

Kaiser Permanente

# 2023 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 09/01/22. 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](https://kp.org/seniorrx).

**Important Message About What You Pay for Vaccines**-Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin**-You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

#### Member Services

**1-800-476-2167 TTY 711**

### GEORGIA REGION

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

#### Member Services

**1-800-232-4404 TTY 711**

### HAWAII REGION

Kaiser Permanente Senior Advantage (HMO)

#### Member Services

**1-800-805-2739 TTY 711**



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

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

**Member Services****1-888-777-5536 TTY 711****NORTHWEST REGION**

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

**Member Services****1-877-221-8221 TTY 711**

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2023. For an updated formulary, please visit our website at [kp.org/seniorrx](https://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.

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## What is the Kaiser Permanente Formulary?

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

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

## Can the formulary (drug list) change?

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

### Changes that can affect you this year:

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

#### New generic drugs

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

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

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

### Drugs removed from the market

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

### Other changes

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

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

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

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

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 01/01/2023. 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](http://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 59. The index provides an alphabetical list of all the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred brand-name drugs, specialty-tier drugs, and injectable vaccines are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic

drugs cost less than brand-name drugs. Cost-sharing for preferred generic drugs may be different than for generic drugs. Please see your **Evidence of Coverage** for more information.

## What are brand-name drugs?

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

## What are specialty-tier drugs?

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

## What are injectable Part D vaccines?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan may require you or your network provider to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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

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

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

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

## What if my drug is not on the formulary?

If your drug is not included on this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2023 Comprehensive Formulary** at [kp.org/seniorrx](https://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 2023 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 2023 Comprehensive Formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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

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

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

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

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

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

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

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

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

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

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

### **For more information**

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

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

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



## Kaiser Permanente's Formulary

The formulary below/that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 59.

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

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

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

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

**Tier 3** – Preferred brand-name drugs

**Tier 4** – 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](https://kp.org/refill) or by phone or mobile app, which may lower your costs for a three-month supply. Please contact us at least 5 days before your refills run out. Generally, you should receive them within 3 to 5 days. If not, please contact the mail-order phone number for your Kaiser Permanente Region in the chart below or the phone number on the prescription label for assistance. Not all drugs can be mailed; restrictions and limitations apply. For more information, please visit [kp.org/seniorrx](https://kp.org/seniorrx) or call the appropriate regional phone number below.

| Region              | Mail-Order Contact Numbers (TTY 711)                                                                                                                                                                                                                                                           |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California          | Kaiser Permanente Mail Order Pharmacy<br>Northern CA – <b>1-888-218-6245</b><br>Monday through Friday, 8 a.m. to 7 p.m., Saturday 8 a.m. to 6 p.m., and Sunday 9 a.m. to 6 p.m.<br>Southern CA – <b>1-866-206-2983</b><br>Monday through Friday, 7 a.m. to 7 p.m., Saturday, 10 a.m. to 2 p.m. |
| Colorado            | Kaiser Permanente Mail Order Pharmacy<br><b>1-866-523-6059</b><br>Monday through Friday, 8 a.m. to 6 p.m.                                                                                                                                                                                      |
| Georgia             | Kaiser Permanente Refill Pharmacy<br><b>770-434-2008</b> or toll free <b>1-888-662-4579</b><br>Seven days a week, 24 hours                                                                                                                                                                     |
| Hawaii              | Kaiser Permanente Mail Order Pharmacy<br><b>808-643-7979</b> (Oahu and neighbor islands)<br>Monday through Friday, 8:00 a.m. to 5 p.m.                                                                                                                                                         |
| Mid-Atlantic States | Kaiser Permanente Mid-Atlantic Automated Refill Center<br><b>703-466-4900</b> or toll-free <b>1-800-733-6345</b><br>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<br><b>1-800-548-9809</b><br>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 |
|-----------------------------------------------------|-----------|----------------------|
| <b>ANTI-INFECTIVE AGENTS</b>                        |           |                      |
| <b>ANTHELMINTICS</b>                                |           |                      |
| <i>albendazole tabs</i>                             | 2         | NDS                  |
| <i>ivermectin tabs</i>                              | 2         |                      |
| <i>praziquantel tabs</i>                            | 2         | MO                   |
| <b>ANTIBACTERIALS</b>                               |           |                      |
| <i>amikacin sulfate soln</i>                        | 2         |                      |
| <i>amikacin sulfate soln injection</i>              | 2         | HI                   |
| <i>amoxicillin caps</i>                             | 2         |                      |
| <i>amoxicillin chew</i>                             | 2         |                      |
| <i>amoxicillin susr</i>                             | 2         |                      |
| <i>amoxicillin tabs</i>                             | 2         |                      |
| <i>amoxicillin-pot clavulanate chew</i>             | 2         |                      |
| <i>amoxicillin-pot clavulanate susr</i>             | 2         |                      |
| <i>amoxicillin-pot clavulanate tabs</i>             | 2         |                      |
| <i>ampicillin caps</i>                              | 2         |                      |
| <i>ampicillin sodium solr</i>                       | 2         |                      |
| <i>ampicillin sodium solr injection 1gm, 125mg</i>  | 2         | HI                   |
| <i>ampicillin sodium solr intravenous</i>           | 2         | HI                   |
| <i>ampicillin-sulbactam sodium solr</i>             | 2         |                      |
| <i>ampicillin-sulbactam sodium solr injection</i>   | 2         | HI                   |
| <i>ampicillin-sulbactam sodium solr intravenous</i> | 2         | HI                   |
| ARIKAYCE SUSP                                       | 5         | PA,LD,NDS            |
| AUGMENTIN SUSR                                      | 3         |                      |
| <i>azithromycin solr intravenous</i>                | 2         | HI                   |
| <i>azithromycin susr 100mg/5ml, 200mg/5ml</i>       | 2         | MO                   |
| <i>azithromycin tabs 250mg, 500mg, 600mg</i>        | 2         | MO                   |
| <i>aztreonam solr injection</i>                     | 2         | HI                   |
| BICILLIN C-R 900/300 SUSP                           | 4         |                      |
| BICILLIN C-R SUSP 1200000unit/2ml                   | 4         |                      |

| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| BICILLIN L-A SUSP 2400000unit/4ml                               | 3         |                      |
| BICILLIN L-A SUSY 600000unit/ml                                 | 3         |                      |
| BICILLIN L-A SUSY 1200000unit/2ml                               | 4         |                      |
| <i>cefaclor caps</i>                                            | 2         |                      |
| <i>cefaclor susr</i>                                            | 2         |                      |
| <i>cefadroxil caps</i>                                          | 2         |                      |
| <i>cefazolin sodium solr injection 1gm, 10gm, 500mg</i>         | 2         | HI                   |
| <i>cefdinir caps</i>                                            | 2         |                      |
| <i>cefdinir susr</i>                                            | 2         |                      |
| <i>cefepime hcl solr injection 1gm, 2gm</i>                     | 2         | HI                   |
| <i>cefixime caps</i>                                            | 2         |                      |
| <i>cefixime susr</i>                                            | 2         |                      |
| <i>cefotaxime sodium solr</i>                                   | 2         |                      |
| <i>cefotetan disodium solr injection 1gm, 2gm</i>               | 2         | HI                   |
| <i>cefoxitin sodium solr intravenous 1gm, 2gm, 10gm</i>         | 2         | HI                   |
| <i>cefpodoxime proxetil susr</i>                                | 2         |                      |
| <i>cefpodoxime proxetil tabs</i>                                | 2         |                      |
| <i>ceftazidime solr injection 1gm, 6gm</i>                      | 2         | HI                   |
| <i>ceftriaxone sodium solr injection 1gm, 2gm, 250mg, 500mg</i> | 2         | HI                   |
| <i>ceftriaxone sodium solr intravenous</i>                      | 2         | HI                   |
| <i>cefuroxime axetil tabs</i>                                   | 2         |                      |
| <i>cefuroxime sodium solr injection 750mg</i>                   | 2         | HI                   |
| <i>cefuroxime sodium solr intravenous 1.5gm</i>                 | 2         | HI                   |
| <i>cephalexin caps</i>                                          | 2         |                      |
| <i>cephalexin susr</i>                                          | 2         |                      |
| <i>cephalexin tabs</i>                                          | 2         |                      |
| <i>chloramphenicol sod succinate solr</i>                       | 2         |                      |

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>ciprofloxacin hcl tabs</i>                                               | 2         |                      |
| <i>ciprofloxacin in d5w soln</i>                                            | 2         |                      |
| <i>ciprofloxacin in d5w soln intravenous</i>                                | 2         | HI                   |
| <i>ciprofloxacin susr</i>                                                   | 2         |                      |
| <i>clarithromycin susr</i>                                                  | 2         |                      |
| <i>clarithromycin tabs</i>                                                  | 2         |                      |
| <i>cleocin phosphate soln</i>                                               | 2         |                      |
| <i>cleocin solr</i>                                                         | 2         |                      |
| <i>clindamycin hcl caps</i>                                                 | 2         |                      |
| <i>clindamycin palmitate hcl solr</i>                                       | 2         |                      |
| <i>clindamycin phosphate in d5w soln intravenous</i>                        | 2         | HI                   |
| <i>clindamycin phosphate soln</i>                                           | 2         |                      |
| <i>clindamycin phosphate soln injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i> | 2         | HI                   |
| <i>colistimethate sodium (cba) solr injection</i>                           | 5         | HI                   |
| DALVANCE SOLR INTRAVENOUS                                                   | 5         | HI                   |
| DAPTOMYCIN SOLR INTRAVENOUS 500mg, 350mg                                    | 5         | HI                   |
| <i>demeclocycline hcl tabs</i>                                              | 2         |                      |
| <i>dicloxacillin sodium caps</i>                                            | 2         |                      |
| DIFICID SUSR                                                                | 5         | NDS                  |
| DIFICID TABS                                                                | 5         | NDS                  |
| <i>doxy 100 solr intravenous</i>                                            | 2         | HI                   |
| <i>doxycycline hyclate caps 50mg, 100mg</i>                                 | 2         | MO                   |
| <i>doxycycline hyclate tabs 20mg, 100mg</i>                                 | 2         | MO                   |
| <i>doxycycline monohydrate caps 50mg</i>                                    | 2         | MO                   |
| <i>doxycycline monohydrate susr</i>                                         | 2         | MO                   |
| <i>doxycycline monohydrate tabs 50mg, 100mg</i>                             | 2         | MO                   |
| <i>e.e.s. 400 tabs</i>                                                      | 2         |                      |

| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| <i>ertapenem sodium solr injection</i>           | 2         | HI                   |
| <i>ery-tab tbec</i>                              | 2         |                      |
| ERYTHROCIN LACTOBIONATE SOLR INTRAVENOUS         | 2         | HI                   |
| <i>erythromycin base cpep</i>                    | 2         | MO                   |
| <i>erythromycin base tabs 250mg</i>              | 2         |                      |
| <i>erythromycin base tabs 500mg</i>              | 4         |                      |
| <i>erythromycin ethylsuccinate susr</i>          | 2         |                      |
| FETROJA SOLR                                     | 5         | NDS                  |
| <i>gentamicin in saline soln</i>                 | 2         |                      |
| <i>gentamicin in saline soln intravenous</i>     | 2         | HI                   |
| <i>gentamicin sulfate soln</i>                   | 2         |                      |
| <i>gentamicin sulfate soln injection</i>         | 2         | HI                   |
| <i>imipenem-cilastatin solr intravenous</i>      | 2         | HI                   |
| KIMYRSA SOLR                                     | 5         | NDS                  |
| <i>levofloxacin in d5w soln</i>                  | 2         |                      |
| <i>levofloxacin in d5w soln intravenous</i>      | 2         | HI                   |
| <i>levofloxacin soln</i>                         | 2         |                      |
| <i>levofloxacin soln intravenous</i>             | 2         | HI                   |
| <i>levofloxacin tabs</i>                         | 2         |                      |
| <i>linezolid soln intravenous</i>                | 2         | HI                   |
| <i>linezolid susr</i>                            | 5         | NDS                  |
| <i>linezolid tabs</i>                            | 2         | NDS                  |
| LYMEPAK TABS                                     | 5         | NDS                  |
| <i>meropenem solr intravenous 1gm, 500mg</i>     | 2         | HI                   |
| <i>minocycline hcl caps 50mg, 75mg, 100mg</i>    | 2         | MO                   |
| <i>minocycline hcl tabs 100mg</i>                | 2         | MO                   |
| <i>moxifloxacin hcl in nacl soln intravenous</i> | 2         | HI                   |
| <i>moxifloxacin hcl tabs</i>                     | 2         |                      |
| <i>nafcillin sodium solr</i>                     | 2         |                      |

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>nafcillin sodium solr injection</i>                 | 2         | HI                   |
| <i>nafcillin sodium solr intravenous</i>               | 2         | HI                   |
| <i>neomycin sulfate tabs</i>                           | 2         |                      |
| NUZYRA SOLR                                            | 5         | HI,NDS               |
| NUZYRA TABS                                            | 5         | NDS                  |
| ORBACTIV SOLR                                          | 5         | NDS                  |
| OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS          | 3         | HI                   |
| <i>oxacillin sodium solr injection 1gm, 2gm</i>        | 2         | HI                   |
| PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS          | 3         | HI                   |
| <i>penicillin g potassium solr injection</i>           | 2         | HI                   |
| <i>penicillin g procaine susp</i>                      | 2         |                      |
| <i>penicillin g sodium solr injection</i>              | 2         | HI                   |
| <i>penicillin v potassium solr</i>                     | 2         |                      |
| <i>penicillin v potassium tabs</i>                     | 2         |                      |
| <i>piperacillin sod-tazobactam so solr intravenous</i> | 2         | HI                   |
| RECARBRIO SOLR                                         | 5         | NDS                  |
| SEYSARA TABS 60mg, 100mg, 150mg                        | 5         | NDS                  |
| SIVEXTRO SOLR INTRAVENOUS                              | 5         | HI                   |
| SIVEXTRO TABS                                          | 5         | NDS                  |
| <i>streptomycin sulfate solr</i>                       | 5         |                      |
| <i>sulfadiazine tabs</i>                               | 2         |                      |
| <i>sulfamethoxazole-trimethoprim soln</i>              | 2         |                      |
| <i>sulfamethoxazole-trimethoprim susp</i>              | 2         | MO                   |
| <i>sulfamethoxazole-trimethoprim tabs</i>              | 2         | MO                   |
| <i>sulfasalazine tabs</i>                              | 2         |                      |
| <i>sulfasalazine tbec</i>                              | 2         |                      |
| SYNERCID SOLR                                          | 3         |                      |

| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <i>tazicef solr injection</i>                              | 2         | HI                   |
| <i>tazicef solr intravenous 2gm, 6gm</i>                   | 2         | HI                   |
| TEFLARO SOLR INTRAVENOUS                                   | 5         | HI                   |
| <i>tetracycline hcl caps 250mg, 500mg</i>                  | 2         | MO                   |
| TIGECYCLINE SOLR INTRAVENOUS                               | 5         | HI                   |
| <i>tobramycin sulfate soln injection 80mg/2ml, 10mg/ml</i> | 2         | HI                   |
| <i>vancomycin hcl caps</i>                                 | 2         |                      |
| <i>vancomycin hcl solr 250mg/5ml</i>                       | 2         |                      |
| <i>vancomycin hcl solr intravenous 1gm, 10gm, 500mg</i>    | 2         | HI                   |
| <i>vancomycin hcl solr intravenous 5gm</i>                 | 2         |                      |
| XENLETA SOLN                                               | 5         | NDS                  |
| XENLETA TABS                                               | 5         | NDS                  |
| XIFAXAN TABS 200mg, 550mg                                  | 5         | NDS                  |
| ZEMDRI SOLN INTRAVENOUS                                    | 5         | HI                   |
| ZERBAXA SOLR INTRAVENOUS                                   | 5         | HI                   |
| <b>ANTIFUNGALS</b>                                         |           |                      |
| AMBISOME SUSR INTRAVENOUS                                  | 5         | HI                   |
| <i>amphotericin b solr intravenous</i>                     | 2         | HI                   |
| <i>caspofungin acetate solr intravenous 50mg, 70mg</i>     | 4         | HI                   |
| CRESEMBA CAPS                                              | 5         | NDS                  |
| CRESEMBA SOLR                                              | 5         | NDS                  |
| <i>fluconazole in sodium chloride soln intravenous</i>     | 2         | HI                   |
| <i>fluconazole susr</i>                                    | 2         |                      |
| <i>fluconazole tabs</i>                                    | 2         |                      |
| <i>flucytosine caps 250mg, 500mg</i>                       | 5         | NDS                  |
| <i>griseofulvin microsize susp</i>                         | 2         |                      |

