
acetylcysteine soln 20 %	2	PA, MO
ACETYLCYSTEINE SOLN 200 MG/ML	2	
leucovorin calcium solr 100 mg	2	
leucovorin calcium solr 200 mg	2	
leucovorin calcium solr 350 mg	2	
leucovorin calcium solr 50 mg	2	
leucovorin calcium tabs 10 mg	2	MO
leucovorin calcium tabs 25 mg	2	MO
leucovorin calcium tabs 5 mg	2	MO
VORAXAZE SOLR 1000 UNIT	5	NDS
ANTIGOUT AGENTS		
allopurinol tabs 100 mg	1	MO
allopurinol tabs 300 mg	1	MO
colchicine tabs 0.6 mg	2	MO
febuxostat tabs 40 mg	2	MO
febuxostat tabs 80 mg	2	MO
BONE RESORPTION INHIBITORS		
alendronate sodium tabs 10 mg	1	MO
alendronate sodium tabs 35 mg	1	MO
alendronate sodium tabs 70 mg	1	MO
BOMYNTRA SOLN 120 MG/1.7ML	5	PA, NDS
BOMYNTRA SOSY 120 MG/1.7ML	5	PA, NDS
OSENVELT SOLN 120 MG/1.7ML	5	PA, NDS
pamidronate disodium soln 90 mg/10ml	2	
WYOST SOLN 120 MG/1.7ML	5	PA, NDS
zoledronic acid conc 4 mg/5ml	2	
ZOLEDRONIC ACID SOLN 4 MG/100ML	2	
zoledronic acid soln 5 mg/100ml	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
AMJEVITA SOAJ 40 MG/0.4ML	3	MO
AMJEVITA SOAJ 80 MG/0.8ML	3	MO
AMJEVITA SOSY 40 MG/0.4ML	3	MO
AMJEVITA-PED 10KG TO <15KG SOSY 10 MG/0.2ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
AMJEVITA-PED 15KG TO <30KG SOSY 20 MG/0.2ML	3	MO
CIBINQO TABS 100 MG	5	NDS
ENBREL MINI SOCT 50 MG/ML	5	NDS
ENBREL SOLN 25 MG/0.5ML	5	NDS
ENBREL SOSY 25 MG/0.5ML	5	NDS
ENBREL SOSY 50 MG/ML	5	NDS
ENBREL SURECLICK SOAJ 50 MG/ML	5	NDS
INFLECTRA SOLR 100 MG	5	HI
INFLIXIMAB SOLR 100 MG	5	HI
KINERET SOSY 100 MG/0.67ML	5	NDS
leflunomide tabs 10 mg	2	MO
leflunomide tabs 20 mg	2	MO
OLUMIANT TABS 1 MG	5	NDS
OLUMIANT TABS 2 MG	5	NDS
ORENCIA CLICKJECT SOAJ 125 MG/ML	5	NDS
ORENCIA SOLR 250 MG	5	NDS
ORENCIA SOSY 125 MG/ML	5	NDS
ORENCIA SOSY 50 MG/0.4ML	5	NDS
ORENCIA SOSY 87.5 MG/0.7ML	5	NDS
OTEZLA TABS 20 MG	5	PA, NDS
OTEZLA TABS 30 MG	5	PA, NDS
OTEZLA TBPK 10 & 20 & 30 MG	5	PA, NDS
OTEZLA TBPK 4 x 10 & 51 x20 MG	5	PA, NDS
RASUVO SOAJ 10 MG/0.2ML	3	
RASUVO SOAJ 12.5 MG/0.25ML	3	
RASUVO SOAJ 15 MG/0.3ML	3	
RASUVO SOAJ 17.5 MG/0.35ML	3	
RASUVO SOAJ 20 MG/0.4ML	3	
RASUVO SOAJ 22.5 MG/0.45ML	3	
RASUVO SOAJ 25 MG/0.5ML	3	
RASUVO SOAJ 30 MG/0.6ML	3	
RASUVO SOAJ 7.5 MG/0.15ML	3	
RINVOQ LQ SOLN 1 MG/ML	5	NDS
RINVOQ TB24 15 MG	5	NDS
RINVOQ TB24 30 MG	5	NDS
RINVOQ TB24 45 MG	5	NDS
TYENNE SOAJ 162 MG/0.9ML	5	NDS
TYENNE SOLN 200 MG/10ML	5	NDS
TYENNE SOLN 400 MG/20ML	5	NDS
TYENNE SOLN 80 MG/4ML	5	NDS
TYENNE SOSY 162 MG/0.9ML	5	NDS
XELJANZ SOLN 1 MG/ML	5	PA, NDS
XELJANZ TABS 10 MG	5	PA, NDS
XELJANZ TABS 5 MG	5	PA, NDS
XELJANZ XR TB24 11 MG	5	PA, NDS
XELJANZ XR TB24 22 MG	5	PA, NDS
ZYMFENTRA (2 PEN) AJKT 120 MG/ML	5	NDS
ZYMFENTRA (2 SYRINGE) PSKT 120 MG/ML	5	NDS
IMMUNE SUPPRESSANTS		
AZATHIOPRINE SODIUM SOLR 100 MG	2	
azathioprine tabs 100	2	PA, MO

Drug Name	Drug Tier	Requirements/Limits
mg		
azathioprine tabs 50 mg	2	PA, MO
azathioprine tabs 75 mg	2	PA, MO
BENLYSTA SOAJ 200 MG/ML	5	
BENLYSTA SOSY 200 MG/ML	5	
cyclosporine caps 100 mg	2	PA, MO
cyclosporine caps 25 mg	2	PA, MO
cyclosporine modified caps 100 mg	2	PA, MO
cyclosporine modified caps 25 mg	2	PA, MO
cyclosporine modified caps 50 mg	2	PA, MO
cyclosporine modified soln 100 mg/ml	2	PA, MO
cyclosporine soln 50 mg/ml	2	MO
ENVARSUS XR TB24 0.75 MG	4	PA, MO
ENVARSUS XR TB24 1 MG	4	PA, MO
ENVARSUS XR TB24 4 MG	5	PA, MO
everolimus tabs 0.25 mg	4	PA
everolimus tabs 0.5 mg	5	PA
everolimus tabs 0.75 mg	5	PA
everolimus tabs 1 mg	5	PA
gengraf caps 100 mg	2	PA, MO
gengraf caps 25 mg	2	PA, MO
mycophenolate mofetil caps 250 mg	2	PA, MO
mycophenolate mofetil hcl solr 500 mg	2	
mycophenolate mofetil susr 200 mg/ml	5	PA, MO
mycophenolate mofetil tabs 500 mg	2	PA, MO
mycophenolate sodium tbec 180 mg	2	PA, MO
mycophenolate sodium tbec 360 mg	2	PA, MO
NULOJIX SOLR 250 MG	5	NDS
PROGRAF PACK 0.2 MG	4	PA
PROGRAF PACK 1 MG	4	PA
PROGRAF SOLN 5 MG/ML	3	MO
SANDIMMUNE SOLN 100 MG/ML	3	PA, MO
sirolimus soln 1 mg/ml	2	PA, MO
sirolimus tabs 0.5 mg	2	PA, MO
sirolimus tabs 1 mg	2	PA, MO
sirolimus tabs 2 mg	4	PA, MO
tacrolimus caps 0.5 mg	2	PA, MO
tacrolimus caps 1 mg	2	PA, MO
tacrolimus caps 5 mg	2	PA, MO
MISCELLANEOUS THERAPEUTIC AGENTS		
ACETIC ACID SOLN 0.25 %	2	
ACTIMMUNE SOLN 100 MCG/0.5ML	5	
AMVUTTRA SOSY 25 MG/0.5ML	5	
ANDEMBRY SOAJ 200 MG/1.2ML	5	NDS
AQNEURSA PACK 1 GM	5	LD, NDS
ARCALYST SOLR 220 MG	5	NDS
argyle sterile water soln	2	
BERINERT KIT 500 UNIT	5	HI
bupivacaine hcl (pf) soln 0.25 %	2	
bupivacaine hcl (pf) soln 0.5 %	2	
bupivacaine hcl (pf) soln 0.75 %	2	
bupivacaine hcl soln 0.5 %	2	
bupivacaine in dextrose soln 0.75-8.25 %	2	
bupivacaine spinal soln 0.75-8.25 %	2	
bupivacaine-	2	

