

Kaiser Permanente

2020 Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on 09/01/19. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit kp.org/seniorrx.

Kaiser Permanente Regions

CALIFORNIA REGIONS

Kaiser Permanente Senior Advantage (HMO)

Member Service Contact Center

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

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

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION

**(District of Columbia, Maryland,
and Virginia)**

Kaiser Permanente Medicare Plus (Cost) and
Kaiser Permanente Medicare Advantage (HMO)

Member Services

1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-877-221-8221 TTY 711



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

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

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2020. For an updated formulary, please visit our website at **kp.org/seniorrx** or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Kaiser Permanente Formulary?

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

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

Can the formulary (drug list) change?

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

Changes that can affect you this year:

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

New generic drugs

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

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

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

Drugs removed from the market

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

Other changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, or move

a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

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

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of January 1, 2020. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

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

How do I use the formulary?

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

Medical condition

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

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index that begins on page 63. The index provides an alphabetical list of all the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred brand-name drugs, specialty-tier drugs, and injectable vaccines are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

What are brand-name drugs?

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

What are specialty-tier drugs?

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

What are injectable Part D vaccines?

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

Are there any restrictions on my coverage?

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

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

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

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

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

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

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

What if my drug is not on the formulary?

If your drug is not included on this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2020 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 2020 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 2020 Comprehensive Formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Kaiser Permanente's Formulary

The formulary below 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 63.

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

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

Tier 1 – Preferred generic drugs

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

Tier 3 – Preferred brand-name drugs

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

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

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole tabs</i>	2	NDS
ALBENZA TABS	5	NDS
<i>emverm chew</i>	2	
<i>ivermectin tabs</i>	2	
<i>praziquantel tabs</i>	2	MO
ANTIBACTERIALS		
<i>amikacin sulfate soln injection</i>	2	HI
<i>amoxicillin caps</i>	2	
<i>amoxicillin chew</i>	2	
<i>amoxicillin susr</i>	2	
<i>amoxicillin tabs</i>	2	
<i>amoxicillin-pot clavulanate chew</i>	2	
<i>amoxicillin-pot clavulanate er tb12</i>	2	
<i>amoxicillin-pot clavulanate susr</i>	2	
<i>amoxicillin-pot clavulanate tabs</i>	2	
<i>ampicillin caps</i>	2	
<i>ampicillin sodium solr injection 1gm, 125mg</i>	2	HI
<i>ampicillin sodium solr intravenous</i>	2	HI
<i>ampicillin-sulbactam sodium solr injection</i>	2	HI
ARIKAYCE SUSP	5	LD,NDS
AUGMENTIN SUSR	3	
AVYCAZ SOLR INTRAVENOUS	4	HI
AZACTAM SOLR INJECTION 1gm, 2gm	3	HI
AZITHROMYCIN PACK	3	MO
<i>azithromycin solr intravenous</i>	2	HI
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	2	MO
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	2	MO
<i>aztreonam solr injection</i>	2	HI
BACTOCILL IN DEXTROSE SOLN INTRAVENOUS	3	HI

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

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

Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin caps</i>	2	
<i>cephalexin susr</i>	2	
<i>cephalexin tabs</i>	2	
<i>ciprofloxacin hcl tabs</i>	2	
<i>ciprofloxacin in d5w soln intravenous</i>	2	HI
<i>ciprofloxacin susr</i>	2	
<i>ciprofloxacin-ciproflox hcl er tb24</i>	2	
<i>clarithromycin er tb24</i>	2	
<i>clarithromycin susr</i>	2	
<i>clarithromycin tabs</i>	2	
<i>cleocin solr</i>	2	
<i>clindamycin hcl caps</i>	2	
<i>clindamycin palmitate hcl solr</i>	2	
<i>clindamycin phosphate in d5w soln intravenous</i>	2	HI
<i>clindamycin phosphate soln injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	HI
<i>colistimethate sodium (cba) solr injection</i>	2	HI
CUBICIN SOLR INTRAVENOUS	5	HI
DALVANCE SOLR INTRAVENOUS	5	HI
<i>daptomycin solr intravenous 500mg</i>	2	HI
DAPTOMYCIN SOLR INTRAVENOUS	5	HI
<i>demeclocycline hcl tabs</i>	2	
<i>dicloxacillin sodium caps</i>	2	
DIFICID TABS	5	NDS
DORYX MPC TBEC	4	MO
<i>doxy 100 solr intravenous</i>	2	HI
<i>doxycycline hyclate caps 50mg, 100mg</i>	2	MO
<i>doxycycline hyclate tabs 20mg, 75mg, 100mg, 150mg</i>	2	MO
<i>doxycycline hyclate tbec 50mg, 75mg, 100mg, 150mg, 200mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate caps 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>doxycycline monohydrate susr</i>	2	MO
<i>doxycycline monohydrate tabs 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>e.e.s. 400 tabs</i>	2	
<i>ertapenem sodium solr injection</i>	2	HI
<i>ery-tab tbec</i>	2	
<i>erythrocin lactobionate solr intravenous</i>	2	HI
<i>erythrocin stearate tabs</i>	2	
<i>erythromycin base cpep</i>	2	MO
<i>erythromycin base tabs</i>	2	
<i>erythromycin ethylsuccinate susr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
FIRVANQ SOLR	4	
<i>gentamicin in saline soln intravenous</i>	2	HI
<i>gentamicin sulfate soln injection</i>	2	HI
<i>imipenem-cilastatin solr intravenous</i>	2	HI
<i>levofloxacin in d5w soln intravenous</i>	2	HI
<i>levofloxacin soln</i>	2	
<i>levofloxacin soln intravenous</i>	2	HI
<i>levofloxacin tabs</i>	2	
<i>linezolid soln intravenous</i>	2	HI
<i>linezolid susr</i>	2	NDS
<i>linezolid tabs</i>	2	NDS
<i>meropenem solr intravenous 1gm, 500mg</i>	2	HI
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	2	MO
<i>minocycline hcl er tb24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>minocycline hcl tabs 50mg, 75mg, 100mg</i>	2	MO
<i>mondoxyne nl caps 75mg, 100mg</i>	2	MO
<i>morgidox caps</i>	2	MO
<i>moxifloxacin hcl in nacl soln intravenous</i>	2	HI
<i>moxifloxacin hcl tabs</i>	2	
<i>nafcillin sodium solr</i>	2	
<i>nafcillin sodium solr injection</i>	2	HI
<i>nafcillin sodium solr intravenous</i>	2	HI
<i>neomycin sulfate tabs</i>	2	
NUZYRA SOLR	5	HI,NDS
NUZYRA TABS	5	NDS
<i>ofloxacin tabs</i>	2	
ORBACTIV SOLR	5	NDS
<i>oxacillin sodium solr injection 1gm, 2gm, 10gm</i>	2	HI
PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS	3	HI
<i>penicillin g potassium solr injection</i>	2	HI
<i>penicillin g procaine susp</i>	2	
<i>penicillin g sodium solr injection</i>	2	HI
<i>penicillin v potassium solr</i>	2	
<i>penicillin v potassium tabs</i>	2	
<i>piperacillin sod-tazobactam so solr intravenous</i>	2	HI
<i>polymyxin b sulfate solr injection</i>	2	HI
SEYSARA TABS 60mg, 100mg, 150mg	5	NDS
SIVEXTRO SOLR INTRAVENOUS	5	HI
SIVEXTRO TABS	5	NDS
<i>soloxide tbec</i>	2	MO
<i>streptomycin sulfate solr</i>	2	
<i>sulfadiazine tabs</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim susp</i>	2	MO
<i>sulfamethoxazole-trimethoprim tabs</i>	2	MO
<i>sulfasalazine tabs</i>	2	
<i>sulfasalazine tbec</i>	2	
SUPRAX CAPS	4	
<i>suprax chew</i>	2	
<i>suprax susr 100mg/5ml, 200mg/5ml</i>	2	
SUPRAX SUSR 500 MG/5ML	4	
SYNERCID SOLR	3	
<i>targadox tabs</i>	2	MO
<i>tazicef solr injection 1gm, 2gm, 6gm</i>	2	HI
TEFLARO SOLR INTRAVENOUS 400mg, 600mg	4	HI
<i>tetracycline hcl caps 250mg, 500mg</i>	2	MO
<i>tigecycline solr intravenous</i>	2	HI
<i>tobramycin sulfate soln injection 80mg/2ml, 10mg/ml</i>	2	HI
VABOMERE SOLR INTRAVENOUS	4	HI
VANCOGIN HCL CAPS 125mg, 250mg	5	NDS
<i>vancomycin hcl caps</i>	2	
<i>vancomycin hcl intravenous 750mg</i>	2	
VANCOMYCIN HCL INTRAVENOUS 250MG	4	
<i>vancomycin hcl solr intravenous 1gm, 10gm, 500mg</i>	2	HI
VIBRAMYCIN SYRP	4	
XIFAXAN TABS 200mg, 550mg	5	NDS
ZEMDRI SOLN INTRAVENOUS	5	HI
ZERBAXA SOLR INTRAVENOUS	4	HI
ZITHROMAX PACK	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
ZOSYN SOLN INTRAVENOUS	4	HI
ZYVOX SOLN INTRAVENOUS 200mg/100ml, 600mg/300ml	5	HI
ZYVOX SUSR	5	NDS
ZYVOX TABS	5	NDS
ANTIFUNGALS		
ABELCET SUSP INTRAVENOUS	4	HI
AMBISOME SUSR INTRAVENOUS	5	HI
<i>amphotericin b solr intravenous</i>	2	HI
ANCOBON CAPS 250mg, 500mg	5	NDS
CANCIDAS SOLR INTRAVENOUS 50mg, 70mg	5	HI
<i>caspofungin acetate solr intravenous 50mg, 70mg</i>	5	HI
CRESEMBA CAPS	5	NDS
CRESEMBA SOLR	5	NDS
ERAXIS SOLR INTRAVENOUS 50mg, 100mg	4	HI
<i>fluconazole in sodium chloride soln intravenous</i>	2	HI
<i>fluconazole susr</i>	2	
<i>fluconazole tabs</i>	2	
<i>flucytosine caps 250mg, 500mg</i>	5	NDS
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	2	
<i>griseofulvin ultramicrosize tabs</i>	2	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	2	MO
<i>ketoconazole tabs</i>	2	
MYCAMINE SOLR INTRAVENOUS 50mg, 100mg	4	HI
NOXAFIL SUSP	5	NDS

Drug Name	Drug Tier	Requirements /Limits
NOXAFIL TBEC	5	NDS
<i>nystatin susp</i>	2	
<i>nystatin tabs</i>	2	
<i>terbinafine hcl tabs</i>	2	
TOLSURA CAPS	5	NDS
VFEND SUSR	5	NDS
VFEND TABS 50mg, 200mg	5	NDS
<i>voriconazole solr intravenous</i>	2	HI
<i>voriconazole susr</i>	2	
<i>voriconazole tabs</i>	2	
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE SOLR	3	
<i>dapsone tabs 25mg, 100mg</i>	2	MO
<i>ethambutol hcl tabs 100mg, 400mg</i>	2	MO
<i>isoniazid syrp</i>	2	MO
<i>isoniazid tabs 100mg, 300mg</i>	2	MO
<i>paser pack</i>	2	MO
PRIFTIN TABS	4	MO
<i>pyrazinamide tabs</i>	2	MO
<i>rifabutin caps</i>	2	MO
RIFADIN CAPS	2	MO
<i>rifamate caps</i>	2	MO
<i>rifampin caps 150mg, 300mg</i>	2	MO
<i>rifampin solr intravenous</i>	2	HI
RIFATER TABS	4	MO
SIRTURO TABS	5	NDS
TRECTOR TABS	4	MO
ANTIPROTOZOALS		
ALINIA SUSR	3	
ALINIA TABS	3	
<i>atovaquone susp</i>	5	NDS
<i>atovaquone-proguanil hcl tabs</i>	2	
BENZNIDAZOLE TABS 12.5mg, 100mg	4	MO
<i>chloroquine phosphate tabs</i>	2	
COARTEM TABS	3	
DARAPRIM TABS	3	

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

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxychloroquine sulfate tabs</i>	2	MO
IMPAVIDO CAPS	5	NDS
<i>mefloquine hcl tabs</i>	2	
MEPRON SUSP	5	NDS
<i>metronidazole caps</i>	2	
<i>metronidazole in nacl soln intravenous</i>	2	HI
<i>metronidazole tabs</i>	2	
NEBUPENT SOLR	3	PA
<i>paromomycin sulfate caps</i>	2	
<i>primaquine phosphate tabs</i>	2	
<i>quinine sulfate caps</i>	2	NDS
SOLOSEC PACK	4	
<i>tinidazole tabs</i>	2	
ANTIVIRALS		
<i>abacavir sulfate soln</i>	2	
<i>abacavir sulfate tabs</i>	2	MO
<i>abacavir sulfate-lamivudine tabs</i>	2	MO
<i>abacavir-lamivudine-zidovudine tabs</i>	2	MO
<i>acyclovir caps</i>	2	MO
<i>acyclovir sodium soln intravenous</i>	2	HI
<i>acyclovir susp</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil tabs</i>	5	NDS
APTIVUS CAPS	3	MO
APTIVUS SOLN	3	MO
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	2	MO
ATRIPLA TABS	4	MO
BARACLUDE SOLN	3	MO
BARACLUDE TABS	5	
BIKTARVY TABS	3	
CIMDUO TABS	2	MO
COMBIVIR TABS	4	MO
COMPLERA TABS	3	MO
CRIXIVAN CAPS 200mg, 400mg	3	MO
DAKLINZA TABS 30mg, 60mg, 90mg	5	PA,NDS

Drug Name	Drug Tier	Requirements /Limits
DELSTRIGO TABS	4	MO
DESCOVY TABS	3	MO
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	2	MO
DOVATO TABS	4	MO
EDURANT TABS	3	MO
<i>efavirenz caps 50mg, 200mg</i>	2	MO
<i>efavirenz tabs</i>	2	MO
EMTRIVA CAPS	3	MO
EMTRIVA SOLN	3	MO
<i>entecavir tabs .5mg, 1mg</i>	2	MO
EPCLUSA TABS	5	PA,NDS
EPIVIR HBV SOLN	3	MO
EPIVIR SOLN	4	MO
EPIVIR TABS 150mg, 300mg	4	MO
EPZICOM TABS	4	MO
EVOTAZ TABS	4	MO
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	2	MO
<i>fosamprenavir calcium tabs</i>	2	MO
FUZEON SOLR	3	NDS
GENVOYA TABS	3	MO
HARVONI TABS	5	PA,NDS
HEPSERA TABS	5	NDS
INTELENCE TABS 25mg, 100mg, 200mg	3	MO
INVIRASE CAPS	3	MO
INVIRASE TABS	3	MO
ISENTRESS CHEW 25mg, 100mg	3	MO
ISENTRESS HD TABS	3	MO
ISENTRESS PACK	3	MO
ISENTRESS TABS	3	MO
JULUCA TABS	3	MO
KALETRA TABS	3	MO
<i>lamivudine soln</i>	2	MO
<i>lamivudine tabs 100mg, 150mg, 300mg</i>	2	MO
<i>lamivudine-zidovudine tabs</i>	2	MO
<i>ledipasvir-sofosbuvir tabs</i>	5	PA,NDS

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

Drug Name	Drug Tier	Requirements /Limits
LEXIVA SUSP	4	MO
LEXIVA TABS	4	MO
<i>lopinavir-ritonavir soln</i>	2	MO
MAVYRET TABS	5	PA,NDS
<i>nevirapine er tb24 100mg, 400mg</i>	2	MO
<i>nevirapine susp</i>	2	MO
<i>nevirapine tabs</i>	2	MO
NORVIR CAPS	3	MO
NORVIR PACK	4	MO
NORVIR SOLN	3	MO
NORVIR TABS	4	MO
ODEFSEY TABS	3	MO
OLYSIO CAPS	5	PA,NDS
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	2	MO
<i>oseltamivir phosphate susr</i>	2	MO
PEG-INTRON REDIPEN KIT 50mcg/0.5ml, 80mcg/0.5ml, 120mcg/0.5ml, 150mcg/0.5ml	5	NDS
PEG-INTRON REDIPEN PAK 4 KIT 80mcg/0.5ml, 120mcg/0.5ml, 150mcg/0.5ml	5	NDS
PEGASYS PROCLICK SOLN 135mcg/0.5ml, 180mcg/0.5ml	5	NDS
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	5	NDS
PEGINTRON KIT 50mcg/0.5ml, 80mcg/0.5ml, 120mcg/0.5ml, 150mcg/0.5ml	5	NDS
PIFELTRO TABS	4	MO
PLEGRIDY SOPN	5	NDS
PLEGRIDY SOSY	5	NDS
PLEGRIDY STARTER PACK SOPN	5	NDS
PLEGRIDY STARTER PACK SOSY	5	NDS

Drug Name	Drug Tier	Requirements /Limits
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	5	NDS
PREVYMIS TABS 240mg, 480mg	5	NDS
PREZCOBIX TABS	3	MO
PREZISTA SUSP	3	MO
PREZISTA TABS 75mg, 150mg, 600mg, 800mg	3	MO
RAPIVAB SOLN	5	NDS
REBETOL SOLN	4	MO
RELENZA DISKHALER AEPB	3	MO
RESCRIPTOR TABS 100mg, 200mg	3	MO
RETROVIR CAPS	4	MO
RETROVIR SOLN	3	MO
RETROVIR SYRP	4	MO
REYATAZ CAPS 150mg, 200mg, 300mg	4	MO
REYATAZ PACK	4	MO
<i>ribasphere caps</i>	2	MO
<i>ribasphere ribapak tabs</i>	2	MO
<i>ribasphere ribapak tbpk</i>	2	MO
<i>ribasphere tabs</i>	2	MO
<i>ribavirin caps</i>	2	MO
<i>ribavirin tabs</i>	2	MO
<i>rimantadine hcl tabs</i>	2	MO
<i>ritonavir tabs</i>	2	MO
SELZENTRY SOLN	4	MO
SELZENTRY TABS 25mg, 75mg, 150mg, 300mg	3	MO
<i>sofosbuvir-velpatasvir tabs</i>	5	PA,NDS
SOVALDI TABS	5	PA,NDS
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	2	MO
STRIBILD TABS	3	MO
SUSTIVA CAPS 50mg, 200mg	4	MO
SUSTIVA TABS	4	MO
SYMFI LO TABS	2	MO
SYMFI TABS	2	MO
SYMTUZA TABS	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	5	NDS
<i>tenofovir disoproxil fumarate tabs</i>	2	MO
TIVICAY TABS 10mg, 25mg, 50mg	3	MO
TRIUMEQ TABS	3	MO
TRIZIVIR TABS	4	MO
TRUVADA TABS 200-300 MG	3	MO
TRUVADA TABS	4	MO
TYBOST TABS	3	MO
<i>valacyclovir hcl tabs 1gm, 500mg</i>	2	MO
VALCYTE TABS	5	NDS
<i>valganciclovir hcl soln</i>	2	NDS
<i>valganciclovir hcl tabs</i>	2	NDS
VEMLIDY TABS	5	
VIDEX EC CPDR 125mg, 200mg, 250mg, 400mg	4	MO
VIDEX SOLR 2gm, 4gm	3	MO
VIEKIRA PAK TBPK	5	PA,NDS
VIEKIRA XR TB24	5	PA,NDS
VIRACEPT TABS 250mg, 625mg	3	MO
VIRAMUNE SUSP	4	MO
VIRAMUNE TABS	4	MO
VIRAMUNE XR TB24 100mg, 400mg	4	MO
VIREAD POWD	3	MO
VIREAD TABS 150mg	3	MO
VIREAD TABS 200mg, 250mg, 300mg	4	MO
VOSEVI TABS	5	PA,NDS
XOFLUZA TBPK 20mg, 40mg	4	MO
ZEPATIER TABS	5	PA,NDS
ZERIT CAPS 15mg, 20mg, 30mg, 40mg	4	MO
ZIAGEN SOLN	4	MO
ZIAGEN TABS	4	MO
<i>zidovudine caps</i>	2	MO
<i>zidovudine syrp</i>	2	MO
<i>zidovudine tabs</i>	2	MO
URINARY ANTI-INFECTIVES		