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| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| <i>griseofulvin microsize tabs</i>             | 2         |                      |
| <i>griseofulvin ultramicrosize tabs</i>        | 2         |                      |
| <i>itraconazole caps</i>                       | 2         |                      |
| ITRACONAZOLE SOLN                              | 5         | MO                   |
| <i>ketoconazole tabs</i>                       | 2         |                      |
| <i>micafungin sodium solr intravenous 50mg</i> | 2         | HI                   |
| NOXAFIL SUSP                                   | 5         | NDS                  |
| <i>nystatin susp</i>                           | 2         |                      |
| <i>nystatin tabs</i>                           | 2         |                      |
| <i>posaconazole tbec</i>                       | 5         | NDS                  |
| <i>terbinafine hcl tabs</i>                    | 2         |                      |
| TOLSURA CAPS                                   | 5         | NDS                  |
| VORICONAZOLE SOLR INTRAVENOUS                  | 5         | HI                   |
| <i>voriconazole susr</i>                       | 5         |                      |
| <i>voriconazole tabs</i>                       | 2         |                      |
| <b>ANTIMYCOBACTERIALS</b>                      |           |                      |
| CAPASTAT SULFATE SOLR                          | 3         |                      |
| <i>cycloserine caps</i>                        | 5         |                      |
| <i>dapsone tabs 25mg, 100mg</i>                | 2         | MO                   |
| <i>ethambutol hcl tabs 100mg, 400mg</i>        | 2         | MO                   |
| <i>isoniazid soln</i>                          | 2         |                      |
| <i>isoniazid syrp</i>                          | 2         | MO                   |
| <i>isoniazid tabs 100mg, 300mg</i>             | 2         | MO                   |
| PRETOMANID TABS                                | 3         |                      |
| PRIFTIN TABS                                   | 4         | MO                   |
| <i>pyrazinamide tabs</i>                       | 2         | MO                   |
| RIFABUTIN CAPS                                 | 2         | MO                   |
| <i>rifamate caps</i>                           | 2         | MO                   |
| <i>rifampin caps 150mg, 300mg</i>              | 2         | MO                   |
| <i>rifampin solr intravenous</i>               | 2         | HI                   |
| SIRTURO TABS 20mg, 100mg                       | 5         | NDS                  |
| TRECTOR TABS                                   | 4         | MO                   |
| <b>ANTIPROTOZOALS</b>                          |           |                      |
| ARTESUNATE SOLR                                | 5         | NDS                  |

| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| <i>atovaquone susp</i>                         | 2         | NDS                  |
| <i>atovaquone-proguanil hcl tabs</i>           | 2         |                      |
| <i>chloroquine phosphate tabs 250mg, 500mg</i> | 2         | NDS                  |
| COARTEM TABS                                   | 3         |                      |
| <i>hydroxychloroquine sulfate tabs</i>         | 2         | MO,NDS               |
| IMPAVIDO CAPS                                  | 5         | NDS                  |
| KRINTAFEL TABS                                 | 3         |                      |
| <i>mefloquine hcl tabs</i>                     | 2         |                      |
| <i>metronidazole caps</i>                      | 2         |                      |
| METRONIDAZOLE SOLN INTRAVENOUS                 | 2         | HI                   |
| <i>metronidazole tabs</i>                      | 2         |                      |
| <i>nitazoxanide tabs</i>                       | 5         |                      |
| <i>paromomycin sulfate caps</i>                | 2         |                      |
| <i>pentamidine isethionate inh</i>             | 2         | PA                   |
| <i>pentamidine isethionate inj</i>             | 2         |                      |
| PRIMAQUINE PHOSPHATE TABS                      | 2         |                      |
| <i>pyrimethamine tabs</i>                      | 5         |                      |
| <i>quinine sulfate caps</i>                    | 2         | NDS                  |
| <i>tinidazole tabs</i>                         | 2         |                      |
| <b>ANTIVIRALS</b>                              |           |                      |
| <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>                 | 2         | NDS                  |
| APRETUDE SUER                                  | 4         |                      |
| APTIVUS CAPS                                   | 3         | MO                   |
| APTIVUS SOLN                                   | 3         | MO                   |

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| Drug Name                                          | Drug Tier | Requirements/ Limits |
|----------------------------------------------------|-----------|----------------------|
| <i>atazanavir sulfate caps 150mg, 200mg, 300mg</i> | 2         | MO                   |
| BARACLUDE SOLN                                     | 3         | MO                   |
| BIKTARVY TABS                                      | 3         |                      |
| CABENUVA SUER                                      | 4         |                      |
| <i>cidofovir soln</i>                              | 2         |                      |
| CIMDUO TABS                                        | 2         | MO                   |
| COMPLERA TABS                                      | 3         | MO                   |
| CRIXIVAN CAPS 200mg, 400mg                         | 3         | MO                   |
| DELSTRIGO TABS                                     | 4         | MO                   |
| DESCOVY TABS 200-25mg                              | 3         | MO                   |
| DESCOVY TABS 120-15mg                              | 4         | MO                   |
| <i>didanosine cpdr 200mg, 250mg, 400mg</i>         | 2         | MO                   |
| DOVATO TABS                                        | 3         | MO                   |
| EDURANT TABS                                       | 3         | MO                   |
| <i>efavirenz caps 50mg, 200mg</i>                  | 2         | MO                   |
| <i>efavirenz tabs</i>                              | 2         | MO                   |
| <i>efavirenz-emtricitab-tenofovir tabs</i>         | 2         | MO                   |
| <i>emtricitabine caps</i>                          | 2         | MO                   |
| <i>emtricitabine-tenofovir df tabs</i>             | 2         | MO                   |
| EMTRIVA SOLN                                       | 3         | MO                   |
| <i>entecavir tabs 0.5mg, 1mg</i>                   | 2         | MO                   |
| EPCLUSA PACK                                       | 5         | PA,NDS               |
| EPCLUSA TABS                                       | 5         | PA,NDS               |
| EPIVIR HBV SOLN                                    | 3         | MO                   |
| <i>etravirine tabs 100mg, 200mg</i>                | 2         | MO                   |
| EVOTAZ TABS                                        | 4         | MO                   |
| <i>famciclovir tabs 125mg, 250mg, 500mg</i>        | 2         | MO                   |
| <i>fosamprenavir calcium tabs</i>                  | 2         | MO                   |
| FUZEON SOLR                                        | 3         | NDS                  |
| <i>ganciclovir sodium soln</i>                     | 2         |                      |
| <i>ganciclovir sodium solr</i>                     | 2         |                      |
| GENVOYA TABS                                       | 3         | MO                   |

| Drug Name                                          | Drug Tier | Requirements/ Limits |
|----------------------------------------------------|-----------|----------------------|
| HARVONI PACK                                       | 5         | PA,NDS               |
| HARVONI TABS                                       | 5         | PA,NDS               |
| INTELENCE TABS 25mg                                | 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                   |
| <i>lamivudine soln</i>                             | 2         | MO                   |
| <i>lamivudine tabs 100mg, 150mg, 300mg</i>         | 2         | MO                   |
| <i>lamivudine-zidovudine tabs</i>                  | 2         | MO                   |
| <i>ledipasvir-sofosbuvir tabs</i>                  | 5         | PA,NDS               |
| LEXIVA SUSP                                        | 4         | MO                   |
| LIVTENCITY TABS                                    | 5         | NDS                  |
| <i>lopinavir-ritonavir soln</i>                    | 2         | MO                   |
| <i>lopinavir-ritonavir tabs</i>                    | 2         | MO                   |
| <i>maraviroc tabs 150mg, 300mg</i>                 | 2         | MO                   |
| MAVYRET PACK                                       | 5         | PA,NDS               |
| MAVYRET TABS                                       | 5         | PA,NDS               |
| <i>nevirapine er tb24 100mg, 400mg</i>             | 2         | MO                   |
| <i>nevirapine susp</i>                             | 2         | MO                   |
| <i>nevirapine tabs</i>                             | 2         | MO                   |
| NORVIR CAPS                                        | 3         | MO                   |
| NORVIR PACK                                        | 4         | MO                   |
| NORVIR SOLN                                        | 3         | MO                   |
| ODEFSEY TABS                                       | 3         | MO                   |
| <i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i> | 2         | MO                   |
| <i>oseltamivir phosphate susr</i>                  | 2         | MO                   |
| PEGASYS PROCLICK SOAJ 135mcg/0.5ml, 180mcg/0.5ml   | 5         | NDS                  |
| PEGASYS SOLN                                       | 5         | NDS                  |
| PEGASYS SOSY                                       | 5         | NDS                  |

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| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| PEGINTRON KIT                                    | 5         | NDS                  |
| PIFELTRO TABS                                    | 4         | MO                   |
| PREVYMIS SOLN<br>240mg/12ml,<br>480mg/24ml       | 5         | NDS                  |
| PREVYMIS TABS<br>240mg, 480mg                    | 5         | NDS                  |
| PREZCOBIX TABS                                   | 3         | MO                   |
| PREZISTA SUSP                                    | 3         | MO                   |
| PREZISTA TABS 75mg,<br>150mg, 600mg, 800mg       | 3         | MO                   |
| RAPIVAB SOLN                                     | 5         | NDS                  |
| REBETOL SOLN                                     | 4         | MO                   |
| RELENZA DISKHALER<br>AEPB                        | 3         | MO                   |
| RESCRIPTOR TABS<br>100mg, 200mg                  | 3         | MO                   |
| RETROVIR SOLN                                    | 3         | MO                   |
| REYATAZ PACK                                     | 4         | MO                   |
| <i>ribasphere caps</i>                           | 2         | MO                   |
| <i>ribasphere ribapak (1000<br/>pack) tbpk</i>   | 2         | MO                   |
| <i>ribasphere ribapak (1200<br/>pack) tbpk</i>   | 2         | MO                   |
| <i>ribasphere tabs</i>                           | 2         | MO                   |
| <i>ribavirin caps</i>                            | 2         | MO                   |
| <i>ribavirin solr</i>                            | 2         |                      |
| <i>ribavirin tabs</i>                            | 2         | MO                   |
| <i>rimantadine hcl tabs</i>                      | 2         | MO                   |
| <i>ritonavir tabs</i>                            | 2         | MO                   |
| RUKOBIA TB12                                     | 4         |                      |
| SELZENTRY SOLN                                   | 4         | MO                   |
| SELZENTRY TABS<br>25mg, 75mg                     | 3         | MO                   |
| <i>sofosbuvir-velpatasvir<br/>tabs</i>           | 5         | PA,NDS               |
| SOVALDI PACK 150mg,<br>200mg                     | 5         | PA,NDS               |
| SOVALDI TABS 200mg,<br>400mg                     | 5         | PA,NDS               |
| <i>stavudine caps 15mg,<br/>20mg, 30mg, 40mg</i> | 2         | MO                   |
| STRIBILD TABS                                    | 3         | MO                   |
| SYMFI LO TABS                                    | 2         | MO                   |

| Drug Name                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|----------------------|
| SYMFI TABS                                    | 2         | MO                   |
| SYMTUZA TABS                                  | 3         | MO                   |
| SYNAGIS SOLN<br>50mg/0.5ml, 100mg/ml          | 5         | NDS                  |
| <i>tenofovir disoproxil<br/>fumarate tabs</i> | 2         | MO                   |
| TIVICAY PD TBSO                               | 3         | MO                   |
| TIVICAY TABS 10mg,<br>25mg, 50mg              | 3         | MO                   |
| TRIUMEQ PD TBSO                               | 4         | MO                   |
| TRIUMEQ TABS                                  | 3         | MO                   |
| TRIZIVIR TABS                                 | 3         | MO                   |
| TYBOST TABS                                   | 3         | MO                   |
| <i>valacyclovir hcl tabs<br/>1gm, 500mg</i>   | 2         | MO                   |
| <i>valganciclovir hcl solr</i>                | 2         | NDS                  |
| <i>valganciclovir hcl tabs</i>                | 2         | NDS                  |
| VEKLURY SOLN                                  | 5         | NDS                  |
| VEKLURY SOLR                                  | 5         | NDS                  |
| VEMLIDY TABS                                  | 5         |                      |
| VIDEX EC CPDR                                 | 4         | MO                   |
| VIDEX SOLR 2gm, 4gm                           | 3         | MO                   |
| VIEKIRA PAK TBPB                              | 5         | PA,NDS               |
| VIRACEPT TABS<br>250mg, 625mg                 | 3         | MO                   |
| VIREAD POWD                                   | 3         | MO                   |
| VIREAD TABS 150mg,<br>200mg, 250mg            | 4         | MO                   |
| VOCABRIA TABS                                 | 4         | MO                   |
| VOSEVI TABS                                   | 5         | PA,NDS               |
| XOFLUZA (40 MG<br>DOSE) TBPB                  | 4         | MO                   |
| XOFLUZA (80 MG<br>DOSE) TBPB                  | 4         | MO                   |
| ZEPATIER TABS                                 | 5         | PA,NDS               |
| <i>zidovudine caps</i>                        | 2         | MO                   |
| <i>zidovudine syrp</i>                        | 2         | MO                   |
| <i>zidovudine tabs</i>                        | 2         | MO                   |
| <b>URINARY ANTI-INFECTIVES</b>                |           |                      |
| <i>fosfomycin tromethamine<br/>pack</i>       | 2         |                      |
| <i>methenamine hippurate<br/>tabs</i>         | 2         |                      |

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| Drug Name                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|
| NITROFURANTOIN MACROCRYSTAL CAPS           | 2         |                      |
| NITROFURANTOIN MONOHYD MACRO CAPS          | 2         |                      |
| <i>nitrofurantoin susp</i>                 | 2         |                      |
| TRIMETHOPRIM TABS                          | 2         | MO                   |
| <b>ANTI-HISTAMINE DRUGS</b>                |           |                      |
| <b>ANTI-HISTAMINE DRUGS</b>                |           |                      |
| <i>cyproheptadine hcl syrp</i>             | 2         |                      |
| <i>cyproheptadine hcl tabs</i>             | 2         |                      |
| <i>desloratadine tabs</i>                  | 2         |                      |
| <i>diphenhydramine hcl soln</i>            | 2         |                      |
| <i>levocetirizine dihydrochloride tabs</i> | 2         |                      |
| <i>promethazine hcl soln</i>               | 2         |                      |
| <i>promethazine hcl syrp</i>               | 2         |                      |
| <i>promethazine hcl tabs</i>               | 2         |                      |
| <i>promethegan supp</i>                    | 2         |                      |
| <b>ANTINEOPLASTIC AGENTS</b>               |           |                      |
| <b>ANTINEOPLASTIC AGENTS</b>               |           |                      |
| <i>abiraterone acetate tabs 250mg</i>      | 2         |                      |
| <i>abiraterone acetate tabs 500mg</i>      | 5         | NDS                  |
| ABRAXANE SUSR                              | 3         |                      |
| <i>adriamycin soln</i>                     | 2         |                      |
| <i>adriamycin solr</i>                     | 2         |                      |
| <i>adrucil soln</i>                        | 2         |                      |
| AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg        | 5         | NDS                  |
| AFINITOR TABS                              | 5         | NDS                  |
| ALECENSA CAPS                              | 5         | NDS                  |
| ALIMTA SOLR                                | 3         |                      |
| ALIQOPA SOLR                               | 5         | NDS                  |
| ALUNBRIG TABS 30mg, 90mg, 180mg            | 5         | NDS                  |
| ALUNBRIG TBPK                              | 5         | NDS                  |
| ALYMSYS SOLN 400mg/16ml, 100mg/4ml         | 5         | NDS                  |
| <i>anastrozole tabs</i>                    | 2         |                      |
| <i>arsenic trioxide soln</i>               | 5         | NDS                  |

| Drug Name                                    | Drug Tier | Requirements/ Limits |
|----------------------------------------------|-----------|----------------------|
| ARZERRA CONC 1000mg/50ml, 100mg/5ml          | 5         | NDS                  |
| ASPARLAS SOLN                                | 5         | NDS                  |
| AVASTIN SOLN                                 | 5         |                      |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 5         | NDS                  |
| <i>azacitidine susr</i>                      | 2         |                      |
| BALVERSA TABS 3mg, 4mg, 5mg                  | 5         | NDS                  |
| BAVENCIO SOLN                                | 5         | NDS                  |
| BCG VACCINE SOLR                             | 3         |                      |
| BELEODAQ SOLR                                | 5         | NDS                  |
| BELRAPZO SOLN                                | 5         | NDS                  |
| BENDAMUSTINE HCL SOLN                        | 5         | NDS                  |
| BENDEKA SOLN                                 | 5         | NDS                  |
| BESPONSA SOLR                                | 5         | NDS                  |
| BESREMI SOSY                                 | 5         | NDS                  |
| <i>bexarotene caps</i>                       | 5         | NDS                  |
| <i>bicalutamide tabs</i>                     | 2         |                      |
| <i>bleomycin sulfate solr</i>                | 2         |                      |
| BLINCYTO SOLR                                | 5         | NDS                  |
| <i>bortezomib solr injection</i>             | 2         |                      |
| BORTEZOMIB SOLR INTRAVENOUS                  | 3         |                      |
| BOSULIF TABS 100mg, 400mg, 500mg             | 5         | NDS                  |
| BRAFTOVI CAPS 50mg, 75mg                     | 5         | NDS                  |
| BRUKINSA CAPS                                | 5         | NDS                  |
| <i>busulfan soln</i>                         | 2         |                      |
| CABOMETYX TABS 20mg, 40mg, 60mg              | 5         | NDS                  |
| CALQUENCE CAPS                               | 5         | NDS                  |
| CAMCEVI PRSY                                 | 4         |                      |
| CAPRELSA TABS 100mg, 300mg                   | 5         | LD,NDS               |
| <i>carboplatin soln</i>                      | 2         |                      |
| <i>carmustine solr 100mg</i>                 | 2         |                      |
| CARMUSTINE SOLR 50mg, 300mg                  | 5         |                      |
| <i>cisplatin soln</i>                        | 2         |                      |