Drug Name	Drug Tier	Requirements/Limits
epinephrine (pf) soln 0.25% -1:200000		
bupivacaine-epinephrine (pf) soln 0.5% -1:200000	2	
bupivacaine-epinephrine soln 0.25% -1:200000	2	
bupivacaine-epinephrine soln 0.5% -1:200000	2	
chloroprocaine hcl (pf) soln 2 %	2	
CINRYZE SOLR 500 UNIT	5	HI
CYSTADANE POWD	5	LD, NDS
CYSTAGON CAPS 150 MG	3	LD, NDS
CYSTAGON CAPS 50 MG	3	LD, NDS
dexrazoxane hcl solr 250 mg	2	
dexrazoxane hcl solr 500 mg	2	
DUVYZAT SUSP 8.86 MG/ML	5	NDS
EKTERLY TABS 300 MG	5	NDS
ELMIRON CAPS 100 MG	5	
ENDARI PACK 5 GM	5	NDS
EVRYSDI SOLR 0.75 MG/ML	5	NDS
EVRYSDI TABS 5 MG	5	NDS
FABHALTA CAPS 200 MG	5	NDS
FIRDAPSE TABS 10 MG	5	NDS
GIVLAARI SOLN 189 MG/ML	5	NDS
GRASTEK SUBL 2800 BAU	3	MO
HAEGARDA SOLR 2000 UNIT	5	NDS
HAEGARDA SOLR 3000 UNIT	5	NDS
KESIMPTA SOAJ 20 MG/0.4ML	5	NDS
LACTATED RINGERS SOLN	2	
levocarnitine soln 1 gm/10ml	2	MO
levocarnitine tabs 330 mg	2	MO
lidocaine hcl (pf) soln 0.5 %	2	
lidocaine hcl (pf) soln 1 %	2	
lidocaine hcl (pf) soln 2 %	2	
lidocaine hcl (pf) soln 4 %	2	
lidocaine hcl soln 0.5 %	2	
lidocaine hcl soln 1 %	2	
lidocaine hcl soln 2 %	2	
lidocaine-epinephrine (pf) soln 1.5 %-1:200000	2	
lidocaine-epinephrine (pf) soln 2 %-1:200000	2	
lidocaine-epinephrine soln 0.5 %-1:200000	2	
lidocaine-epinephrine soln 1 %-1:100000	2	
lidocaine-epinephrine soln 2 %-1:100000	2	
mesna soln 100 mg/ml	2	
mesna tabs 400 mg	5	NDS
MIPLYFFA CAPS 124 MG	5	NDS
MIPLYFFA CAPS 47 MG	5	NDS
MIPLYFFA CAPS 62 MG	5	NDS
MIPLYFFA CAPS 93 MG	5	NDS
NIKTIMVO SOLN 22 MG/0.44ML	5	NDS
NIKTIMVO SOLN 9 MG/0.18ML	5	NDS
ODACTRA SUBL 12 SQ-HDM	4	
ONPATTRO SOLN 10	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MG/5ML		
PALFORZIA (12 MG DAILY DOSE) CSPK 2 x 1 MG & 10 MG	5	NDS
PALFORZIA (120 MG DAILY DOSE) CSPK 20 MG & 100 MG	5	NDS
PALFORZIA (160 MG DAILY DOSE) CSPK 3 x 20 MG & 100 MG	5	NDS
PALFORZIA (20 MG DAILY DOSE) CSPK 20 MG	5	NDS
PALFORZIA (200 MG DAILY DOSE) CSPK 2 x 100 MG	5	NDS
PALFORZIA (240 MG DAILY DOSE) CSPK 2 x 20 MG & 2 X 100 MG	5	NDS
PALFORZIA (3 MG DAILY DOSE) CSPK 3 x 1 MG	5	NDS
PALFORZIA (300 MG MAINTENANCE) PACK 300 MG	5	NDS
PALFORZIA (300 MG TITRATION) PACK 300 MG	5	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK 2 x 20 MG	5	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK 6 x 1 MG	5	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK 4 x 20 MG	5	NDS
PALFORZIA INITIAL ESCALATION CSPK 0.5 & 1 & 1.5 & 3 & 6 MG	5	NDS
POLOCAINE-MPF SOLN 1 %	2	
POLOCAINE-MPF SOLN 1.5 %	2	
POLOCAINE-MPF SOLN 2 %	2	
PYRUKYND TABS 20 MG	5	NDS
PYRUKYND TABS 5 MG	5	NDS
PYRUKYND TABS 50 MG	5	NDS
PYRUKYND TAPER PACK TBPK 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 20 MG & 7 X 5 MG	5	NDS
PYRUKYND TAPER PACK TBPK 7 x 50 MG & 7 X 20 MG	5	NDS
REZUROCK TABS 200 MG	5	NDS
RIDAURA CAPS 3 MG	5	MO
RIMSO-50 SOLN 50 %	3	
RINGERS IRRIGATION SOLN	2	
ropivacaine hcl soln 2 mg/ml	2	
ropivacaine hcl soln 5 mg/ml	2	
sapropterin dihydrochloride pack 100 mg	5	NDS
sapropterin dihydrochloride pack 500 mg	5	NDS
sapropterin dihydrochloride tabs 100 mg	5	NDS
SENSORCAINE SOLN 0.5 %	2	
sensorcaine-mpf soln 0.25 %	2	
sensorcaine-mpf soln 0.5 %	2	
sensorcaine-mpf soln 0.75 %	2	
sensorcaine-mpf/epinephrine soln 0.25% -1:200000	2	
SENSORCAINE-MPF/EPINEPHRINE SOLN 0.5% -1:200000	2	