Drug Name	Drug Tier	Requirements /Limits
<i>methenamine hippurate tabs</i>	2	
MONUROL PACK	4	
<i>nitrofurantoin macrocrystal caps</i>	2	
<i>nitrofurantoin monohyd macro caps</i>	2	
<i>nitrofurantoin susp</i>	2	
<i>trimethoprim tabs</i>	2	MO
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>carbinoxamine maleate soln</i>	2	
<i>carbinoxamine maleate tabs</i>	2	
<i>cetirizine hcl soln</i>	2	
CLARINEX SYRP	4	
CLARINEX-D 12 HOUR TB12	4	
<i>clemastine fumarate tabs</i>	2	
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hcl tabs</i>	2	
<i>desloratadine tabs</i>	2	
<i>desloratadine tbdp</i>	2	
<i>dexchlorpheniramine maleate soln</i>	2	
<i>levocetirizine dihydrochloride soln</i>	2	
<i>levocetirizine dihydrochloride tabs</i>	2	
<i>phenadoz supp</i>	2	
<i>promethazine hcl supp</i>	2	
<i>promethazine hcl syrp</i>	2	
<i>promethazine hcl tabs</i>	2	
<i>promethazine-phenylephrine syrp</i>	2	
<i>promethegan supp</i>	2	
<i>ryclora soln</i>	2	
<i>ryvent tabs</i>	2	
SEMPREX-D CAPS	4	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs</i>	5	NDS
ABRAXANE SUSR	3	
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	5	NDS

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

Drug Name	Drug Tier	Requirements /Limits
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS
ALECENSA CAPS	5	NDS
ALIMTA SOLR	3	
ALIQUOPA SOLR	5	NDS
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS
ALUNBRIG TBPk	5	NDS
<i>anastrozole tabs</i>	2	
ARRANON SOLN	3	
ARZERRA CONC 1000mg/50ml, 100mg/5ml	5	NDS
AVASTIN SOLN	5	
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS
BAVENCIO SOLN	5	NDS
BCG VACCINE INJ	3	
BELEODAQ SOLR	5	NDS
BELRAPZO SOLN	5	NDS
BENDAMUSTINE HCL SOLN	5	NDS
BENDEKA SOLN	5	NDS
BESPONSA SOLR	5	NDS
<i>bexarotene caps</i>	5	NDS
<i>bicalutamide tabs</i>	2	
BICNU SOLR	3	
BLINCYTO SOLR	5	NDS
BORTEZOMIB SOLR	3	
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS
BRAFTOVI CAPS 50mg, 75mg	5	NDS
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS
CALQUENCE CAPS	5	NDS
CAPRELSA TABS 100mg, 300mg	3	LD,NDS
CISPLATIN SOLR	5	NDS
COMETRIQ (100 MG DAILY DOSE) KIT	5	LD,NDS
COMETRIQ (140 MG DAILY DOSE) KIT	5	LD,NDS
COMETRIQ (60 MG DAILY DOSE) KIT	5	LD,NDS

Drug Name	Drug Tier	Requirements /Limits
COPIKTRA CAPS 15mg, 25mg	5	NDS
COTELLIC TABS	5	NDS
<i>cyclophosphamide caps 25mg, 50mg</i>	2	PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	NDS
DARZALEX SOLN 400mg/20ml, 100mg/5ml	5	NDS
DAURISMO TABS 25mg, 100mg	5	NDS
DOCETAXEL (NON-ALCOHOL) SOLN 80mg/4ml, 160mg/8ml, 20mg/ml	5	NDS
DROXIA CAPS	4	
ELIGARD KIT	4	
ELZONRIS SOLN	5	NDS
EMCYT CAPS	3	NDS
EMPLICITI SOLR 300mg, 400mg	5	NDS
ERBITUX SOLN	3	
ERIVEDGE CAPS	5	NDS
ERLEADA TABS	5	NDS
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	5	NDS
EVOMELA SOLR	5	NDS
<i>exemestane tabs</i>	2	
FARESTON TABS	5	
FARYDAK CAPS 10mg, 15mg, 20mg	5	LD,NDS
FASLODEX SOLN	5	NDS
FIRMAGON SOLR	4	
<i>flutamide caps</i>	2	
<i>fulvestrant soln</i>	5	NDS
GAZYVA SOLN	5	NDS
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS
GLEEVEC TABS 100mg, 400mg	5	NDS
GLEOSTINE CAPS 5mg, 10mg	3	
GLEOSTINE CAPS 40mg, 100mg	5	

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

Drug Name	Drug Tier	Requirements /Limits
HERCEPTIN SOLR 150mg, 440mg	5	NDS
HEXALEN CAPS	5	NDS
<i>hydroxyurea caps</i>	2	
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS
ICLUSIG TABS 15mg, 45mg	5	LD,NDS
IDHIFA TABS 50mg, 100mg	5	NDS
<i>imatinib mesylate tabs 100mg, 400mg</i>	2	NDS
IMBRUVICA CAPS 70mg, 140mg	5	NDS
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	NDS
IMFINZI SOLN 500mg/10ml, 120mg/2.4ml	5	NDS
INFUGEM SOLN	5	NDS
INLYTA TABS 1mg, 5mg	5	NDS
INTRON A SOLN 10mu/ml, 6000000unit/ml	5	NDS
INTRON A SOLR 10mu, 18mu, 50mu	5	NDS
IRESSA TABS	5	NDS
IXEMPRA KIT SOLR	5	NDS
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS
KADCYLA SOLR 100mg, 160mg	5	NDS
KEYTRUDA SOLN	5	NDS
KEYTRUDA SOLR	5	NDS
KISQALI (200 MG DOSE) TBPk	5	NDS
KISQALI (400 MG DOSE) TBPk	5	NDS
KISQALI (600 MG DOSE) TBPk	5	NDS
KISQALI FEMARA (400 MG DOSE) TBPk	5	NDS
KISQALI FEMARA (600 MG DOSE) TBPk	5	NDS

Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA(200 MG DOSE) TBPk	5	NDS
KYPROLIS SOLR 10mg, 30mg, 60mg	5	NDS
LARTRUVO SOLN 190mg/19ml, 500mg/50ml	5	NDS
LENVIMA (10 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (12 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (14 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (18 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (20 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (24 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (4 MG DAILY DOSE) CPPK	5	LD,NDS
LENVIMA (8 MG DAILY DOSE) CPPK	5	LD,NDS
<i>letrozole tabs</i>	2	
LEUKERAN TABS	5	NDS
<i>leuprolide acetate kit</i>	2	
LIBTAYO SOLN	5	NDS
LONSURF TABS	5	NDS
LORBRENA TABS 25mg, 100mg	5	NDS
LUMOXITI SOLR	5	NDS
LUPANETA PACK KIT	4	
LUPRON DEPOT (1-MONTH) KIT	3	
LUPRON DEPOT (3-MONTH) KIT	3	
LUPRON DEPOT (4-MONTH) KIT	3	
LUPRON DEPOT (6-MONTH) KIT	3	
LUPRON DEPOT-PED (1-MONTH) KIT	3	
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG	4	
LUPRON DEPOT-PED (3-MONTH) KIT	4	

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

Drug Name	Drug Tier	Requirements /Limits
LYNPARZA CAPS	5	NDS
LYNPARZA TABS 100mg, 150mg	5	NDS
LYSODREN TABS	3	NDS
MARQIBO SUSP	5	NDS
MATULANE CAPS	5	NDS
<i>megestrol acetate susp</i>	2	
<i>megestrol acetate tabs</i>	2	
MEKINIST TABS .5mg, 2mg	5	NDS
MEKTOVI TABS	5	NDS
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium (pf) soln</i>	2	
METHOTREXATE SODIUM SOLN	2	
<i>methotrexate tabs</i>	2	PA
MUSTARGEN SOLR	3	
MYLOTARG SOLR	5	NDS
NERLYNX TABS	5	NDS
NEXAVAR TABS	5	NDS
<i>nilutamide tabs</i>	2	
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS
ODOMZO CAPS	5	NDS
ONIVYDE INJ	5	NDS
OPDIVO SOLN 100mg/10ml, 240mg/24ml, 40mg/4ml	5	NDS
PERJETA SOLN	5	NDS
PIQRAY (200 MG DAILY DOSE) TBPk	5	NDS
PIQRAY (250 MG DAILY DOSE) TBPk	5	NDS
PIQRAY (300 MG DAILY DOSE) TBPk	5	NDS
POLIVY SOLR	5	NDS
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS
PORTRAZZA SOLN	5	NDS
POTELIGEO SOLN	5	NDS
PROLEUKIN SOLR	5	NDS
PURIXAN SUSP	5	NDS
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS

Drug Name	Drug Tier	Requirements /Limits
RITUXAN HYCELA SOLN	5	
RITUXAN SOLN	5	
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS
RYDAPT CAPS	5	NDS
SIKLOS TABS	5	NDS
SOLTAMOX SOLN	4	
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS
STIVARGA TABS	5	NDS
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS
SYLATRON KIT	4	
SYLVANT SOLR 100mg, 400mg	5	NDS
SYNRIBO SOLR	5	NDS
TABLOID TABS	3	
TAFINLAR CAPS 50mg, 75mg	5	NDS
TAGRISSO TABS 40mg, 80mg	5	NDS
TALZENNA CAPS .25mg, 1mg	5	NDS
<i>tamoxifen citrate tabs</i>	2	
TARCEVA TABS 25mg, 100mg, 150mg	5	NDS
TARGETIN CAPS	5	NDS
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS
TECENTRIQ SOLN	5	NDS
TENIPOSIDE SOLN	3	
TEPADINA SOLR	5	NDS
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	5	NDS
<i>thiotepa solr</i>	5	NDS
TIBSOVO TABS	5	NDS
<i>toremifene citrate tabs</i>	5	
TRELSTAR MIXJECT SUSR	4	
<i>tretinoin caps</i>	2	NDS
<i>trexall tabs 5mg, 7.5mg, 10mg, 15mg</i>	2	PA

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

Drug Name	Drug Tier	Requirements /Limits
TRISENOX SOLN 10mg/10ml	3	NDS
TRISENOX SOLN	5	NDS
TYKERB TABS	5	NDS
UNITUXIN SOLN	5	NDS
VANTAS KIT	3	
VELCADE SOLR	3	
VENCLEXTA STARTING PACK TBPB	5	NDS
VENCLEXTA TABS 10mg, 50mg	4	NDS
VENCLEXTA TABS	5	NDS
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS
VITRAKVI CAPS 25mg, 100mg	5	NDS
VITRAKVI SOLN	5	NDS
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS
VOTRIENT TABS	5	NDS
VYXEOS SUSR	5	NDS
XALKORI CAPS 200mg, 250mg	5	NDS
XATMEP SOLN	4	PA,NDS
XOSPATA TABS	5	NDS
XTANDI CAPS	5	NDS
YERVOY SOLN	3	
YONDELIS SOLR	5	NDS
YONSA TABS	5	NDS
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	NDS
ZEJULA CAPS	5	NDS
ZELBORAF TABS	5	NDS
ZOLINZA CAPS	5	NDS
ZYDELIG TABS 100mg, 150mg	5	NDS
ZYKADIA CAPS	5	NDS
ZYKADIA TABS	5	NDS
ZYTIGA TABS 250mg, 500mg	5	NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ANORO ELLIPTA AEPB	4	MO
ATROVENT HFA AERS	3	MO
BEVESPI AEROSPHERE AERO	4	MO

Drug Name	Drug Tier	Requirements /Limits
CUVPOSA SOLN	3	MO
<i>dicyclomine hcl caps</i>	2	MO
<i>dicyclomine hcl soln</i>	2	MO
<i>dicyclomine hcl tabs</i>	2	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
INCRUSE ELLIPTA AEPB	4	MO
<i>ipratropium bromide soln .02%</i>	1	PA,MO
<i>ipratropium bromide soln .03%, .06%</i>	2	MO
LONHALA MAGNAIR REFILL KIT SOLN	5	NDS
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	2	MO
<i>propantheline bromide tabs</i>	2	MO
SPIRIVA HANDIHALER CAPS	4	MO
SPIRIVA RESPIMAT AERS 2.5mcg/act	3	MO
SPIRIVA RESPIMAT AERS	4	MO
STIOLTO RESPIMAT AERS	3	MO
TUDORZA PRESSAIR AEPB	4	MO
YUPELRI SOLN	5	PA,NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
CHANTIX CONTINUING MONTH PAK TABS	3	MO
CHANTIX STARTING MONTH PAK TABS	3	MO
CHANTIX TABS .5mg, 1mg	3	MO
NICOTROL INHA	3	MO
NICOTROL NS SOLN	4	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	2	MO
<i>cevimeline hcl caps</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
donepezil hcl tabs 5mg, 10mg, 23mg	2	MO
donepezil hcl tbdp 5mg, 10mg	2	MO
galantamine hydrobromide er cp24 8mg, 16mg, 24mg	2	MO
galantamine hydrobromide soln	2	MO
galantamine hydrobromide tabs 4mg, 8mg, 12mg	2	MO
GUANIDINE HCL TABS	4	MO
MESTINON SYRP	2	MO
pilocarpine hcl tabs 5mg, 7.5mg	2	MO
pyridostigmine bromide er tbcr	2	MO
pyridostigmine bromide soln	2	MO
pyridostigmine bromide tabs 30mg, 60mg	2	MO
REGONOL SOLN	3	
rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	MO
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	2	MO
urecholine tabs 5mg, 10mg, 25mg, 50mg	2	MO
SKELETAL MUSCLE RELAXANTS		
baclofen tabs 5mg, 10mg, 20mg	2	MO
carisoprodol tabs 250mg, 350mg	2	PA,NDS
carisoprodol-aspirin tabs	2	PA,NDS
carisoprodol-aspirin-codeine tabs	2	PA,NDS
chlorzoxazone tabs 375mg, 500mg, 750mg	2	NDS
cyclobenzaprine hcl er cp24 15mg, 30mg	2	PA
cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg	2	PA
dantrolene sodium caps	2	
fexmid tabs	2	PA

Drug Name	Drug Tier	Requirements /Limits
lorzone tabs 375mg, 750mg	2	NDS
metaxall tabs	2	
metaxalone tabs	2	
methocarbamol tabs	2	
orphenadrine citrate er tb12	2	
tizanidine hcl caps	2	
tizanidine hcl tabs	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er tb24	2	MO
D.H.E. 45 SOLN	5	NDS
DIBENZYLIN CAPS	5	NDS
dihydroergotamine mesylate soln	2	NDS
ergoloid mesylates tabs	2	MO
phenoxybenzamine hcl caps	5	NDS
silodosin caps 4mg, 8mg	2	MO
tamsulosin hcl caps	2	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS AEPB	4	MO
ADVAIR HFA AERO	3	MO
albuterol sulfate er tb12 4mg, 8mg	2	MO
albuterol sulfate hfa aers	2	MO
albuterol sulfate nebu .083%, .5%	1	PA,MO
albuterol sulfate nebu .63mg/3ml, 1.25mg/3ml	2	PA,MO
albuterol sulfate syrp	2	MO
albuterol sulfate tabs 2mg, 4mg	2	MO
ARCAPTA NEOHALER CAPS	4	MO
BROVANA NEBU	5	PA,MO
COMBIVENT RESPIMAT AERS	3	MO
epinephrine soaj	2	
EPIPEN 2-PAK SOAJ	2	
EPIPEN JR 2-PAK SOAJ	2	
fluticasone-salmeterol aepb	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium-albuterol soln</i>	2	PA,MO
<i>levalbuterol hcl nebu 1.25mg/0.5ml, .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	2	PA,MO
<i>levalbuterol tartrate aero</i>	2	MO
<i>metaproterenol sulfate syrp</i>	2	MO
<i>metaproterenol sulfate tabs 10mg, 20mg</i>	2	MO
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	2	MO
NORTHERA CAPS 100mg, 200mg, 300mg	5	NDS
PERFOROMIST NEBU	4	PA,MO
PROAIR RESPICLICK AEPB	4	MO
SEREVENT DISKUS AEPB	3	MO
STRIVERDI RESPIMAT AERS	3	MO
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	2	MO
VENTOLIN HFA AERS	2	MO
<i>wixela inhub aepb</i>	2	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
BLOOD FORMATION MODIFIERS		
BERINERT KIT INTRAVENOUS	5	HI
CINRYZE SOLR INTRAVENOUS	5	HI
FIRAZYR SOLN	5	NDS
RUCONEST SOLR INTRAVENOUS	5	HI
COAGULANTS AND ANTICOAGULANTS		
AMICAR TABS	4	MO
<i>anagrelide hcl caps .5mg, 1mg</i>	2	MO
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
<i>aspirin-dipyridamole er cp12</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
BEVYXXA CAPS 40mg, 80mg	4	MO
BRILINTA TABS 60mg, 90mg	3	MO
<i>cilostazol tabs 50mg, 100mg</i>	2	MO
<i>clopidogrel bisulfate tabs</i>	2	MO
ELIQUIS STARTER PACK TABS	4	MO
ELIQUIS TABS 2.5mg, 5mg	4	MO
<i>enoxaparin sodium soln 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 300mg/3ml, 100mg/ml, 150mg/ml</i>	2	NDS
<i>fondaparinux sodium soln 2.5mg/0.5ml</i>	2	NDS
<i>fondaparinux sodium soln 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	5	NDS
FRAGMIN SOLN 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 12500unit/0.5ml, 15000unit/0.6ml, 95000unit/3.8ml, 10000unit/ml, 18000unt/0.72ml	4	NDS
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	2	PA
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	MO
LOVENOX SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml,	2	NDS

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

Drug Name	Drug Tier	Requirements /Limits
80mg/0.8ml, 120mg/0.8ml, 300mg/3ml, 100mg/ml, 150mg/ml		
<i>pentoxifylline er tbc</i>	2	MO
PRADAXA CAPS 110mg, 150mg	3	MO
<i>prasugrel hcl tabs 5mg, 10mg</i>	2	MO
SAVAYSA TABS 15mg, 30mg, 60mg	4	MO
<i>tranexamic acid tabs</i>	2	MO
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 10mg</i>	1	MO
XARELTO STARTER PACK TBPK	4	MO
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	4	MO
ZONTIVITY TABS	4	MO
HEMATOPOIETIC AGENTS		
ARANESP (ALBUMIN FREE) SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml	4	PA,NDS
ARANESP (ALBUMIN FREE) SOSY 25mcg/0.42ml, 10mcg/0.4ml, 40mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	PA,NDS
ARANESP (ALBUMIN FREE) SOSY 60mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.4ml, 100mcg/0.5ml	5	PA,NDS
CABLIVI KIT	5	NDS
DOPTELET TABS	5	NDS
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	4	PA,NDS

Drug Name	Drug Tier	Requirements /Limits
FULPHILA SOSY	5	NDS
GRANIX SOLN 480mcg/1.6ml, 300mcg/ml	5	NDS
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
LEUKINE SOLR	3	NDS
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	4	PA
MULPLETA TABS	5	NDS
NEULASTA ONPRO PSKT	5	NDS
NEULASTA SOSY	5	NDS
NEUPOGEN SOLN 480mcg/1.6ml, 300mcg/ml	5	NDS
NEUPOGEN SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
NIVESTYM SOLN 480mcg/1.6ml, 300mcg/ml	5	NDS
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	3	PA,NDS
PROMACTA PACK	5	NDS
PROMACTA TABS 12.5mg, 25mg, 50mg, 75mg	5	NDS
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 40000unit/ml	4	PA,NDS

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

Drug Name	Drug Tier	Requirements /Limits
TAVALISSE TABS 100mg, 150mg	5	NDS
UDENYCA SOSY	5	NDS
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
CARDURA XL TB24 4mg, 8mg	4	MO
DEMSEER CAPS	4	MO
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	2	MO
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	2	MO
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	2	MO
ANTILIPEMIC AGENTS		
ALTOPREV TB24 20mg, 40mg, 60mg	4	MO
ANTARA CAPS 30mg, 90mg	4	MO
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	MO
<i>cholestyramine light powd</i>	2	MO
<i>cholestyramine pack</i>	2	MO
<i>colesevelam hcl pack</i>	2	MO
<i>colesevelam hcl tabs</i>	2	MO
<i>colestipol hcl pack</i>	2	MO
<i>colestipol hcl tabs</i>	2	MO
<i>ezetimibe tabs</i>	1	MO
<i>ezetimibe-simvastatin tabs</i>	2	MO
<i>fenofibrate caps 50mg, 150mg</i>	2	MO
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	2	MO
<i>fenofibrate tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	2	MO
<i>fenofibric acid cpdr 45mg, 135mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
FENOFIBRIC ACID TABS 35mg, 105mg	4	MO
FIBRICOR TABS	4	MO
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	4	MO
<i>fluvastatin sodium caps 20mg, 40mg</i>	2	MO
<i>fluvastatin sodium er tb24</i>	2	MO
<i>gemfibrozil tabs</i>	2	MO
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg	5	PA,LD,NDS
KYNAMRO SOSY	5	PA,LD,NDS
LIVALO TABS 1mg, 2mg, 4mg	4	MO
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	MO
<i>niacin er (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	2	MO
<i>niacor tabs</i>	2	MO
<i>omega-3-acid ethyl esters caps</i>	2	MO
PRALUENT SOPN 75mg/ml, 150mg/ml	4	PA,NDS
PRALUENT SOSY 75mg/ml, 150mg/ml	5	PA,NDS
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	MO
<i>prevalite pack</i>	2	MO
<i>questran light powd</i>	2	MO
<i>questran pack</i>	2	MO
REPATHA PUSHTRONEX SYSTEM SOCT	4	PA,NDS
REPATHA SOSY	4	PA,NDS
REPATHA SURECLICK SOAJ	4	PA,NDS
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
VASCEPA CAPS .5gm, 1gm	4	MO
ZYPITAMAG TABS 1mg, 2mg, 4mg	4	MO
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl caps 200mg, 400mg	2	MO
atenolol tabs 25mg, 50mg, 100mg	1	MO
atenolol-chlorthalidone tabs	2	MO
betaxolol hcl tabs 10mg, 20mg	2	MO
bisoprolol fumarate tabs 5mg, 10mg	1	MO
bisoprolol-hydrochlorothiazide tabs	1	MO
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	4	MO
carvedilol phosphate er cp24 10mg, 20mg, 40mg, 80mg	2	MO
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1	MO
DUTOPROL TB24	4	MO
INNOPRAN XL CP24 80mg, 120mg	4	MO
labetalol hcl tabs 100mg, 200mg, 300mg	2	MO
metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg	2	MO
metoprolol tartrate tabs 25mg, 50mg, 100mg	1	MO
metoprolol-hydrochlorothiazide tabs	2	MO
nadolol tabs 20mg, 40mg, 80mg	1	MO
nadolol-bendroflumethiazide tabs	2	MO
pindolol tabs 5mg, 10mg	2	MO
propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg	2	MO
propranolol hcl soln 20mg/5ml, 40mg/5ml	2	MO