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| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| CISPLATIN SOLR                                       | 5         | NDS                  |
| <i>cladribine soln</i>                               | 2         |                      |
| <i>clofarabine soln</i>                              | 2         |                      |
| COMETRIQ (100 MG DAILY DOSE) KIT                     | 5         | LD,NDS               |
| COMETRIQ (140 MG DAILY DOSE) KIT                     | 5         | LD,NDS               |
| COMETRIQ (60 MG DAILY DOSE) KIT                      | 5         | LD,NDS               |
| COPIKTRA CAPS 15mg, 25mg                             | 5         | NDS                  |
| COTELLIC TABS                                        | 5         | NDS                  |
| <i>cyclophosphamide caps 25mg, 50mg</i>              | 2         | PA                   |
| CYCLOPHOSPHAMIDE SOLN 2gm/10ml, 1gm/5ml, 500mg/2.5ml | 5         | NDS                  |
| <i>cyclophosphamide solr</i>                         | 2         |                      |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml                  | 5         | NDS                  |
| <i>cytarabine (pf) soln</i>                          | 2         |                      |
| <i>cytarabine soln</i>                               | 2         |                      |
| <i>dacarbazine solr</i>                              | 2         |                      |
| <i>dactinomycin solr</i>                             | 2         |                      |
| DANYELZA SOLN                                        | 5         | NDS                  |
| DARZALEX FASPRO SOLN                                 | 5         | NDS                  |
| DARZALEX SOLN 400mg/20ml, 100mg/5ml                  | 5         | NDS                  |
| <i>daunorubicin hcl soln</i>                         | 2         |                      |
| DAURISMO TABS 25mg, 100mg                            | 5         | NDS                  |
| <i>decitabine solr</i>                               | 2         |                      |
| DOCETAXEL (NON-ALCOHOL) SOLN 80mg/4ml, 20mg/ml       | 5         | NDS                  |
| <i>docetaxel conc</i>                                | 2         |                      |
| <i>docetaxel soln</i>                                | 2         |                      |
| <i>doxorubicin hcl liposomal inj</i>                 | 2         |                      |
| DOXORUBICIN HCL SOLN                                 | 2         |                      |
| <i>doxorubicin hcl solr</i>                          | 2         |                      |
| DROXIA CAPS                                          | 4         |                      |

| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| ELIGARD KIT                                    | 4         |                      |
| ELLECE SOLN                                    | 2         |                      |
| ELZONRIS SOLN                                  | 5         | NDS                  |
| EMCYT CAPS                                     | 5         | NDS                  |
| EMPLICITI SOLR 300mg, 400mg                    | 5         | NDS                  |
| ENHERTU SOLR                                   | 5         | NDS                  |
| <i>epirubicin hcl soln</i>                     | 2         |                      |
| ERBITUX SOLN                                   | 3         |                      |
| ERIVEDGE CAPS                                  | 5         | NDS                  |
| ERLEADA TABS                                   | 5         | NDS                  |
| <i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>   | 5         | NDS                  |
| ERWINASE SOLR                                  | 5         | NDS                  |
| ERWINAZE SOLR                                  | 5         | NDS                  |
| ETOPOPHOS SOLR                                 | 5         | NDS                  |
| <i>etoposide soln</i>                          | 2         |                      |
| <i>eulexin caps</i>                            | 5         | NDS                  |
| <i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i> | 5         | NDS                  |
| <i>everolimus tbso 2mg, 3mg, 5mg</i>           | 5         | NDS                  |
| EVOMELA SOLR                                   | 5         | NDS                  |
| <i>exemestane tabs</i>                         | 2         |                      |
| EXKIVITY CAPS                                  | 5         | NDS                  |
| FARYDAK CAPS 10mg, 15mg, 20mg                  | 5         | LD,NDS               |
| FENSOLVI (6 MONTH) KIT                         | 5         |                      |
| FIRMAGON (240 MG DOSE) SOLR                    | 4         |                      |
| FIRMAGON SOLR                                  | 4         |                      |
| <i>floxuridine solr</i>                        | 2         |                      |
| <i>fludarabine phosphate soln</i>              | 2         |                      |
| <i>fludarabine phosphate solr</i>              | 2         |                      |
| <i>fluorouracil soln</i>                       | 2         |                      |
| <i>flutamide caps</i>                          | 2         |                      |
| FOTIVDA CAPS 0.89mg, 1.34mg                    | 5         | NDS                  |
| <i>fulvestrant soln</i>                        | 5         | NDS                  |
| FYARRO SUSR                                    | 5         | NDS                  |
| GAVRETO CAPS                                   | 5         | NDS                  |

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

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| GAZYVA SOLN                                            | 5         | NDS                  |
| <i>gemcitabine hcl soln</i>                            | 2         |                      |
| <i>gemcitabine hcl solr</i>                            | 2         |                      |
| GILOTRIF TABS 20mg, 30mg, 40mg                         | 5         | NDS                  |
| HERCEPTIN HYLECTA SOLN                                 | 5         | NDS                  |
| HERCEPTIN SOLR 150mg, 440mg                            | 5         | NDS                  |
| HERZUMA SOLR 150mg, 420mg                              | 5         | NDS                  |
| <i>hydroxyurea caps</i>                                | 2         |                      |
| IBRANCE CAPS 75mg, 100mg, 125mg                        | 5         | NDS                  |
| IBRANCE TABS 75mg, 100mg, 125mg                        | 5         | NDS                  |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg                    | 5         | NDS                  |
| IDAMYCIN PFS SOLN                                      | 2         |                      |
| <i>idarubicin hcl soln</i>                             | 2         |                      |
| IDHIFA TABS 50mg, 100mg                                | 5         | NDS                  |
| <i>ifosfamide soln</i>                                 | 2         |                      |
| IFOSFAMIDE SOLR                                        | 2         |                      |
| <i>imatinib mesylate tabs</i>                          | 2         |                      |
| IMBRUVICA CAPS 70mg, 140mg                             | 5         | NDS                  |
| IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg              | 5         | NDS                  |
| IMFINZI SOLN 500mg/10ml, 120mg/2.4ml                   | 5         | NDS                  |
| INFUGEM SOLN                                           | 5         | NDS                  |
| INLYTA TABS 1mg, 5mg                                   | 5         | NDS                  |
| INQOVI TABS                                            | 5         | NDS                  |
| INREBIC CAPS                                           | 5         | NDS                  |
| INTRON A SOLN 6000000unit/ml, 10000000unit/ml          | 5         | NDS                  |
| INTRON A SOLR 10000000unit, 18000000unit, 50000000unit | 5         | NDS                  |
| IRESSA TABS                                            | 5         | NDS                  |

| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| <i>irinotecan hcl soln</i>                     | 2         |                      |
| IXEMPRA KIT SOLR                               | 5         | NDS                  |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg        | 5         | NDS                  |
| JEMPERLI SOLN                                  | 5         |                      |
| KADCYLA SOLR 100mg, 160mg                      | 5         | NDS                  |
| KANJINTI SOLR 150mg, 420mg                     | 5         | NDS                  |
| KEYTRUDA SOLN                                  | 5         | NDS                  |
| KIMMTRAK SOLN                                  | 5         | NDS                  |
| KISQALI (200 MG DOSE) TBPk                     | 5         | NDS                  |
| KISQALI (400 MG DOSE) TBPk                     | 5         | NDS                  |
| KISQALI (600 MG DOSE) TBPk                     | 5         | NDS                  |
| KISQALI FEMARA (400 MG DOSE) TBPk              | 5         | NDS                  |
| KISQALI FEMARA (600 MG DOSE) TBPk              | 5         | NDS                  |
| KISQALI FEMARA (200 MG DOSE) TBPk              | 5         | NDS                  |
| KOSELUGO CAPS 10mg, 25mg                       | 5         | NDS                  |
| KYPROLIS SOLR 10mg, 30mg, 60mg                 | 5         | NDS                  |
| <i>lapatinib ditosylate tabs</i>               | 5         | NDS                  |
| LARTRUVO SOLN 190mg/19ml, 500mg/50ml           | 5         | NDS                  |
| <i>lenalidomide caps 5mg, 10mg, 15mg, 25mg</i> | 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               |

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| Drug Name                            | Drug Tier | Requirements/ Limits |
|--------------------------------------|-----------|----------------------|
| LENVIMA (24 MG DAILY DOSE) CPPK      | 5         | LD,NDS               |
| LENVIMA (4 MG DAILY DOSE) CPPK       | 5         | LD,NDS               |
| LENVIMA (8 MG DAILY DOSE) CPPK       | 5         | LD,NDS               |
| <i>letrozole tabs</i>                | 2         |                      |
| LEUKERAN TABS                        | 5         | NDS                  |
| <i>leuprolide acetate kit</i>        | 2         |                      |
| LIBTAYO SOLN                         | 5         | NDS                  |
| LIPODOX 50 INJ                       | 2         |                      |
| LONSURF TABS                         | 5         | NDS                  |
| LORBRENA TABS 25mg, 100mg            | 5         | NDS                  |
| LUMAKRAS TABS                        | 5         | NDS                  |
| LUMOXITI SOLR                        | 5         | NDS                  |
| LUPANETA PACK KIT                    | 5         |                      |
| LUPRON DEPOT (1-MONTH) KIT           | 5         |                      |
| LUPRON DEPOT (3-MONTH) KIT           | 5         |                      |
| LUPRON DEPOT (4-MONTH) KIT           | 5         |                      |
| LUPRON DEPOT (6-MONTH) KIT           | 5         |                      |
| LUPRON DEPOT-PED (1-MONTH) KIT       | 5         |                      |
| LUPRON DEPOT-PED (3-MONTH) KIT       | 4         |                      |
| LYNPARZA TABS 100mg, 150mg           | 5         | NDS                  |
| LYSODREN TABS                        | 5         | NDS                  |
| MARGENZA SOLN                        | 5         | NDS                  |
| MARQIBO SUSP                         | 5         | NDS                  |
| MATULANE CAPS                        | 5         | NDS                  |
| <i>megestrol acetate susp</i>        | 2         |                      |
| <i>megestrol acetate tabs</i>        | 2         |                      |
| MEKINIST TABS 0.5mg, 2mg             | 5         | NDS                  |
| MEKTOVI TABS                         | 5         | NDS                  |
| <i>melphalan hcl solr</i>            | 2         |                      |
| <i>mercaptopurine tabs</i>           | 2         |                      |
| <i>methotrexate sodium (pf) soln</i> | 2         |                      |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| <i>methotrexate sodium soln</i>                          | 2         |                      |
| <i>methotrexate sodium solr</i>                          | 2         |                      |
| <i>methotrexate tabs</i>                                 | 2         | PA                   |
| <i>mitomycin solr</i>                                    | 2         |                      |
| <i>mitoxantrone hcl conc</i>                             | 2         |                      |
| MONJUVI SOLR                                             | 5         | NDS                  |
| <i>mutamycin solr</i>                                    | 2         |                      |
| MVASI SOLN 400mg/16ml, 100mg/4ml                         | 5         | NDS                  |
| MYLOTARG SOLR                                            | 5         | NDS                  |
| <i>nelarabine soln</i>                                   | 5         | NDS                  |
| NERLYNX TABS                                             | 5         | NDS                  |
| <i>nilutamide tabs</i>                                   | 5         |                      |
| NINLARO CAPS 2.3mg, 3mg, 4mg                             | 5         | NDS                  |
| NUBEQA TABS                                              | 5         | NDS                  |
| ODOMZO CAPS                                              | 5         | NDS                  |
| OGIVRI SOLR                                              | 5         | NDS                  |
| ONIVYDE INJ                                              | 5         | NDS                  |
| ONTRUZANT SOLR 150mg, 420mg                              | 5         | NDS                  |
| ONUREG TABS 200mg, 300mg                                 | 5         | NDS                  |
| OPDIVO SOLN 100mg/10ml, 120mg/12ml, 240mg/24ml, 40mg/4ml | 5         | NDS                  |
| OPDUALAG SOLN                                            | 5         | NDS                  |
| <i>oxaliplatin soln</i>                                  | 2         |                      |
| <i>oxaliplatin solr</i>                                  | 2         |                      |
| <i>paclitaxel conc</i>                                   | 2         |                      |
| <i>paclitaxel protein-bound part susr</i>                | 5         | NDS                  |
| PADCEV SOLR 20mg, 30mg                                   | 5         | NDS                  |
| <i>paraplatin soln</i>                                   | 2         |                      |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg                         | 5         | NDS                  |
| PEMETREXED DISODIUM SOLN 1gm/40ml, 850mg/34ml            | 4         |                      |

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| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| PEMETREXED DISODIUM SOLN 500mg/20ml, 100mg/4ml       | 5         | NDS                  |
| <i>pemetrexed disodium solr 500mg</i>                | 2         |                      |
| <i>pemetrexed disodium solr 100mg, 750mg, 1000mg</i> | 5         | NDS                  |
| PEMETREXED DITROMETHAMINE SOLR 100mg, 500mg          | 5         | NDS                  |
| PEMETREXED SOLN 1gm/40ml, 500mg/20ml, 100mg/4ml      | 5         | NDS                  |
| PEMFEXY SOLN                                         | 5         | NDS                  |
| PEPAXTO SOLR                                         | 5         | NDS                  |
| PERJETA SOLN                                         | 5         | NDS                  |
| PHESGO SOLN                                          | 5         | NDS                  |
| PIQRAY (200 MG DAILY DOSE) TBPk                      | 5         | NDS                  |
| PIQRAY (250 MG DAILY DOSE) TBPk                      | 5         | NDS                  |
| PIQRAY (300 MG DAILY DOSE) TBPk                      | 5         | NDS                  |
| POLIVY SOLR 30mg, 140mg                              | 5         | NDS                  |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg                     | 5         | NDS                  |
| PORTRAZZA SOLN                                       | 5         | NDS                  |
| POTELIGEO SOLN                                       | 5         | NDS                  |
| PROLEUKIN SOLR                                       | 5         | NDS                  |
| PURIXAN SUSP                                         | 5         | NDS                  |
| QINLOCK TABS                                         | 5         | NDS                  |
| RETEVMO CAPS 40mg, 80mg                              | 5         | NDS                  |
| REVLIMID CAPS 2.5mg, 20mg                            | 5         | NDS                  |
| RIABNI SOLN 100mg/10ml, 500mg/50ml                   | 5         | NDS                  |
| RITUXAN HYCELA SOLN                                  | 5         |                      |
| RITUXAN SOLN                                         | 5         |                      |
| ROMIDEPSIN SOLN                                      | 5         | NDS                  |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| ROZLYTREK CAPS 100mg, 200mg                             | 5         | NDS                  |
| RUBRACA TABS 200mg, 250mg, 300mg                        | 5         | NDS                  |
| RUXIENCE SOLN 100mg/10ml, 500mg/50ml                    | 5         | NDS                  |
| RYBREVANT SOLN                                          | 5         | NDS                  |
| RYDAPT CAPS                                             | 5         | NDS                  |
| RYLAZE SOLN                                             | 5         | NDS                  |
| SARCLISA SOLN 500mg/25ml, 100mg/5ml                     | 5         | NDS                  |
| SCEMBLIX TABS 20mg, 40mg                                | 5         | NDS                  |
| SIKLOS TABS                                             | 5         | NDS                  |
| SOLTAMOX SOLN                                           | 5         |                      |
| <i>sorafenib tosylate tabs</i>                          | 5         | NDS                  |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg       | 5         | NDS                  |
| STIVARGA TABS                                           | 5         | NDS                  |
| <i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i> | 5         | NDS                  |
| SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg                  | 5         | NDS                  |
| SYLVANT SOLR 100mg, 400mg                               | 5         | NDS                  |
| SYNRIBO SOLR                                            | 5         | NDS                  |
| TABLOID TABS                                            | 3         |                      |
| TABRECTA TABS 150mg, 200mg                              | 5         | NDS                  |
| TAFINLAR CAPS 50mg, 75mg                                | 5         | NDS                  |
| TAGRISSE TABS 40mg, 80mg                                | 5         | NDS                  |
| TALZENNA CAPS 0.25mg, 0.5mg, 0.75mg, 1mg                | 5         | NDS                  |
| <i>tamoxifen citrate tabs</i>                           | 2         |                      |
| TASIGNA CAPS 50mg, 150mg, 200mg                         | 5         | NDS                  |
| TAZVERIK TABS                                           | 5         | NDS                  |

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| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| TECENTRIQ SOLN<br>840mg/14ml,<br>1200mg/20ml   | 5         | NDS                  |
| <i>temsirolimus soln</i>                       | 2         |                      |
| TENIPOSIDE SOLN                                | 3         |                      |
| TEPADINA SOLR                                  | 5         | NDS                  |
| TEPMETKO TABS                                  | 5         | NDS                  |
| THALOMID CAPS<br>50mg, 100mg, 150mg,<br>200mg  | 5         | NDS                  |
| <i>thiotepa solr 15mg,<br/>100mg</i>           | 5         | NDS                  |
| TIBSOVO TABS                                   | 5         | NDS                  |
| TIVDAK SOLR                                    | 5         | NDS                  |
| <i>toposar soln</i>                            | 2         |                      |
| TOPOTECAN HCL<br>SOLN                          | 2         |                      |
| <i>topotecan hcl solr</i>                      | 2         |                      |
| <i>toremifene citrate tabs</i>                 | 5         | NDS                  |
| TRAZIMERA SOLR<br>150mg, 420mg                 | 5         | NDS                  |
| TRELSTAR MIXJECT<br>SUSR                       | 5         |                      |
| <i>tretinoin caps</i>                          | 5         | NDS                  |
| <i>trexall tabs 5mg, 7.5mg,<br/>10mg, 15mg</i> | 2         | PA                   |
| TRODELVY SOLR                                  | 5         | NDS                  |
| TRUSELTIQ (100MG<br>DAILY DOSE) CPPK           | 5         | NDS                  |
| TRUSELTIQ (125MG<br>DAILY DOSE) CPPK           | 5         | NDS                  |
| TRUSELTIQ (50MG<br>DAILY DOSE) CPPK            | 5         | NDS                  |
| TRUSELTIQ (75MG<br>DAILY DOSE) CPPK            | 5         | NDS                  |
| TRUXIMA SOLN<br>100mg/10ml,<br>500mg/50ml      | 3         | NDS                  |
| TUKYSA TABS 50mg,<br>150mg                     | 5         | NDS                  |
| TURALIO CAPS                                   | 5         | NDS                  |
| UKONIQ TABS                                    | 5         | NDS                  |
| UNITUXIN SOLN                                  | 5         | NDS                  |
| <i>valrubicin soln</i>                         | 2         |                      |
| VANTAS KIT                                     | 3         |                      |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| VENCLEXTA<br>STARTING PACK TBPK                   | 5         | NDS                  |
| VENCLEXTA TABS<br>10mg                            | 4         | NDS                  |
| VENCLEXTA TABS<br>50mg, 100mg                     | 5         | NDS                  |
| VERZENIO TABS 50mg,<br>100mg, 150mg, 200mg        | 5         | NDS                  |
| <i>vinblastine sulfate soln</i>                   | 2         |                      |
| <i>vincasar pfs soln</i>                          | 2         |                      |
| <i>vincristine sulfate soln</i>                   | 2         |                      |
| <i>vinorelbine tartrate soln</i>                  | 2         |                      |
| VITRAKVI CAPS 25mg,<br>100mg                      | 5         | NDS                  |
| VITRAKVI SOLN                                     | 5         | NDS                  |
| VIZIMPRO TABS 15mg,<br>30mg, 45mg                 | 5         | NDS                  |
| VONJO CAPS                                        | 5         | NDS                  |
| VOTRIENT TABS                                     | 5         | NDS                  |
| VYXEOS SUSR                                       | 5         | NDS                  |
| WELIREG TABS                                      | 5         | NDS                  |
| XALKORI CAPS 200mg,<br>250mg                      | 5         | NDS                  |
| XATMEP SOLN                                       | 4         | PA,NDS               |
| XOSPATA TABS                                      | 5         | NDS                  |
| XPOVIO (100 MG ONCE<br>WEEKLY) TBPK 20mg,<br>50mg | 5         | NDS                  |
| XPOVIO (40 MG ONCE<br>WEEKLY) TBPK 20mg,<br>40mg  | 5         | NDS                  |
| XPOVIO (40 MG TWICE<br>WEEKLY) TBPK 20mg,<br>40mg | 5         | NDS                  |
| XPOVIO (60 MG ONCE<br>WEEKLY) TBPK 20mg,<br>60mg  | 5         | NDS                  |
| XPOVIO (60 MG TWICE<br>WEEKLY) TBPK               | 5         | NDS                  |
| XPOVIO (80 MG ONCE<br>WEEKLY) TBPK 20mg,<br>40mg  | 5         | NDS                  |
| XPOVIO (80 MG TWICE<br>WEEKLY) TBPK               | 5         | NDS                  |
| XTANDI CAPS                                       | 5         | NDS                  |