Drug Name	Drug Tier	Requirements/Limits
sensorcaine/epinephrine soln 0.25% -1:200000	2	
sensorcaine/epinephrine soln 0.5% -1:200000	2	
SEPHIENCE PACK 1000 MG	5	NDS
SEPHIENCE PACK 250 MG	5	NDS
SKYCLARYS CAPS 50 MG	5	NDS
SODIUM CHLORIDE IRRIGATION SOLN 0.9 %	2	MO
sodium fluoride chew 0.55 (0.25 f) mg	2	MO
sodium fluoride chew 1.1 (0.5 f) mg	2	MO
sodium fluoride chew 2.2 (1 f) mg	2	MO
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML	2	MO
STERILE WATER FOR IRRIGATION SOLN	2	
TAKHZYRO SOLN 300 MG/2ML	5	NDS
TAKHZYRO SOSY 150 MG/ML	5	NDS
TAKHZYRO SOSY 300 MG/2ML	5	NDS
TAVNEOS CAPS 10 MG	5	NDS
THIOLA TABS 100 MG	5	NDS
THYROGEN SOLR 0.9 MG	5	NDS
tiopronin tabs 100 mg	5	NDS
tiopronin tbec 100 mg	5	NDS
tiopronin tbec 300 mg	5	NDS
ULTOMIRIS SOLN 1100 MG/11ML	5	
ULTOMIRIS SOLN 300 MG/3ML	5	
venxxiva tbec 100 mg	5	NDS
venxxiva tbec 300 mg	5	NDS
VIJOICE PACK 50 MG	5	NDS
VIJOICE TBPK 125 MG	5	NDS
VIJOICE TBPK 50 MG	5	NDS
VOWST CAPS	5	NDS
VUMERITY CPDR 231 MG	5	NDS
VYVGART HYTRULO SOLN 180-2000 MG-UNIT/ML	5	NDS
VYVGART HYTRULO SOSY 1000-10000 MG-UNT/5ML	5	NDS
VYVGART SOLN 400 MG/20ML	5	NDS
WATER FOR IRRIGATION, STERILE SOLN	2	
XEOMIN SOLR 200 UNIT	5	PA, NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
BRINSUPRI TABS 10 MG	5	NDS
BRINSUPRI TABS 25 MG	5	NDS
cromolyn sodium conc 100 mg/5ml	2	MO
cromolyn sodium nebu 20 mg/2ml	3	PA, MO
DUPIXENT SOAJ 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOAJ 300 MG/2ML	5	PA, NDS
DUPIXENT SOSY 200 MG/1.14ML	5	PA, NDS
DUPIXENT SOSY 300 MG/2ML	5	PA, NDS
FASENRA PEN SOAJ 30 MG/ML	5	PA, NDS
FASENRA SOSY 30 MG/ML	5	PA
montelukast sodium chew 4 mg	1	MO
montelukast sodium chew 5 mg	1	MO
montelukast sodium pack 4 mg	2	MO
montelukast sodium tabs 10 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ 100 MG/ML	5	PA, NDS
NUCALA SOSY 100 MG/ML	5	PA, NDS
NUCALA SOSY 40 MG/0.4ML	5	PA, NDS
zileuton er tb12 600 mg	5	NDS
CYSTIC FIBROSIS		
ALYFTREK TABS 10-50-125 MG	5	LD, NDS
ALYFTREK TABS 4-20-50 MG	5	LD, NDS
CAYSTON SOLR 75 MG	5	LD, NDS
KALYDECO PACK 13.4 MG	5	PA, NDS
KALYDECO PACK 25 MG	5	PA, NDS
KALYDECO PACK 5.8 MG	5	PA, NDS
KALYDECO PACK 50 MG	5	PA, NDS
KALYDECO PACK 75 MG	5	PA, NDS
KALYDECO TABS 150 MG	5	PA, NDS
ORKAMBI PACK 100-125 MG	5	NDS
ORKAMBI PACK 150-188 MG	5	NDS
ORKAMBI PACK 75-94 MG	5	NDS
ORKAMBI TABS 100-125 MG	5	NDS
ORKAMBI TABS 200-125 MG	5	NDS
SYMDEKO TBPK 100-150 & 150 MG	5	NDS
SYMDEKO TBPK 50-75 & 75 MG	5	NDS
TOBI PODHALER CAPS 28 MG	5	
tobramycin nebu 300 mg/5ml	5	PA
TRIKAFTA TBPK 100-50-75 & 150 MG	5	LD, NDS
TRIKAFTA TBPK 50-25-37.5 & 75 MG	5	LD, NDS
TRIKAFTA THPK 100-50-75 & 75 MG	5	LD, NDS
TRIKAFTA THPK 80-40-60 & 59.5 MG	5	LD, NDS
PULMONARY FIBROSIS		
OFEV CAPS 100 MG	5	NDS
OFEV CAPS 150 MG	5	NDS
pirfenidone tabs 267 mg	2	PA, MO
PIRFENIDONE TABS 534 MG	5	PA, NDS
pirfenidone tabs 801 mg	5	PA, NDS
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO 115-21 MCG/ACT	4	MO
ADVAIR HFA AERO 230-21 MCG/ACT	3	MO
ADVAIR HFA AERO 45-21 MCG/ACT	4	MO
ALVESCO AERS 160 MCG/ACT	3	MO
ALVESCO AERS 80 MCG/ACT	3	MO
ARALAST NP SOLR 1000 MG	3	HI
ASMANEX HFA AERO 100 MCG/ACT	4	MO
ASMANEX HFA AERO 200 MCG/ACT	4	MO
breyna aero 160-4.5 mcg/act	2	
breyna aero 80-4.5 mcg/act	2	
BREZTRI AEROSPHERE AERO 160-9-4.8 MCG/ACT	4	MO
budesonide susp 0.25 mg/2ml	2	PA, MO
budesonide susp 0.5 mg/2ml	2	PA, MO
budesonide susp 1 mg/2ml	4	PA, MO
OHTUVAYRE SUSP 3 MG/2.5ML	5	PA, NDS
roflumilast tabs 250 mcg	4	MO