Drug Name	Drug Tier	Requirements /Limits
propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	MO
propranolol-hctz tabs	2	MO
sorine tabs 80mg, 120mg, 160mg, 240mg	2	MO
sotalol hcl (af) tabs	2	MO
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	2	MO
SOTYLIZE SOLN	4	MO
timolol maleate tabs 5mg, 10mg, 20mg	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besy-benazepril hcl caps	2	MO
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	MO
amlodipine besylate-valsartan tabs	2	MO
amlodipine-atorvastatin tabs	2	MO
amlodipine-olmesartan tabs	2	MO
amlodipine-valsartan-hctz tabs	2	MO
CARDENE IV SOLN	3	
CARDIZEM LA TB24	4	MO
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2	MO
dilt-xr cp24 120mg, 180mg, 240mg	2	MO
diltiazem hcl er beads cp24 360mg, 420mg	2	MO
diltiazem hcl er coated beads cp24 120mg, 180mg, 240mg, 300mg	2	MO
diltiazem hcl er cp12 60mg, 90mg, 120mg	2	MO
diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg	2	MO
felodipine er tb24 2.5mg, 5mg, 10mg	2	MO
isradipine caps 2.5mg, 5mg	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
nicardipine hcl caps 20mg, 30mg	2	MO
nifedipine caps 10mg, 20mg	2	MO
nifedipine er osmotic release tb24 30mg, 60mg, 90mg	2	MO
nifedipine er tb24 30mg, 60mg, 90mg	2	MO
nimodipine caps	2	MO
nisoldipine er tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	MO
NYMALIZE SOLN	4	MO
olmesartan-amlodipine-hctz tabs	2	MO
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
telmisartan-amlodipine tabs	2	MO
trandolapril-verapamil hcl er tbcr	2	MO
VERAPAMIL HCL ER CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg	2	MO
verapamil hcl er tbcr 120mg, 180mg, 240mg	2	MO
verapamil hcl tabs 80mg, 120mg	1	MO
verapamil hcl tabs	2	MO
VERELAN CP24	4	MO
CARDIAC DRUGS		
amiodarone hcl tabs 100mg, 200mg, 400mg	2	MO
CORLANOR TABS 5mg, 7.5mg	4	MO
digitek tabs .125mg, .25mg	2	MO
digox tabs	2	
DIGOXIN SOLN	3	MO

Drug Name	Drug Tier	Requirements /Limits
digoxin tabs 125mcg, 250mcg	2	MO
disopyramide phosphate caps 100mg, 150mg	2	MO
dofetilide caps 125mcg, 250mcg, 500mcg	2	MO
flecainide acetate tabs 50mg, 100mg, 150mg	2	MO
LANOXIN PEDIATRIC SOLN	3	
LANOXIN TABS	4	MO
mexiletine hcl caps 150mg, 200mg, 250mg	2	MO
MULTAQ TABS	4	
NORPACE CR CP12 100mg, 150mg	3	MO
pacerone tabs 100mg, 200mg, 400mg	2	MO
propafenone hcl er cp12 225mg, 325mg, 425mg	2	MO
propafenone hcl tabs 150mg, 225mg, 300mg	2	MO
quinidine gluconate er tbcr	2	MO
QUINIDINE GLUCONATE SOLN	3	
quinidine sulfate tabs 200mg, 300mg	2	MO
ranolazine er tb12 500mg, 1000mg	2	MO
VYNDAQEL CAPS	5	NDS
HYPOTENSIVE AGENTS		
clonidine hcl er tb12	2	MO
clonidine hcl tabs .1mg, .2mg, .3mg	2	MO
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	2	MO
guanfacine hcl tabs 1mg, 2mg	2	MO
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	1	MO
methyldopa tabs 250mg, 500mg	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>methyldopa-hydrochlorothiazide tabs</i>	2	MO
<i>minoxidil tabs 2.5mg, 10mg</i>	2	MO
<i>vecamyl tabs</i>	2	NDS
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
ALDACTAZIDE TABS	4	MO
<i>aliskiren fumarate tabs 150mg, 300mg</i>	2	MO
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	MO
<i>benazepril-hydrochlorothiazide tabs</i>	2	MO
BYVALSON TABS	4	MO
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	2	MO
<i>candesartan cilexetil-hctz tabs</i>	2	MO
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	2	MO
<i>captopril-hydrochlorothiazide tabs</i>	2	MO
CAROSPIR SUSP	4	MO
EDARBI TABS 40mg, 80mg	4	MO
EDARBYCLOR TABS	4	MO
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	2	MO
<i>enalapril-hydrochlorothiazide tabs</i>	2	MO
ENTRESTO TABS	3	MO
<i>epplerenone tabs 25mg, 50mg</i>	2	MO
<i>eprosartan mesylate tabs</i>	2	MO
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	2	MO
<i>fosinopril sodium-hctz tabs</i>	2	MO
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	2	MO
<i>irbesartan-hydrochlorothiazide tabs</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide tabs</i>	1	MO
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	1	MO
<i>losartan potassium-hctz tabs</i>	1	MO
<i>moexipril hcl tabs 7.5mg, 15mg</i>	2	MO
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	2	MO
<i>olmesartan medoxomil-hctz tabs</i>	2	MO
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	2	MO
QBRELIS SOLN	4	MO
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	2	MO
<i>quinapril-hydrochlorothiazide tabs</i>	2	MO
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	2	MO
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	MO
<i>spironolactone-hctz tabs</i>	2	MO
TEKTURNA HCT TABS	4	MO
<i>telmisartan tabs 20mg, 40mg, 80mg</i>	2	MO
<i>telmisartan-hctz tabs</i>	2	MO
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	2	MO
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	2	MO
<i>valsartan-hydrochlorothiazide tabs</i>	2	MO
VASODILATING AGENTS		
ADCIRCA TABS	5	PA,NDS
<i>alyq tabs</i>	2	PA,NDS
BIDIL TABS	4	MO
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	2	MO
GONITRO PACK	4	MO
ISORDIL TITRADOSE TABS	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate er tbcr</i>	2	MO
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	2	MO
<i>isosorbide mononitrate er tb24 30mg, 60mg</i>	1	MO
<i>isosorbide mononitrate er tb24</i>	2	MO
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	MO
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	2	MO
<i>nitro-bid oint</i>	2	MO
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	MO
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	2	MO
<i>nitroglycerin soln</i>	2	MO
<i>nitroglycerin subl .3mg, .4mg, .6mg</i>	2	MO
REVATIO SOLN	5	PA,NDS
REVATIO SUSR	4	PA,NDS
REVATIO TABS	5	PA,NDS
<i>sildenafil citrate susr</i>	2	PA,NDS
<i>sildenafil citrate tabs</i>	2	PA,MO,NDS
<i>tadalafil (pah) tabs 20mg</i>	2	PA,NDS
<i>tadalafil tabs 2.5mg, 5mg</i>	2	PA,NDS
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium tbec</i>	2	MO
<i>antabuse tabs 250mg, 500mg</i>	2	MO
<i>disulfiram tabs 250mg, 500mg</i>	2	MO
ANALGESICS AND ANTIPYRETICS		
ABSTRAL SUBL 100mcg, 200mcg, 300mcg, 400mcg, 600mcg, 800mcg	4	PA,NDS
<i>acetaminophen-codeine #3 tabs</i>	2	NDS
<i>acetaminophen-codeine soln</i>	2	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine tabs</i>	2	NDS
ACTIQ LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	PA,NDS
<i>allzital tabs</i>	2	
ARYMO ER TBEA	5	NDS
<i>ascomp-codeine caps</i>	2	NDS
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	4	NDS
<i>bupap tabs</i>	2	
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	2	NDS
<i>butalbital-acetaminophen caps</i>	4	NDS
<i>butalbital-acetaminophen tabs</i>	2	
<i>butalbital-apap-caff-cod caps</i>	2	NDS
<i>butalbital-apap-caffeine caps</i>	2	
<i>butalbital-apap-caffeine tabs</i>	2	
<i>butalbital-asa-caff-codeine caps</i>	2	NDS
<i>butalbital-aspirin-caffeine caps</i>	2	
<i>butorphanol tartrate soln</i>	2	NDS
BUTRANS PTWK	4	NDS
<i>celecoxib caps</i>	2	
<i>codeine sulfate tabs 15mg, 30mg, 60mg</i>	2	NDS
DEMEROL SOLN 25mg/0.5ml, 75mg/1.5ml, 100mg/2ml, 75mg/ml	4	PA,NDS
<i>diclofenac potassium tabs</i>	2	
<i>diclofenac sodium er tb24</i>	2	
<i>diclofenac sodium tbec</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac-misoprostol tbec</i>	2	
<i>diflunisal tabs</i>	2	
DUEXIS TABS	5	
DURAMORPH SOLN .5mg/ml, 1mg/ml	2	HI,NDS
<i>dvorah tabs</i>	2	
EMBEDA CPCR	4	NDS
<i>endocet tabs</i>	2	NDS
<i>esgic tabs</i>	2	
<i>etodolac caps</i>	2	
<i>etodolac er tb24</i>	2	
<i>etodolac tabs</i>	2	
<i>fenoprofen calcium caps</i>	2	
<i>fenoprofen calcium tabs</i>	2	
FENTANYL CITRATE (PF) SOLN 1000mcg/20ml, 2500mcg/50ml	2	NDS
FENTANYL CITRATE (PF) SOLN 100mcg/2ml, 250mcg/5ml	4	NDS
<i>fentanyl citrate lpop 200mcg</i>	2	PA,NDS
<i>fentanyl citrate lpop 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	PA,NDS
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	2	PA,NDS
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	2	NDS
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	PA,NDS
<i>fioricet caps</i>	2	
<i>fioricet/codeine caps</i>	2	NDS
<i>flurbiprofen tabs</i>	2	
GRALISE STARTER MISC	4	

Drug Name	Drug Tier	Requirements /Limits
GRALISE TABS	4	
<i>hydrocodone-acetaminophen soln</i>	2	NDS
<i>hydrocodone-acetaminophen tabs</i>	2	NDS
<i>hydrocodone-ibuprofen tabs</i>	2	NDS
<i>hydromorphone hcl er t24a 8mg, 12mg, 16mg, 32mg</i>	2	NDS
<i>hydromorphone hcl liqd</i>	2	NDS
<i>hydromorphone hcl pf soln 50mg/5ml, 10mg/ml</i>	2	NDS
HYDROMORPHONE HCL SOLN	2	NDS
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	2	NDS
<i>ibu tabs</i>	2	
<i>ibudone tabs</i>	2	NDS
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs</i>	2	
ILARIS SOLN	5	NDS
INDOCIN SUSP	4	
<i>indomethacin caps</i>	2	
<i>indomethacin er cpcr</i>	2	
KADIAN CP24	4	NDS
<i>ketoprofen caps</i>	2	
<i>ketoprofen er cp24</i>	2	
<i>ketorolac tromethamine tabs</i>	2	
LAZANDA SOLN 100mcg/act, 300mcg/act, 400mcg/act	4	PA,NDS
<i>levorphanol tartrate tabs 2mg</i>	2	NDS
<i>levorphanol tartrate tabs</i>	5	NDS
<i>Iodine tabs</i>	2	
<i>lorcet hd tabs</i>	2	NDS
<i>lorcet plus tabs</i>	2	NDS
<i>lorcet tabs</i>	2	NDS
LYRICA CR TB24 82.5mg, 165mg, 330mg	4	MO
<i>meclofenamate sodium caps</i>	2	
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
<i>meperidine hcl soln</i> 50mg/5ml, 10mg/ml, 25mg/ml, 50mg/ml, 100mg/ml	2	PA,NDS
<i>meperidine hcl tabs</i> 50mg, 100mg	2	NDS
<i>methadone hcl soln</i> 5mg/5ml, 10mg/5ml	2	NDS
<i>methadone hcl tabs</i> 5mg, 10mg	2	NDS
<i>morphine sulfate</i> (concentrate) soln	2	NDS
MORPHINE SULFATE (PF) SOLN INTRAVENOUS	4	HI
<i>morphine sulfate er</i> <i>beads cp24</i> 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	NDS
<i>morphine sulfate er cp24</i> 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg	2	NDS
<i>morphine sulfate er tbc</i> 15mg, 30mg, 60mg, 100mg, 200mg	2	NDS
<i>morphine sulfate soln</i> 10mg/5ml, 20mg/5ml	2	NDS
MORPHINE SULFATE SOLN	4	HI,NDS
MORPHINE SULFATE SOLN INJECTION 2mg/ml, 4mg/ml, 10mg/ml	4	HI
MORPHINE SULFATE SOLN INTRAVENOUS	2	HI
MORPHINE SULFATE TABS 15mg, 30mg	3	NDS
<i>nabumetone tabs</i>	2	
<i>nalfon tabs</i>	2	
NAPRELAN TB24	4	
<i>naproxen dr tbec</i>	2	
<i>naproxen sodium er tb24</i>	2	
<i>naproxen sodium tabs</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>norco tabs</i>	2	NDS
NUCYNTA ER TB12 50mg, 100mg, 150mg	4	NDS
NUCYNTA ER TB12 200mg, 250mg	5	NDS
NUCYNTA TABS 50mg, 75mg	4	NDS
NUCYNTA TABS	5	NDS
<i>oxaprozin tabs</i>	2	
<i>oxycodone hcl caps</i>	2	NDS
<i>oxycodone hcl conc</i>	2	NDS
<i>oxycodone hcl er t12a</i> 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	NDS
<i>oxycodone hcl soln</i>	2	NDS
<i>oxycodone hcl tabs</i> 5mg, 10mg, 15mg, 20mg, 30mg	2	NDS
<i>oxycodone-</i> <i>acetaminophen tabs</i>	2	NDS
<i>oxycodone-aspirin tabs</i>	2	NDS
<i>oxycodone-ibuprofen</i> <i>tabs</i>	2	NDS
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	NDS
<i>oxymorphone hcl er tb12</i> 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg	2	NDS
<i>oxymorphone hcl tabs</i> 5mg, 10mg	2	NDS
<i>pentazocine-naloxone</i> <i>hcl tabs</i>	2	NDS
<i>percocet tabs</i>	2	NDS
<i>phrenilin forte caps</i>	2	
<i>piroxicam caps</i> 10mg, 20mg	2	NDS
<i>primlev tabs</i>	2	NDS
ROXYBOND TABA 5mg, 15mg, 30mg	5	NDS
SUBSYS LIQD 100mcg, 200mcg, 400mcg,	4	PA,NDS

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

Drug Name	Drug Tier	Requirements /Limits
600mcg, 800mcg, 1200mcg, 1600mcg		
<i>sulindac tabs</i>	2	
<i>tencon tabs</i>	2	
TIVORBEX CAPS	4	
<i>tolmetin sodium caps</i>	2	
<i>tolmetin sodium tabs</i>	2	
<i>tramadol hcl er (biphasic) tb24 100mg, 200mg, 300mg</i>	2	NDS
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	NDS
<i>tramadol hcl er tb24 100mg, 200mg, 300mg</i>	2	NDS
<i>tramadol hcl tabs</i>	2	NDS
<i>tramadol-acetaminophen tabs</i>	2	NDS
<i>trezix caps</i>	2	NDS
<i>tylenol with codeine #3 tabs</i>	2	NDS
<i>tylenol with codeine #4 tabs</i>	2	NDS
<i>vanatol lq soln</i>	2	
<i>vicodin es tabs</i>	2	NDS
<i>vicodin hp tabs</i>	2	NDS
<i>vicodin tabs</i>	2	NDS
VIMOVO TBEC	4	NDS
VIVLODEX CAPS	4	
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 36mg	4	NDS
<i>zebutal caps</i>	2	
ZIPSOR CAPS	4	
ZORVOLEX CAPS	4	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>adderall tabs</i>	2	NDS
ADDERALL XR CP24	2	NDS
ADZENYS ER SUER	4	NDS
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	4	NDS
<i>amphetamine sulfate tabs 5mg, 10mg</i>	2	NDS

Drug Name	Drug Tier	Requirements /Limits
<i>amphetamine-dextroamphet er cp24</i>	2	NDS
<i>amphetamine-dextroamphetamine tabs</i>	2	NDS
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	3	NDS
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	2	PA
CONCERTA TBCR 18mg, 27mg, 36mg, 54mg	2	NDS
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	4	NDS
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	4	NDS
<i>dexmethylphenidate hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	2	NDS
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	2	NDS
<i>dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg</i>	2	NDS
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	2	NDS
DYANAVEL XR SUER	4	NDS
<i>evekeo tabs 5mg, 10mg</i>	2	NDS
<i>metadate er tbc</i>	2	NDS
<i>methamphetamine hcl tabs</i>	2	PA,NDS
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	2	NDS
<i>methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	NDS
<i>methylphenidate hcl er (la) cp24 10mg, 20mg, 30mg, 40mg, 60mg</i>	2	NDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl er tb24 18mg, 27mg, 36mg, 54mg</i>	2	NDS
<i>methylphenidate hcl er tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg, 72mg</i>	2	NDS
<i>methylphenidate hcl soln 5mg/5ml, 10mg/5ml</i>	2	NDS
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	2	NDS
<i>modafinil tabs 100mg, 200mg</i>	2	PA,NDS
MYDAYIS CP24	4	NDS
<i>procentra soln</i>	2	NDS
QUILLICHEW ER CHER 20mg, 30mg, 40mg	4	NDS
QUILLIVANT XR SUSR	4	NDS
<i>relexxii tbcr</i>	2	NDS
VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	3	NDS
VYVANSE CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	4	NDS
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	2	NDS
ANTICONVULSANTS		
APTOM TABS 200mg, 400mg, 600mg, 800mg	4	MO
BANZEL SUSP	5	
BANZEL TABS 200mg, 400mg	5	NDS
BRIVIACT SOLN	5	NDS
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS
<i>carbamazepine chew</i>	2	MO
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	2	MO
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	2	MO
<i>carbamazepine susp</i>	2	MO
<i>carbamazepine tabs</i>	2	MO
CELONTIN CAPS	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clobazam susp</i>	2	MO
<i>clobazam tabs 10mg, 20mg</i>	2	MO
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	2	NDS
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	2	NDS
DIASTAT ACUDIAL GEL 10mg, 20mg	2	NDS
DIASTAT PEDIATRIC GEL	2	NDS
<i>dilantin caps 30mg, 100mg</i>	2	MO
<i>dilantin infatabs chew</i>	2	MO
<i>divalproex sodium csdr</i>	2	MO
<i>divalproex sodium er tb24 250mg, 500mg</i>	2	MO
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	2	MO
EPIDIOLEX SOLN	5	NDS
<i>epitol tabs</i>	2	MO
<i>ethosuximide caps</i>	2	MO
<i>ethosuximide soln</i>	2	MO
<i>felbamate susp</i>	2	MO
<i>felbamate tabs 400mg, 600mg</i>	2	MO
FELBATOL SUSP	5	
FELBATOL TABS	5	
FYCOMPA SUSP	5	NDS
FYCOMPA TABS	4	
<i>gabapentin caps 100mg, 400mg</i>	2	MO
<i>gabapentin soln</i>	2	MO
<i>gabapentin tabs 600mg, 800mg</i>	2	MO
HORIZANT TBCR 300mg, 600mg	4	MO
LAMICTAL XR KIT	4	MO
<i>lamotrigine chew 5mg, 25mg</i>	2	MO
<i>lamotrigine er tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	2	MO
<i>lamotrigine starter kit-blue kit</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine starter kit-green kit</i>	2	MO
<i>lamotrigine starter kit-orange kit</i>	2	MO
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	2	MO
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	2	MO
<i>levetiracetam er tb24 500mg, 750mg</i>	2	MO
<i>levetiracetam soln</i>	2	MO
<i>levetiracetam tabs 250mg, 500mg, 750mg, 1000mg</i>	2	MO
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	4	MO
LYRICA SOLN	4	
<i>magnesium sulfate soln injection 50%</i>	2	HI
MAGNESIUM SULFATE SOLN INTRAVENOUS 40gm/1000ml, 4gm/100ml, 20gm/500ml, 2gm/50ml	3	HI
<i>oxcarbazepine susp</i>	2	MO
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	2	MO
OXTELLAR XR TB24 150mg, 300mg, 600mg	4	MO
PEGANONE TABS	4	MO
<i>phenytek caps 200mg, 300mg</i>	2	MO
<i>phenytoin chew</i>	2	MO
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	2	MO
<i>phenytoin susp</i>	2	MO
<i>primidone tabs 50mg, 250mg</i>	2	MO
<i>roweepra tabs 500mg, 750mg, 1000mg</i>	2	MO
<i>roweepra xr tb24 500mg, 750mg</i>	2	MO
SABRIL PACK	5	LD,NDS