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| Drug Name                                    | Drug Tier | Requirements/ Limits |
|----------------------------------------------|-----------|----------------------|
| XTANDI TABS 40mg, 80mg                       | 5         | NDS                  |
| YERVOY SOLN                                  | 3         |                      |
| YONDELIS SOLR                                | 5         | NDS                  |
| YONSA TABS                                   | 5         | NDS                  |
| ZALTRAP SOLN 100mg/4ml, 200mg/8ml            | 5         | NDS                  |
| ZEJULA CAPS                                  | 5         | NDS                  |
| ZELBORAF TABS                                | 5         | NDS                  |
| ZEPZELCA SOLR                                | 5         | NDS                  |
| ZIRABEV SOLN 400mg/16ml, 100mg/4ml           | 5         | NDS                  |
| ZOLINZA CAPS                                 | 5         | NDS                  |
| ZYDELIG TABS 100mg, 150mg                    | 5         | NDS                  |
| ZYKADIA CAPS                                 | 5         | NDS                  |
| ZYKADIA TABS                                 | 5         | NDS                  |
| ZYNLONTA SOLR                                | 5         | NDS                  |
| ZYTIGA TABS                                  | 5         | NDS                  |
| <b>AUTONOMIC DRUGS</b>                       |           |                      |
| <b>ANTICHOLINERGIC AGENTS</b>                |           |                      |
| ATROPINE SULFATE SOLN                        | 2         |                      |
| ATROPINE SULFATE SOSY                        | 2         |                      |
| ATROVENT HFA AERS                            | 3         | MO                   |
| <i>chlordiazepoxide-clidinium caps</i>       | 2         |                      |
| <i>dicyclomine hcl caps</i>                  | 2         | MO                   |
| <i>dicyclomine hcl soln</i>                  | 2         | MO                   |
| <i>dicyclomine hcl tabs</i>                  | 2         | MO                   |
| DUAKLIR PRESSAIR AEPB                        | 5         | NDS                  |
| <i>glycopyrrolate oral soln</i>              | 2         | MO                   |
| <i>glycopyrrolate soln injection</i>         | 2         |                      |
| <i>glycopyrrolate tabs 1mg, 2mg</i>          | 2         | MO                   |
| <i>glycopyrrolate tabs 1.5mg</i>             | 2         |                      |
| <i>ipratropium bromide soln 0.02%</i>        | 1         | PA,MO                |
| <i>ipratropium bromide soln 0.03%, 0.06%</i> | 2         | MO                   |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| LONHALA MAGNAIR REFILL KIT SOLN                         | 5         | NDS                  |
| <i>propantheline bromide tabs</i>                       | 2         | MO                   |
| SPIRIVA RESPIMAT AERS 2.5mcg/act                        | 3         | MO                   |
| STIOLTO RESPIMAT AERS                                   | 3         | MO                   |
| YUPELRI SOLN                                            | 5         | PA,NDS               |
| <b>AUTONOMIC DRUGS, MISCELLANEOUS</b>                   |           |                      |
| CHANTIX CONTINUING MONTH PAK TABS                       | 3         | MO                   |
| CHANTIX TABS 0.5mg, 1mg                                 | 3         | MO                   |
| NICOTROL INHA                                           | 3         | MO                   |
| <i>varenicline tartrate misc</i>                        | 2         | MO                   |
| <i>varenicline tartrate tabs 0.5mg, 1mg</i>             | 2         | MO                   |
| <b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>         |           |                      |
| <i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>  | 2         | MO                   |
| CEVIMELINE HCL CAPS                                     | 2         | MO                   |
| <i>donepezil hcl tabs 5mg, 10mg</i>                     | 2         | MO                   |
| <i>donepezil hcl tbdp 5mg, 10mg</i>                     | 2         | MO                   |
| <i>galantamine hydrobromide er cp24 8mg, 16mg, 24mg</i> | 2         | MO                   |
| <i>galantamine hydrobromide soln</i>                    | 2         | MO                   |
| <i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>     | 2         | MO                   |
| GUANIDINE HCL TABS                                      | 4         | MO                   |
| <i>pirelcarpine hcl tabs 5mg</i>                        | 2         | MO                   |
| <i>pyridostigmine bromide er tbc</i>                    | 2         | MO                   |
| <i>pyridostigmine bromide soln</i>                      | 5         | MO                   |
| <i>pyridostigmine bromide tabs 60mg</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 |
|---------------------------------------------------------------------------|-----------|----------------------|
| REGONOL SOLN                                                              | 3         |                      |
| <i>rivastigmine pt24 4.6mg/24hr</i>                                       | 2         | MO                   |
| <i>rivastigmine tartrate caps 3mg</i>                                     | 2         | MO                   |
| <b>SKELETAL MUSCLE RELAXANTS</b>                                          |           |                      |
| <i>baclofen tabs 5mg, 10mg, 20mg</i>                                      | 2         | MO                   |
| <i>carisoprodol tabs 350mg</i>                                            | 2         | PA,NDS               |
| <i>chlorzoxazone tabs 500mg</i>                                           | 2         | NDS                  |
| <i>cyclobenzaprine hcl tabs 5mg, 10mg</i>                                 | 2         | PA                   |
| <i>dantrolene sodium caps</i>                                             | 2         |                      |
| FLEQSUVY SUSP                                                             | 5         | NDS                  |
| LYVISPAH PACK 20mg                                                        | 5         | NDS                  |
| <i>metaxalone tabs</i>                                                    | 2         |                      |
| <i>methocarbamol tabs</i>                                                 | 2         |                      |
| <i>succinylcholine chloride soln</i>                                      | 2         |                      |
| <i>tizanidine hcl tabs</i>                                                | 2         |                      |
| <b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>                         |           |                      |
| <i>alfuzosin hcl er tb24</i>                                              | 2         | MO                   |
| <i>dihydroergotamine mesylate soln 1mg/ml</i>                             | 2         |                      |
| <i>dihydroergotamine mesylate soln 4mg/ml</i>                             | 5         | NDS                  |
| <i>ergoloid mesylates tabs</i>                                            | 2         | MO                   |
| <i>ergomar subl</i>                                                       | 5         |                      |
| <i>phenoxybenzamine hcl caps</i>                                          | 5         | NDS                  |
| <i>silodosin caps 4mg</i>                                                 | 2         | MO                   |
| <i>tamsulosin hcl caps</i>                                                | 2         | MO                   |
| <b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>                                |           |                      |
| <i>albuterol sulfate er tb12 4mg, 8mg</i>                                 | 2         | MO                   |
| ALBUTEROL SULFATE HFA AERS 108mcg/act                                     | 2         | MO                   |
| <i>albuterol sulfate nebu 0.083%, 2.5mg/0.5ml, 0.63mg/3ml, 1.25mg/3ml</i> | 2         | PA,MO                |
| <i>albuterol sulfate syrup</i>                                            | 2         | MO                   |

| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| <i>albuterol sulfate tabs 2mg, 4mg</i>              | 2         | MO                   |
| <i>arformoterol tartrate nebu</i>                   | 5         | PA,MO,NDS            |
| BROVANA NEBU                                        | 5         | PA,MO,NDS            |
| COMBIVENT RESPIMAT AERS                             | 3         | MO                   |
| <i>dobutamine hcl soln</i>                          | 2         |                      |
| DOBUTAMINE IN D5W SOLN                              | 2         |                      |
| <i>dopamine hcl soln</i>                            | 2         |                      |
| DOPAMINE IN D5W SOLN                                | 2         |                      |
| <i>droxidopa caps</i>                               | 4         |                      |
| <i>epinephrine soaj</i>                             | 2         |                      |
| EPINEPHRINE SOSY                                    | 2         |                      |
| <i>ipratropium-albuterol soln</i>                   | 2         | PA,MO                |
| <i>isoproterenol hcl soln</i>                       | 2         |                      |
| <i>metaproterenol sulfate syrup</i>                 | 2         | MO                   |
| <i>metaproterenol sulfate tabs 10mg, 20mg</i>       | 2         | MO                   |
| <i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>          | 2         | MO                   |
| <i>norepinephrine bitartrate soln</i>               | 2         |                      |
| <i>phenylephrine hcl soln</i>                       | 2         |                      |
| SEREVENT DISKUS AEPB                                | 3         | MO                   |
| STRIVERDI RESPIMAT AERS                             | 3         | MO                   |
| <i>terbutaline sulfate soln</i>                     | 2         |                      |
| <i>terbutaline sulfate tabs 2.5mg, 5mg</i>          | 2         | MO                   |
| <b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b> |           |                      |
| <b>BLOOD FORMATION MODIFIERS</b>                    |           |                      |
| ADAKVEO SOLN                                        | 5         | NDS                  |
| <i>icatibant acetate soln</i>                       | 5         | NDS                  |
| OXBRYTA TABS                                        | 5         | NDS                  |
| OXBRYTA TBSO                                        | 5         | NDS                  |
| RUCONEST SOLR INTRAVENOUS                           | 5         | HI                   |
| <i>sajazir soln</i>                                 | 5         | NDS                  |

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



| Drug Name                                                                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| <b>COAGULANTS AND ANTICOAGULANTS</b>                                                                          |           |                      |
| <i>aminocaproic acid soln</i>                                                                                 | 2         | MO                   |
| <i>aminocaproic acid tabs 500mg, 1000mg</i>                                                                   | 2         | MO                   |
| <i>anagrelide hcl caps 0.5mg, 1mg</i>                                                                         | 2         | MO                   |
| <i>argatroban soln</i>                                                                                        | 2         |                      |
| <i>aspirin-dipyridamole er cp12</i>                                                                           | 2         | MO                   |
| BRILINTA TABS 60mg, 90mg                                                                                      | 3         | MO                   |
| <i>cilostazol tabs 50mg, 100mg</i>                                                                            | 2         | MO                   |
| <i>clopidogrel bisulfate tabs 75mg</i>                                                                        | 2         | MO                   |
| <i>enoxaparin sodium soln</i>                                                                                 | 2         | NDS                  |
| <i>enoxaparin sodium sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 100mg/ml, 150mg/ml</i> | 2         | NDS                  |
| <i>fondaparinux sodium soln 2.5mg/0.5ml</i>                                                                   | 2         | NDS                  |
| <i>fondaparinux sodium soln 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>                                            | 5         | NDS                  |
| <i>heparin (porcine) in nacl soln</i>                                                                         | 2         |                      |
| HEPARIN SOD (PORCINE) IN D5W SOLN                                                                             | 2         |                      |
| <i>heparin sodium (porcine) pf soln</i>                                                                       | 2         | PA                   |
| <i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>                     | 2         | PA                   |
| <i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>                                         | 1         | MO                   |
| LOVENOX SOLN                                                                                                  | 2         | NDS                  |

| Drug Name                                                                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 120mg/0.8ml, 100mg/ml, 150mg/ml               | 2         | NDS                  |
| <i>pentoxifylline er tbcr</i>                                                                              | 2         | MO                   |
| <i>prasugrel hcl tabs 5mg, 10mg</i>                                                                        | 2         | MO                   |
| <i>tranexamic acid soln</i>                                                                                | 2         |                      |
| <i>tranexamic acid tabs</i>                                                                                | 2         | MO                   |
| <i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 10mg</i>                                      | 1         | MO                   |
| XARELTO SUSR                                                                                               | 5         | NDS                  |
| XARELTO TABS 2.5mg, 10mg, 15mg, 20mg                                                                       | 4         | MO                   |
| <b>HEMATOPOIETIC AGENTS</b>                                                                                |           |                      |
| ARANESP (ALBUMIN FREE) SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml                                                 | 5         | PA,NDS               |
| ARANESP (ALBUMIN FREE) SOSY 60mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.4ml, 100mcg/0.5ml, 300mcg/0.6ml, 500mcg/ml | 5         | PA,NDS               |
| CABLIVI KIT                                                                                                | 5         | NDS                  |
| DOPTelet TABS                                                                                              | 5         | NDS                  |
| FULPHILA SOSY                                                                                              | 5         | NDS                  |
| GRANIX SOLN 480mcg/1.6ml, 300mcg/ml                                                                        | 5         | NDS                  |
| GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml                                                                     | 5         | NDS                  |
| LEUKINE SOLR                                                                                               | 5         | NDS                  |
| MULPLETA TABS                                                                                              | 5         | NDS                  |
| NEULASTA ONPRO PSKT                                                                                        | 5         | NDS                  |
| NEULASTA SOSY                                                                                              | 5         | NDS                  |

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| Drug Name                                                                 | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------|-----------|----------------------|
| NEUPOGEN SOLN<br>480mcg/1.6ml,<br>300mcg/ml                               | 5         | NDS                  |
| NEUPOGEN SOSY<br>300mcg/0.5ml,<br>480mcg/0.8ml                            | 5         | NDS                  |
| NIVESTYM SOLN<br>480mcg/1.6ml,<br>300mcg/ml                               | 5         | NDS                  |
| NIVESTYM SOSY<br>300mcg/0.5ml,<br>480mcg/0.8ml                            | 5         | NDS                  |
| NPLATE SOLR                                                               | 5         | NDS                  |
| NYVEPRIA SOSY                                                             | 5         | NDS                  |
| PROCRIT SOLN<br>2000unit/ml, 3000unit/ml,<br>4000unit/ml,<br>10000unit/ml | 3         | PA,NDS               |
| PROCRIT SOLN<br>20000unit/ml,<br>40000unit/ml                             | 5         | PA,NDS               |
| PROMACTA PACK<br>12.5mg, 25mg                                             | 5         | NDS                  |
| PROMACTA TABS<br>12.5mg, 25mg, 50mg,<br>75mg                              | 5         | NDS                  |
| REBLOZYL SOLR<br>25mg, 75mg                                               | 5         | NDS                  |
| RELEUKO SOLN<br>300mcg/ml,<br>480mcg/1.6ml                                | 5         | NDS                  |
| RELEUKO SOSY<br>300mcg/0.5ml,<br>480mcg/0.8ml                             | 5         | NDS                  |
| RETACRIT SOLN<br>20000unit/ml                                             | 4         | PA,NDS               |
| RETACRIT SOLN                                                             | 5         | PA,NDS               |
| TAVALISSE TABS<br>100mg, 150mg                                            | 5         | NDS                  |
| UDENYCA SOSY                                                              | 5         | NDS                  |
| ZARXIO SOSY<br>300mcg/0.5ml,<br>480mcg/0.8ml                              | 5         | NDS                  |
| ZIEXTENZO SOSY                                                            | 5         | NDS                  |

| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| <b>CARDIOVASCULAR DRUGS</b>                                   |           |                      |
| <b>A-ADRENERGIC BLOCKING AGENTS</b>                           |           |                      |
| DEMSEER CAPS                                                  | 5         | NDS                  |
| <i>doxazosin mesylate tabs</i><br>1mg, 2mg, 4mg, 8mg          | 2         | MO                   |
| <i>metirosine caps</i>                                        | 5         | NDS                  |
| <i>prazosin hcl caps</i> 1mg,<br>2mg, 5mg                     | 2         | MO                   |
| <i>terazosin hcl caps</i> 1mg,<br>2mg, 5mg, 10mg              | 2         | MO                   |
| <b>ANTILIPEMIC AGENTS</b>                                     |           |                      |
| <i>atorvastatin calcium tabs</i><br>10mg, 20mg, 40mg,<br>80mg | 1         | MO                   |
| <i>cholestyramine light</i><br><i>pack</i>                    | 2         | MO                   |
| <i>cholestyramine light</i><br><i>powd</i>                    | 2         | MO                   |
| <i>cholestyramine pack</i>                                    | 2         | MO                   |
| <i>cholestyramine powd</i>                                    | 2         | MO                   |
| <i>colesevelam hcl tabs</i>                                   | 2         | MO                   |
| <i>colestipol hcl gran</i>                                    | 2         | MO                   |
| <i>colestipol hcl pack</i>                                    | 2         | MO                   |
| <i>colestipol hcl tabs</i>                                    | 2         | MO                   |
| EVKEEZA SOLN<br>345mg/2.3ml,<br>1200mg/8ml                    | 5         | NDS                  |
| <i>ezetimibe tabs</i>                                         | 1         | MO                   |
| <i>fenofibrate tabs</i> 54mg,<br>160mg                        | 2         | MO                   |
| <i>fenofibric acid cpdr</i><br>135mg                          | 2         | MO                   |
| <i>fluvastatin sodium caps</i><br>20mg                        | 2         | MO                   |
| <i>fluvastatin sodium er</i><br><i>tb24</i>                   | 2         | MO                   |
| <i>gemfibrozil tabs</i>                                       | 2         | MO                   |
| JUXTAPID CAPS 5mg,<br>10mg, 20mg, 30mg,<br>40mg, 60mg         | 5         | PA,LD,NDS            |
| <i>lovastatin tabs</i> 10mg,<br>20mg, 40mg                    | 1         | MO                   |
| <i>niacin er</i><br><i>(antihyperlipidemic) tbc</i><br>500mg  | 2         | MO                   |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------|-----------|----------------------|
| <i>niacor tabs</i>                                           | 2         | MO                   |
| <i>omega-3-acid ethyl esters caps</i>                        | 2         | MO                   |
| <i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>        | 2         | MO                   |
| <i>prevalite pack</i>                                        | 2         | MO                   |
| <i>prevalite powd</i>                                        | 2         | MO                   |
| REPATHA SURECLICK SOAJ                                       | 4         | PA                   |
| <i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>       | 1         | MO                   |
| <i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>          | 1         | MO                   |
| VASCEPA CAPS 1gm                                             | 2         | MO                   |
| VASCEPA CAPS 0.5gm                                           | 4         | MO                   |
| <b>BETA-ADRENERGIC BLOCKING AGENTS</b>                       |           |                      |
| <i>acebutolol hcl caps 200mg, 400mg</i>                      | 2         | MO                   |
| <i>atenolol tabs 25mg, 50mg, 100mg</i>                       | 1         | MO                   |
| <i>atenolol-chlorthalidone tabs</i>                          | 2         | MO                   |
| <i>bisoprolol fumarate tabs 5mg, 10mg</i>                    | 1         | MO                   |
| <i>bisoprolol-hydrochlorothiazide tabs</i>                   | 2         | MO                   |
| <i>carvedilol phosphate er cp24 80mg</i>                     | 2         | MO                   |
| <i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>         | 1         | MO                   |
| ESMOLOL HCL SOLN                                             | 2         |                      |
| <i>labetalol hcl soln</i>                                    | 2         |                      |
| <i>labetalol hcl tabs 100mg, 200mg, 300mg</i>                | 2         | MO                   |
| <i>metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg</i> | 2         | MO                   |
| <i>metoprolol tartrate soct</i>                              | 2         |                      |
| <i>metoprolol tartrate soln</i>                              | 2         |                      |
| <i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>            | 1         | MO                   |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| <i>metoprolol-hydrochlorothiazide tabs</i>                           | 2         | MO                   |
| <i>nadolol tabs 20mg, 40mg, 80mg</i>                                 | 2         | MO                   |
| <i>propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg</i>              | 2         | MO                   |
| <i>propranolol hcl soln 20mg/5ml, 40mg/5ml</i>                       | 2         | MO                   |
| <i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>             | 2         | MO                   |
| <i>sotalol hcl (af) tabs 80mg, 120mg, 160mg</i>                      | 2         | MO                   |
| <i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>                    | 2         | MO                   |
| SOTYLIZE SOLN                                                        | 4         | MO                   |
| <i>timolol maleate tabs 10mg</i>                                     | 2         | MO                   |
| <b>CALCIUM-CHANNEL BLOCKING AGENTS</b>                               |           |                      |
| <i>amlodipine besy-benazepril hcl caps</i>                           | 2         | MO                   |
| <i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>                     | 1         | MO                   |
| CARDENE IV SOLN                                                      | 3         |                      |
| <i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>                     | 2         | MO                   |
| CONSENSI TABS                                                        | 5         | NDS                  |
| <i>dilt-xr cp24 120mg, 180mg, 240mg</i>                              | 2         | MO                   |
| DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg | 2         | MO                   |
| <i>diltiazem hcl er cp12 60mg, 90mg, 120mg</i>                       | 2         | MO                   |
| <i>diltiazem hcl er cp24 120mg, 180mg, 240mg</i>                     | 2         | MO                   |
| <i>diltiazem hcl soln</i>                                            | 2         |                      |
| <i>diltiazem hcl solr</i>                                            | 2         |                      |
| <i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>                    | 2         | MO                   |
| <i>felodipine er tb24 2.5mg, 5mg, 10mg</i>                           | 2         | MO                   |

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| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| NICARDIPINE HCL SOLN                                       | 2         |                      |
| <i>nifedipine caps 10mg, 20mg</i>                          | 2         | MO                   |
| <i>nifedipine er osmotic release tb24 30mg, 60mg, 90mg</i> | 2         | MO                   |
| <i>nifedipine er tb24 30mg, 60mg, 90mg</i>                 | 2         | MO                   |
| <i>nimodipine caps</i>                                     | 2         | MO                   |
| NYMALIZE SOLN 60mg/20ml, 6mg/ml                            | 5         | NDS                  |
| <i>verapamil hcl er tbc 120mg, 180mg, 240mg</i>            | 2         | MO                   |
| <i>verapamil hcl soln</i>                                  | 2         |                      |
| <i>verapamil hcl tabs 40mg, 80mg, 120mg</i>                | 2         | MO                   |
| <b>CARDIAC DRUGS</b>                                       |           |                      |
| <i>adenosine soln</i>                                      | 2         |                      |
| <i>amiodarone hcl soln</i>                                 | 2         |                      |
| <i>amiodarone hcl tabs 200mg</i>                           | 2         | MO                   |
| CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg                        | 5         | NDS                  |
| CORLANOR SOLN                                              | 4         | MO                   |
| CORLANOR TABS 5mg, 7.5mg                                   | 4         | MO                   |
| <i>digoxin soln</i>                                        | 2         |                      |
| <i>digoxin tabs 125mcg, 250mcg</i>                         | 2         | MO                   |
| <i>disopyramide phosphate caps 100mg, 150mg</i>            | 2         | MO                   |
| <i>dofetilide caps 125mcg, 250mcg, 500mcg</i>              | 2         | MO                   |
| <i>flecainide acetate tabs 50mg, 100mg, 150mg</i>          | 2         | MO                   |
| <i>ibutilide fumarate soln</i>                             | 2         |                      |
| LANOXIN PEDIATRIC SOLN                                     | 3         |                      |
| <i>lidocaine hcl (cardiac) pf sosy</i>                     | 2         |                      |
| <i>lidocaine hcl (cardiac) sosy</i>                        | 2         |                      |

| Drug Name                                                | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------|-----------|----------------------|
| LIDOCAINE IN D5W SOLN                                    | 2         |                      |
| <i>mexiletine hcl caps 150mg, 200mg, 250mg</i>           | 2         | MO                   |
| <i>milrinone lactate in dextrose soln</i>                | 2         |                      |
| <i>milrinone lactate soln</i>                            | 2         |                      |
| MULTAQ TABS                                              | 4         |                      |
| NORPACE CR CP12 100mg, 150mg                             | 3         | MO                   |
| <i>procainamide hcl soln</i>                             | 2         |                      |
| <i>propafenone hcl tabs 150mg, 225mg, 300mg</i>          | 2         | MO                   |
| <i>quinidine gluconate er tbc</i>                        | 2         | MO                   |
| QUINIDINE GLUCONATE SOLN                                 | 3         |                      |
| <i>quinidine sulfate tabs 200mg, 300mg</i>               | 2         | MO                   |
| <i>ranolazine er tb12 500mg</i>                          | 2         | MO                   |
| VYNDAMAX CAPS                                            | 5         | NDS                  |
| VYNDAQEL CAPS                                            | 5         | NDS                  |
| <b>HYPOTENSIVE AGENTS</b>                                |           |                      |
| <i>clonidine hcl (analgesia) soln</i>                    | 2         |                      |
| <i>clonidine hcl tabs 0.1mg, 0.2mg, 0.3mg</i>            | 2         | MO                   |
| <i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i> | 2         | MO                   |
| <i>guanfacine hcl tabs 1mg, 2mg</i>                      | 2         | MO                   |
| <i>hydralazine hcl soln</i>                              | 2         |                      |
| <i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>      | 1         | MO                   |
| <i>methyldopa tabs 250mg, 500mg</i>                      | 2         | MO                   |
| <i>minoxidil tabs 2.5mg, 10mg</i>                        | 2         | MO                   |
| <i>nitropress soln</i>                                   | 2         |                      |
| <i>nitroprusside sodium soln</i>                         | 2         |                      |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| <b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>    |           |                      |
| <i>aliskiren fumarate tabs 150mg, 300mg</i>               | 2         | MO                   |
| <i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>          | 1         | MO                   |
| <i>candesartan cilexetil tabs 4mg, 8mg, 16mg</i>          | 2         | MO                   |
| <i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>           | 2         | MO                   |
| <i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>      | 1         | MO                   |
| <i>enalaprilat inj</i>                                    | 2         |                      |
| ENTRESTO TABS                                             | 3         | MO                   |
| <i>eplerenone tabs 25mg</i>                               | 2         | MO                   |
| <i>irbesartan tabs 75mg, 150mg, 300mg</i>                 | 2         | MO                   |
| KERENDIA TABS 10mg, 20mg                                  | 4         | MO                   |
| <i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1         | MO                   |
| <i>lisinopril-hydrochlorothiazide tabs</i>                | 1         | MO                   |
| <i>losartan potassium tabs 25mg, 50mg, 100mg</i>          | 1         | MO                   |
| <i>losartan potassium-hctz tabs</i>                       | 1         | MO                   |
| <i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>             | 2         | MO                   |
| <i>spironolactone tabs 25mg, 50mg, 100mg</i>              | 1         | MO                   |
| <i>spironolactone-hctz tabs</i>                           | 2         | MO                   |
| <i>valsartan soln</i>                                     | 5         | NDS                  |
| <i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>            | 1         | MO                   |
| <i>valsartan-hydrochlorothiazide tabs</i>                 | 2         | MO                   |
| <b>VASODILATING AGENTS</b>                                |           |                      |
| <i>dipyridamole tabs 25mg, 50mg, 75mg</i>                 | 2         | MO                   |
| <i>isosorbide dinitrate er tbc</i>                        | 2         | MO                   |

| Drug Name                                                        | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------|-----------|----------------------|
| <i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>           | 2         | MO                   |
| <i>isosorbide mononitrate er tb24 30mg, 60mg, 120mg</i>          | 1         | MO                   |
| <i>isosorbide mononitrate tabs 10mg, 20mg</i>                    | 2         | MO                   |
| <i>minitran pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>      | 2         | MO                   |
| <i>nitro-bid oint</i>                                            | 2         | MO                   |
| NITRO-DUR PT24 0.3mg/hr, 0.8mg/hr                                | 5         | MO                   |
| <i>nitroglycerin pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i> | 2         | MO                   |
| <i>nitroglycerin soln</i>                                        | 2         | MO                   |
| <i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>                    | 2         | MO                   |
| <i>sildenafil citrate susr</i>                                   | 2         | PA                   |
| <i>sildenafil citrate tabs</i>                                   | 2         | PA,MO                |
| <i>tadalafil (pah) tabs 20mg</i>                                 | 2         | PA                   |
| <i>tadalafil tabs 2.5mg, 5mg</i>                                 | 2         | PA                   |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>                             |           |                      |
| <b>ALCOHOL DETERRENTS</b>                                        |           |                      |
| <i>acamprosate calcium tbc</i>                                   | 2         | MO                   |
| <i>antabuse tabs 250mg, 500mg</i>                                | 2         | MO                   |
| <i>disulfiram tabs 250mg, 500mg</i>                              | 2         | MO                   |
| <b>ANALGESICS AND ANTIPYRETICS</b>                               |           |                      |
| <i>acetaminophen-codeine #3 tabs</i>                             | 2         | NDS                  |
| <i>acetaminophen-codeine soln</i>                                | 2         | NDS                  |
| <i>butalbital-apap-cafeine tabs</i>                              | 2         |                      |
| <i>butalbital-asa-caff-codeine caps</i>                          | 2         | NDS                  |
| <i>butalbital-aspirin-cafeine caps</i>                           | 2         |                      |
| <i>butorphanol tartrate soln</i>                                 | 2         | NDS                  |
| <i>celecoxib caps</i>                                            | 2         |                      |

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

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

| Drug Name                                                     | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------|-----------|----------------------|
| LAZANDA SOLN 100mcg/act, 400mcg/act                           | 4         | PA,NDS               |
| <i>levorphanol tartrate tabs</i> 2mg, 3mg                     | 5         | NDS                  |
| <i>lortab elix</i>                                            | 2         | NDS                  |
| <i>meclofenamate sodium caps</i>                              | 2         |                      |
| <i>mefenamic acid caps</i>                                    | 2         |                      |
| <i>meloxicam tabs</i>                                         | 2         |                      |
| <i>methadone hcl conc</i>                                     | 2         | NDS                  |
| <i>methadone hcl intensol conc</i>                            | 2         | NDS                  |
| <i>methadone hcl tabs</i> 5mg, 10mg                           | 2         | NDS                  |
| <i>morphine sulfate (concentrate) soln</i> 20mg/ml            | 2         | NDS                  |
| <i>morphine sulfate er tbc</i> 15mg, 30mg, 60mg, 100mg, 200mg | 2         | NDS                  |
| MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml                      | 2         | NDS                  |
| MORPHINE SULFATE TABS 15mg, 30mg                              | 2         | NDS                  |
| <i>nabumetone tabs</i>                                        | 2         |                      |
| <i>nalbuphine hcl soln</i> 10mg/ml, 20mg/ml                   | 2         | NDS                  |
| <i>naproxen susp</i>                                          | 2         |                      |
| <i>naproxen tabs</i>                                          | 2         |                      |
| <i>naproxen tbec</i>                                          | 2         |                      |
| <i>naproxen-esomeprazole tbec</i>                             | 2         | NDS                  |
| NUCYNTA ER TB12 200mg, 250mg                                  | 5         | NDS                  |
| NUCYNTA TABS                                                  | 5         | NDS                  |
| OXAYDO TABS                                                   | 5         | NDS                  |
| <i>oxycodone hcl caps</i>                                     | 2         | NDS                  |
| <i>oxycodone hcl conc</i>                                     | 2         | NDS                  |
| <i>oxycodone hcl soln</i>                                     | 2         | NDS                  |
| <i>oxycodone hcl tabs</i> 5mg, 10mg, 15mg, 20mg, 30mg         | 2         | NDS                  |
| <i>oxycodone-acetaminophen soln</i>                           | 5         | NDS                  |

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| Drug Name                                                                    | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------|-----------|----------------------|
| oxycodone-acetaminophen tabs                                                 | 2         | NDS                  |
| oxycodone-acetaminophen tabs 5-300mg, 7.5-300mg, 10-300mg                    | 5         | NDS                  |
| oxycodone-aspirin tabs                                                       | 2         | NDS                  |
| oxymorphone hcl er tb12 5mg, 10mg, 20mg                                      | 2         | NDS                  |
| pentazocine-naloxone hcl tabs                                                | 2         | NDS                  |
| percocet tabs 7.5-325mg, 10-325mg                                            | 5         | NDS                  |
| piroxicam caps 10mg, 20mg                                                    | 2         | NDS                  |
| prolate soln                                                                 | 5         | NDS                  |
| QDOLO SOLN                                                                   | 5         | NDS                  |
| relafen ds tabs                                                              | 5         | NDS                  |
| ROXYBOND TABA 5mg, 15mg, 30mg                                                | 5         | NDS                  |
| SALSALATE TABS                                                               | 2         |                      |
| SUBSYS LIQD 1200mcg, 1600mcg                                                 | 4         | PA,NDS               |
| sulindac tabs                                                                | 2         |                      |
| tolmetin sodium tabs                                                         | 2         |                      |
| tramadol hcl er tb24 100mg                                                   | 2         | NDS                  |
| tramadol hcl soln                                                            | 5         | NDS                  |
| tramadol hcl tabs 50mg                                                       | 2         | NDS                  |
| tramadol-acetaminophen tabs                                                  | 2         | NDS                  |
| <b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>           |           |                      |
| adderall tabs                                                                | 2         | NDS                  |
| amphetamine-dextroamphet er cp24                                             | 2         | NDS                  |
| amphetamine-dextroamphetamine tabs                                           | 2         | NDS                  |
| armodafinil tabs 50mg, 150mg, 200mg, 250mg                                   | 2         | PA                   |
| caffeine citrate soln                                                        | 2         |                      |
| dexmethylphenidate hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg | 2         | NDS                  |

| Drug Name                                                           | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------|-----------|----------------------|
| dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg                        | 2         | NDS                  |
| dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg                   | 2         | NDS                  |
| dextroamphetamine sulfate tabs 5mg, 10mg                            | 2         | NDS                  |
| methylphenidate hcl chew 2.5mg                                      | 2         | NDS                  |
| methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg | 2         | NDS                  |
| methylphenidate hcl er (osm) tbcr 18mg, 27mg, 36mg, 54mg            | 2         | NDS                  |
| methylphenidate hcl er tbcr 10mg, 20mg                              | 2         | NDS                  |
| methylphenidate hcl soln 5mg/5ml                                    | 2         | NDS                  |
| methylphenidate hcl tabs 5mg, 10mg, 20mg                            | 2         | NDS                  |
| modafinil tabs 100mg, 200mg                                         | 2         | PA,NDS               |
| VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg               | 3         | NDS                  |
| WAKIX TABS 4.45mg, 17.8mg                                           | 5         | NDS                  |
| <b>ANTICONVULSANTS</b>                                              |           |                      |
| APTOM TABS 200mg, 400mg, 600mg, 800mg                               | 5         | MO                   |
| BANZEL SUSP                                                         | 5         |                      |
| BANZEL TABS 200mg, 400mg                                            | 5         | NDS                  |
| BRIVIACT SOLN                                                       | 5         | NDS                  |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg                         | 5         | NDS                  |
| carbamazepine chew                                                  | 2         | MO                   |
| carbamazepine er cp12 100mg, 200mg, 300mg                           | 2         | MO                   |
| carbamazepine er tb12 100mg, 200mg, 400mg                           | 2         | MO                   |
| carbamazepine susp                                                  | 2         | MO                   |