Drug Name	Drug Tier	Requirements/Limits
roflumilast tabs 500 mcg	4	MO
TEZSPIRE SOAJ 210 MG/1.91ML	5	NDS
TEZSPIRE SOSY 210 MG/1.91ML	5	NDS
TRELEGY ELLIPTA AEPB 200-62.5-25 MCG/ACT	4	MO
WINREVAIR KIT 2 x 45 MG	5	NDS
WINREVAIR KIT 2 x 60 MG	5	NDS
WINREVAIR KIT 45 MG	5	NDS
WINREVAIR KIT 60 MG	5	NDS
wixela inhub aepb 100-50 mcg/act	2	
wixela inhub aepb 250-50 mcg/act	2	
wixela inhub aepb 500-50 mcg/act	2	
XOLAIR SOAJ 150 MG/ML	5	PA, NDS
XOLAIR SOAJ 300 MG/2ML	5	PA, NDS
XOLAIR SOAJ 75 MG/0.5ML	5	PA, NDS
XOLAIR SOLR 150 MG	5	PA, NDS
XOLAIR SOSY 150 MG/ML	5	PA, NDS
XOLAIR SOSY 300 MG/2ML	5	PA, NDS
XOLAIR SOSY 75 MG/0.5ML	5	PA, NDS
VASODILATING AGENTS		
ADEMPAS TABS 0.5 MG	5	PA, NDS
ADEMPAS TABS 1 MG	5	PA, NDS
ADEMPAS TABS 1.5 MG	5	PA, NDS
ADEMPAS TABS 2 MG	5	PA, NDS
ADEMPAS TABS 2.5 MG	5	PA, NDS
ambrisentan tabs 10 mg	2	
ambrisentan tabs 5 mg	2	
bosentan tabs 125 mg	2	
bosentan tabs 62.5 mg	2	
bosentan tbso 32 mg	5	NDS
epoprostenol sodium solr 1.5 mg	2	
OPSYNVI TABS 10-20 MG	5	PA, NDS
OPSYNVI TABS 10-40 MG	5	PA, NDS
TRACLEER TBSO 32 MG	5	NDS
treprostinil soln 100 mg/20ml	5	PA, LD, NDS
treprostinil soln 20 mg/20ml	5	PA, LD, NDS
treprostinil soln 200 mg/20ml	5	PA, LD, NDS
treprostinil soln 50 mg/20ml	5	PA, LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 16 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 32 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 48 MCG	5	LD, NDS
TYVASO DPI MAINTENANCE KIT POWD 64 MCG	5	LD, NDS
TYVASO DPI TITRATION KIT POWD 16 & 32 & 48 MCG	5	LD, NDS
TYVASO REFILL KIT SOLN 0.6 MG/ML	5	PA, LD
TYVASO STARTER KIT SOLN 0.6 MG/ML	5	PA, LD
UPTRAVI SOLR 1800 MCG	5	NDS
UPTRAVI TABS 1000 MCG	5	NDS
UPTRAVI TABS 1200 MCG	5	NDS
UPTRAVI TABS 1400 MCG	5	NDS
UPTRAVI TABS 1600 MCG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 200 MCG	5	NDS
UPTRAVI TABS 400 MCG	5	NDS
UPTRAVI TABS 600 MCG	5	NDS
UPTRAVI TABS 800 MCG	5	NDS
UPTRAVI TITRATION TBPK 200 & 800 MCG	5	NDS
YUTREPIA CAPS 106 MCG	5	NDS
YUTREPIA CAPS 26.5 MCG	5	NDS
YUTREPIA CAPS 53 MCG	5	NDS
YUTREPIA CAPS 79.5 MCG	5	NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CYTOGAM SOLN 50 MG/ML	3	
GAMASTAN INJ	3	
GAMMAGARD S/D LESS IGA SOLR 10 GM	5	HI
GAMMAGARD S/D LESS IGA SOLR 5 GM	5	HI
GAMMAGARD SOLN 2.5 GM/25ML	5	HI
GAMMAKED SOLN 1 GM/10ML	5	HI
GAMMAPLEX SOLN 10 GM/200ML	5	HI
GAMUNEX-C SOLN 1 GM/10ML	5	HI
HYQVIA KIT 10 GM/100ML	5	PA, NDS
HYQVIA KIT 2.5 GM/25ML	5	PA, NDS
HYQVIA KIT 20 GM/200ML	5	PA, NDS
HYQVIA KIT 30 GM/300ML	5	PA, NDS
HYQVIA KIT 5 GM/50ML	5	PA, NDS
NABI-HB SOLN 312 UNIT/ML	3	
OCTAGAM SOLN 1 GM/20ML	5	HI
TOXOIDS		
KINRIX SUSY 0.5 ML	6	
QUADRACEL SUSP	6	
QUADRACEL SUSY 0.5 ML	6	
TDVAX SUSP 2-2 LF/0.5ML	6	
TENIVAC INJ 5-2 LFU	6	
VACCINES		
ABRYSVO SOLR 120 MCG/0.5ML	6	
ACTHIB SOLR	6	
ADACEL SUSP 5-2-15.5 LF-MCG/0.5	6	
AREXVY SUSR 120 MCG/0.5ML	6	
BEXSERO SUSY 0.5 ML	6	
BOOSTRIX SUSP 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX SUSY 5-2.5-18.5 LF-MCG/0.5	6	
DAPTACEL SUSP 23-15-5	6	
ENGERIX-B SUSP 20 MCG/ML	6	PA
ENGERIX-B SUSY 10 MCG/0.5ML	6	PA
ENGERIX-B SUSY 20 MCG/ML	6	PA
GARDASIL 9 SUSP 0.5 ML	6	
GARDASIL 9 SUSY 0.5 ML	6	
HAVRIX SUSP 1440 EL U/ML	6	
HAVRIX SUSY 720 EL U/0.5ML	6	
HEPLISAV-B SOSY 20 MCG/0.5ML	6	PA
HIBERIX SOLR 10 MCG	6	
IMOVAX RABIES	6	

Drug Name	Drug Tier	Requirements/Limits
SUSR 2.5 UNIT/ML		
INFANRIX SUSP 25-58-10	6	
IPOL INJ	6	
IXIARO SUSP	6	
JYNNEOS SUSP 0.5 ML	6	
M-M-R II SOLR	6	
MENACTRA SOLN	6	
MENQUADFI SOLN 0.5 ML	6	
MENVEO SOLR	6	
MRESVIA SUSY 50 MCG/0.5ML	6	
PEDIARIX SUSY	6	
PEDVAX HIB SUSP 7.5 MCG/0.5ML	6	
PENBRAYA SUSR	6	
PENMENVY SUSR	6	
PENTACEL SUSR	6	
PREHEVBRIO SUSP 10 MCG/ML	6	PA
PRIORIX SUSR	6	
PROQUAD SUSR	6	
RABAVERT SUSR	6	
RECOMBIVAX HB SUSP 10 MCG/ML	6	PA
RECOMBIVAX HB SUSP 40 MCG/ML	6	PA
RECOMBIVAX HB SUSP 5 MCG/0.5ML	6	PA
RECOMBIVAX HB SUSY 10 MCG/ML	6	PA
RECOMBIVAX HB SUSY 5 MCG/0.5ML	6	PA
ROTARIX SUSP	4	
ROTATEQ SOLN	4	
SHINGRIX SUSR 50 MCG/0.5ML	6	
TICOVAC SUSY 1.2 MCG/0.25ML	6	
TICOVAC SUSY 2.4 MCG/0.5ML	6	
TRUMENBA SUSY 0.5 ML	6	
TWINRIX SUSY 720-20 ELU-MCG/ML	6	
TYPHIM VI SOLN 25 MCG/0.5ML	6	
TYPHIM VI SOSY 25 MCG/0.5ML	6	
VAQTA SUSP 25 UNIT/0.5ML	6	
VAQTA SUSP 50 UNIT/ML	6	
VARIVAX SUSR 1350 PFU/0.5ML	6	
VAXCHORA SUSR	3	
VIMKUNYA SUSY 40 MCG/0.8ML	6	
VIVOTIF CPDR	3	
YF-VAX INJ	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
BENZOYL PEROXIDE GEL 6.5 %	5	NDS
benzoyl peroxide-erythromycin gel 5-3 %	2	MO
ciclopirox gel 0.77 %	2	
ciclopirox olamine crea 0.77 %	2	
ciclopirox soln 8 %	2	
clindamycin phos (once-daily) gel 1 %	2	MO
clindamycin phos (twice-daily) gel 1 %	2	MO
clindamycin phos-benzoyl perox gel 1.2-5 %	2	MO
CLINDAMYCIN PHOSPHATE CREA 2 %	2	
CLINDAMYCIN PHOSPHATE LOTN 1 %	2	MO
clindamycin phosphate soln 1 %	2	MO
clindamycin phosphate swab 1 %	2	MO
clotrimazole crea 1 %	4	