Drug Name	Drug Tier	Requirements /Limits
SABRIL TABS	5	LD,NDS
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	4	NDS
SYMPAZAN FILM 5mg	4	
SYMPAZAN FILM 10mg, 20mg	5	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	2	MO
<i>topiramate cpsp 15mg, 25mg</i>	2	MO
<i>topiramate er cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	2	MO
<i>topiramate tabs 25mg, 50mg, 100mg, 200mg</i>	2	MO
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	4	MO
<i>valproic acid caps</i>	2	MO
<i>valproic acid soln</i>	2	MO
<i>vigabatrin pack</i>	2	LD,NDS
<i>vigabatrin tabs</i>	5	NDS
<i>vigadrone pack</i>	2	LD,NDS
VIMPAT SOLN	4	
VIMPAT TABS	4	MO
<i>zarontin soln</i>	2	MO
<i>zonisamide caps 25mg, 50mg, 100mg</i>	2	MO
ANTIMIGRAINE AGENTS		
<i>almotriptan malate tabs</i>	2	
<i>cafergot tabs</i>	2	
CAMBIA PACK	4	
<i>eletriptan hydrobromide tabs</i>	2	
EMGALITY (300 MG DOSE) SOSY	5	NDS
<i>ergotamine-caffeine tabs</i>	2	
<i>frovatriptan succinate tabs</i>	2	
<i>naratriptan hcl tabs</i>	2	
ONZETRA XSAIL EXHP	4	
<i>rizatriptan benzoate tabs</i>	2	
<i>rizatriptan benzoate tbdp</i>	2	
<i>sumatriptan soln</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
SUMATRIPTAN SUCCINATE REFILL SOCT	2	
<i>sumatriptan succinate soaj</i>	2	
<i>sumatriptan succinate soln</i>	2	
<i>sumatriptan succinate sosy</i>	2	
<i>sumatriptan succinate tabs</i>	2	
ZEMBRACE SYMTOUCH SOAJ	4	
<i>zolmitriptan tabs</i>	2	
<i>zolmitriptan tbdp</i>	2	
ZOMIG SOLN	4	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl caps</i>	2	MO
<i>amantadine hcl syrp</i>	2	MO
<i>amantadine hcl tabs</i>	2	MO
APOKYN SOCT	5	NDS
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	2	MO
<i>bromocriptine mesylate caps</i>	2	MO
<i>bromocriptine mesylate tabs</i>	2	MO
<i>cabergoline tabs</i>	2	MO
<i>carbidopa tabs</i>	2	MO
<i>carbidopa-levodopa er tbc</i>	2	MO
<i>carbidopa-levodopa tabs</i>	2	MO
<i>carbidopa-levodopa tbdp</i>	2	MO
<i>carbidopa-levodopa-entacapone tabs</i>	2	MO
DUOPA SUSP	4	LD
EMSAM PT24	5	
<i>entacapone tabs</i>	2	MO
GOCOVRI CP24 68.5mg, 137mg	5	NDS
INBRIJA CAPS	5	NDS
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	MO

Drug Name	Drug Tier	Requirements /Limits
OSMOLEX ER TB24 129mg, 193mg, 258mg	4	MO
<i>pramipexole dihydrochloride er tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	2	MO
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	MO
<i>rasagiline mesylate tabs .5mg, 1mg</i>	2	MO
<i>ropinirole hcl er tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	2	MO
<i>ropinirole hcl tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	MO
RYTARY CPCR	4	MO
<i>selegiline hcl caps</i>	2	MO
<i>selegiline hcl tabs</i>	2	MO
<i>tolcapone tabs</i>	2	MO
<i>trihexyphenidyl hcl soln</i>	2	MO
<i>trihexyphenidyl hcl tabs 2mg, 5mg</i>	2	MO
ZELAPAR TBDP	4	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam er tb24 .5mg, 1mg, 2mg, 3mg</i>	2	NDS
<i>alprazolam intensol conc</i>	2	NDS
<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg</i>	2	NDS
<i>alprazolam tbdp .25mg, .5mg, 1mg, 2mg</i>	2	NDS
BELSOMRA TABS	4	
<i>buspirone hcl tabs 5mg, 10mg</i>	1	
<i>buspirone hcl tabs 7.5mg, 15mg, 30mg</i>	2	
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	2	NDS
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	NDS
<i>diazepam conc</i>	2	NDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam soln</i>	2	NDS
<i>diazepam tabs 2mg, 5mg, 10mg</i>	2	NDS
EDLUAR SUBL 5mg, 10mg	4	NDS
<i>estazolam tabs 1mg, 2mg</i>	2	NDS
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	2	NDS
<i>flurazepam hcl caps 15mg, 30mg</i>	2	NDS
HETLIOZ CAPS	5	PA,NDS
<i>hydroxyzine hcl syrp</i>	2	
<i>hydroxyzine hcl tabs</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>lorazepam conc</i>	2	NDS
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	2	NDS
<i>meprobamate tabs</i>	2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	2	NDS
PHENOBARBITAL ELIX	2	
PHENOBARBITAL TABS	2	
ROZEREM TABS	4	
SILENOR TABS	4	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	2	NDS
<i>triazolam tabs .125mg, .25mg</i>	2	NDS
<i>zaleplon caps 5mg, 10mg</i>	2	NDS
<i>zolpidem tartrate er tbc 6.25mg, 12.5mg</i>	2	NDS
<i>zolpidem tartrate sub 1.75mg, 3.5mg</i>	2	NDS
<i>zolpidem tartrate tabs 5mg, 10mg</i>	2	NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO TABS 6mg, 9mg, 12mg	5	LD,NDS
<i>guanfacine hcl er tb24 1mg, 2mg, 3mg, 4mg</i>	2	MO
INGREZZA CAPS 40mg, 80mg	5	NDS
INGREZZA CPPK	5	NDS
<i>memantine hcl er cp24</i>	2	
<i>memantine hcl soln</i>	2	MO
<i>memantine hcl tabs 5mg, 10mg</i>	2	MO
NAMENDA XR TITRATION PACK CP24	4	MO
NAMZARIC C4PK	4	MO
NAMZARIC CP24	4	MO,NDS
NUDEXTA CAPS	3	PA,NDS
RADICAVA SOLN	5	NDS
RILUTEK TABS	5	NDS
<i>riluzole tabs</i>	2	MO,NDS
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	MO
SAVELLA TITRATION PACK MISC	4	MO
<i>tetrabenazine tabs 12.5mg, 25mg</i>	5	NDS
TIGLUTIK SUSP	5	NDS
XENAZINE TABS 12.5mg, 25mg	5	NDS
XYREM SOLN	5	LD,NDS
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12	5	NDS
AUBAGIO TABS 7mg, 14mg	5	PA,NDS
AVONEX KIT	5	NDS
AVONEX PEN AJKT	5	NDS
AVONEX PREFILLED PSKT	5	NDS
BETASERON KIT	5	NDS
COPAXONE SOSY 20mg/ml, 40mg/ml	5	NDS
<i>dalfampridine er tb12</i>	2	NDS
EXTAVIA KIT	2	NDS
GILENYA CAPS .25mg, .5mg	5	NDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer acetate sosy</i> 20mg/ml, 40mg/ml	2	NDS
<i>glatopa sosy</i> 20mg/ml, 40mg/ml	2	NDS
LEMTRADA SOLN	5	NDS
MAYZENT TABS .25mg, 2mg	5	NDS
OCREVUS SOLN	5	NDS
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	5	NDS
REBIF REBIDOSE TITRATION PACK SOAJ	5	NDS
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	5	NDS
REBIF TITRATION PACK SOSY	5	NDS
TECFIDERA CPDR 120mg, 240mg	5	NDS
TECFIDERA MISC	5	NDS
TYSABRI CONC INTRAVENOUS	5	HI
ZINBRYTA SOSY	5	LD,NDS
OPIATE ANTAGONISTS		
BUNAVAIL FILM	4	NDS
<i>buprenorphine hcl subl</i> 2mg, 8mg	2	NDS
<i>buprenorphine hcl-</i> <i>naloxone hcl film</i>	2	NDS
<i>buprenorphine hcl-</i> <i>naloxone hcl subl</i>	2	NDS
LUCEMYRA TABS	5	NDS
<i>naloxone hcl soct</i>	2	
<i>naloxone hcl soln</i>	2	
<i>naloxone hcl sosy</i>	2	
<i>naltrexone hcl tabs</i>	2	
NARCAN LIQD	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NDS
VIVITROL SUSR	4	NDS
ZUBSOLV SUBL	4	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MAINTENA PRSY	5	

Drug Name	Drug Tier	Requirements /Limits
ABILIFY MAINTENA SRER	5	
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	NDS
<i>amitriptyline hcl tabs</i> 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	MO
<i>amoxapine tabs</i> 25mg, 50mg, 100mg, 150mg	2	MO
APLENZIN TB24 174mg, 348mg, 522mg	4	MO
<i>aripiprazole soln</i>	2	MO
<i>aripiprazole tabs</i> 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	MO
<i>aripiprazole tbdp</i> 10mg, 15mg	2	MO
ARISTADA INITIO PRSY	5	NDS
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	5	NDS
<i>bupropion hcl er</i> <i>(smoking det) tb12</i>	2	MO
<i>bupropion hcl er (sr) tb12</i> 100mg, 150mg, 200mg	2	MO
<i>bupropion hcl er (xl) tb24</i> 150mg, 300mg, 450mg	2	MO
<i>bupropion hcl tabs</i> 75mg, 100mg	2	MO
<i>chlordiazepoxide-</i> <i>amitriptyline tabs</i>	2	
<i>chlorpromazine hcl tabs</i> 10mg, 25mg, 50mg, 100mg, 200mg	2	MO
<i>citalopram hydrobromide</i> <i>soln</i>	2	MO
<i>citalopram hydrobromide</i> <i>tabs</i> 10mg, 20mg, 40mg	1	MO
<i>clomipramine hcl caps</i> 25mg, 50mg, 75mg	2	MO
<i>clozapine tabs</i> 25mg, 50mg, 100mg, 200mg	2	NDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>clozapine tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	2	NDS
<i>compro supp</i>	2	MO
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	MO
DESVENLAFAXINE ER TB24 50mg, 100mg	2	MO
<i>desvenlafaxine succinate er tb24 25mg, 50mg, 100mg</i>	2	MO
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	MO
<i>doxepin hcl conc</i>	2	MO
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	2	MO
EQUETRO CP12 100mg, 200mg, 300mg	4	MO
<i>escitalopram oxalate soln</i>	2	MO
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	2	MO
FANAPT TABS 10mg	4	MO
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 12mg	5	
FANAPT TITRATION PACK TABS	4	MO
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	4	MO
FETZIMA TITRATION C4PK	4	MO
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	1	MO
<i>fluoxetine hcl cpdr</i>	2	MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hcl tabs 10mg, 20mg, 60mg</i>	2	MO
<i>fluphenazine decanoate soln</i>	2	
<i>fluphenazine hcl conc</i>	2	MO
<i>fluphenazine hcl elix</i>	2	MO
<i>fluphenazine hcl soln</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	2	MO
<i>fluvoxamine maleate er cp24 100mg, 150mg</i>	2	MO
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	2	MO
GEODON SOLR	3	
<i>haloperidol decanoate soln</i>	2	
<i>haloperidol lactate conc</i>	2	MO
<i>haloperidol lactate soln</i>	2	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	2	MO
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	2	MO
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	2	MO
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	NDS
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 234mg/1.5ml, 156mg/ml	5	NDS
INVEGA TRINZA SUSY	5	
KHEDEZLA TB24 50mg, 100mg	4	MO
LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg	5	NDS
<i>lithium carbonate caps 150mg, 300mg, 600mg</i>	2	MO
<i>lithium carbonate er tbcr 300mg, 450mg</i>	2	MO
<i>lithium carbonate tabs</i>	2	MO
LITHIUM SOLN	3	MO
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	2	MO
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	2	MO
MARPLAN TABS	4	MO
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine tbdp 15mg, 30mg, 45mg</i>	2	MO
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	2	MO
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	2	MO
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>	2	MO
<i>nortriptyline hcl soln</i>	2	MO
NUPLAZID CAPS	5	NDS
NUPLAZID TABS 10mg, 17mg	5	NDS
<i>olanzapine solr</i>	2	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	2	MO
<i>olanzapine tbdp 5mg, 10mg, 15mg, 20mg</i>	2	MO
<i>olanzapine-fluoxetine hcl caps</i>	2	MO
<i>paliperidone er tb24 1.5mg, 3mg, 6mg, 9mg</i>	2	MO
<i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i>	2	MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	1	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	MO
<i>paroxetine mesylate caps</i>	2	MO
PAXIL SUSP	4	MO
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	2	MO
<i>perphenazine-amitriptyline tabs</i>	2	MO
PERSERIS PRSY 90mg, 120mg	5	NDS
PEXEVA TABS 10mg, 20mg, 30mg, 40mg	4	MO
<i>phenelzine sulfate tabs</i>	2	MO
<i>pimozide tabs 1mg, 2mg</i>	2	MO
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>protriptyline hcl tabs 5mg, 10mg</i>	2	MO
<i>quetiapine fumarate er tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	2	MO
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	2	MO
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	5	NDS
RISPERDAL CONSTA SUSR 12.5mg, 25mg	4	NDS
RISPERDAL CONSTA SUSR 37.5mg, 50mg	5	NDS
<i>risperidone soln</i>	2	MO
<i>risperidone tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	MO
<i>risperidone tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	2	MO
SAPHRIS SUBL 2.5mg, 5mg, 10mg	5	NDS
<i>sertraline hcl conc</i>	2	MO
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	2	MO
SPRAVATO (56 MG DOSE) SOPK	5	NDS
SPRAVATO (84 MG DOSE) SOPK	5	NDS
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	2	MO
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	2	MO
<i>tofranil tabs 10mg, 25mg, 50mg</i>	2	MO
<i>tranylcypromine sulfate tabs</i>	2	MO
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	1	MO
<i>trazodone hcl tabs</i>	2	MO
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	2	MO
TRINTELLIX TABS 5mg, 10mg, 20mg	4	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg, 150mg</i>	2	MO
<i>venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg</i>	2	MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
VERSACLOZ SUSP	4	
VIIBRYD STARTER PACK KIT	4	MO
VIIBRYD TABS 10mg, 20mg, 40mg	4	MO
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	5	NDS
VRAYLAR CPPK	4	NDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	2	MO
ZYPREXA RELPREVV SUSR	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ALCOHOL PREP PADS	2	MO
BD INSULIN SYR ULTRAFINE II MISC	2	MO
BD INSULIN SYRINGE MISC	2	MO
BD INSULIN SYRINGE U/F MISC	2	MO
BD PEN NEEDLE ORIGINAL U/F MISC	2	MO
CURITY GAUZE PADS	2	MO
OMNIPOD STARTER KIT	5	NDS
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
<i>potassium citrate er tbc 15meq, 540mg, 1080mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SODIUM LACTATE SOLN INTRAVENOUS	4	HI
AMMONIA DETOXICANTS		
BUPHENYL POWD	5	NDS
BUPHENYL TABS	5	NDS
CARBAGLU TABS	4	LD
<i>constulose soln</i>	2	MO
<i>enulose soln</i>	2	MO
<i>generlac soln</i>	2	MO
<i>kristalose pack 10gm, 20gm</i>	2	MO
<i>lactulose pack</i>	2	MO
<i>lactulose soln</i>	2	MO
LITHOSTAT TABS	4	MO
RAVICTI LIQD	5	NDS
<i>sodium phenylbutyrate powd</i>	2	NDS
<i>sodium phenylbutyrate tabs</i>	2	NDS
CALORIC AGENTS		
AMINOSYN-PF SOLN INTRAVENOUS	4	HI
CLINIMIX E/DEXTROSE (2.75/10) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (2.75/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/25) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
CLINIMIX E/DEXTROSE (5/25) SOLN INTRAVENOUS	3	HI

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

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX/DEXTROSE (2.75/5) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/20) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/15) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/20) SOLN INTRAVENOUS	3	HI
CLINIMIX/DEXTROSE (5/25) SOLN INTRAVENOUS	3	HI
<i>clinsol sf soln intravenous</i>	2	HI
DEXTROSE SOLN INTRAVENOUS 5%, 10%	2	HI
FREAMINE HBC SOLN INTRAVENOUS	4	HI
HEPATAMINE SOLN INTRAVENOUS	4	HI
INTRALIPID EMUL INTRAVENOUS 20gm/100ml	2	HI
INTRALIPID EMUL INTRAVENOUS	4	HI
NEPHRAMINE SOLN INTRAVENOUS	3	HI
NUTRILIPID EMUL INTRAVENOUS	2	HI
<i>plenamine soln intravenous</i>	2	HI
<i>premasol soln intravenous</i>	2	HI
PROCALAMINE SOLN INTRAVENOUS	3	HI

Drug Name	Drug Tier	Requirements /Limits
PROSOL SOLN INTRAVENOUS	4	HI
TRAVASOL SOLN INTRAVENOUS	2	HI
TROPHAMINE SOLN INTRAVENOUS	3	HI
DIURETICS		
<i>amiloride hcl tabs</i>	2	MO
<i>amiloride-hydrochlorothiazide tabs</i>	1	MO
<i>bumetanide soln</i>	2	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	2	MO
<i>chlorothiazide tabs 250mg, 500mg</i>	2	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	2	MO
DIURIL SUSP	3	MO
DYRENIUM CAPS 100mg	3	MO
DYRENIUM CAPS 50mg	4	
EDECRIN TABS	5	NDS
<i>ethacrynic acid tabs</i>	2	MO,NDS
<i>furosemide soln 8mg/ml, 10mg/ml</i>	2	MO
<i>furosemide soln injection</i>	2	HI
<i>furosemide tabs 20mg, 40mg, 80mg</i>	1	MO
<i>hydrochlorothiazide caps</i>	2	MO
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	1	MO
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	MO
JYNARQUE TABS 15mg, 30mg	5	NDS
JYNARQUE TBPK	5	NDS
<i>methyclothiazide tabs</i>	2	MO
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	2	MO
SAMSCA TABS 15mg, 30mg	4	NDS
SODIUM EDECRIN SOLN INTRAVENOUS	4	HI
<i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>	2	MO
<i>triamterene-hctz caps</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>triamterene-hctz tabs</i>	1	MO
ION-REMOVING AGENTS		
AURYXIA TABS	5	PA,MO
FOSRENOL PACK 750mg, 1000mg	5	NDS
<i>kionex susp</i>	2	MO
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	2	MO
LOKELMA PACK 5gm, 10gm	4	MO
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	2	MO
<i>sevelamer carbonate tabs</i>	2	MO
<i>sevelamer hcl tabs 400mg, 800mg</i>	2	MO
<i>sodium polystyrene sulfonate powd</i>	2	MO
<i>sodium polystyrene sulfonate susp</i>	2	MO
<i>sps susp</i>	2	MO
VELPHORO CHEW	5	NDS
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	4	NDS
REPLACEMENT PREPARATIONS		
<i>calcium acetate (phos binder) caps</i>	2	MO
<i>calcium acetate (phos binder) tabs</i>	2	MO
DEXTROSE-NACL SOLN INTRAVENOUS	2	HI
DEXTROSE 10%/NACL 0.2% ; DEXTROSE 10%/NACL 0.45%	3	HI
DEXTROSE 5%/NACL 0.225%	4	HI
IONOSOL-MB IN D5W SOLN INTRAVENOUS	4	HI
ISOLYTE-P IN D5W SOLN INTRAVENOUS	4	HI
ISOLYTE-S SOLN INTRAVENOUS	4	HI
K-TAB TBCR	2	MO