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| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| <i>carbamazepine tabs</i>                               | 2         | MO                   |
| CELONTIN CAPS                                           | 3         | MO                   |
| <i>clobazam susp</i>                                    | 2         | MO                   |
| <i>clobazam tabs 10mg, 20mg</i>                         | 2         | MO                   |
| <i>clonazepam tabs 0.5mg, 1mg, 2mg</i>                  | 2         | NDS                  |
| <i>clonazepam tbdp 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i> | 2         | NDS                  |
| DIACOMIT CAPS 250mg, 500mg                              | 5         | NDS                  |
| DIACOMIT PACK 250mg, 500mg                              | 5         | NDS                  |
| DIASTAT ACUDIAL GEL 10mg, 20mg                          | 2         | NDS                  |
| DIASTAT PEDIATRIC GEL                                   | 2         | NDS                  |
| <i>diazepam gel 2.5mg, 20mg</i>                         | 2         | NDS                  |
| <i>diazepam gel 10mg</i>                                | 4         | NDS                  |
| <i>dilantin caps 30mg, 100mg</i>                        | 2         | MO                   |
| <i>dilantin infatabs chew</i>                           | 2         | MO                   |
| <i>divalproex sodium csdr</i>                           | 2         | MO                   |
| <i>divalproex sodium er tb24 250mg, 500mg</i>           | 2         | MO                   |
| <i>divalproex sodium tbec 125mg, 250mg, 500mg</i>       | 2         | MO                   |
| ELEPSIA XR TB24 1000mg, 1500mg                          | 5         | NDS                  |
| EPIDIOLEX SOLN                                          | 5         | PA,NDS               |
| EPRONTIA SOLN                                           | 4         | MO                   |
| <i>ethosuximide caps</i>                                | 2         | MO                   |
| <i>ethosuximide soln</i>                                | 2         | MO                   |
| <i>felbamate susp</i>                                   | 5         | MO                   |
| <i>felbamate tabs 400mg, 600mg</i>                      | 2         | MO                   |
| FINTEPLA SOLN                                           | 5         | NDS                  |
| <i>fosphenytoin sodium soln</i>                         | 2         |                      |
| FYCOMPA SUSP                                            | 5         | NDS                  |
| FYCOMPA TABS 2mg                                        | 4         |                      |
| FYCOMPA TABS                                            | 5         |                      |

| Drug Name                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------|-----------|----------------------|
| <i>gabapentin caps 100mg, 400mg</i>                               | 2         | MO                   |
| <i>gabapentin soln</i>                                            | 2         | MO                   |
| <i>gabapentin tabs 600mg, 800mg</i>                               | 2         | MO                   |
| <i>lacosamide soln 10mg/ml</i>                                    | 4         |                      |
| <i>lacosamide tabs 50mg, 100mg, 150mg, 200mg</i>                  | 2         | MO                   |
| LAMICTAL XR KIT                                                   | 4         | MO                   |
| <i>lamotrigine chew 5mg, 25mg</i>                                 | 2         | MO                   |
| <i>lamotrigine er tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i> | 2         | MO                   |
| <i>lamotrigine kit</i>                                            | 2         | MO                   |
| <i>lamotrigine starter kit-blue kit</i>                           | 2         | MO                   |
| <i>lamotrigine starter kit-green kit</i>                          | 2         | MO                   |
| <i>lamotrigine starter kit-orange kit</i>                         | 2         | MO                   |
| <i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>                 | 2         | MO                   |
| <i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>                  | 2         | MO                   |
| <i>levetiracetam er tb24 500mg, 750mg</i>                         | 2         | MO                   |
| <i>levetiracetam in nacl soln</i>                                 | 2         |                      |
| LEVETIRACETAM IN NACL SOLN 250mg/50ml                             | 4         |                      |
| <i>levetiracetam soln</i>                                         | 2         | MO                   |
| <i>levetiracetam tabs 250mg, 500mg, 750mg, 1000mg</i>             | 2         | MO                   |
| <i>magnesium sulfate soln</i>                                     | 2         |                      |
| MAGNESIUM SULFATE SOLN INJECTION 50%                              | 2         | HI                   |
| NAYZILAM SOLN                                                     | 5         | NDS                  |
| <i>oxcarbazepine susp</i>                                         | 2         | MO                   |
| <i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>                     | 2         | MO                   |

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| Drug Name                                                                  | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------|-----------|----------------------|
| OXTELLAR XR TB24 150mg, 300mg                                              | 4         | MO                   |
| OXTELLAR XR TB24                                                           | 5         | MO                   |
| PEGANONE TABS                                                              | 4         | MO                   |
| <i>phenytek caps 200mg, 300mg</i>                                          | 2         | MO                   |
| <i>phenytoin chew</i>                                                      | 2         | MO                   |
| <i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>                  | 2         | MO                   |
| <i>phenytoin sodium soln</i>                                               | 2         |                      |
| <i>phenytoin susp</i>                                                      | 2         | MO                   |
| <i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i> | 2         | MO                   |
| <i>pregabalin soln</i>                                                     | 2         | MO                   |
| <i>primidone tabs 50mg, 250mg</i>                                          | 2         | MO                   |
| <i>roweepra tabs 500mg, 750mg</i>                                          | 2         | MO                   |
| <i>roweepra xr tb24 500mg, 750mg</i>                                       | 2         | MO                   |
| <i>rufinamide susp</i>                                                     | 5         |                      |
| <i>rufinamide tabs 200mg</i>                                               | 4         |                      |
| <i>rufinamide tabs 400mg</i>                                               | 5         | NDS                  |
| SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg                                   | 4         | NDS                  |
| <i>subvenite starter kit-blue kit</i>                                      | 2         | MO                   |
| <i>subvenite starter kit-green kit</i>                                     | 2         | MO                   |
| <i>subvenite starter kit-orange kit</i>                                    | 2         | MO                   |
| <i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>                            | 2         | MO                   |
| SYMPAZAN FILM                                                              | 5         |                      |
| <i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>                             | 2         | MO                   |
| <i>topiramate csp 15mg, 25mg</i>                                           | 2         | MO                   |
| <i>topiramate er cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>                  | 2         | MO                   |

| Drug Name                                       | Drug Tier | Requirements/ Limits |
|-------------------------------------------------|-----------|----------------------|
| <i>topiramate tabs 25mg, 50mg, 100mg, 200mg</i> | 2         | MO                   |
| TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg       | 4         | MO                   |
| <i>valproate sodium soln</i>                    | 2         |                      |
| <i>valproic acid caps</i>                       | 2         | MO                   |
| <i>valproic acid soln</i>                       | 2         | MO                   |
| VALTOCO 10 MG DOSE LIQD                         | 4         |                      |
| VALTOCO 15 MG DOSE LQPK                         | 4         |                      |
| VALTOCO 20 MG DOSE LQPK                         | 4         |                      |
| VALTOCO 5 MG DOSE LIQD                          | 4         |                      |
| <i>vigabatrin pack</i>                          | 2         | LD,NDS               |
| <i>vigabatrin tabs</i>                          | 5         | NDS                  |
| XCOPRI (250 MG DAILY DOSE) TBPK                 | 5         | NDS                  |
| XCOPRI (350 MG DAILY DOSE) TBPK                 | 5         | NDS                  |
| XCOPRI TABS 50mg, 100mg, 150mg                  | 5         |                      |
| XCOPRI TABS 200mg                               | 5         | NDS                  |
| XCOPRI TBPK 14x12.5mg & 14x25mg                 | 4         |                      |
| XCOPRI TBPK                                     | 5         | NDS                  |
| <i>zarontin soln</i>                            | 2         | MO                   |
| <i>zonisamide caps 25mg, 50mg, 100mg</i>        | 2         | MO                   |
| ZTALMY SUSP                                     | 5         | NDS                  |
| <b>ANTIMIGRAINE AGENTS</b>                      |           |                      |
| AJOVY SOAJ                                      | 4         | PA                   |
| AJOVY SOSY                                      | 4         | PA                   |
| <i>cafergot tabs</i>                            | 2         |                      |
| <i>eletriptan hydrobromide tabs</i>             | 2         |                      |
| <i>ergotamine-caffeine tabs</i>                 | 2         |                      |
| <i>naratriptan hcl tabs</i>                     | 2         |                      |
| NURTEC TBDP                                     | 5         | NDS                  |
| QULIPTA TABS 10mg, 30mg, 60mg                   | 5         | NDS                  |
| <i>rizatriptan benzoate tabs</i>                | 2         |                      |

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| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| <i>rizatriptan benzoate tbdp</i>                 | 2         |                      |
| <i>sumatriptan soln</i>                          | 2         |                      |
| <i>sumatriptan succinate refill soct</i>         | 2         |                      |
| <i>sumatriptan succinate soaj</i>                | 2         |                      |
| <i>sumatriptan succinate soln</i>                | 2         |                      |
| <i>sumatriptan succinate sosy</i>                | 2         |                      |
| <i>sumatriptan succinate tabs</i>                | 2         |                      |
| UBRELVY TABS 50mg, 100mg                         | 5         | NDS                  |
| <i>zolmitriptan tbdp</i>                         | 2         |                      |
| <b>ANTIPARKINSONIAN AGENTS</b>                   |           |                      |
| <i>amantadine hcl caps</i>                       | 2         | MO                   |
| <i>amantadine hcl soln</i>                       | 2         | MO                   |
| <i>amantadine hcl tabs</i>                       | 2         | MO                   |
| APOKYN SOCT                                      | 5         | NDS                  |
| <i>apomorphine hcl soct</i>                      | 5         | NDS                  |
| <i>benztropine mesylate soln</i>                 | 2         |                      |
| <i>benztropine mesylate tabs 0.5mg, 1mg, 2mg</i> | 2         | MO                   |
| <i>bromocriptine mesylate caps</i>               | 2         | MO                   |
| <i>bromocriptine mesylate tabs</i>               | 2         | MO                   |
| <i>cabergoline tabs</i>                          | 2         | MO                   |
| <i>carbidopa tabs</i>                            | 2         | MO                   |
| <i>carbidopa-levodopa er tbc</i>                 | 2         | MO                   |
| <i>carbidopa-levodopa tabs</i>                   | 2         | MO                   |
| <i>carbidopa-levodopa-entacapone tabs</i>        | 2         | MO                   |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr         | 5         | NDS                  |
| <i>entacapone tabs</i>                           | 2         | MO                   |
| INBRIJA CAPS                                     | 5         | NDS                  |
| KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg        | 5         | NDS                  |
| <i>pramipexole dihydrochloride tabs</i>          | 2         | MO                   |

| Drug Name                                                         | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------------|-----------|----------------------|
| 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg                        |           |                      |
| <i>rasagiline mesylate tabs 0.5mg, 1mg</i>                        | 2         | MO                   |
| <i>ropinirole hcl er tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>            | 2         | MO                   |
| <i>ropinirole hcl tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | 2         | MO                   |
| <i>selegiline hcl caps</i>                                        | 2         | MO                   |
| <i>selegiline hcl tabs</i>                                        | 2         | MO                   |
| <i>tolcapone tabs</i>                                             | 5         | MO                   |
| <i>trihexyphenidyl hcl soln</i>                                   | 2         | MO                   |
| <i>trihexyphenidyl hcl tabs 2mg, 5mg</i>                          | 2         | MO                   |
| ZELAPAR TBDP                                                      | 5         | MO                   |
| <b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>                      |           |                      |
| <i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i>                    | 2         | NDS                  |
| <i>buspirone hcl tabs</i>                                         | 1         |                      |
| <i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>                  | 2         | NDS                  |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>           | 2         | NDS                  |
| <i>diazepam soln 5mg/5ml, 5mg/ml</i>                              | 2         | NDS                  |
| <i>diazepam tabs 2mg, 5mg, 10mg</i>                               | 2         | NDS                  |
| <i>droperidol soln</i>                                            | 2         |                      |
| <i>eszopiclone tabs 1mg, 2mg, 3mg</i>                             | 2         | NDS                  |
| HETLIOZ CAPS                                                      | 5         | PA,NDS               |
| HETLIOZ LQ SUSP                                                   | 5         | PA,NDS               |
| <i>hydroxyzine hcl soln</i>                                       | 2         |                      |
| <i>hydroxyzine hcl syrp</i>                                       | 2         |                      |
| <i>hydroxyzine hcl tabs</i>                                       | 2         |                      |
| <i>hydroxyzine pamoate caps</i>                                   | 2         |                      |
| IGALMI FILM 120mcg, 180mcg                                        | 4         | NDS                  |
| <i>lorazepam intensol conc</i>                                    | 2         | NDS                  |

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 |
|-----------------------------------------------------------------------|-----------|----------------------|
| LORAZEPAM SOLN<br>4mg/ml, 2mg/ml                                      | 2         | NDS                  |
| <i>lorazepam tabs 0.5mg, 1mg, 2mg</i>                                 | 2         | NDS                  |
| <i>midazolam hcl (pf) soln</i>                                        | 2         |                      |
| <i>midazolam hcl soln</i>                                             | 2         |                      |
| <i>nembutal soln</i>                                                  | 2         |                      |
| <i>oxazepam caps 10mg, 15mg, 30mg</i>                                 | 2         | NDS                  |
| PHENOBARBITAL ELIX                                                    | 2         |                      |
| PHENOBARBITAL SODIUM SOLN                                             | 2         |                      |
| PHENOBARBITAL TABS                                                    | 2         |                      |
| <i>seconal caps</i>                                                   | 2         |                      |
| TEMAZEPAM CAPS<br>7.5mg, 15mg, 30mg                                   | 2         | NDS                  |
| <i>triazolam tabs 0.125mg, 0.25mg</i>                                 | 2         | NDS                  |
| <i>zaleplon caps 5mg, 10mg</i>                                        | 2         | NDS                  |
| <i>zolpidem tartrate tabs 5mg, 10mg</i>                               | 2         | NDS                  |
| <b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>                   |           |                      |
| <i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i> | 2         | MO                   |
| AUSTEDO TABS 6mg, 9mg, 12mg                                           | 5         | LD,NDS               |
| EXSERVAN FILM                                                         | 5         | NDS                  |
| <i>flumazenil soln</i>                                                | 2         |                      |
| <i>guanfacine hcl er tb24 1mg, 2mg, 3mg, 4mg</i>                      | 2         | MO                   |
| INGREZZA CAPS 40mg, 60mg, 80mg                                        | 5         | NDS                  |
| INGREZZA CPPK                                                         | 5         | NDS                  |
| <i>memantine hcl er cp24</i>                                          | 2         |                      |
| <i>memantine hcl soln</i>                                             | 2         | MO                   |
| <i>memantine hcl tabs 5mg, 10mg</i>                                   | 2         | MO                   |
| NOURIANZ TABS 20mg, 40mg                                              | 5         | NDS                  |
| NUDEXTA CAPS                                                          | 5         | PA,NDS               |

| Drug Name                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|
| RADICAVA ORS STARTER KIT SUSP              | 5         | NDS                  |
| RADICAVA ORS SUSP                          | 5         | NDS                  |
| RADICAVA SOLN                              | 5         | NDS                  |
| <i>riluzole tabs</i>                       | 2         | MO,NDS               |
| <i>tetrabenazine tabs 12.5mg, 25mg</i>     | 4         | MO                   |
| TIGLUTIK SUSP                              | 5         | NDS                  |
| XYREM SOLN                                 | 5         | PA,LD,NDS            |
| XYWAV SOLN                                 | 5         | PA,NDS               |
| <b>MULTIPLE SCLEROSIS AGENTS</b>           |           |                      |
| AUBAGIO TABS 7mg, 14mg                     | 5         | PA,NDS               |
| AVONEX KIT                                 | 5         | NDS                  |
| AVONEX PEN AJKT                            | 5         | NDS                  |
| AVONEX PREFILLED PSKT                      | 5         | NDS                  |
| BAFIERTAM CPDR                             | 5         | NDS                  |
| BETASERON KIT                              | 5         | NDS                  |
| <i>dalfampridine er tb12</i>               | 2         | MO                   |
| <i>dimethyl fumarate cpdr</i>              | 2         |                      |
| <i>dimethyl fumarate starter pack misc</i> | 2         |                      |
| EXTAVIA KIT                                | 2         | NDS                  |
| GILENYA CAPS<br>0.25mg, 0.5mg              | 5         | NDS                  |
| <i>glatopa sosy 20mg/ml, 40mg/ml</i>       | 2         | NDS                  |
| LEMTRADA SOLN                              | 5         | NDS                  |
| MAYZENT STARTER PACK TBPK                  | 5         | NDS                  |
| MAYZENT TABS<br>0.25mg, 1mg, 2mg           | 5         | NDS                  |
| OCREVUS SOLN                               | 5         |                      |
| PLEGRIDY SOPN                              | 5         | NDS                  |
| PLEGRIDY SOSY                              | 5         | NDS                  |
| PLEGRIDY STARTER PACK SOPN                 | 5         | NDS                  |
| PLEGRIDY STARTER PACK SOSY                 | 5         | NDS                  |
| PONVORY STARTER PACK TBPK                  | 5         | NDS                  |
| PONVORY TABS                               | 5         | NDS                  |