Drug Name	Drug Tier	Requirements/Limits
clotrimazole troc 10 mg	2	
clotrimazole-betamethasone crea 1-0.05 %	2	
EMROSI CP24 40 MG	5	NDS
erythromycin gel 2 %	2	MO
erythromycin soln 2 %	2	MO
gentamicin sulfate crea 0.1 %	2	
gentamicin sulfate oint 0.1 %	2	
ketoconazole crea 2 %	2	
ketoconazole sham 2 %	2	
malathion lotn 0.5 %	2	
METRONIDAZOLE CREA 0.75 %	2	
metronidazole gel 0.75 %	2	
metronidazole lotn 0.75 %	2	
mupirocin calcium crea 2 %	2	
mupirocin oint 2 %	2	
NEOMYCIN-POLYMYXIN B GU SOLN 40-200000	2	
nystatin crea 100000 unit/gm	2	
nystatin oint 100000 unit/gm	2	
nystatin powd 100000 unit/gm	2	
nystop powd 100000 unit/gm	2	
permethrin crea 5 %	2	
selenium sulfide lotn 2.5 %	2	
SILVER SULFADIAZINE CREA 1 %	2	
SSD CREA 1 %	2	
sulfacetamide sodium (acne) lotn 10 %	2	MO
SULFAMYLON CREA 85 MG/GM	3	
terconazole crea 0.4 %	2	
terconazole supp 80 mg	2	
ZELSUVMI GEL 10.3 %	5	NDS
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
alclometasone dipropionate crea 0.05 %	2	MO
ALCLOMETASONE DIPROPIONATE OINT 0.05 %	2	MO
ANZUPGO CREA 20 MG/GM	5	NDS
BENZOYL PEROXIDE FORTE- HC LOTN 7.5-1 %	5	NDS
betamethasone dipropionate aug crea 0.05 %	2	MO
BETAMETHASONE DIPROPIONATE AUG GEL 0.05 %	2	MO
betamethasone dipropionate aug lotn 0.05 %	2	MO
betamethasone dipropionate aug oint 0.05 %	2	MO
betamethasone dipropionate crea 0.05 %	2	MO
betamethasone dipropionate lotn 0.05 %	2	MO
betamethasone dipropionate oint 0.05 %	2	MO
BETAMETHASONE VALERATE CREA 0.1 %	2	MO
betamethasone valerate foam 0.12 %	2	MO
BETAMETHASONE VALERATE LOTN 0.1 %	2	MO
betamethasone valerate oint 0.1 %	2	MO
calcipotriene-betameth diprop susp 0.005-0.064 %	4	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate crea 0.05 %	2	
clobetasol propionate e crea 0.05 %	2	MO
clobetasol propionate foam 0.05 %	2	MO
clobetasol propionate gel 0.05 %	2	MO
clobetasol propionate liqd 0.05 %	2	MO
clobetasol propionate lotn 0.05 %	2	MO
clobetasol propionate oint 0.05 %	2	MO
clobetasol propionate sham 0.05 %	2	MO
clobetasol propionate soln 0.05 %	2	MO
CORDRAN TAPE 4 MCG/SQCM	4	MO
desonide crea 0.05 %	2	MO
desonide lotn 0.05 %	2	MO
desonide oint 0.05 %	2	MO
desoximetasone crea 0.25 %	2	MO
desoximetasone oint 0.25 %	2	MO
diclofenac sodium gel 1 %	4	MO
diclofenac sodium gel 3 %	4	MO
diclofenac sodium soln 1.5 %	4	MO
diflorasone diacetate oint 0.05 %	4	MO
EBGLYSS SOAJ 250 MG/2ML	5	NDS
EBGLYSS SOSY 250 MG/2ML	5	NDS
ENSTILAR FOAM 0.005-0.064 %	5	NDS
fluocinolone acetonide body oil 0.01 %	2	
fluocinolone acetonide crea 0.01 %	2	MO
fluocinolone acetonide crea 0.025 %	2	MO
fluocinolone acetonide oint 0.025 %	2	MO
fluocinolone acetonide scalp oil 0.01 %	2	MO
fluocinolone acetonide soln 0.01 %	2	MO
fluocinonide crea 0.05 %	2	
fluocinonide emulsified base crea 0.05 %	2	MO
fluocinonide gel 0.05 %	2	MO
fluocinonide oint 0.05 %	2	MO
fluocinonide soln 0.05 %	2	MO
fluticasone propionate crea 0.05 %	2	MO
fluticasone propionate oint 0.005 %	2	MO
halobetasol propionate crea 0.05 %	2	MO
halobetasol propionate foam 0.05 %	4	
halobetasol propionate oint 0.05 %	2	MO
hydrocortisone (perianal) crea 2.5 %	2	MO
hydrocortisone butyr lipo base crea 0.1 %	2	
HYDROCORTISONE BUTYRATE CREA 0.1 %	2	MO
HYDROCORTISONE BUTYRATE OINT 0.1 %	2	MO
HYDROCORTISONE BUTYRATE SOLN 0.1 %	2	MO
hydrocortisone crea 2.5 %	2	MO
hydrocortisone enem 100 mg/60ml	2	MO
HYDROCORTISONE LOTN 2.5 %	2	MO
hydrocortisone oint 1 %	2	MO
hydrocortisone oint 2.5 %	2	MO
hydrocortisone valerate	2	MO