Drug Name	Drug Tier	Requirements /Limits
KCL IN DEXTROSE- NACL SOLN INTRAVENOUS	2	HI
KCL IN DEXTROSE- NACL SOLN 40-5-0.9 MEQ	3	HI
KCL IN DEXTROSE- NACL SOLN 20-5-0.33 MEQ	4	HI
KCL-LACTATED RINGERS-D5W SOLN INTRAVENOUS	3	HI
KLOR-CON 10 TBCR	2	MO
<i>klor-con m10 tbc</i>	2	MO
<i>klor-con m15 tbc</i>	2	MO
<i>klor-con m20 tbc</i>	2	MO
<i>klor-con pack</i>	2	MO
<i>klor-con sprinkle cpcr</i>	2	MO
KLOR-CON TBCR	2	MO
NORMOSOL-M IN D5W SOLN INTRAVENOUS	4	HI
NORMOSOL-R IN D5W SOLN INTRAVENOUS	4	HI
NORMOSOL-R PH 7.4 SOLN INTRAVENOUS	4	HI
PHOSLYRA SOLN	3	MO
PLASMA-LYTE 148 SOLN INTRAVENOUS	3	HI
PLASMA-LYTE A SOLN INTRAVENOUS	3	HI
<i>potassium chloride crys er tbc 10meq, 20meq</i>	2	MO
<i>potassium chloride er cpcr 8meq, 10meq</i>	2	MO
<i>potassium chloride er tbc 8meq, 10meq, 20meq</i>	2	MO
POTASSIUM CHLORIDE IN DEXTROSE SOLN INTRAVENOUS	2	HI
<i>potassium chloride in nacl soln intravenous</i>	2	HI
<i>potassium chloride pack</i>	2	MO
<i>potassium chloride soln 10%, 20%</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
POTASSIUM CHLORIDE SOLN INTRAVENOUS 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	2	HI
SODIUM CHLORIDE SOLN INJECTION	2	HI
SODIUM CHLORIDE SOLN INTRAVENOUS .9%, .45%, 3%, 5%	2	HI
TPN ELECTROLYTES SOLN INTRAVENOUS	2	HI
URICOSURIC AGENTS		
<i>colchicine-probenecid tabs</i>	2	MO
<i>probenecid tabs</i>	2	MO
ENZYMES		
ENZYMES		
ADAGEN SOLN	3	
ALDURAZYME SOLN	3	
CERDELGA CAPS	5	NDS
CEREZYME SOLR	5	NDS
CREON CPEP	3	MO
ELAPRASE SOLN	5	NDS
ELELYSO SOLR	5	NDS
ELITEK SOLR	3	
FABRAZYME SOLR 5mg, 35mg	5	NDS
KANUMA SOLN	5	NDS
LUMIZYME SOLR	5	NDS
<i>miglustat caps</i>	5	LD,NDS
NAGLAZYME SOLN	5	NDS
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NDS
PANCREAZE CPEP	4	MO
PERTZY CPEP	4	MO
PULMOZYME SOLN	5	PA,NDS
REVCIVI SOLN	5	NDS
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 80mg/0.8ml, 40mg/ml	5	LD,NDS
SUCRAID SOLN	4	LD
VIMIZIM SOLN	5	NDS

Drug Name	Drug Tier	Requirements /Limits
VIOKACE TABS	4	MO
VPRIV SOLR	5	NDS
ZAVESCA CAPS	5	LD,NDS
ZENPEP CPEP	3	MO
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
AZASITE SOLN	4	
<i>bacitracin oint</i>	2	
<i>bacitracin-polymyxin b oint</i>	2	
BESIVANCE SUSP	4	
<i>bleph-10 soln</i>	2	
CETRAXAL SOLN	4	
<i>chlorhexidine gluconate soln</i>	2	
CILOXAN OINT	3	
<i>ciprofloxacin hcl soln (ophth)</i>	2	
CIPROFLOXACIN HCL SOLN (OTIC)	4	
<i>erythromycin oint</i>	2	
<i>gatifloxacin soln</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate soln</i>	2	
<i>levofloxacin soln</i>	2	
MOXEZA SOLN	4	
<i>moxifloxacin hcl soln</i>	2	
NATACYN SUSP	3	
<i>neomycin-bacitracin zn-polymyx oint</i>	2	
<i>neomycin-polymyxin-gramicidin soln</i>	2	
<i>ofloxacin soln</i>	2	
OTOVEL SOLN	4	
<i>polymyxin b-trimethoprim soln</i>	2	
<i>sulfacetamide sodium oint</i>	2	
<i>sulfacetamide sodium soln</i>	2	
<i>tobramycin soln</i>	2	
TOBREX OINT	3	
<i>trifluridine soln</i>	2	
ZIRGAN GEL	4	
ANTI-INFLAMMATORY AGENTS		

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

Drug Name	Drug Tier	Requirements /Limits
ACUVAIL SOLN	4	MO
ALREX SUSP	4	MO
<i>bacitra-neomycin-polymyxin-hc oint</i>	2	MO
BECONASE AQ SUSP	4	MO
<i>blephamide s.o.p. oint</i>	2	MO
BLEPHAMIDE SUSP	3	MO
<i>bromfenac sodium (once-daily) soln</i>	2	MO
BROMSITE SOLN	4	MO
CIPRO HC SUSP	4	MO
CIPRODEX SUSP	3	MO
COLY-MYCIN S SUSP	3	MO
<i>dexamethasone sodium phosphate soln</i>	2	MO
<i>diclofenac sodium soln</i>	2	MO
DUREZOL EMUL	4	MO
<i>flac oil</i>	2	MO
FLAREX SUSP	4	MO
<i>flunisolide soln</i>	2	MO
<i>fluocinolone acetonide oil</i>	2	MO
<i>fluorometholone susp</i>	2	MO
<i>flurbiprofen sodium soln</i>	2	MO
<i>fluticasone propionate susp</i>	2	MO
FML FORTE SUSP	3	MO
FML OINT	3	MO
<i>hydrocortisone-acetic acid soln</i>	2	MO
ILEVRO SUSP	4	MO
INVELTYS SUSP	4	MO
<i>ketorolac tromethamine soln .4%, .5%</i>	2	MO
LOTEMAX GEL	4	MO
LOTEMAX OINT	4	MO
LOTEMAX SUSP	4	MO
<i>loteprednol etabonate susp</i>	2	MO
MAXIDEX SUSP	4	MO
<i>mometasone furoate susp</i>	2	MO
<i>neomycin-polymyxin-dexameth oint</i>	2	MO
<i>neomycin-polymyxin-dexameth susp</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc soln</i>	2	MO
<i>neomycin-polymyxin-hc susp</i>	2	MO
NEVANAC SUSP	4	MO
OMNARIS SUSP	4	MO
PRED MILD SUSP	3	MO
PRED-G S.O.P. OINT	3	MO
PRED-G SUSP	3	MO
<i>prednisolone acetate susp</i>	2	MO
<i>prednisolone sodium phosphate soln</i>	2	MO
PROLENSA SOLN	4	MO
QNASL AERS	4	MO
QNASL CHILDRENS AERS	4	MO
RESTASIS EMUL	4	MO
<i>sulfacetamide-prednisolone soln</i>	2	MO
TOBRADEX OINT	3	MO
TOBRADEX ST SUSP	4	MO
<i>tobramycin-dexamethasone susp</i>	2	MO
XHANCE EXHU	4	MO
XIIDRA SOLN	4	
ZETONNA AERS	4	MO
ZYLET SUSP	4	MO
ANTIALLERGIC AGENTS		
ALOCIL SOLN	4	MO
ALOMIDE SOLN	4	MO
<i>azelastine hcl soln .05%, .1%, .15%</i>	2	MO
BEPREVE SOLN	4	MO
<i>cromolyn sodium soln</i>	2	MO
<i>epinastine hcl soln</i>	2	MO
LASTACRAFT SOLN	4	MO
<i>olopatadine hcl soln .1%, .2%, .6%</i>	2	MO
PAZEO SOLN	4	MO
ANTIGLAUCOMA AGENTS		
<i>acetazolamide er cp12</i>	2	MO
<i>acetazolamide tabs 125mg, 250mg</i>	2	MO
ALPHAGAN P SOLN	4	MO
AZOPT SUSP	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>betaxolol hcl soln</i>	2	MO
BETIMOL SOLN .25%, .5%	4	MO
BETOPTIC-S SUSP	4	MO
<i>bimatoprost soln</i>	2	MO
<i>brimonidine tartrate soln</i> .2%, .15%	2	MO
<i>carteolol hcl soln</i>	2	MO
COMBIGAN SOLN	4	MO
<i>dorzolamide hcl soln</i>	2	MO
<i>dorzolamide hcl-timolol mal pf soln</i>	2	
<i>dorzolamide hcl-timolol mal soln</i>	2	MO
<i>latanoprost soln</i>	2	MO
<i>levobunolol hcl soln</i>	2	MO
LUMIGAN SOLN	4	MO
<i>methazolamide tabs</i> 25mg, 50mg	2	MO
PHOSPHOLINE IODIDE SOLR	3	MO
<i>pilocarpine hcl soln</i> 1%, 2%, 4%	2	MO
SIMBRINZA SUSP	4	MO
TIMOLOL MALEATE SOLG .25%, .5%	4	MO
<i>timolol maleate soln</i> .25%, .5%	2	MO
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	MO
TIMOPTIC-XE SOLG .25%, .5%	4	MO
TRAVATAN Z SOLN	4	MO
VYZULTA SOLN	4	MO
XELPROS EMUL	4	MO
ZIOPTAN SOLN	4	MO
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid soln</i>	2	MO
<i>apraclonidine hcl soln</i>	2	MO
ATROPINE SULFATE SOLN	2	MO
CYSTARAN SOLN	4	
IOPIDINE SOLN	3	MO
LACRISERT INST	3	MO

Drug Name	Drug Tier	Requirements /Limits
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml	5	NDS
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	5	NDS
OXERVATE SOLN	5	NDS
RHOPRESSA SOLN	4	
LOCAL ANESTHETICS		
<i>lidocaine viscous hcl soln</i>	2	MO
<i>proparacaine hcl soln</i>	2	MO
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl tabs</i> .5mg, 1mg	2	NDS
APRISO CP24	4	MO
<i>balsalazide disodium caps</i>	2	MO
<i>colazal caps</i>	2	MO
DELZICOL CPDR	4	MO
DIPENTUM CAPS	5	NDS
LIALDA TBEC	2	MO
<i>mesalamine cpdr</i>	2	MO
<i>mesalamine enem</i>	2	MO
<i>mesalamine supp</i>	2	MO
<i>mesalamine tbec</i> 1.2gm, 800mg	2	MO
PENTASA CPCR 250mg, 500mg	3	MO
ANTIDIARRHEA AGENTS		
<i>diphenoxylate-atropine liqd</i>	2	
<i>diphenoxylate-atropine tabs</i>	2	
<i>loperamide hcl caps</i>	2	MO
MYTESI TBEC	4	MO
XERMELO TABS	5	LD,NDS
ANTIEMETICS		
AKYNZEO CAPS	3	PA
ANZEMET TABS 50mg, 100mg	4	PA,NDS
<i>aprepitant caps</i>	2	PA,NDS
BONJESTA TBCR	4	MO
CESAMET CAPS	4	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>doxylamine-pyridoxine tbec</i>	2	MO
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	2	PA
EMEND SUSR	4	PA,NDS
<i>granisetron hcl tabs</i>	2	PA
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	2	PA
<i>ondansetron hcl tabs 4mg, 8mg, 24mg</i>	2	PA
<i>ondansetron tbdp 4mg, 8mg</i>	2	PA
SANCUSO PTCH	4	NDS
<i>scopolamine pt72</i>	2	MO
SYNDROS SOLN	5	PA,NDS
TRANSDERM-SCOP (1.5 MG) PT72	3	
<i>trimethobenzamide hcl caps</i>	2	PA
VARUBI TABS	4	PA,NDS
ZUPLENZ FILM 4mg, 8mg	4	PA
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>amoxicill-clarithro-lansopraz misc</i>	2	MO
CARAFATE SUSP	3	MO
<i>cimetidine hcl soln</i>	2	MO
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	2	MO
DEXILANT CPDR 30mg, 60mg	4	MO
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	MO
ESOMEPRAZOLE STRONTIUM CPDR	4	
<i>famotidine susr</i>	2	MO
<i>famotidine tabs 20mg, 40mg</i>	2	MO
<i>lansoprazole cpdr 15mg, 30mg</i>	2	MO
<i>lansoprazole tbdp 15mg, 30mg</i>	2	MO
<i>misoprostol tabs 100mcg, 200mcg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
NEXIUM PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	4	MO
<i>nizatidine caps 150mg, 300mg</i>	2	MO
<i>nizatidine soln</i>	2	MO
OMECLAMOX-PAK MISC	4	MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	2	MO
<i>omeprazole-sodium bicarbonate caps</i>	2	MO
<i>omeprazole-sodium bicarbonate pack</i>	2	MO
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	MO
<i>pepcid tabs 20mg, 40mg</i>	2	MO
PRILOSEC PACK 2.5mg, 10mg	4	MO
PROTONIX PACK	3	MO
PYLERA CAPS	5	MO
<i>rabeprazole sodium tbec</i>	2	MO
<i>ranitidine hcl caps 150mg, 300mg</i>	2	MO
<i>ranitidine hcl syrp</i>	2	MO
<i>ranitidine hcl tabs 150mg, 300mg</i>	2	MO
<i>sucralfate tabs</i>	2	MO
CATHARTICS AND LAXATIVES		
<i>gavilyte-c solr</i>	2	MO
<i>gavilyte-g solr</i>	2	MO
<i>gavilyte-n with flavor pack solr</i>	2	MO
OSMOPREP TABS	4	MO
<i>peg 3350-kcl-na bicarb-nacl solr</i>	2	MO
<i>peg 3350/electrolytes solr</i>	2	MO
<i>peg-3350/electrolytes solr</i>	2	MO
PLENVU SOLR	4	MO
SUPREP BOWEL PREP KIT SOLN	4	MO
<i>trilyte solr</i>	2	MO
GI DRUGS, MISCELLANEOUS		
AMITIZA CAPS 8mcg, 24mcg	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
CHOLBAM CAPS 50mg, 250mg	5	NDS
ENTYVIO SOLR	5	NDS
GATTEX KIT	5	NDS
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	MO
<i>metoclopramide hcl soln</i>	2	MO
<i>metoclopramide hcl tabs 5mg, 10mg</i>	2	MO
<i>metoclopramide hcl tbdp 5mg, 10mg</i>	2	MO
MOVANTIK TABS 12.5mg, 25mg	4	MO
OCALIVA TABS 5mg, 10mg	5	LD,NDS
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS
RELISTOR TABS	5	NDS
SYMPROIC TABS	4	MO
TRULANCE TABS	4	
<i>ursodiol caps</i>	2	MO
<i>ursodiol tabs 250mg, 500mg</i>	2	MO
VIBERZI TABS 75mg, 100mg	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS	3	
CUPRIMINE CAPS	4	
<i>deferasirox tbso 125mg</i>	2	NDS
<i>deferasirox tbso 250mg, 500mg</i>	5	NDS
DEPEN TITRATABS TABS	3	
EXJADE TBSO 125mg, 250mg, 500mg	5	NDS
FERRIPROX SOLN	5	LD,NDS
FERRIPROX TABS	5	LD,NDS
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	5	NDS
JADENU TABS 90mg, 180mg, 360mg	5	NDS
<i>penicillamine caps</i>	5	NDS
<i>trientine hcl caps</i>	2	NDS