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| Drug Name                                                                  | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------|-----------|----------------------|
| 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                  |
| TASCENSO ODT TBDP                                                          | 5         | NDS                  |
| ZEPOSIA 7-DAY STARTER PACK CPPK                                            | 5         | NDS                  |
| ZEPOSIA CAPS                                                               | 5         | NDS                  |
| ZEPOSIA STARTER KIT CPPK                                                   | 5         | NDS                  |
| <b>OPIATE ANTAGONISTS</b>                                                  |           |                      |
| BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg                                 | 4         | NDS                  |
| BELBUCA FILM 600mcg, 750mcg, 900mcg                                        | 5         | NDS                  |
| <i>buprenorphine hcl subl 2mg, 8mg</i>                                     | 2         | NDS                  |
| <i>buprenorphine hcl-naloxone hcl film</i>                                 | 2         | NDS                  |
| <i>buprenorphine hcl-naloxone hcl subl</i>                                 | 2         | NDS                  |
| <i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i> | 2         | NDS                  |
| LUCEMYRA TABS                                                              | 5         | NDS                  |
| <i>naloxone hcl liqd</i>                                                   | 2         |                      |
| <i>naloxone hcl soct</i>                                                   | 2         |                      |
| <i>naloxone hcl soln</i>                                                   | 2         |                      |
| <i>naloxone hcl sosy</i>                                                   | 2         |                      |
| <i>naltrexone hcl tabs</i>                                                 | 2         |                      |
| NARCAN LIQD                                                                | 3         |                      |
| SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml                                    | 5         | NDS                  |
| VIVITROL SUSR                                                              | 5         | NDS                  |
| <b>PSYCHOTHERAPEUTIC AGENTS</b>                                            |           |                      |

| Drug Name                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------|-----------|----------------------|
| ABILIFY MAINTENA PRSY 300mg, 400mg                                   | 5         | NDS                  |
| ABILIFY MAINTENA SRER 300mg, 400mg                                   | 5         | NDS                  |
| ABILIFY MYCITE MAINTENANCE KIT TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 5         | NDS                  |
| ABILIFY MYCITE STARTER KIT TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg     | 5         | NDS                  |
| ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg                 | 5         | NDS                  |
| <i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>   | 2         | MO                   |
| <i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>                       | 2         | MO                   |
| ALENZIN TB24 174mg, 348mg, 522mg                                     | 5         | MO                   |
| <i>aripiprazole soln</i>                                             | 2         | MO                   |
| <i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>            | 2         | MO                   |
| <i>aripiprazole tbdp 10mg, 15mg</i>                                  | 5         | MO                   |
| ARISTADA INITIO PRSY                                                 | 5         | NDS                  |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml    | 5         | NDS                  |
| <i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>                       | 2         | MO                   |
| <i>bupropion hcl er (smoking det) tb12</i>                           | 2         | MO                   |
| <i>bupropion hcl er (sr) tb12 100mg, 150mg, 200mg</i>                | 2         | MO                   |
| <i>bupropion hcl er (xl) tb24 150mg, 300mg, 450mg</i>                | 2         | MO                   |
| <i>bupropion hcl tabs 75mg, 100mg</i>                                | 2         | MO                   |

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| Drug Name                                                       | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------|-----------|----------------------|
| CAPLYTA CAPS<br>10.5mg, 21mg, 42mg                              | 5         | NDS                  |
| chlordiazepoxide-<br>amitriptyline tabs                         | 2         |                      |
| chlorpromazine hcl conc<br>30mg/ml, 100mg/ml                    | 4         | MO                   |
| chlorpromazine hcl soln                                         | 2         |                      |
| chlorpromazine hcl tabs<br>10mg, 25mg, 50mg,<br>100mg, 200mg    | 2         | MO                   |
| CITALOPRAM<br>HYDROBROMIDE<br>CAPS                              | 4         | MO                   |
| citalopram hydrobromide<br>soln                                 | 2         | MO                   |
| citalopram hydrobromide<br>tabs 10mg, 20mg, 40mg                | 1         | MO                   |
| clomipramine hcl caps<br>25mg, 50mg, 75mg                       | 2         | MO                   |
| clozapine tabs 25mg,<br>50mg, 100mg, 200mg                      | 2         | NDS                  |
| clozapine tbdp 12.5mg,<br>25mg, 100mg, 150mg,<br>200mg          | 2         | NDS                  |
| compro supp                                                     | 2         | MO                   |
| desipramine hcl tabs<br>10mg, 25mg, 50mg,<br>75mg, 100mg, 150mg | 2         | MO                   |
| DESVENLAFAXINE ER<br>TB24 50mg, 100mg                           | 4         | MO                   |
| desvenlafaxine succinate<br>er tb24 25mg, 50mg,<br>100mg        | 2         | MO                   |
| doxepin hcl caps 10mg,<br>25mg, 50mg, 75mg,<br>100mg, 150mg     | 2         | MO                   |
| doxepin hcl conc                                                | 2         | MO                   |
| doxepin hcl tabs 3mg,<br>6mg                                    | 2         | MO                   |
| DRIZALMA SPRINKLE<br>CSDR                                       | 4         |                      |
| duloxetine hcl cpep<br>20mg, 30mg, 40mg,<br>60mg                | 2         | MO                   |
| EQUETRO CP12<br>100mg, 200mg, 300mg                             | 4         | MO                   |

| Drug Name                                               | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------|-----------|----------------------|
| escitalopram oxalate<br>soln                            | 2         | MO                   |
| escitalopram oxalate<br>tabs 5mg, 10mg, 20mg            | 2         | MO                   |
| FANAPT TABS 1mg,<br>2mg, 4mg, 6mg, 8mg,<br>10mg, 12mg   | 5         | NDS                  |
| FANAPT TITRATION<br>PACK TABS                           | 4         | MO                   |
| FETZIMA CP24 20mg,<br>40mg, 80mg, 120mg                 | 4         | MO                   |
| FETZIMA TITRATION<br>C4PK                               | 4         | MO                   |
| fluoxetine hcl (pmdd)<br>tabs 10mg, 20mg                | 2         | MO                   |
| fluoxetine hcl caps<br>10mg, 20mg, 40mg                 | 1         | MO                   |
| fluoxetine hcl cpdr                                     | 2         | MO                   |
| fluoxetine hcl soln                                     | 2         | MO                   |
| fluoxetine hcl tabs 10mg,<br>20mg, 60mg                 | 2         | MO                   |
| fluphenazine decanoate<br>soln                          | 2         |                      |
| fluphenazine hcl conc                                   | 2         | MO                   |
| fluphenazine hcl elix                                   | 2         | MO                   |
| fluphenazine hcl soln                                   | 2         |                      |
| fluphenazine hcl tabs<br>1mg, 2.5mg, 5mg, 10mg          | 2         | MO                   |
| fluvoxamine maleate er<br>cp24 100mg, 150mg             | 2         | MO                   |
| fluvoxamine maleate<br>tabs 25mg, 50mg,<br>100mg        | 2         | MO                   |
| haloperidol decanoate<br>soln                           | 2         |                      |
| haloperidol lactate conc                                | 2         | MO                   |
| haloperidol lactate soln                                | 2         |                      |
| haloperidol tabs 0.5mg,<br>1mg, 2mg, 5mg, 10mg,<br>20mg | 2         | MO                   |
| imipramine hcl tabs<br>10mg, 25mg, 50mg                 | 2         | MO                   |
| imipramine pamoate<br>caps 75mg, 100mg,<br>125mg, 150mg | 2         | MO                   |

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| Drug Name                                                                 | Drug Tier | Requirements/ Limits |
|---------------------------------------------------------------------------|-----------|----------------------|
| INVEGA HAFYERA SUSY                                                       | 5         |                      |
| INVEGA SUSTENNA SUSY 39mg/0.25ml                                          | 4         |                      |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 234mg/1.5ml, 156mg/ml      | 5         | NDS                  |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | 5         | NDS                  |
| KHEDEZLA TB24 50mg, 100mg                                                 | 4         | MO                   |
| LATUDA TABS 20mg, 40mg, 60mg, 80mg, 120mg                                 | 5         | NDS                  |
| LITHIUM CARBONATE CAPS 150mg, 300mg, 600mg                                | 2         | MO                   |
| <i>lithium carbonate er tbcr 300mg, 450mg</i>                             | 2         | MO                   |
| LITHIUM CARBONATE TABS                                                    | 2         | MO                   |
| <i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>                      | 2         | MO                   |
| LYBALVI TABS                                                              | 5         | NDS                  |
| <i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>                              | 2         | MO                   |
| MARPLAN TABS                                                              | 4         | MO                   |
| <i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>                           | 2         | MO                   |
| <i>mirtazapine tbdp 15mg, 30mg, 45mg</i>                                  | 2         | MO                   |
| <i>molindone hcl tabs 5mg, 10mg, 25mg</i>                                 | 2         | MO                   |
| <i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>               | 2         | MO                   |
| <i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>                      | 2         | MO                   |
| <i>nortriptyline hcl soln</i>                                             | 2         | MO                   |
| NUPLAZID CAPS                                                             | 5         | NDS                  |

| Drug Name                                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------|-----------|----------------------|
| 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 susp</i>                                             | 4         | MO                   |
| <i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i>                      | 1         | MO                   |
| <i>paroxetine mesylate caps</i>                                        | 2         | MO                   |
| <i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>                           | 2         | MO                   |
| <i>perphenazine-amitriptyline tabs</i>                                 | 2         | MO                   |
| PERSERIS PRSY 90mg, 120mg                                              | 5         | NDS                  |
| PEXEVA TABS 10mg, 20mg, 30mg, 40mg                                     | 4         | MO                   |
| <i>phenelzine sulfate tabs</i>                                         | 2         | MO                   |
| <i>pimozide tabs 1mg, 2mg</i>                                          | 2         | MO                   |
| <i>prochlorperazine edisylate soln</i>                                 | 2         |                      |
| <i>prochlorperazine maleate tabs</i>                                   | 2         |                      |
| <i>prochlorperazine supp</i>                                           | 2         | MO                   |
| <i>protriptyline hcl tabs 5mg, 10mg</i>                                | 2         | MO                   |
| <i>quetiapine fumarate er tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>    | 2         | MO                   |
| <i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i> | 2         | MO                   |
| REXULTI TABS 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg                         | 5         | NDS                  |

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| Drug Name                                                 | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------|-----------|----------------------|
| RISPERDAL CONSTA SRER 12.5mg                              | 4         | NDS                  |
| RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg                  | 5         | NDS                  |
| <i>risperidone soln</i>                                   | 2         | MO                   |
| <i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i> | 2         | MO                   |
| <i>risperidone tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i> | 2         | MO                   |
| SAPHRIS SUBL                                              | 4         |                      |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr           | 5         | NDS                  |
| SERTRALINE HCL CAPS 150mg, 200mg                          | 4         | MO                   |
| <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                   |
| <i>trimipramine maleate caps 25mg, 50mg, 100mg</i>        | 2         | MO                   |
| TRINTELLIX TABS 5mg, 10mg, 20mg                           | 4         | MO                   |
| VENLAFAXINE BESYLATE ER TB24                              | 4         | MO                   |

| Drug Name                                                   | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------------|-----------|----------------------|
| <i>venlafaxine hcl er cp24 37.5mg, 75mg, 150mg</i>          | 2         | MO                   |
| <i>venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg</i>   | 2         | MO                   |
| <i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i> | 2         | MO                   |
| VERSACLOZ SUSP                                              | 5         |                      |
| VIIBRYD STARTER PACK KIT                                    | 4         | MO                   |
| <i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>                 | 4         | MO                   |
| VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg                         | 5         | NDS                  |
| VRAYLAR CPPK                                                | 4         | NDS                  |
| <i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>          | 2         | MO                   |
| <i>ziprasidone mesylate solr</i>                            | 2         |                      |
| ZYPREXA RELPREVV SUSR                                       | 4         |                      |
| <b>DIABETIC SUPPLIES</b>                                    |           |                      |
| <b>DIABETIC SUPPLIES</b>                                    |           |                      |
| 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                   |
| <b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>             |           |                      |
| <b>ACIDIFYING AND ALKALINIZING AGENTS</b>                   |           |                      |
| POT & SOD CIT-CIT AC SOLN                                   | 2         |                      |
| <i>potassium citrate er tbc 15meq, 540mg, 1080mg</i>        | 2         | MO                   |
| SODIUM BICARBONATE SOLN                                     | 2         |                      |
| TRICITRATES SOLN                                            | 2         |                      |

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| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| <b>AMMONIA DETOXICANTS</b>                     |           |                      |
| <i>carglumic acid tbso</i>                     | 5         | NDS                  |
| <i>enulose soln</i>                            | 2         | MO                   |
| <i>generlac soln</i>                           | 2         | MO                   |
| <i>lactulose encephalopathy soln</i>           | 2         | MO                   |
| <i>lactulose soln</i>                          | 2         | MO                   |
| LITHOSTAT TABS                                 | 5         | MO                   |
| RAVICTI LIQD                                   | 5         | NDS                  |
| <i>sodium phenylbutyrate powd</i>              | 5         | NDS                  |
| <i>sodium phenylbutyrate tabs</i>              | 5         | NDS                  |
| <b>CALORIC AGENTS</b>                          |           |                      |
| CLINIMIX E/DEXTROSE (2.75/5) SOLN INTRAVENOUS  | 3         | HI                   |
| CLINIMIX E/DEXTROSE (4.25/10) SOLN INTRAVENOUS | 3         | HI                   |
| CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS  | 3         | HI                   |
| CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS    | 3         | HI                   |
| CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS    | 3         | HI                   |
| CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS   | 3         | HI                   |
| CLINIMIX/DEXTROSE (4.25/5) SOLN INTRAVENOUS    | 3         | HI                   |
| CLINIMIX/DEXTROSE (5/15) SOLN INTRAVENOUS      | 3         | HI                   |
| CLINIMIX/DEXTROSE (5/20) SOLN INTRAVENOUS      | 3         | HI                   |
| <i>clinsol sf soln intravenous</i>             | 2         | HI                   |
| DEXTROSE SOLN                                  | 2         |                      |

| Drug Name                                          | Drug Tier | Requirements/ Limits |
|----------------------------------------------------|-----------|----------------------|
| DEXTROSE SOLN INTRAVENOUS 5%, 10%                  | 2         | HI                   |
| INTRALIPID EMUL INTRAVENOUS                        | 2         | 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                   |
| TRAVASOL SOLN INTRAVENOUS                          | 2         | HI                   |
| TROPHAMINE SOLN INTRAVENOUS                        | 3         | HI                   |
| <b>DIURETICS</b>                                   |           |                      |
| AMILORIDE HCL TABS                                 | 2         | MO                   |
| <i>amiloride-hydrochlorothiazide tabs</i>          | 1         | MO                   |
| <i>bumetanide soln</i>                             | 2         |                      |
| <i>bumetanide tabs 0.5mg, 1mg, 2mg</i>             | 2         | MO                   |
| <i>chlorothiazide tabs 250mg, 500mg</i>            | 2         | MO                   |
| <i>chlorthalidone tabs 25mg, 50mg</i>              | 2         | MO                   |
| <i>ethacrynic acid tabs</i>                        | 4         | MO                   |
| <i>furosemide soln 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>               | 2         | MO                   |
| JYNARQUE TABS 15mg, 30mg                           | 5         | NDS                  |
| JYNARQUE TBPk                                      | 5         | NDS                  |
| MANNITOL SOLN                                      | 2         |                      |
| <i>metolazone tabs 2.5mg, 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 |
|-------------------------------------------------------------------|-----------|----------------------|
| OSMITROL SOLN                                                     | 2         |                      |
| <i>tolvaptan tabs 15mg, 30mg</i>                                  | 5         | NDS                  |
| <i>torsemide tabs 5mg, 10mg, 20mg, 100mg</i>                      | 2         | MO                   |
| <i>triamterene-hctz caps</i>                                      | 2         | MO                   |
| <i>triamterene-hctz tabs</i>                                      | 1         | MO                   |
| <b>ION-REMOVING AGENTS</b>                                        |           |                      |
| AURYXIA TABS                                                      | 5         | PA,MO,NDS            |
| <i>kionex susp</i>                                                | 2         | MO                   |
| LOKELMA PACK 5gm, 10gm                                            | 4         | MO                   |
| <i>sevelamer carbonate pack 0.8gm, 2.4gm</i>                      | 2         | MO                   |
| <i>sevelamer carbonate tabs</i>                                   | 2         | MO                   |
| <i>sevelamer hcl tabs 800mg</i>                                   | 2         | MO                   |
| <i>sodium polystyrene sulfonate powd</i>                          | 2         | MO                   |
| <i>sodium polystyrene sulfonate susp</i>                          | 2         | MO                   |
| <i>sps susp</i>                                                   | 2         | MO                   |
| VELPHORO CHEW                                                     | 5         | NDS                  |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm                               | 5         | NDS                  |
| <b>REPLACEMENT PREPARATIONS</b>                                   |           |                      |
| <i>calcium acetate (phos binder) caps</i>                         | 2         | MO                   |
| <i>calcium acetate tabs</i>                                       | 2         | MO                   |
| DEXTROSE IN LACTATED RINGERS SOLN                                 | 2         |                      |
| DEXTROSE-NACL SOLN INTRAVENOUS 2.5-0.45%, 5-0.2%, 5-0.45%, 5-0.9% | 2         | HI                   |
| DEXTROSE-NACL SOLN INTRAVENOUS 10-0.45%                           | 3         | HI                   |
| K-TAB TBCR                                                        | 2         | MO                   |
| KCL IN DEXTROSE-NACL SOLN INTRAVENOUS 10-5-0.45 MEQ, 20-5-0.2     | 2         | HI                   |