Drug Name	Drug Tier	Requirements/Limits
crea 0.2 %		
hydrocortisone valerate oint 0.2 %	2	MO
mometasone furoate crea 0.1 %	2	MO
mometasone furoate oint 0.1 %	2	MO
mometasone furoate soln 0.1 %	2	MO
NEMLUVIO AUIJ 30 MG	5	NDS
nystatin-triamcinolone crea 100000-0.1 unit/gm-%	2	MO
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	2	MO
proctozone-hc crea 2.5 %	2	MO
RADIAURA CREA 3-0.5 %	5	NDS
triamcinolone acetonide aers 0.147 mg/gm	2	MO
triamcinolone acetonide crea 0.025 %	2	MO
triamcinolone acetonide crea 0.1 %	2	MO
triamcinolone acetonide crea 0.5 %	2	MO
triamcinolone acetonide lotn 0.025 %	2	MO
triamcinolone acetonide lotn 0.1 %	2	MO
triamcinolone acetonide oint 0.025 %	2	MO
triamcinolone acetonide oint 0.1 %	2	MO
triamcinolone acetonide oint 0.5 %	2	MO
triamcinolone acetonide pste 0.1 %	2	MO
ANTIPRURITICS AND LOCAL ANESTHETICS		
glydo prsy 2 %	2	MO
HYDROCORTISONE ACE-PRAMOXINE CREA 1-1 %	2	MO
lidocaine hcl soln 4 %	2	
lidocaine hcl urethral/mucosal prsy 2 %	2	MO
lidocaine oint 5 %	2	MO
lidocaine ptch 5 %	2	PA, MO
lidocaine-prilocaine crea 2.5-2.5 %	2	MO
lidocan ptch 5 %	2	PA, MO
PROCTOFOAM HC FOAM 1-1 %	2	
CELL STIMULANTS AND PROLIFERANTS		
bexarotene gel 1 %	5	PA, NDS
KEPIVANCE SOLR 5.16 MG	5	NDS
PANRETIN GEL 0.1 %	5	NDS
RETIN-A CREA 0.025 %	2	PA, MO
RETIN-A CREA 0.05 %	2	PA, MO
RETIN-A CREA 0.1 %	2	PA, MO
RETIN-A GEL 0.01 %	2	PA, MO
RETIN-A GEL 0.025 %	2	PA, MO
tretinoin crea 0.025 %	2	PA, MO
tretinoin crea 0.05 %	2	PA, MO
tretinoin crea 0.1 %	2	PA, MO
tretinoin gel 0.01 %	2	PA, MO
tretinoin gel 0.025 %	2	PA, MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin caps 10 mg	2	
acitretin caps 17.5 mg	2	
acitretin caps 25 mg	2	
adapalene gel 0.3 %	2	MO
ADAPALENE SOLN 0.1 %	5	NDS
adapalene-benzoyl peroxide gel 0.1-2.5 %	2	MO
ADAPALENE-BENZOYL PEROXIDE PADS 0.1-2.5 %	5	NDS
ADBRY SOAJ 300 MG/2ML	5	NDS
ADBRY SOSY 150 MG/ML	5	NDS
ammonium lactate crea 12 %	2	MO

Drug Name	Drug Tier	Requirements/Limits
azelaic acid gel 15 %	2	MO
BIMZELX SOAJ 160 MG/ML	5	
BIMZELX SOAJ 320 MG/2ML	5	
BIMZELX SOSY 160 MG/ML	5	
BIMZELX SOSY 320 MG/2ML	5	
calcipotriene crea 0.005 %	2	MO
calcipotriene oint 0.005 %	2	MO
CALCIPOTRIENE SOLN 0.005 %	2	MO
CALCITRIOL OINT 3 MCG/GM	2	MO
CARAC CREA 0.5 %	5	
claravis caps 10 mg	2	NDS
claravis caps 20 mg	2	NDS
claravis caps 30 mg	2	NDS
claravis caps 40 mg	2	NDS
COSENTYX (300 MG DOSE) SOSY 150 MG/ML	5	
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML	5	
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML	5	
COSENTYX SOSY 150 MG/ML	5	
COSENTYX SOSY 75 MG/0.5ML	5	
COSENTYX UNOREADY SOAJ 300 MG/2ML	5	
FLUOROURACIL CREA 0.5 %	5	
fluorouracil crea 5 %	2	MO
FLUOROURACIL SOLN 2 %	2	MO
fluorouracil soln 5 %	2	MO
imiquimod crea 5 %	2	MO
isotretinoin caps 20 mg	2	NDS
isotretinoin caps 30 mg	2	NDS
isotretinoin caps 40 mg	2	NDS
KLISYRI (250 MG) OINT 1 %	5	NDS
LEQSELVI TABS 8 MG	5	NDS
LITFULO CAPS 50 MG	5	NDS
METHOXSALEN RAPID CAPS 10 MG	5	MO
nitroglycerin oint 0.4 %	4	MO
OPZELURA CREA 1.5 %	5	NDS
PIMECROLIMUS CREA 1 %	4	MO
PODOFILOX SOLN 0.5 %	2	MO
REGRANEX GEL 0.01 %	5	NDS
salicylic acid sham 6 %	2	
SANTYL OINT 250 UNIT/GM	3	MO
SILIQ SOSY 210 MG/1.5ML	5	NDS
SKYRIZI PEN SOAJ 150 MG/ML	5	
SKYRIZI SOSY 150 MG/ML	5	
STELARA SOLN 130 MG/26ML	5	PA
STELARA SOLN 45 MG/0.5ML	5	
STELARA SOSY 45 MG/0.5ML	5	
STELARA SOSY 90 MG/ML	5	
tacrolimus oint 0.03 %	2	MO
tacrolimus oint 0.1 %	2	MO
TALTZ SOAJ 80 MG/ML	5	NDS
TALTZ SOSY 20 MG/0.25ML	5	NDS
TALTZ SOSY 40 MG/0.5ML	5	NDS
TALTZ SOSY 80 MG/ML	5	NDS
tazarotene crea 0.1 %	2	PA, MO
tazarotene gel 0.05 %	4	PA, MO