Drug Name	Drug Tier	Requirements /Limits
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
<i>budesonide cpep</i>	2	MO,NDS
<i>budesonide er tb24</i>	5	NDS
<i>cortisone acetate tabs</i>	2	MO
<i>decadron tabs 4mg, 6mg</i>	2	PA,MO
<i>deltasone tabs</i>	2	PA,MO
DEPO-MEDROL SUSP	3	
<i>dexamethasone elix</i>	2	MO
<i>dexamethasone intensol conc</i>	2	MO
<i>dexamethasone tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	PA,MO
<i>dexamethasone tbpk</i>	2	MO
<i>dexpak 13 day tbpk</i>	2	MO
EMFLAZA SUSP	5	LD,NDS
EMFLAZA TABS 6mg, 18mg, 30mg, 36mg	5	LD,NDS
ENTOCORT EC CPEP	5	NDS
<i>fludrocortisone acetate tabs</i>	2	MO
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	2	MO
INTRAROSA INST	4	
KENALOG SUSP	3	
MEDROL TABS	3	MO
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	2	MO
<i>methylprednisolone tbpk</i>	2	MO
<i>millipred tabs</i>	2	MO
<i>prednisolone sodium phosphate soln 5mg/5ml, 10mg/5ml, 20mg/5ml, 25mg/5ml</i>	2	MO
<i>prednisolone sodium phosphate tbdp 10mg, 15mg, 30mg</i>	2	MO
<i>prednisolone soln</i>	2	MO
<i>prednisone intensol conc</i>	2	PA,MO
<i>prednisone soln</i>	2	PA,MO
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	2	PA,MO
<i>prednisone tbpk</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
RAYOS TBEC 1mg, 2mg, 5mg	4	PA,MO
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR	3	
<i>taperdex 12-day tbpk</i>	2	
<i>taperdex 6-day tbpk</i>	2	MO
<i>taperdex 7-day tbpk</i>	2	MO
TRELEGY ELLIPTA AEPB	4	MO
UCERIS TB24	5	NDS
<i>veripred 20 soln</i>	2	MO
ANDROGENS		
ANADROL-50 TABS	3	MO
ANDRODERM PT24 2mg/24hr, 4mg/24hr	3	MO
AVEED SOLN	4	MO
<i>danazol caps 50mg, 100mg, 200mg</i>	2	MO
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	2	MO
<i>methitest tabs</i>	2	MO
<i>methytestosterone caps</i>	2	MO
<i>oxandrolone tabs 2.5mg</i>	2	MO
<i>oxandrolone tabs</i>	5	MO
STRIANT MISC	4	MO
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	2	MO
<i>testosterone enanthate soln</i>	2	MO
<i>testosterone gel 1%, 1.62%, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm, 10mg/act</i>	2	MO
<i>testosterone soln</i>	2	MO
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	MO
CONTRACEPTIVES		
<i>altavera tabs</i>	2	MO
<i>alyacen 1/35 tabs</i>	2	MO
<i>amethia lo tabs</i>	2	MO
<i>amethia tabs</i>	2	MO
<i>apri tabs</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aranelle tabs</i>	2	MO
<i>ashlyna tabs</i>	2	MO
<i>aubra tabs</i>	2	MO
<i>aviane tabs</i>	2	MO
<i>balziva tabs</i>	2	MO
<i>blisovi 24 fe tabs</i>	2	MO
<i>blisovi fe 1.5/30 tabs</i>	2	MO
<i>briellyn tabs</i>	2	MO
<i>camila tabs</i>	2	MO
<i>camrese lo tabs</i>	2	MO
<i>caziant tabs</i>	2	MO
<i>cryselle-28 tabs</i>	2	MO
<i>cyclafem 1/35 tabs</i>	2	MO
<i>cyclafem 7/7/7 tabs</i>	2	MO
<i>cyred tabs</i>	2	MO
<i>deblitane tabs</i>	2	MO
<i>delyla tabs</i>	2	MO
<i>desogestrel-ethinyl estradiol tabs</i>	2	MO
<i>drospiren-eth estrad-levomefol tabs</i>	2	MO
<i>drospirenone-ethinyl estradiol tabs</i>	2	MO
ELLA TABS	3	MO
<i>emoquette tabs</i>	2	MO
<i>enpresse-28 tabs</i>	2	MO
<i>enskyce tabs</i>	2	MO
<i>errin tabs</i>	2	MO
<i>estarylla tabs</i>	2	MO
<i>ethynodiol diac-eth estradiol tabs</i>	2	MO
<i>falmina tabs</i>	2	MO
<i>fayosim tabs</i>	2	MO
<i>femynor tabs</i>	2	MO
<i>gianvi tabs</i>	2	MO
<i>hailey 24 fe tabs</i>	2	MO
<i>incassia tabs</i>	2	MO
<i>introvale tabs</i>	2	MO
<i>isibloom tabs</i>	2	MO
<i>jasmiel tabs</i>	2	MO
JOLIVETTE TABS	2	MO
<i>juleber tabs</i>	2	MO
<i>junel 1.5/30 tabs</i>	2	MO
<i>junel 1/20 tabs</i>	2	MO
<i>junel fe 1.5/30 tabs</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>junel fe 1/20 tabs</i>	2	MO
<i>junel fe 24 tabs</i>	2	MO
<i>kaitlib fe chew</i>	2	MO
<i>kariva tabs</i>	2	MO
<i>kelnor 1/35 tabs</i>	2	MO
<i>kelnor 1/50 tabs</i>	2	MO
<i>kurvelo tabs</i>	2	MO
<i>larin 1.5/30 tabs</i>	2	MO
<i>larin 1/20 tabs</i>	2	MO
<i>larin fe 1.5/30 tabs</i>	2	MO
<i>larin fe 1/20 tabs</i>	2	MO
<i>larissia tabs</i>	2	MO
LAYOLIS FE CHEW	2	MO
<i>leena tabs</i>	2	MO
<i>lessina tabs</i>	2	MO
<i>levonest tabs</i>	2	MO
<i>levonorg-eth estrad triphasic tabs</i>	2	MO
<i>levonorgest-eth est & eth est tabs</i>	2	MO
<i>levonorgest-eth estrad 91-day tabs</i>	2	MO
<i>levonorgestrel-ethinyl estrad tabs</i>	2	MO
<i>levora 0.15/30 (28) tabs</i>	2	MO
LO LOESTRIN FE TABS	4	MO
<i>loestrin 1.5/30 (21) tabs</i>	2	MO
<i>loestrin 1/20 (21) tabs</i>	2	MO
<i>loestrin fe 1.5/30 tabs</i>	2	MO
<i>loestrin fe 1/20 tabs</i>	2	MO
<i>loryna tabs</i>	2	MO
<i>low-ogestrel tabs</i>	2	MO
<i>lutra tabs</i>	2	MO
<i>lyza tabs</i>	2	MO
<i>marlissa tabs</i>	2	MO
<i>melodetta 24 fe chew</i>	2	MO
<i>mibelas 24 fe chew</i>	2	MO
<i>microgestin 1.5/30 tabs</i>	2	MO
<i>microgestin 1/20 tabs</i>	2	MO
<i>microgestin fe 1.5/30 tabs</i>	2	MO
<i>microgestin fe 1/20 tabs</i>	2	MO
<i>mili tabs</i>	2	MO
MONONESSA TABS	2	MO
NATAZIA TABS	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>necon 0.5/35 (28) tabs</i>	2	MO
NECON 7/7/7 TABS	2	MO
<i>nikki tabs</i>	2	MO
<i>nora-be tabs</i>	2	MO
<i>norethin ace-eth estrad-fe chew</i>	2	MO
<i>norethin ace-eth estrad-fe tabs</i>	2	MO
<i>norethin-eth estradiol-fe chew</i>	2	MO
<i>norethindrone acet-ethinyl est tabs</i>	2	MO
<i>norethindrone tabs</i>	2	MO
<i>norgestim-eth estrad triphasic tabs</i>	2	MO
<i>norgestimate-eth estradiol tabs</i>	2	MO
<i>norlyroc tabs</i>	2	MO
<i>nortrel 0.5/35 (28) tabs</i>	2	MO
<i>nortrel 1/35 (21) tabs</i>	2	MO
<i>nortrel 1/35 (28) tabs</i>	2	MO
<i>nortrel 7/7/7 tabs</i>	2	MO
NUVARING RING	4	MO
<i>ocella tabs</i>	2	MO
<i>ogestrel tabs</i>	2	MO
<i>orsythia tabs</i>	2	MO
<i>pimtreea tabs</i>	2	MO
<i>pirmella 1/35 tabs</i>	2	MO
<i>portia-28 tabs</i>	2	MO
<i>previfem tabs</i>	2	MO
<i>reclipsen tabs</i>	2	MO
<i>rivelsa tabs</i>	2	MO
<i>setlakin tabs</i>	2	MO
<i>sharobel tabs</i>	2	MO
<i>sprintec 28 tabs</i>	2	MO
<i>sronyx tabs</i>	2	MO
<i>syeda tabs</i>	2	MO
<i>tarina 24 fe tabs</i>	2	MO
<i>tarina fe 1/20 tabs</i>	2	MO
<i>tri-estarylla tabs</i>	2	MO
<i>tri-legest fe tabs</i>	2	MO
<i>tri-lo-estarylla tabs</i>	2	MO
<i>tri-lo-sprintec tabs</i>	2	MO
<i>tri-mili tabs</i>	2	MO
<i>tri-previfem tabs</i>	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>tri-sprintec tabs</i>	2	MO
<i>tri-vylibra lo tabs</i>	2	MO
<i>tri-vylibra tabs</i>	2	MO
TRINESSA (28) TABS	2	MO
<i>trivora (28) tabs</i>	2	MO
<i>tydemy tabs</i>	2	MO
<i>velivet tabs</i>	2	MO
<i>vienva tabs</i>	2	MO
<i>vyfemla tabs</i>	2	MO
<i>vylibra tabs</i>	2	MO
<i>wymzya fe chew</i>	2	MO
<i>xulane ptwk</i>	2	MO
<i>zarah tabs</i>	2	MO
<i>zovia 1/35e (28) tabs</i>	2	MO
DIABETIC AGENTS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	2	MO
ADLYXIN SOPN	4	MO
ADLYXIN STARTER PACK PNKT	4	MO
ADMELOG SOLN	4	MO
ADMELOG SOLOSTAR SOPN	4	MO
AFREZZA POWD	4	MO
AFREZZA POWD 8 (90) & 12 (90) UNIT	5	NDS
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	2	MO
ALOGLIPTIN-METFORMIN HCL TABS	2	MO
<i>alogliptin-pioglitazone tabs</i>	2	MO
APIDRA SOLN	4	PA,MO
APIDRA SOLOSTAR SOPN	4	MO
AVANDIA TABS 2mg, 4mg	4	MO
BASAGLAR KWIKPEN SOPN	4	MO
BYDUREON BCISE AUIJ	4	
BYDUREON PEN	3	MO
BYETTA 10 MCG PEN SOPN	4	MO

Drug Name	Drug Tier	Requirements /Limits
BYETTA 5 MCG PEN SOPN	4	MO
CYCLOSET TABS	4	MO
FARXIGA TABS 5mg, 10mg	4	MO
FIASP FLEXTOUCH SOPN	4	MO
FIASP SOLN	4	MO
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	MO
<i>glipizide er tb24 2.5mg, 5mg, 10mg</i>	2	MO
<i>glipizide tabs 5mg, 10mg</i>	1	MO
<i>glipizide-metformin hcl tabs</i>	2	MO
GLUCAGEN HYPOKIT SOLR	4	
GLUCAGON EMERGENCY KIT	3	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	2	MO
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	2	MO
<i>glyburide-metformin tabs</i>	2	MO
GLYXAMBI TABS	4	MO
HUMALOG JUNIOR KWIKPEN SOPN	4	MO
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	MO
HUMALOG MIX 50/50 KWIKPEN SUPN	4	MO
HUMALOG MIX 50/50 SUSP	4	MO
HUMALOG MIX 75/25 KWIKPEN SUPN	4	MO
HUMALOG MIX 75/25 SUSP	4	MO
HUMALOG SOCT	4	MO
HUMALOG SOLN	3	MO
HUMULIN 70/30 KWIKPEN SUPN	2	MO
HUMULIN 70/30 SUSP	2	MO
HUMULIN N KWIKPEN SUPN	2	MO
HUMULIN N SUSP	2	MO

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

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R SOLN	2	PA,MO
HUMULIN R U-500 (CONCENTRATED) SOLN	3	MO
HUMULIN R U-500 KWIKPEN SOPN	3	MO
<i>insulin lispro soln</i>	4	MO
<i>insulin lispro sopn</i>	4	MO
INVOKAMET TABS	4	MO
INVOKAMET XR TB24	4	MO
INVOKANA TABS 100mg, 300mg	4	MO
JANUMET TABS	4	MO
JANUMET XR TB24	4	MO
JANUVIA TABS 25mg, 50mg, 100mg	4	MO
JARDIANCE TABS 10mg, 25mg	3	MO
JENTADUETO TABS	4	MO
JENTADUETO XR TB24	4	MO
KAZANO TABS	4	MO
KOMBIGLYZE XR TB24	4	MO
KORLYM TABS	5	LD,NDS
LANTUS SOLN	3	MO
LANTUS SOLOSTAR SOPN	4	MO
LEVEMIR FLEXTOUCH SOPN	4	MO
LEVEMIR SOLN	4	MO
<i>metformin hcl er tb24 500mg, 750mg</i>	1	MO
<i>metformin hcl tabs 500mg, 850mg, 1000mg</i>	1	MO
<i>miglitol tabs 25mg, 50mg, 100mg</i>	2	MO
<i>nateglinide tabs 60mg, 120mg</i>	2	MO
NOVOLIN 70/30 SUSP	4	MO
NOVOLIN N SUSP	4	MO
NOVOLIN R SOLN	4	PA,MO
NOVOLOG FLEXPEN SOPN	4	MO
NOVOLOG MIX 70/30 FLEXPEN SUPN	4	MO
NOVOLOG MIX 70/30 SUSP	4	MO

Drug Name	Drug Tier	Requirements /Limits
NOVOLOG PENFILL SOCT	4	MO
NOVOLOG SOLN	4	PA,MO
ONGLYZA TABS 2.5mg, 5mg	4	MO
OZEMPIC SOPN	4	MO
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	MO
<i>pioglitazone hcl-glimepiride tabs</i>	2	MO
<i>pioglitazone hcl-metformin hcl tabs</i>	2	MO
<i>prandin tabs 1mg, 2mg</i>	2	MO
PROGLYCEM SUSP	3	MO
QTERN TABS	4	MO
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	2	MO
<i>repaglinide-metformin hcl tabs</i>	2	MO
RIOMET SOLN	4	
SEGLUROMET TABS	4	
SOLIQUA SOPN	4	MO
STEGLATRO TABS 5mg, 15mg	4	MO
STEGLUJAN TABS	4	MO
SYMLINPEN 120 SOPN	4	MO
SYMLINPEN 60 SOPN	4	MO
SYNJARDY TABS	4	MO
SYNJARDY XR TB24	4	MO
<i>tolazamide tabs 250mg, 500mg</i>	2	MO
<i>tolbutamide tabs</i>	2	MO
TOUJEO MAX SOLOSTAR SOPN	4	MO
TOUJEO SOLOSTAR SOPN	4	MO
TRADJENTA TABS	4	MO
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	4	MO
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml	4	MO
VICTOZA SOPN	4	MO
XIGDUO XR TB24	4	MO
XULTOPHY SOPN	5	NDS

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Drug Name	Drug Tier	Requirements /Limits
ESTROGENS AND ANTIESTROGENS		
<i>amabelz tabs</i>	2	MO
ANGELIQ TABS	4	MO
CLIMARA PRO PTWK	4	MO
CLIMARA PTWK 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr	2	MO
<i>clomiphene citrate tabs</i>	2	PA
COMBIPATCH PTTW	4	MO
DELESTROGEN OIL	4	
<i>depo-estradiol oil</i>	2	
DIVIGEL GEL	4	MO
<i>dotti pttw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
DUAVEE TABS	4	MO
ELESTRIN GEL	4	MO
<i>estrace crea</i>	2	MO
<i>estrace tabs .5mg, 1mg, 2mg</i>	2	MO
<i>estradiol crea</i>	2	MO
<i>estradiol pttw .025mg/24hr, .0375mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
<i>estradiol ptwk 37.5mcg/24hr, .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr</i>	2	MO
<i>estradiol tabs 10mcg, .5mg, 1mg, 2mg</i>	2	MO
<i>estradiol valerate oil</i>	2	
<i>estradiol-norethindrone acet tabs</i>	2	MO
ESTRING RING	3	MO
EVAMIST SOLN	4	MO
FEMRING RING .05mg/24hr, .1mg/24hr	4	MO
<i>fyavolv tabs</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	4	MO
IMVEXXY STARTER PACK INST 4mcg, 10mcg	4	MO
<i>jinteli tabs</i>	2	MO
LOPREEZA TABS	2	MO
<i>menest tabs .3mg, .625mg, 1.25mg</i>	2	MO
MENOSTAR PTWK	4	MO
<i>mimvey lo tabs</i>	2	MO
<i>mimvey tabs</i>	2	MO
<i>norethindrone-eth estradiol tabs</i>	2	MO
OSPHENA TABS	4	MO
<i>prefest tabs</i>	2	MO
PREMARIN CREA	4	MO
PREMARIN SOLR	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	4	MO
PREMPHASE TABS	4	MO
PREMPRO TABS	4	MO
<i>raloxifene hcl tabs</i>	2	MO
<i>yuvafem tabs</i>	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN SOLR	2	PA
NOVAREL SOLR 10000unit	2	PA
NOVAREL SOLR	4	PA
ORILISSA TABS 150mg, 200mg	5	NDS
PREGNYL SOLR	2	PA
TRIPTODUR SRER	5	NDS
OXYTOCICS		
MIFEPREX TABS	3	
PARATHYROID		
<i>calcitonin (salmon) soln</i>	2	MO
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	2	PA,NDS
FORTEO SOLN	5	PA,NDS

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Drug Name	Drug Tier	Requirements /Limits
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LD,NDS
SENSIPAR TABS 30mg	4	PA,NDS
SENSIPAR TABS 60mg, 90mg	5	PA,NDS
TYMLOS SOPN	5	NDS
PITUITARY		
ACTHAR GEL	5	PA,LD,NDS
DDAVP RHINAL TUBE SOLN	4	MO
DESMOPRESSIN ACE RHINAL TUBE SOLN	2	MO
<i>desmopressin ace spray refrig soln</i>	2	MO
<i>desmopressin acetate tabs .1mg, .2mg</i>	2	MO
NOC DURNA SUBL 27.7mcg, 55.3mcg	4	MO
NOCTIVA EMUL .83mcg/0.1ml, 1.66mcg/0.1ml	4	MO
STIMATE SOLN	3	MO
SYNAREL SOLN	3	MO
PROGESTINS		
<i>aygestin tabs</i>	2	MO
CRINONE GEL 4%, 8%	4	PA,MO
DEPO-PROVERA SUSP 400mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY	3	
MAKENA SOAJ	5	NDS
<i>medroxyprogesterone acetate susp</i>	2	
<i>medroxyprogesterone acetate susy</i>	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	2	MO
<i>megestrol acetate susp</i>	2	MO
<i>norethindrone acetate tabs</i>	2	MO
<i>progesterone micronized caps 100mg, 200mg</i>	2	MO
SOMATOTROPIN AGONISTS AND ANTAGONISTS		

Drug Name	Drug Tier	Requirements /Limits
EGRIFTA SOLR	5	NDS
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	PA,NDS
GENOTROPIN SOLR 12mg	4	PA,NDS
GENOTROPIN SOLR	5	PA,NDS
HUMATROPE SOLR 5mg, 6mg, 12mg, 24mg	5	PA,NDS
INCRELEX SOLN	5	NDS
NORDITROPIN FLEXPRO SOLN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	PA,NDS
NUTROPIN AQ NUSPIN 10 SOLN	5	PA,NDS
NUTROPIN AQ NUSPIN 20 SOLN	5	PA,NDS
NUTROPIN AQ NUSPIN 5 SOLN	5	PA,NDS
<i>octreotide acetate soln</i>	2	
OMNITROPE SOLN 5mg/1.5ml, 10mg/1.5ml	2	PA,NDS
OMNITROPE SOLR	2	PA,NDS
SAIZEN CLICK.EASY SOLR	5	PA,NDS
SAIZEN SOLR 5mg, 8.8mg	5	PA,NDS
SAIZENPREP SOLR	5	PA,NDS
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NDS
SEROSTIM SOLR 4mg, 5mg, 6mg	5	PA,NDS
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NDS
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS
SOMATULINE DEPOT SOLN	4	

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

Drug Name	Drug Tier	Requirements /Limits
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	LD,NDS
ZOMACTON SOLR 5mg	4	PA,NDS
ZOMACTON SOLR	5	PA,NDS
ZORBTIVE SOLR	5	PA,NDS
THYROID AND ANTITHYROID AGENTS		
LEVO-T TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	MO
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	2	MO
LEVOXYL TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	MO
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	2	MO
<i>methimazole tabs 5mg, 10mg</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
<i>tapazole tabs 5mg, 10mg</i>	2	MO
THYROLAR-1 TABS	4	
THYROLAR-1/2 TABS	4	
THYROLAR-1/4 TABS	4	
THYROLAR-2 TABS	4	
THYROLAR-3 TABS	4	
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	MO
UNITHROID TABS 25mcg, 50mcg, 75mcg,	2	MO

Drug Name	Drug Tier	Requirements /Limits
88mcg, 100mcg, 112mcg, 125mcg, 150mcg, 175mcg, 200mcg, 300mcg		
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
<i>dutasteride caps</i>	2	MO
<i>dutasteride-tamsulosin hcl caps</i>	2	MO
<i>finasteride tabs</i>	2	MO
ANTIDOTES		
<i>acetylcysteine soln 10%, 20%</i>	2	PA,MO
KHAPZORY SOLR 175mg, 300mg	5	NDS
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	2	MO
VISTOGARD PACK	5	NDS
VORAXAZE SOLR	5	NDS
ANTIGOUT AGENTS		
<i>allopurinol tabs 100mg, 300mg</i>	2	MO
COLCHICINE CAPS	2	MO
<i>colchicine tabs</i>	2	MO
MITIGARE CAPS	4	MO
ULORIC TABS 40mg, 80mg	4	MO
BONE RESORPTION INHIBITORS		
<i>alendronate sodium soln</i>	2	MO
<i>alendronate sodium tabs 5mg, 10mg, 35mg, 70mg</i>	1	MO
<i>alendronate sodium tabs 40mg</i>	2	MO
BINOSTO TBEF	4	MO
EVENITY SOSY	5	NDS
FOSAMAX PLUS D TABS	4	MO
<i>ibandronate sodium tabs</i>	2	PA,MO
PROLIA SOSY	4	NDS
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	2	MO
RISEDRONATE SODIUM TBEC	2	MO
XGEVA SOLN	5	NDS

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

Drug Name	Drug Tier	Requirements /Limits
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN SOAJ	5	NDS
ACTEMRA SOSY	5	NDS
CIMZIA KIT	5	PA,NDS
CIMZIA PREFILLED KIT	5	NDS
CIMZIA STARTER KIT KIT	5	PA
ENBREL MINI SOCT	5	NDS
ENBREL SOLR	5	NDS
ENBREL SOSY 25mg/0.5ml, 50mg/ml	5	NDS
ENBREL SURECLICK SOAJ	5	NDS
HUMIRA PEDIATRIC CROHNS START PSKT	5	NDS
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS
HUMIRA PEN-CD/UC/HS STARTER PNKT 40mg/0.8ml, 80mg/0.8ml	5	NDS
HUMIRA PEN-PS/UV/ADOL HS START PNKT	5	NDS
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml	5	NDS
INFLECTRA SOLR INTRAVENOUS	5	HI
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	NDS
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	NDS
KINERET SOSY	5	NDS
leflunomide tabs 10mg, 20mg	2	MO
OLUMIANT TABS	5	NDS
ORENCIA CLICKJECT SOAJ	5	NDS

Drug Name	Drug Tier	Requirements /Limits
ORENCIA SOLR	5	NDS
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	5	NDS
OTEZLA TABS	5	PA,NDS
OTEZLA TBPK	5	PA,NDS
OTREXUP SOAJ	4	
RASUVO SOAJ	3	
REMICADE SOLR INTRAVENOUS	5	HI
RENFLEXIS SOLR	5	NDS
SIMPONI ARIA SOLN	5	NDS
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml	5	NDS
SIMPONI SOSY 50mg/0.5ml, 100mg/ml	5	NDS
XELJANZ TABS 5mg, 10mg	5	NDS
XELJANZ XR TB24	5	NDS
IMMUNE SUPPRESSANTS		
ASTAGRAF XL CP24 .5mg, 1mg	4	PA,MO
ASTAGRAF XL CP24	5	PA
azasan tabs 75mg, 100mg	2	PA,MO
azathioprine tabs	2	PA,MO
BENLYSTA SOAJ	5	
BENLYSTA SOLR	5	
BENLYSTA SOSY	5	
cyclosporine caps 25mg, 100mg	2	PA,MO
cyclosporine modified caps 25mg, 50mg, 100mg	2	PA,MO
cyclosporine modified soln	2	PA,MO
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	4	PA,MO
GAMIFANT SOLN 50mg/10ml, 10mg/2ml	5	NDS
gengraf caps 25mg, 50mg, 100mg	2	PA,MO
gengraf soln	2	PA,MO
MAVENCLAD (10 TABS) TBPK	5	NDS

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

Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (4 TABS) TBPK	5	NDS
MAVENCLAD (5 TABS) TBPK	5	NDS
MAVENCLAD (6 TABS) TBPK	5	NDS
MAVENCLAD (7 TABS) TBPK	5	NDS
MAVENCLAD (8 TABS) TBPK	5	NDS
MAVENCLAD (9 TABS) TBPK	5	NDS
<i>mycophenolate mofetil caps</i>	2	PA,MO
<i>mycophenolate mofetil susr</i>	4	PA,MO
<i>mycophenolate mofetil tabs</i>	2	PA,MO
<i>mycophenolate sodium tbec 180mg, 360mg</i>	2	PA,MO
NULOJIX SOLR	5	NDS
PROGRAF PACK .2mg, 1mg	5	PA,NDS
PROGRAF SOLN	3	PA,MO
RAPAMUNE SOLN	5	PA
SANDIMMUNE CAPS 25mg, 100mg	3	PA,MO
SANDIMMUNE SOLN 50mg/ml	3	PA,MO
SANDIMMUNE ORAL SOLN 100mg/ml	3	PA,MO
<i>sirolimus soln</i>	5	PA
<i>sirolimus tabs .5mg, 1mg, 2mg</i>	2	PA,MO
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	2	PA,MO
ZORTRESS TABS .25mg	4	PA,MO
ZORTRESS TABS .5mg, .75mg, 1mg	5	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE SOLN	4	
ARCALYST SOLR	5	NDS
BOTOX SOLR 100unit, 200unit	3	PA
CARNITOR SOLN	2	PA,MO

Drug Name	Drug Tier	Requirements /Limits
CARNITOR TABS	2	PA,MO
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	5	NDS
CYSTADANE POWD	4	LD,NDS
CYSTAGON CAPS 50mg, 150mg	3	LD,NDS
DYSPORT SOLR 300unit, 500unit	4	PA
ELMIRON CAPS	3	MO
ENDARI PACK	5	NDS
EXONDYS 51 SOLN 500mg/10ml, 100mg/2ml	5	NDS
FIRDAPSE TABS	5	NDS
GALAFOLD CAPS	5	NDS
HAEGARDA SOLR 2000unit, 3000unit	5	NDS
KEVEYIS TABS	5	NDS
KUVAN PACK 100mg, 500mg	5	NDS
KUVAN TBSO	5	NDS
<i>levocarnitine soln</i>	2	PA,MO
LEVOCARNITINE TABS	2	PA,MO
MESNEX TABS	3	NDS
MYALEPT SOLR	5	NDS
NITYR TABS 2mg, 5mg, 10mg	5	NDS
ODACTRA SUBL	4	
ONPATTRO SOLN	5	NDS
ORALAIR SUBL	4	MO
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg	5	LD,NDS
ORFADIN SUSP	5	LD,NDS
PROCYSBI CPDR 25mg, 75mg	5	NDS
RIDAURA CAPS	3	MO
RIMSO-50 SOLN	3	
RUZURGI TABS	5	NDS
SODIUM CHLORIDE SOLN	2	MO
SODIUM FLUORIDE TABS	4	MO
TAKHZYRO SOLN	5	NDS
TEGSEDI SOSY	5	NDS
THIOLA TABS	5	
ULTOMIRIS SOLN	5	NDS

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

Drug Name	Drug Tier	Requirements /Limits
XEOMIN SOLR 50unit, 100unit	4	PA
XEOMIN SOLR	5	PA,NDS
XURIDEN PACK	5	NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
CINQAIR SOLN	5	NDS
<i>cromolyn sodium conc</i>	2	MO
<i>cromolyn sodium nebu</i>	2	PA,MO
DUPIXENT SOSY	5	NDS
FASENRA SOSY	5	
<i>montelukast sodium chew 4mg, 5mg</i>	1	MO
<i>montelukast sodium pack</i>	2	MO
<i>montelukast sodium tabs</i>	1	MO
NUCALA SOAJ	5	NDS
NUCALA SOLR	5	NDS
NUCALA SOSY	5	NDS
<i>zafirlukast tabs 10mg, 20mg</i>	2	MO
<i>zileuton er tb12</i>	5	NDS
ZYFLO CR TB12	5	NDS
ZYFLO TABS	4	MO
CYSTIC FIBROSIS		
BETHKIS NEBU	5	PA
CAYSTON SOLR	5	LD,NDS
KALYDECO PACK 25mg, 50mg, 75mg	5	PA,NDS
KALYDECO TABS	5	PA,NDS
KITABIS PAK NEBU	5	PA
ORKAMBI PACK	5	NDS
ORKAMBI TABS	5	NDS
SYMDEKO TBPk	5	NDS
TOBI NEBU	5	PA
TOBI PODHALER CAPS	5	
<i>tobramycin nebu</i>	2	PA
PULMONARY FIBROSIS		
ESBRIET CAPS	5	PA,NDS
ESBRIET TABS 267mg, 801mg	5	PA,NDS
OFEV CAPS 100mg, 150mg	5	NDS
RESPIRATORY AGENTS, MISCELLANEOUS		

Drug Name	Drug Tier	Requirements /Limits
ALVESCO AERS 80mcg/act, 160mcg/act	3	MO
ARALAST NP SOLR INTRAVENOUS 500mg, 1000mg	5	HI
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	4	MO
ASMANEX (120 METERED DOSES) AEPB	3	MO
ASMANEX (30 METERED DOSES) AEPB 110mcg/inh	3	MO
ASMANEX (30 METERED DOSES) AEPB	4	MO
ASMANEX (60 METERED DOSES) AEPB	3	MO
ASMANEX HFA AERO 100mcg/act, 200mcg/act	3	MO
<i>budesonide susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	2	PA,MO
DALIRESP TABS 250mcg, 500mcg	4	MO
DULERA AERO	4	MO
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	4	MO
FLOVENT HFA AERO 44mcg/act	3	MO
FLOVENT HFA AERO 110mcg/act, 220mcg/act	4	MO
<i>fluticasone-salmeterol aepb</i>	2	MO
GLASSIA SOLN INTRAVENOUS	5	HI
PROLASTIN-C SOLN INTRAVENOUS	5	HI
PROLASTIN-C SOLR INTRAVENOUS	5	HI

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Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	4	MO
QVAR REDIHALER AERB	4	
XOLAIR SOLR	5	PA,NDS
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	5	PA,NDS
ZEMAIRA SOLR INTRAVENOUS	5	HI
VASODILATING AGENTS		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	PA,NDS
<i>ambrisentan tabs 5mg, 10mg</i>	2	NDS
<i>bosentan tabs 62.5mg, 125mg</i>	5	NDS
LETAIRIS TABS 5mg, 10mg	5	NDS
OPSUMIT TABS	5	PA,NDS
ORENITRAM TBCR .125mg	4	LD,NDS
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	LD,NDS
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	PA,LD,NDS
TRACLEER TABS 62.5mg, 125mg	5	NDS
TRACLEER TBSO	5	NDS
TYVASO REFILL SOLN	4	PA,LD
TYVASO SOLN	4	PA,LD
TYVASO STARTER SOLN	4	PA,LD
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS
UPTRAVI TBPB	5	NDS
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	PA,LD,NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		

Drug Name	Drug Tier	Requirements /Limits
BIVIGAM SOLN INTRAVENOUS	3	HI
CUTAQUIG SOLN 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml	5	PA,NDS
CYTOGAM INJ	3	
FLEBOGAMMA DIF SOLN INTRAVENOUS 10%, 5gm/100ml, .5gm/10ml, 10gm/200ml, 20gm/400ml, 2.5gm/50ml	3	HI
GAMASTAN INJ	3	PA
GAMASTAN S/D INJ	3	PA
GAMMAGARD S/D LESS IGA SOLR INTRAVENOUS 5gm, 10gm	3	HI
GAMMAGARD SOLN INJECTION	3	HI
GAMMAKED SOLN INJECTION	3	HI
GAMMAPLEX SOLN INTRAVENOUS 10gm/200ml	3	HI
GAMMAPLEX SOLN INTRAVENOUS 10gm/100ml, 20gm/200ml, 5gm/50ml	4	HI
GAMUNEX-C SOLN INJECTION 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 5gm/50ml	3	HI
HYPERRAB S/D SOLN	3	
HYQVIA KIT	5	PA,NDS
IMOGAM RABIES-HT SOLN	3	
NABI-HB SOLN	3	
OCTAGAM SOLN INTRAVENOUS 5gm/100ml, 1gm/20ml, 2gm/20ml, 25gm/500ml	3	HI
PANZYGA SOLN INTRAVENOUS	5	HI

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Drug Name	Drug Tier	Requirements /Limits
10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml		
PRIVIGEN SOLN INTRAVENOUS	3	HI
VARIZIG SOLN	6	
TOXOIDS		
DIPHThERIA-TETANUS TOXOIDS DT SUSP	6	
KINRIX SUSP	6	
QUADRACEL SUSP	6	
TDVAX SUSP	6	
TENIVAC INJ	6	
VACCINES		
ACTHIB SOLR	6	
ADACEL SUSP	6	
BEXSERO SUSY	6	
BOOSTRIX SUSP	6	
DAPTACEL SUSP	6	
ENGRIX-B SUSP 10mcg/0.5ml, 20mcg/ml	6	PA
GARDASIL 9 SUSP	6	
GARDASIL 9 SUSY	6	
HAVRIX SUSP	6	
HEPLISAV-B SOLN	6	PA
HIBERIX SOLR	6	
IMOVAX RABIES INJ	6	
INFANRIX SUSP	6	
IROL INJ	6	
IXIARO SUSP	6	
M-M-R II INJ	6	
MENACTRA INJ	6	
MENVEO SOLR	6	
PEDIARIX SUSP	6	
PEDVAX HIB SUSP	6	
PROQUAD SUSR	6	
RABAVER SUSR	6	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	6	PA
ROTARIX SUSR	4	
ROTATEQ SOLN	4	
SHINGRIX SUSR	6	
TRUMENBA SUSY	6	

Drug Name	Drug Tier	Requirements /Limits
TWINRIX SUSY	6	
TYPHIM VI SOLN	6	
VAQTA SUSP	6	
VARIVAX INJ	6	
VAXCHORA SUSR	3	
YF-VAX INJ	6	
ZOSTAVAX SUSR	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir oint</i>	2	
AKTIPAK PACK	4	MO
AVC VAGINAL CREA	3	
BACTROBAN NASAL OINT	4	
BENZOYL PEROXIDE GEL	5	NDS
<i>benzoyl peroxide-erythromycin gel</i>	2	MO
<i>ciclopirox gel</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox olamine susp</i>	2	
<i>ciclopirox sham</i>	2	
<i>ciclopirox soln</i>	2	
CLEOCIN SUPP	4	
<i>clindacin-p swab</i>	2	MO
<i>clindamycin phosphate crea</i>	2	
<i>clindamycin phosphate foam</i>	2	MO
<i>clindamycin phosphate gel</i>	2	MO
<i>clindamycin phosphate lotn</i>	2	MO
<i>clindamycin phosphate soln</i>	2	MO
<i>clindamycin phosphate swab</i>	2	MO
CLINDESSE CREA	4	
<i>clotrimazole crea</i>	2	
<i>clotrimazole lozg</i>	2	
<i>clotrimazole soln</i>	2	
<i>clotrimazole-betamethasone crea</i>	2	
<i>clotrimazole-betamethasone lotn</i>	2	

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

Drug Name	Drug Tier	Requirements /Limits
DENAVIR CREA	4	
<i>econazole nitrate crea</i>	2	
ERTACZO CREA	4	
<i>ery pads</i>	2	MO
<i>erythromycin gel</i>	2	MO
<i>erythromycin soln</i>	2	MO
EURAX CREA	4	
EXELDERM CREA	4	
EXELDERM SOLN	4	
<i>gentamicin sulfate crea</i>	2	
<i>gentamicin sulfate oint</i>	2	
<i>gynazole-1 crea</i>	2	
JUBLIA SOLN	4	
KERYDIN SOLN	4	
<i>ketoconazole crea</i>	2	
<i>ketoconazole foam</i>	2	
<i>ketoconazole sham</i>	2	
<i>lindane sham</i>	2	
LULICONAZOLE CREA	4	
LUZU CREA	4	
<i>mafenide acetate pack</i>	2	
<i>malathion lotn</i>	2	
MENTAX CREA	4	
<i>metronidazole crea</i>	2	
<i>metronidazole gel</i>	2	
<i>metronidazole lotn</i>	2	
<i>miconazole 3 supp</i>	2	
<i>mupirocin calcium crea</i>	2	
<i>mupirocin oint</i>	2	
<i>naftifine hcl crea</i>	2	
NAFTIN GEL	4	
NATROBA SUSP	4	
<i>nyamyc powd</i>	2	
<i>nystatin crea</i>	2	
<i>nystatin oint</i>	2	
<i>nystatin powd</i>	2	
<i>nystop powd</i>	2	
ORAVIG TABS	4	
<i>ovide lotn</i>	2	
<i>oxiconazole nitrate crea</i>	2	
OXISTAT LOTN	4	
<i>permethrin crea</i>	2	
<i>selenium sulfide lotn</i>	2	
SILVER SULFADIAZINE CREA	2	

Drug Name	Drug Tier	Requirements /Limits
SKLICE LOTN	4	
SOOLANTRA CREA	4	
SSD CREA	2	
<i>sulfacetamide sodium (acne) lotn</i>	2	MO
SULFAMYLLON CREA	3	
<i>terconazole crea</i>	2	
<i>terconazole supp</i>	2	
VANDAZOLE GEL	2	
XEPI CREA	4	MO
XERESE CREA	4	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>ala scalp lotn</i>	2	MO
<i>ala-cort crea 1%, 2.5%</i>	2	MO
<i>alclometasone dipropionate crea</i>	2	MO
<i>alclometasone dipropionate oint</i>	2	MO
<i>amcinonide crea</i>	2	MO
<i>amcinonide lotn</i>	2	MO
<i>amcinonide oint</i>	2	MO
<i>anusol-hc crea</i>	2	MO
<i>apexicon e crea</i>	2	MO
BENZOYL PEROXIDE FORTE- HC LOTN	5	NDS
<i>besser lotn</i>	2	MO
<i>betamethasone dipropionate aug crea</i>	2	MO
<i>betamethasone dipropionate aug gel</i>	2	MO
<i>betamethasone dipropionate aug lotn</i>	2	MO
<i>betamethasone dipropionate aug oint</i>	2	MO
<i>betamethasone dipropionate crea</i>	2	MO
<i>betamethasone dipropionate lotn</i>	2	MO
<i>betamethasone dipropionate oint</i>	2	MO
<i>betamethasone valerate crea</i>	2	MO
<i>betamethasone valerate foam</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone valerate lotn</i>	2	MO
<i>betamethasone valerate oint</i>	2	MO
BRYHALI LOTN	4	MO
<i>calcipotriene-betameth diprop oint</i>	2	MO,NDS
CAPEX SHAM	3	MO
<i>clobetasol propionate crea</i>	2	
<i>clobetasol propionate e crea</i>	2	MO
<i>clobetasol propionate emulsion foam</i>	2	
<i>clobetasol propionate foam</i>	2	MO
<i>clobetasol propionate gel</i>	2	MO
<i>clobetasol propionate liqd</i>	2	MO
<i>clobetasol propionate lotn</i>	2	MO
<i>clobetasol propionate oint</i>	2	MO
<i>clobetasol propionate sham</i>	2	MO
<i>clobetasol propionate soln</i>	2	MO
CLOBEX SHAM	2	MO
CLOBEX SPRAY LIQD	2	MO
<i>clocortolone pivalate pump crea</i>	2	MO
<i>clodan sham</i>	2	MO
<i>colocort enem</i>	2	MO
CORDRAN TAPE	3	MO
CORTISPORIN CREA	3	MO
CORTISPORIN OINT	3	MO
DESONATE GEL	4	MO
<i>desonide crea</i>	2	MO
<i>desonide lotn</i>	2	MO
<i>desonide oint</i>	2	MO
<i>desowen lotn</i>	2	MO
<i>desoximetasone crea .05%, .25%</i>	2	MO
<i>desoximetasone gel</i>	2	MO
<i>desoximetasone liqd</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desoximetasone oint .05%, .25%</i>	2	MO
<i>diclofenac epolamine ptch</i>	2	PA,MO
<i>diclofenac sodium gel 1%, 3%</i>	2	MO
<i>diclofenac sodium soln</i>	2	MO
<i>diflorasone diacetate crea</i>	2	MO
<i>diflorasone diacetate oint</i>	2	MO
DUOBRII LOTN	5	NDS
ENSTILAR FOAM	5	
EUCRISA OINT	4	MO
FLECTOR PTCH	4	PA,MO
<i>fluocinolone acetonide crea .01%, .025%</i>	2	MO
<i>fluocinolone acetonide oint</i>	2	MO
<i>fluocinolone acetonide scalp oil</i>	2	MO
<i>fluocinolone acetonide soln</i>	2	MO
<i>fluocinonide crea</i>	2	MO
<i>fluocinonide emulsified base crea</i>	2	MO
<i>fluocinonide gel</i>	2	MO
<i>fluocinonide oint</i>	2	MO
<i>fluocinonide soln</i>	2	MO
<i>flurandrenolide crea</i>	2	MO
<i>flurandrenolide lotn</i>	2	MO
<i>flurandrenolide oint</i>	2	MO
<i>fluticasone propionate crea</i>	2	MO
<i>fluticasone propionate lotn</i>	2	MO
<i>fluticasone propionate oint</i>	2	MO
<i>halobetasol propionate crea</i>	2	MO
HALOBETASOL PROPIONATE FOAM	5	NDS
<i>halobetasol propionate oint</i>	2	MO
HALOG CREA	4	MO
HALOG OINT	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone butyrate crea</i>	2	MO
<i>hydrocortisone butyrate lotn</i>	2	MO
<i>hydrocortisone butyrate oint</i>	2	MO
<i>hydrocortisone butyrate soln</i>	2	MO
<i>hydrocortisone crea 1%, 2.5%</i>	2	MO
<i>hydrocortisone enem</i>	2	MO
<i>hydrocortisone lotn</i>	2	MO
<i>hydrocortisone oint 1%, 2.5%</i>	2	MO
<i>hydrocortisone valerate crea</i>	2	MO
<i>hydrocortisone valerate oint</i>	2	MO
IMPOYZ CREA	4	MO
LEXETTE FOAM	5	NDS
<i>micort-hc crea</i>	2	MO
<i>mometasone furoate crea</i>	2	MO
<i>mometasone furoate oint</i>	2	MO
<i>mometasone furoate soln</i>	2	MO
<i>neo-synalar crea</i>	2	MO
<i>nolix crea</i>	2	
<i>nolix lotn</i>	2	MO
<i>nystatin-triamcinolone crea</i>	2	MO
<i>nystatin-triamcinolone oint</i>	2	MO
PANDEL CREA	4	MO
<i>prednicarbate crea</i>	2	MO
<i>prednicarbate oint</i>	2	MO
<i>procto-med hc crea</i>	2	MO
<i>procto-pak crea</i>	2	MO
<i>proctosol hc crea</i>	2	MO
<i>proctozone-hc crea</i>	2	MO
<i>psorcon crea</i>	2	MO
TACLONEX OINT	5	NDS
TACLONEX SUSP	5	
<i>topicort crea .05%, .25%</i>	2	MO
<i>topicort gel</i>	2	MO
<i>topicort oint</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide aers</i>	2	MO
<i>triamcinolone acetonide crea .025%, .1%, .5%</i>	2	MO
<i>triamcinolone acetonide lotn .025%, .1%</i>	2	MO
<i>triamcinolone acetonide oint .025%, .1%, .5%</i>	2	MO
<i>triamcinolone acetonide pste</i>	2	MO
<i>trianex oint</i>	2	MO
<i>triderm crea</i>	2	MO
UCERIS FOAM	4	MO
ULTRAVATE LOTN	5	NDS
ANTI PRURITICS AND LOCAL ANESTHETICS		
7T LIDO GEL	2	PA,MO
<i>doxepin hcl crea</i>	2	MO
<i>glydo gel</i>	2	MO
<i>hydrocortisone ace-pramoxine crea</i>	2	MO
<i>lidocaine hcl soln</i>	2	PA
<i>lidocaine hcl urethral/mucosal gel</i>	2	MO
<i>lidocaine oint</i>	2	PA,MO
<i>lidocaine ptch</i>	2	PA,MO
<i>lidocaine-prilocaine crea</i>	2	PA,MO
<i>lidocaine-tetracaine crea</i>	2	PA
SYNERA PTCH	4	PA
<i>texacort soln</i>	2	MO
CELL STIMULANTS AND PROLIFERANTS		
ALTRENO LOTN	4	PA,MO
AVITA CREA	2	PA,MO
AVITA GEL	2	PA,MO
KEPIVANCE SOLR	5	NDS
PANRETIN GEL	5	NDS
RETIN-A CREA .025%, .05%, .1%	2	PA,MO
RETIN-A GEL .01%, .025%	2	PA,MO
RETIN-A MICRO GEL .04%, .1%	2	PA,MO
RETIN-A MICRO PUMP GEL .04%, .1%	2	PA,MO
RETIN-A MICRO PUMP GEL .08%	4	PA,MO