Drug Name	Drug Tier	Requirements/Limits
tazarotene gel 0.1 %	4	PA, MO
TAZORAC CREA 0.05 %	4	PA, MO
TREMFYA CROHNS INDUCTION SOAJ 200 MG/2ML	5	NDS
TREMFYA ONE-PRESS SOAJ 100 MG/ML	5	
TREMFYA PEN SOAJ 200 MG/2ML	5	NDS
TREMFYA SOLN 200 MG/20ML	5	NDS
TREMFYA SOSY 100 MG/ML	5	
TREMFYA SOSY 200 MG/2ML	5	NDS
USTEKINUMAB SOLN 45 MG/0.5ML	5	
USTEKINUMAB SOSY 45 MG/0.5ML	5	
USTEKINUMAB SOSY 90 MG/ML	5	
VALCHLOR GEL 0.016 %	5	NDS
VTAMA CREA 1 %	5	NDS
YESINTEK SOLN 130 MG/26ML	3	PA
YESINTEK SOLN 45 MG/0.5ML	3	PA
YESINTEK SOSY 45 MG/0.5ML	3	PA
YESINTEK SOSY 90 MG/ML	3	PA
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
AMINOPHYLLINE SOLN 25 MG/ML	2	
darifenacin hydrobromide er tb24 15 mg	2	MO
darifenacin hydrobromide er tb24 7.5 mg	2	MO
elixophyllin elix 80 mg/15ml	2	
flavoxate hcl tabs 100 mg	2	MO
mirabegron er tb24 25 mg	4	MO
mirabegron er tb24 50 mg	4	MO
oxybutynin chloride er tb24 10 mg	2	MO
oxybutynin chloride er tb24 15 mg	2	MO
oxybutynin chloride er tb24 5 mg	2	MO
oxybutynin chloride soln 5 mg/5ml	2	MO
oxybutynin chloride tabs 5 mg	2	MO
solifenacin succinate tabs 10 mg	2	MO
solifenacin succinate tabs 5 mg	2	MO
THEO-24 CP24 300 MG	2	MO
theophylline elix 80 mg/15ml	2	
THEOPHYLLINE ER TB12 100 MG	2	MO
THEOPHYLLINE ER TB12 200 MG	2	MO
theophylline er tb12 300 mg	2	MO
theophylline er tb12 450 mg	2	MO
theophylline er tb24 400 mg	2	MO
theophylline er tb24 600 mg	2	MO
theophylline soln 80 mg/15ml	2	MO
tolterodine tartrate tabs 1 mg	2	MO
tolterodine tartrate tabs 2 mg	2	MO
trospium chloride tabs 20 mg	2	MO
VITAMINS		
VITAMINS		
calcitriol caps 0.25 mcg	2	MO

Drug Name	Drug Tier	Requirements/Limits
calcitriol caps 0.5 mcg	2	MO
calcitriol oral soln 1 mcg/ml	2	MO
CALCITRIOL INTRAVENOUS SOLN 1 MCG/ML	2	
PRENATAL TABS 27-1 MG	4	MO
RAYALDEE CPCR 30 MCG	5	NDS

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Nondiscrimination Notice

In this document, "we", "us", or "our" means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

We do not discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week.
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)

- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

  Office of Civil Rights
  Department of Health Care Services
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  California Department of Health Care Services Office of Civil Rights Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office of Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
  U.S. Department of Health and Human Services Office of Civil Rights Complaint forms are available at: https://www.hhs.gov/ocr/office/file/index.html
- **Online:** Visit the **Office of Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Notice of Language Assistance

English: ATTENTION. Language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member services is closed on major holidays.

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- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week

Arabic: تنبيه. المساعدة اللغوية متوفرة بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضًا طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل مع قسم خدمات الأعضاء لدينا للحصول على المساعدة. لا تعمل خدمات الأعضاء في العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على: **1-800-443-0815** (TTY **711**)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-800-443-0815** (TTY **711**), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal՝ **1-855-839-7613** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը՝ **1-800-464-4000** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր

Chinese：请注意，我们有免费语言协助。您可以要求我们提供口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式的版本，如盲文、音频或大字版。您还可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部以获取帮助。重要节假日期间会员服务不开放。

- Medicare，包括 D-SNP：**1-800-443-0815** (TTY **711**)，每周 7 天，上午 8 点至晚上 8 点
- Medi-Cal：**1-855-839-7613** (TTY 711)，每周 7 天，每天 24 小时
- 所有其他保险计划：**1-800-757-7585** (TTY **711**)，每周 7 天，每天 24 小时

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare، شامل D-SNP: با شماره **1-800-443-0815** (TTY **711**) از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره **1-855-839-7613** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره **1-800-464-4000** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंगुवेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा विभाग को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: **1-800-443-0815** (TTY **711**), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: **1-855-839-7613** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: **1-800-464-4000** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab

rau ntawm peb Lub Chaw Pab Tswv Cuab. Lub chaw pab tswv cuab kaw rau cov hnub so uas tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815** (TTY **711**), 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnub hauv ib lub vij
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij

Japanese: ご注意。言語サポートは無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門にお電話ください。加入者向けサービスは主要な休日では営業しておりません。

- D-SNP を含む Medicare：**1-800-443-0815**（TTY **711**）、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal：**1-855-839-7613**（TTY **711**）、24 時間、年中無休
- その他全て：**1-800-464-4000**（TTY **711**）、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។ ជំនួយភាសាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ដាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

- Medicare, រួមទាំង D-SNP: **1-800-443-0815** (TTY **711**) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍
- Medi-Cal: **1-855-839-7613** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍
- ផ្សេងៗទៀត៖ **1-800-464-4000** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍

Korean: 안내 사항. 무료 언어 지원 제공. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 부서에 도움을 요청하시기 바랍니다. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함), 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815** (TTY **711**) 번으로 문의
- Medi-Cal: **1-855-839-7613** (TTY **711**), 주 7 일, 하루 24 시간
- 기타: **1-800-464-4000** (TTY **711**), 주 7 일, 하루 24 시간

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ທ່ານສ າມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ, ສຽງ, ຫຼື ການພິມຂະໜາດໃ ຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກ ເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເ ພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແ ມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815** (TTY **711**), 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ
- ອື່ນໆ: **1-800-464-4000** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ

Mien: CAU FIM JANGX LONGX OC. Ninh mbuo duqv liepc ziangx tengx faan waac bun meih muangx mv zuqc heuc meih ndorqv nyaanh cingv oc. Meih corc haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyeic diuc daan, fiev benx domh nzangc-pokc bun hluo, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn ziux goux baengc mienh nyei dorngx liouh tov heuc ninh mbuo tengx nzie weih. Ziux goux baengc mienh nyei gorn zangc se gec mv zoux gong yiem gingc nyei hnoi-nyieqc oc.

- Medicare, caux D-SNP: **1-800-443-0815** (TTY **711**), yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyeic diuc jauv-louc: **1-800-464-4000** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: GIHA. Tséé' naalkáah sidá'ígíí éí doo tł'éé' íił'į' dah sidáa'ígíí. Tł'éé'góó tł'ízí'ígíí éí tséé' naalkáah sidá'ígíí bikáa' dah sidaaígíí, t'á'ii bik'eh dah na'ałkaígíí. T'á'ii éí tł'éé'góó tł'ízí'ígíí bik'eh dah deidiyós, t'á'ii éí bi'éé' bik'eh dah na'ałkaígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'ałkaígíí bikáa' dah na'ałkaígíí t'áá ałtso bik'eh dah deidiyós. Bi'éé' naalkáah sidá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'ałkaígíí éí bik'eh dah naazhjaa'ígíí bik'eh dah na'ałkaígíí.