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Drug Name	Drug Tier	Requirements /Limits
RETIN-A MICRO PUMP GEL	5	PA,NDS
TARGRETIN GEL	3	NDS
<i>tretinoin crea .025%, .05%, .1%</i>	2	PA,MO
<i>tretinoin gel .01%, .025%, .05%</i>	2	PA,MO
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA,MO
<i>tretinoin microsphere pump gel .04%, .1%</i>	2	PA,MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
ABSORICA CAPS 25mg, 35mg	4	NDS
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	NDS
<i>adapalene crea</i>	2	MO
<i>adapalene gel .1%, .3%</i>	2	MO
<i>adapalene pads</i>	2	MO
<i>adapalene soln</i>	5	NDS
<i>adapalene-benzoyl peroxide gel</i>	2	MO
<i>ammonium lactate crea</i>	2	MO
<i>ammonium lactate lotn</i>	2	MO
<i>amnestem caps 10mg, 20mg, 40mg</i>	2	NDS
<i>azelaic acid gel</i>	2	MO
AZELEX CREA	3	MO
<i>calcipotriene crea</i>	2	MO
<i>calcipotriene oint</i>	2	MO
<i>calcipotriene soln</i>	2	MO
CALCITRIOL OINT	4	MO
CARAC CREA	5	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
CONDYLOX GEL	4	MO
COSENTYX (300 MG DOSE) SOSY	5	NDS
COSENTYX SENSOREADY (300 MG) SOAJ	5	NDS
<i>dapsone gel</i>	2	MO
DIFFERIN CREA	2	MO
DIFFERIN LOTN	4	MO
DUPIXENT SOSY	5	NDS

Drug Name	Drug Tier	Requirements /Limits
EPIDUO FORTE GEL	4	MO
FABIOR FOAM	4	PA,MO
FINACEA FOAM	4	MO
<i>fluorouracil crea 5%</i>	2	MO
<i>fluorouracil crea .5%</i>	5	
<i>fluorouracil soln 2%, 5%</i>	2	MO
ILUMYA SOSY	5	PA,NDS
<i>imiquimod crea</i>	2	MO
IMIQUIMOD PUMP CREA	2	MO
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
<i>methoxsalen rapid caps</i>	2	MO
MIRVASO GEL	4	MO
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
ORACEA CPDR	2	
PICATO GEL .015%, .05%	4	MO
<i>pimecrolimus crea</i>	2	MO
<i>podofilox soln</i>	2	MO
RECTIV OINT	4	MO
REGRANEX GEL	5	NDS
RYNODERM CREA	5	NDS
SANTYL OINT	3	MO
SILIQ SOSY	5	NDS
SKYRIZI (150 MG DOSE) PSKT	5	NDS
SORIATANE CAPS 10mg, 17.5mg, 25mg	5	NDS
SORILUX FOAM	4	MO
STELARA SOLN 45mg/0.5ml, 130mg/26ml	5	PA,NDS
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	PA,NDS
<i>tacrolimus oint .03%, .1%</i>	2	MO
TALTZ SOAJ	5	NDS
TALTZ SOSY	5	NDS
<i>tazarotene crea</i>	2	PA,MO
TAZORAC CREA	4	PA,MO
TAZORAC GEL .05%, .1%	4	PA,MO
TOLAK CREA	4	
TREMFYA SOPN	5	

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Drug Name	Drug Tier	Requirements /Limits
TREMFYA SOSY	5	
VALCHLOR GEL	5	NDS
VECTICAL OINT	2	MO
VEREGEN OINT	4	MO
XIMINO CP24 45mg, 90mg, 135mg	4	MO
<i>zenatane caps 10mg, 20mg, 30mg, 40mg</i>	2	NDS
ZYCLARA PUMP CREA	4	MO
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>darifenacin hydrobromide er tb24 7.5mg, 15mg</i>	2	MO
<i>flavoxate hcl tabs</i>	2	MO
GELNIQUE PUMP GEL	4	MO
MYRBETRIQ TB24 25mg, 50mg	4	MO
<i>oxybutynin chloride er tb24 5mg, 10mg, 15mg</i>	2	MO
<i>oxybutynin chloride syrp</i>	2	MO
<i>oxybutynin chloride tabs</i>	2	MO
<i>solifenacin succinate tabs 5mg, 10mg</i>	2	MO
<i>theo-24 cp24 100mg, 200mg, 300mg, 400mg</i>	2	MO
<i>theophylline er tb12 100mg, 200mg, 300mg</i>	2	MO
<i>theophylline er tb24 400mg, 600mg</i>	2	MO
<i>theophylline soln</i>	2	MO
<i>tolterodine tartrate er cp24 2mg, 4mg</i>	2	MO
<i>tolterodine tartrate tabs</i>	2	MO
TOVIAZ TB24 4mg, 8mg	4	MO
<i>tropium chloride er cp24</i>	2	MO
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VITAMINS		
VITAMINS		
<i>calcitriol caps .25mcg, .5mcg</i>	2	PA,MO
<i>calcitriol soln</i>	2	PA,MO
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	PA,MO

Drug Name	Drug Tier	Requirements /Limits
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	2	PA,MO
RAYALDEE CPCR	5	NDS
VP-PNV-DHA CAPS	4	MO

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

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

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

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

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

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

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

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

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70mg	11	chlordiazepoxide hcl caps 5mg, 10mg,	
CAYSTON SOLR	54	25mg	32
caziant tabs	45	chlordiazepoxide-amitriptyline tabs	34
cefaclor caps	8	chlorhexidine gluconate soln	40
cefaclor er tb12	8	chloroquine phosphate tabs	11
cefaclor susr	8	chlorothiazide tabs 250mg, 500mg	38
cefadroxil caps	8	chlorpromazine hcl tabs 10mg, 25mg,	
cefadroxil susr	8	50mg, 100mg, 200mg.....	34
cefadroxil tabs	8	chlorthalidone tabs 25mg, 50mg	38
cefazolin sodium solr injection 1gm, 10gm,		chlorzoxazone tabs 375mg, 500mg, 750mg	
500mg	8		19
cefdinir caps	8	CHOLBAM CAPS 50mg, 250mg	44
cefdinir susr	8	cholestyramine light powd	22
cefepime hcl solr injection 1gm, 2gm	8	cholestyramine pack	22
cefixime susr	8	CHORIONIC GONADOTROPIN SOLR....	49
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<i>ciclopirox sham</i>	56	<i>clindamycin phosphate soln injection</i>	
<i>ciclopirox soln</i>	56	300mg/2ml, 600mg/4ml, 900mg/6ml	9
<i>cilostazol tabs 50mg, 100mg</i>	20	<i>clindamycin phosphate swab</i>	56
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<i>cimetidine hcl soln</i>	43	INTRAVENOUS	37
<i>cimetidine tabs 200mg, 300mg, 400mg,</i>		CLINIMIX E/DEXTROSE (2.75/5) SOLN	
800mg	43	INTRAVENOUS	37
CIMZIA KIT	52	CLINIMIX E/DEXTROSE (4.25/10) SOLN	
CIMZIA PREFILLED KIT	52	INTRAVENOUS	37
CIMZIA STARTER KIT KIT	52	CLINIMIX E/DEXTROSE (4.25/25) SOLN	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	49	INTRAVENOUS	37
CINQAIR SOLN	54	CLINIMIX E/DEXTROSE (4.25/5) SOLN	
CINRYZE SOLR INTRAVENOUS	20	INTRAVENOUS	37
CIPRO HC SUSP	41	CLINIMIX E/DEXTROSE (5/15) SOLN	
CIPRODEX SUSP	41	INTRAVENOUS	37
<i>ciprofloxacin hcl soln (ophth)</i>	40	CLINIMIX E/DEXTROSE (5/20) SOLN	
CIPROFLOXACIN HCL SOLN (OTIC).....	40	INTRAVENOUS	37
<i>ciprofloxacin hcl tabs</i>	9	CLINIMIX E/DEXTROSE (5/25) SOLN	
<i>ciprofloxacin in d5w soln intravenous</i>	9	INTRAVENOUS	37
<i>ciprofloxacin susr</i>	9	CLINIMIX/DEXTROSE (2.75/5) SOLN	
<i>ciprofloxacin-ciproflox hcl er tb24</i>	9	INTRAVENOUS	38
CISPLATIN SOLR	15	CLINIMIX/DEXTROSE (4.25/10) SOLN	
<i>citalopram hydrobromide soln</i>	34	INTRAVENOUS	38
<i>citalopram hydrobromide tabs 10mg, 20mg,</i>		CLINIMIX/DEXTROSE (4.25/20) SOLN	
40mg	34	INTRAVENOUS	38
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i> .	60	CLINIMIX/DEXTROSE (4.25/5) SOLN	
CLARINEX SYRP	14	INTRAVENOUS	38
CLARINEX-D 12 HOUR TB12	14	CLINIMIX/DEXTROSE (5/15) SOLN	
<i>clarithromycin er tb24</i>	9	INTRAVENOUS	38
<i>clarithromycin susr</i>	9	CLINIMIX/DEXTROSE (5/20) SOLN	
<i>clarithromycin tabs</i>	9	INTRAVENOUS	38
<i>clemastine fumarate tabs</i>	14	CLINIMIX/DEXTROSE (5/25) SOLN	
<i>cleocin solr</i>	9	INTRAVENOUS	38
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CLIMARA PTWK		<i>clobazam tabs 10mg, 20mg</i>	30
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<i>clindamycin hcl caps</i>	9	<i>clobetasol propionate foam</i>	58
<i>clindamycin palmitate hcl solr</i>	9	<i>clobetasol propionate gel</i>	58
<i>clindamycin phosphate crea</i>	56	<i>clobetasol propionate liqd</i>	58
<i>clindamycin phosphate foam</i>	56	<i>clobetasol propionate lotn</i>	58
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<i>clonidine hcl er tb12</i>	24	CORTISPORIN CREA	58
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	24	CORTISPORIN OINT	58
<i>clonidine</i> <i>ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	24	COSENTYX (300 MG DOSE) SOSY	60
<i>clopidogrel bisulfate tabs</i>	20	COSENTYX SENSOREADY (300 MG) SOAJ.....	60
<i>clorazepate dipotassium tabs 3.75mg,</i> <i>7.5mg, 15mg</i>	32	COTELLIC TABS	15
<i>clotrimazole crea</i>	56	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	29
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<i>colesevelam hcl tabs</i>	22	CUTAQUIG SOLN 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml	55
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<i>colistimethate sodium (cba) solr injection</i> ..	9	<i>cyclafem 7/7/7 tabs</i>	45
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<i>dantrolene sodium caps</i>	19
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<i>dapsone tabs 25mg, 100mg</i>	11
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<i>darifenacin hydrobromide er tb24 7.5mg,</i> <i>15mg</i>	61
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DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr.....	29
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<i>deblitane tabs</i>	45
<i>decadron tabs 4mg, 6mg</i>	44
<i>deferasirox tbso 125mg</i>	44
<i>deferasirox tbso 250mg, 500mg</i>	44
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<i>desipramine hcl tabs 10mg, 25mg, 50mg,</i> <i>75mg, 100mg, 150mg</i>	35
<i>desloratadine tabs</i>	14
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<i>desmopressin acetate tabs .1mg, .2mg</i>	50
<i>desogestrel-ethinyl estradiol tabs</i>	45
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<i>desoximetasone gel</i>	58
<i>desoximetasone liqd</i>	58
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<i>dexamethasone tabs .5mg, .75mg, 1mg,</i> <i>1.5mg, 2mg, 4mg, 6mg</i>	44
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<i>dexpak 13 day tbpk</i>	44
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<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	29
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<i>diazepam soln</i>	33	<i>divalproex sodium tbec 125mg, 250mg,</i>	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	33	<i>500mg</i>	30
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<i>diclofenac potassium tabs</i>	26	<i>80mg/4ml, 160mg/8ml, 20mg/ml</i>	15
<i>diclofenac sodium er tb24</i>	26	<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	
<i>diclofenac sodium gel 1%, 3%</i>	58		24
<i>diclofenac sodium soln</i>	41, 58	<i>donepezil hcl tabs 5mg, 10mg, 23mg</i>	19
<i>diclofenac sodium tbec</i>	26	<i>donepezil hcl tbdp 5mg, 10mg</i>	19
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<i>dicyclomine hcl caps</i>	18	<i>dorzolamide hcl soln</i>	42
<i>dicyclomine hcl soln</i>	18	<i>dorzolamide hcl-timolol mal pf soln</i>	42
<i>dicyclomine hcl tabs</i>	18	<i>dorzolamide hcl-timolol mal soln</i>	42
<i>didanosine cpdr 200mg, 250mg, 400mg</i> ..	12	<i>dotti</i>	
DIFFERIN CREA	60	<i>pttw .025mg/24hr, .0375mg/24hr, .05mg/</i>	
DIFFERIN LOTN	60	<i>24hr, .075mg/24hr, .1mg/24hr</i>	49
DIFICID TABS	9	DOVATO TABS	12
<i>diflorasone diacetate crea</i>	58	<i>doxazosin mesylate tabs 1mg, 2mg, 4mg,</i>	
<i>diflorasone diacetate oint</i>	58	<i>8mg</i>	22
<i>diflunisal tabs</i>	27	<i>doxepin hcl caps 10mg, 25mg, 50mg,</i>	
<i>digitek tabs .125mg, .25mg</i>	24	<i>75mg, 100mg, 150mg</i>	35
<i>digox tabs</i>	24	<i>doxepin hcl conc</i>	35
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<i>dilantin caps 30mg, 100mg</i>	30	<i>doxy 100 solr intravenous</i>	9
<i>dilantin infatabs chew</i>	30	<i>doxycycline hyclate caps 50mg, 100mg</i>	9
<i>diltiazem hcl er beads cp24 360mg, 420mg</i>		<i>doxycycline hyclate tabs 20mg, 75mg,</i>	
.....	23	<i>100mg, 150mg</i>	9
<i>diltiazem hcl er coated beads cp24 120mg,</i>		<i>doxycycline hyclate tbec 50mg, 75mg,</i>	
<i>180mg, 240mg, 300mg</i>	23	<i>100mg, 150mg, 200mg</i>	9
<i>diltiazem hcl er cp12 60mg, 90mg, 120mg</i>		<i>doxycycline monohydrate caps 50mg,</i>	
.....	23	<i>75mg, 100mg, 150mg</i>	9
<i>diltiazem hcl tabs 30mg, 60mg, 90mg,</i>		<i>doxycycline monohydrate susr</i>	9
<i>120mg</i>	23	<i>doxycycline monohydrate tabs 50mg,</i>	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	23	<i>75mg, 100mg, 150mg</i>	9
DIPENTUM CAPS	42	<i>doxylamine-pyridoxine tbec</i>	43
<i>diphenoxylate-atropine liqd</i>	42	<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	43
<i>diphenoxylate-atropine tabs</i>	42	<i>drospiren-eth estrad-levomefol tabs</i>	45
DIPHThERIA-TETANUS TOXOIDS DT		<i>drospirenone-ethinyl estradiol tabs</i>	45
SUSP	56	DROXIA CAPS	15
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	25	DUAVEE TABS.....	49
<i>disopyramide phosphate caps 100mg,</i>		DUEXIS TABS	27
<i>150mg</i>	24	DULERA AERO	54
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EPIVIR SOLN	12
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<i>erythromycin base tabs</i>	9
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<i>erythromycin ethylsuccinate tabs</i>	9
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Notice of nondiscrimination

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

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

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

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

Multi-language Interpreter Services

English

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

Spanish

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

Chinese

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

Vietnamese

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

Tagalog

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

Korean

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

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

Armenian

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

Russian

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

Japanese

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

Punjabi

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

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

Cambodian

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

Hmong

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

Hindi

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

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-443-0815**
(TTY: **711**).

Farsi

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

Arabic

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

Notice of nondiscrimination

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 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

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

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

Multi-language Interpreter Services

English

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

Spanish

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

Chinese

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

Vietnamese

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

Tagalog

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Korean

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

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Russian

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Japanese

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

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-476-2167** (መስማት ለተሳናቸው: **711**)፡

German

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

French

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

Farsi

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

Arabic

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

Yoruba

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

Cushite-Oromo

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

Nepali

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

Notice of nondiscrimination

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 - ◆ Information written in other languages.

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

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to Attention: Member Services, Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

Multi-language Interpreter Services

English

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Spanish

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

Chinese

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

Vietnamese

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

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-232-4404** (TTY: **711**)번으로 전화해 주십시오.

Russian

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

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-232-4404 (TTY: **711**) まで、お電話にてご連絡ください。

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-232-4404 (TTY: **711**) पर कॉल करें।

Amharic

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

Farsi

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

Arabic

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

German

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

French

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

Portuguese

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

French Creole

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

Gujarati

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

Notice of nondiscrimination

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

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

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

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

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

Multi-language Interpreter Services

English

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

Spanish

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

Chinese

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

Vietnamese

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

Tagalog

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

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-805-2739 (TTY: **711**)번으로 전화해 주십시오.

Japanese

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

Lao

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

Ilocano

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

Samoan

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

Marshallese

LALÉ: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jerbal in jipañ ilo kajin ñe am ejjelok wōñāān. Kaalok **1-800-805-2739** (TTY: **711**)

Trukese

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

Hawaiian

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

Pohnpeian

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

Bisayan

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

Tongan

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

Notice of nondiscrimination

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- Provide no cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

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

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



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Multi-language Interpreter Services

English

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

Spanish

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

Chinese

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

Vietnamese

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

Tagalog

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

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-888-777-5536 (TTY: **711**)번으로 전화해 주십시오.

Russian

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

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-888-777-5536 (TTY: **711**) まで、お電話にてご連絡ください。

Thai

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

Hindi

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

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው፡ **711**)፡

Farsi

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

Arabic

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

German

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

French

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

Yoruba

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

Portuguese

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

Italian

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

Bengali

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

Urdu

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

French Creole

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

Gujarati

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

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 - ◆ Qualified interpreters.
 - ◆ Information written in other languages.

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

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 500 NE Multnomah St., Suite 100, Portland OR 97232 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-language Interpreter Services

English

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

Spanish

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

Chinese

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

Vietnamese

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

Tagalog

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

Korean

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

Russian

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Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-877-221-8221 (TTY: **711**) まで、お電話にてご連絡ください。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-877-221-8221 (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Mon-Khmer Cambodian

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-877-221-8221** (TTY: 711)។

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-877-221-8221** (TTY: **711**).

Farsi

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

Arabic

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

Amharic

ማሳሰቢያ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-877-221-8221** (መስማት ለተሳናቸው፡ **711**).

German

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

French

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

Cushite-Oromo

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

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-877-221-8221** (TTY: **711**).

Ukrainian

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

Romanian

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

This formulary was updated on 09/01/19. 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 Foundation Health Plan, Inc.
393 E. Walnut St.
Pasadena, CA 91188-8514

Kaiser Permanente Senior Advantage (HMO)

Member Service Contact Center

1-800-443-0815 TTY 711

COLORADO REGION

Kaiser Foundation Health Plan of Colorado
10350 E. Dakota Ave.
Denver, CO 80247

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-476-2167 TTY 711

GEORGIA REGION

Kaiser Foundation Health Plan
of Georgia, Inc.
Nine Piedmont Center
3495 Piedmont Road NE
Atlanta, GA 30305

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

Member Services

1-800-232-4404 TTY 711

HAWAII REGION

Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd.
Tower Suite 400
Honolulu, HI 96813

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-800-805-2739 TTY 711

MID-ATLANTIC STATES REGION (District of Columbia, Maryland, and Virginia)

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
2101 East Jefferson St.
Rockville, MD 20852

Kaiser Permanente Medicare Plus (Cost) and
Kaiser Permanente Medicare Advantage (HMO)

Member Services

1-888-777-5536 TTY 711

NORTHWEST REGION

Kaiser Foundation Health Plan
of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232

Kaiser Permanente Senior Advantage (HMO)

Member Services

1-877-221-8221 TTY 711



KAISER PERMANENTE®

kp.org/seniorrx

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