- Medicare, bikáa' dah deidiyós D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. góó 8 p.m., 7 jį t'ááłá'í damóo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 tł'ohch'oolí t'ááłá'í jį, 7 jį t'ááłá'í damóo
- T'áá ał'ąą: **1-800-464-4000** (TTY **711**), 24 tł'ohch'oolí t'ááłá'í jį, 7 jį t'ááłá'í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗੁਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾੱਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਜਿਸ ਵਿੱਚ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815** (TTY **711**), ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815** (TTY **711**), без выходных с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613** (TTY **711**), круглосуточно без выходных.
- Любые другие поставщики услуг: **1-800-464-4000** (TTY **711**), круглосуточно без выходных.

Spanish: ATENCIÓN. Se ofrece ayuda en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815** (TTY **711**), los 7 días de la semana, de 8 a. m. a 8 p. m., los 7 días de la semana
- Medi-Cal: **1-855-839-7613** (TTY **711**), las 24 horas del día, los 7 días de la semana.
- Todos los otros: **1-800-788-0616** (TTY **711**), las 24 horas del día, los 7 días de la semana.

Tagalog: PAUNAWA. May magagamit na tulong sa wika nang wala kang babayaran. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro para sa tulong. Ang mga serbisyo sa miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo

Thai: ส่งถึง มีบริการให้ความช่วยเหลือด้านภาษา แก่ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โทรติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare **รวมถึง** D-SNP: **1-800-443-0815** (TTY **711**) 8.00 **น.** ถึง 20.00 **น.** **หรือ** 7 **วันต่อสัปดาห์**
- Medi-Cal: **1-855-839-7613** (TTY **711**) **ตลอด** 24 **ชั่วโมง หรือ** 7 **วันต่อสัปดาห์**
- **อื่นๆ ทั้งหมด: 1-800-464-4000** (TTY **711**) **ตลอด** 24 **ชั่วโมง หรือ** 7 **วันต่อสัปดาห์**

Ukrainian: УВАГА! Послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів. Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815** (TTY **711**), з 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613** (TTY **711**), цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000** (TTY **711**), цілодобово, без вихідних.

Vietnamese: LƯU Ý. Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp. Ban dịch vụ hội viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815** (TTY **711**), 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and state civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed or marital status.

Kaiser Health Plan:

- Provides no-cost auxiliary 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, braille, and accessible electronic formats

- Provides 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 **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, ancestry, age, disability, sex,(including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, 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**.

This notice is available at

https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ትኩረት፦ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (**TTY: 711**).

Ɓăsɔ́ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yɛ́, mbi èyɛm. Wɔ nàŋ **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-632-9700**（TTY **711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی) **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (TTY **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-632-9700** までお電話ください（TTY：**711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाइँ नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, नि:शुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-632-9700** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-632-9700** (TTY **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-632-9700** (TTY **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-632-9700** (TTY **711**).

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex(including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

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- Provides 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 **1-888-865-5813** (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, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

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.

This notice is available at https://healthy.kaiserpermanente.org/georgia/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-888-865-5813** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-888-865-5813** (TTY: **711**).

中文 (Chinese)注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-888-865-5813**（TTY：**711**）。

فارسی(Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با**1-888-865-5813** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-888-865-5813** an (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-888-865-5813** (TTY: **711**) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ़्त उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-888-865-5813** までお電話ください（TTY: **711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-888-865-5813** 로 전화해 주세요(TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’dęę́’, biniit’aa da beeso ndinish’aah t’aala’I bi’aa ‘anashwo’ doo biniit’aa, t’aadoo baahilinigoo bits’aadoo yeel, t’áá jiik’eh, éí ná hóló, koji̯’ hódíílnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-888-865-5813** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex(including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides free 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, braille, and accessible electronic formats
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, call **1-800-966-5955** (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, or sex, you can file a grievance by mail or phone at:

Membership Services
Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

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.

This notice is available at https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) PAGPAHIMANGNO: Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-966-5955**（TTY：**711**）。

Chuuk (Chukese) ESINESIN: Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeri **1-800-966-5955** (TTY: **711**).

ʻŌlelo Hawaiʻi (Hawaiian) E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻōlelo Hawaiʻi, hiki iā ʻoe ke nā lawelawe kōkua ʻōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ʻole, loaʻa i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) ATENSION: No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**)

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-966-5955 までお電話ください（TTY：711）。**

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ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

Kajin Majōļ (Marshallese) Roñjake: Ñe kwōjeļā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jerbal ko jet, ejjeļọk oṇāāer, repeḷḷok ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehlel oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) FA'AMALU: Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totogi, o lo'o avanoa mo oe. Fa'amalie atu i le **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau ʻoku ke lea Faka-Tonga, ʻoku ʻi ai ha sevesi tokoni fakatonu lea pea mo ha naunau meʼa fanongo, ʻoku taʼetotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).

NONDISCRIMINATION NOTICE

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  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-777-7902** (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, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, telephone number: 1-800-777-7902.

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.

This notice is available at https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

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አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902** (TTY: **711**).

Ɓăsɔ́ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yé, mbi èyɛm. Wɔ nàŋ **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)–এ ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-777-7902**（TTY：**711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-777-7902** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-777-7902** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-777-7902** an (TTY: **711**).

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Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-777-7902** (TTY: **711**).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero **1-800-777-7902** (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-777-7902** までお電話ください（TTY: **711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-777-7902** 로 전화해 주세요(TTY: **711**).

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Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-800-777-7902** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-777-7902** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-777-7902** (TTY: **711**).

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ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-777-7902** (TTY: **711**).

اُردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں **1-800-777-7902** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-777-7902** (TTY: **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-777-7902** (TTY: **711**).

Nondiscrimination notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

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  - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides 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., Suite 100
Portland, OR 97232-2099
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
Phone: **1-800-368-1019**
TDD: **1-800-537-7697**

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**.

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

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Help in Your Language

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-813-2000** ይደውሉ (TTY: **711**)።

العربية(Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-813-2000** (TTY: **711**).

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電**1-800-813-2000**（TTY：**711**）。

فارسی(Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با**1-800-813-2000** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-813-2000** an (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-813-2000**までお電話ください（TTY: **711**）。

ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖ បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសម្រួលដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-800-813-2000** (TTY: **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-813-2000**로 전화해 주세요(TTY: **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັ້ງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-813-2000** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-813-2000** irratti bilbilaa (TTY:- **711**)

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-800-813-2000** (TTY:- **711**).

Română (Romanian) ATENȚIE: Dacă vorbiți română, vă sunt disponibile gratuit servicii de asistență lingvistică, inclusiv ajutoare și servicii auxiliare adecvate. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-813-2000** (TTY: **711**).

This formulary was updated on 10/01/2025. 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)
Member Services
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), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP), 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), Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (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.
4000 Garden City Drive, Hyattsville, MD 20785
Kaiser Permanente Medicare Advantage (HMO) and Kaiser Permanente Senior Advantage (HMO-POS) Kaiser Permanente Dual Complete (HMO D-SNP), Kaiser Permanente Dual Essential (HMO D-SNP
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**

kp.org/seniorrx

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