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

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

| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml       |           |                      |
| POTASSIUM PHOSPHATES SOLN                            | 2         |                      |
| RINGERS SOLN                                         | 2         |                      |
| SODIUM CHLORIDE (PF) SOLN                            | 2         |                      |
| SODIUM CHLORIDE SOLN                                 | 2         |                      |
| SODIUM CHLORIDE SOLN INTRAVENOUS 0.45%, 0.9%, 3%, 5% | 2         | HI                   |
| SODIUM PHOSPHATES SOLN                               | 2         |                      |
| <b>URICOSURIC AGENTS</b>                             |           |                      |
| <i>colchicine-probenecid tabs</i>                    | 2         | MO                   |
| <i>probenecid tabs</i>                               | 2         | MO                   |
| <b>ENZYMES</b>                                       |           |                      |
| <b>ENZYMES</b>                                       |           |                      |
| ADAGEN SOLN                                          | 3         |                      |
| ALDURAZYME SOLN                                      | 3         |                      |
| CERDELGA CAPS                                        | 5         | NDS                  |
| CEREZYME SOLR                                        | 5         | NDS                  |
| CREON CPEP                                           | 3         | MO                   |
| ELAPRASE SOLN                                        | 5         | NDS                  |
| ELELYSO SOLR                                         | 5         | NDS                  |
| ELITEK SOLR                                          | 3         |                      |
| FABRAZYME SOLR 5mg, 35mg                             | 5         | NDS                  |
| KANUMA SOLN                                          | 5         | NDS                  |
| LUMIZYME SOLR                                        | 5         | NDS                  |
| <i>miglustat caps</i>                                | 5         | NDS                  |
| NAGLAZYME SOLN                                       | 5         | NDS                  |
| NEXVIAZYME SOLR                                      | 5         | NDS                  |
| PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml       | 5         | NDS                  |
| PULMOZYME SOLN                                       | 5         | PA,NDS               |
| REVCIVI SOLN                                         | 5         | NDS                  |
| STRENSIQ SOLN 18mg/0.45ml,                           | 5         | LD,NDS               |

| Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|
| 28mg/0.7ml, 80mg/0.8ml, 40mg/ml                       |           |                      |
| SUCRAID SOLN                                          | 5         | LD                   |
| VIMIZIM SOLN                                          | 5         | NDS                  |
| VPRIV SOLR                                            | 5         | NDS                  |
| ZENPEP CPEP                                           | 3         | MO                   |
| <b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b> |           |                      |
| <b>ANTI-INFECTIVES</b>                                |           |                      |
| <i>bacitracin oint</i>                                | 2         |                      |
| <i>bacitracin-polymyxin b oint</i>                    | 2         |                      |
| <i>chlorhexidine gluconate soln</i>                   | 2         |                      |
| CILOXAN OINT                                          | 3         |                      |
| <i>ciprofloxacin hcl soln (ophth)</i>                 | 2         |                      |
| <i>erythromycin oint</i>                              | 2         |                      |
| <i>gatifloxacin soln</i>                              | 2         |                      |
| <i>gentak oint</i>                                    | 2         |                      |
| <i>gentamicin sulfate soln</i>                        | 2         |                      |
| <i>moxifloxacin hcl soln</i>                          | 2         |                      |
| NATACYN SUSP                                          | 3         |                      |
| <i>neomycin-bacitracin zn-polymyx oint</i>            | 2         |                      |
| <i>neomycin-polymyxin-gramicidin soln</i>             | 2         |                      |
| <i>ofloxacin soln</i>                                 | 2         |                      |
| <i>polymyxin b-trimethoprim soln</i>                  | 2         |                      |
| <i>sulfacetamide sodium soln</i>                      | 2         |                      |
| <i>tobramycin soln</i>                                | 2         |                      |
| TOBREX OINT                                           | 3         |                      |
| <i>trifluridine soln</i>                              | 2         |                      |
| <b>ANTI-INFLAMMATORY AGENTS</b>                       |           |                      |
| <i>bacitra-neomycin-polymyxin-hc oint</i>             | 2         | MO                   |
| <i>blephamide s.o.p. oint</i>                         | 2         | MO                   |
| BLEPHAMIDE SUSP                                       | 3         | MO                   |
| <i>ciprofloxacin-dexamethasone susp</i>               | 2         | MO                   |
| COLY-MYCIN S SUSP                                     | 3         | MO                   |
| <i>cyclosporine emul</i>                              | 2         | MO                   |

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| Drug Name                                     | Drug Tier | Requirements/ Limits |
|-----------------------------------------------|-----------|----------------------|
| <i>dexamethasone sodium phosphate soln</i>    | 2         | MO                   |
| <i>diclofenac sodium soln</i>                 | 2         | MO                   |
| <i>difluprednate emul</i>                     | 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                   |
| HYDROCORTISONE-ACETIC ACID SOLN               | 2         | MO                   |
| ILUVIEN IMPL                                  | 5         |                      |
| <i>ketorolac tromethamine soln 0.4%, 0.5%</i> | 2         | MO                   |
| <i>mometasone furoate susp</i>                | 2         | MO                   |
| <i>neomycin-polymyxin-dexameth oint</i>       | 2         | MO                   |
| <i>neomycin-polymyxin-dexameth susp</i>       | 2         | MO                   |
| <i>neomycin-polymyxin-hc soln</i>             | 2         | MO                   |
| <i>neomycin-polymyxin-hc susp</i>             | 2         | MO                   |
| PRED MILD SUSP                                | 3         | MO                   |
| PRED-G S.O.P. OINT                            | 3         | MO                   |
| PRED-G SUSP                                   | 3         | MO                   |
| <i>prednisolone acetate susp</i>              | 2         | MO                   |
| <i>prednisolone sodium phosphate soln</i>     | 2         | MO                   |
| RETISERT IMPL                                 | 5         |                      |
| <i>sulfacetamide-prednisolone soln</i>        | 2         | MO                   |
| TOBRADEX OINT                                 | 3         | MO                   |
| <i>tobramycin-dexamethasone susp</i>          | 2         | MO                   |
| VERKAZIA EMUL                                 | 5         | NDS                  |
| YUTIQ IMPL                                    | 5         |                      |
| <b>ANTIALLERGIC AGENTS</b>                    |           |                      |

| Drug Name                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------|-----------|----------------------|
| <i>azelastine hcl soln 0.1%</i>         | 2         | MO                   |
| <i>cromolyn sodium soln</i>             | 2         | MO                   |
| <i>olopatadine hcl soln 0.1%</i>        | 2         | MO                   |
| <b>ANTI GLAUCOMA AGENTS</b>             |           |                      |
| <i>acetazolamide er cp12</i>            | 2         | MO                   |
| <i>acetazolamide sodium solr</i>        | 2         |                      |
| <i>acetazolamide tabs 125mg, 250mg</i>  | 2         | MO                   |
| <i>betaxolol hcl soln</i>               | 2         | MO                   |
| <i>bimatoprost soln</i>                 | 2         | MO                   |
| BRIMONIDINE TARTRATE SOLN 0.2%, 0.15%   | 2         | MO                   |
| <i>dorzolamide hcl soln</i>             | 2         | MO                   |
| <i>dorzolamide hcl-timolol mal soln</i> | 2         | MO                   |
| DURYSTA IMPL                            | 5         | NDS                  |
| <i>latanoprost soln</i>                 | 2         | MO                   |
| <i>levobunolol hcl soln</i>             | 2         | MO                   |
| <i>methazolamide tabs 25mg, 50mg</i>    | 2         | MO                   |
| PHOSPHOLINE IODIDE SOLR                 | 3         | MO                   |
| <i>pilocarpine hcl soln 1%, 2%, 4%</i>  | 2         | MO                   |
| <i>timolol maleate soln 0.25%, 0.5%</i> | 2         | MO                   |
| <b>EENT DRUGS, MISCELLANEOUS</b>        |           |                      |
| ACETIC ACID SOLN                        | 2         | MO                   |
| <i>apraclonidine hcl soln</i>           | 2         | MO                   |
| ATROPINE SULFATE SOLN                   | 2         | MO                   |
| BEOVU SOLN                              | 5         |                      |
| BEOVU SOSY                              | 5         |                      |
| BYOOVIZ SOLN                            | 5         | NDS                  |
| CYSTADROPS SOLN                         | 5         | NDS                  |
| CYSTARAN SOLN                           | 5         |                      |
| EYLEA SOLN                              | 5         |                      |
| EYLEA SOSY                              | 5         |                      |
| IOPIDINE SOLN                           | 3         | MO                   |
| LACRISERT INST                          | 3         | MO                   |

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| Drug Name                                      | Drug Tier | Requirements/ Limits |
|------------------------------------------------|-----------|----------------------|
| LUCENTIS SOLN<br>0.3mg/0.05ml,<br>0.5mg/0.05ml | 5         | NDS                  |
| LUCENTIS SOSY<br>0.3mg/0.05ml,<br>0.5mg/0.05ml | 5         | NDS                  |
| OXERVATE SOLN                                  | 5         | NDS                  |
| PHENYLEPHRINE HCL<br>SOLN                      | 2         |                      |
| SUSVIMO (IMPLANT<br>1ST FILL) SOLN             | 5         |                      |
| SUSVIMO (IMPLANT<br>REFILL) SOLN               | 5         |                      |
| TEPEZZA SOLR                                   | 5         | NDS                  |
| VABYSMO SOLN                                   | 5         | NDS                  |
| <b>LOCAL ANESTHETICS</b>                       |           |                      |
| <i>lidocaine hcl soln</i>                      | 2         |                      |
| <i>lidocaine viscous hcl<br/>soln</i>          | 2         | MO                   |
| <i>proparacaine hcl soln</i>                   | 2         | MO                   |
| TETRACAINE HCL<br>SOLN                         | 2         |                      |
| <b>GASTROINTESTINAL DRUGS</b>                  |           |                      |
| <b>ANTI-INFLAMMATORY AGENTS</b>                |           |                      |
| ALOSETRON HCL<br>TABS 0.5mg, 1mg               | 5         | NDS                  |
| <i>balsalazide disodium<br/>caps</i>           | 2         | MO                   |
| DIPENTUM CAPS                                  | 5         | NDS                  |
| LIALDA TBEC                                    | 2         | MO                   |
| <i>mesalamine cpdr</i>                         | 2         | MO                   |
| <i>mesalamine enem</i>                         | 2         | MO                   |
| <i>mesalamine er cp24</i>                      | 2         | MO                   |
| <i>mesalamine er cpcr</i>                      | 2         | MO                   |
| <i>mesalamine supp</i>                         | 2         | MO                   |
| <i>mesalamine tbec 1.2gm,<br/>800mg</i>        | 2         | MO                   |
| PENTASA CPCR<br>250mg, 500mg                   | 3         | MO                   |
| <b>ANTIDIARRHEA AGENTS</b>                     |           |                      |
| <i>diphenoxylate-atropine<br/>liqd</i>         | 2         |                      |
| <i>diphenoxylate-atropine<br/>tabs</i>         | 2         |                      |

| Drug Name                                         | Drug Tier | Requirements/ Limits |
|---------------------------------------------------|-----------|----------------------|
| XERMELO TABS                                      | 5         | LD,NDS               |
| <b>ANTIEMETICS</b>                                |           |                      |
| <i>aprepitant caps 80mg,<br/>125mg</i>            | 2         | PA,NDS               |
| <i>dimenhydrinate soln</i>                        | 2         |                      |
| <i>dronabinol caps 2.5mg,<br/>5mg, 10mg</i>       | 2         | PA                   |
| <i>fosaprepitant<br/>dimeglumine solr</i>         | 2         |                      |
| <i>meclizine hcl tabs</i>                         | 2         |                      |
| <i>ondansetron hcl soln</i>                       | 2         | PA                   |
| <i>ondansetron hcl sosy</i>                       | 2         |                      |
| <i>ondansetron hcl tabs<br/>4mg, 8mg</i>          | 2         | PA                   |
| <i>ondansetron tbdp 4mg,<br/>8mg</i>              | 2         | PA                   |
| SANCUSO PTCH                                      | 5         | NDS                  |
| <i>scopolamine pt72</i>                           | 2         | MO                   |
| SYNDROS SOLN                                      | 5         | PA,NDS               |
| <b>ANTIULCER AGENTS AND ACID<br/>SUPPRESSANTS</b> |           |                      |
| <i>cimetidine hcl soln</i>                        | 2         | MO                   |
| <i>esomeprazole<br/>magnesium cpdr 40mg</i>       | 2         | MO                   |
| <i>famotidine (pf) soln</i>                       | 2         |                      |
| <i>famotidine premixed soln</i>                   | 2         |                      |
| <i>famotidine soln</i>                            | 2         |                      |
| <i>famotidine susr</i>                            | 2         | MO                   |
| <i>famotidine tabs 40mg</i>                       | 2         | MO                   |
| <i>lansoprazole cpdr 30mg</i>                     | 2         | MO                   |
| <i>misoprostol tabs<br/>100mcg, 200mcg</i>        | 2         | MO                   |
| <i>nizatidine soln</i>                            | 2         | MO                   |
| <i>omeprazole cpdr 10mg,<br/>20mg, 40mg</i>       | 2         | MO                   |
| PANTOPRAZOLE<br>SODIUM SOLR                       | 2         |                      |
| <i>pantoprazole sodium<br/>tbec 20mg, 40mg</i>    | 2         | MO                   |
| <i>pepcid tabs 20mg</i>                           | 2         | MO                   |
| PYLERA CAPS                                       | 5         | MO,NDS               |
| <i>sucralfate tabs</i>                            | 2         | MO                   |
| <b>CATHARTICS AND LAXATIVES</b>                   |           |                      |
| <i>gavilyte-c solr</i>                            | 2         | MO                   |

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| Drug Name                                | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|----------------------|
| <i>gavilyte-g solr</i>                   | 2         | MO                   |
| <i>gavilyte-n with flavor pack solr</i>  | 2         | MO                   |
| <i>peg 3350-kcl-na bicarb-nacl solr</i>  | 2         | MO                   |
| <i>peg 3350/electrolytes solr</i>        | 2         | MO                   |
| <b>GI DRUGS, MISCELLANEOUS</b>           |           |                      |
| BYLVAY (PELLETS)<br>CPSP 200mcg, 600mcg  | 5         | NDS                  |
| BYLVAY CAPS 400mcg, 1200mcg              | 5         | NDS                  |
| CHOLBAM CAPS 50mg, 250mg                 | 5         | NDS                  |
| ENTYVIO SOLR                             | 5         | NDS                  |
| GATTEX KIT                               | 5         | PA,NDS               |
| GIMOTI SOLN                              | 5         | NDS                  |
| IBSRELA TABS                             | 5         | NDS                  |
| LIVMARLI SOLN                            | 5         | NDS                  |
| <i>lubiprostone caps 8mcg, 24mcg</i>     | 2         | MO                   |
| <i>metoclopramide hcl soln</i>           | 2         | MO                   |
| <i>metoclopramide hcl tabs 5mg, 10mg</i> | 2         | MO                   |
| OCALIVA TABS 5mg, 10mg                   | 5         | LD,NDS               |
| RELISTOR SOLN<br>8mg/0.4ml, 12mg/0.6ml   | 5         | NDS                  |
| RELISTOR TABS                            | 5         | NDS                  |
| <i>reltone caps 200mg, 400mg</i>         | 5         | NDS                  |
| SKYRIZI SOCT                             | 5         |                      |
| SKYRIZI SOLN                             | 5         |                      |
| TRULANCE TABS                            | 4         |                      |
| <i>ursodiol caps 300mg</i>               | 2         | MO                   |
| <i>ursodiol caps 200mg, 400mg</i>        | 5         | NDS                  |
| <i>ursodiol tabs 250mg, 500mg</i>        | 2         | MO                   |
| VIBERZI TABS 75mg, 100mg                 | 5         | NDS                  |
| <b>HEAVY METAL ANTAGONISTS</b>           |           |                      |
| <b>HEAVY METAL ANTAGONISTS</b>           |           |                      |
| CHEMET CAPS                              | 5         |                      |

| Drug Name                                                          | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------------|-----------|----------------------|
| <i>clovique caps</i>                                               | 5         | NDS                  |
| <i>deferasirox granules pack 90mg, 180mg, 360mg</i>                | 5         | NDS                  |
| <i>deferasirox tabs</i>                                            | 2         |                      |
| <i>deferasirox tbso</i>                                            | 2         |                      |
| <i>deferiprone tabs 500mg, 1000mg</i>                              | 5         | NDS                  |
| <i>deferoxamine mesylate solr</i>                                  | 2         |                      |
| FERRIPROX SOLN                                                     | 5         | LD,NDS               |
| FERRIPROX TWICE-A-DAY TABS                                         | 5         | NDS                  |
| <i>penicillamine caps</i>                                          | 5         | NDS                  |
| <i>penicillamine tabs</i>                                          | 5         | NDS                  |
| <i>trientine hcl caps</i>                                          | 5         | NDS                  |
| <b>HORMONES AND SYNTHETIC SUBSTITUTES</b>                          |           |                      |
| <b>ADRENALS</b>                                                    |           |                      |
| ALKINDI SPRINKLE<br>CPSP 1mg, 2mg, 5mg                             | 5         | NDS                  |
| <i>betamethasone sod phos &amp; acet susp</i>                      | 2         |                      |
| <i>budesonide cpep</i>                                             | 2         | MO                   |
| <i>budesonide er tb24</i>                                          | 5         | NDS                  |
| <i>cortisone acetate tabs</i>                                      | 2         | MO                   |
| DEPO-MEDROL SUSP                                                   | 3         |                      |
| <i>dexamethasone elix</i>                                          | 2         | MO                   |
| <i>dexamethasone intensol conc</i>                                 | 2         | MO                   |
| <i>dexamethasone sodium phosphate soln</i>                         | 2         |                      |
| <i>dexamethasone soln</i>                                          | 2         |                      |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i> | 2         | PA,MO                |
| EMFLAZA SUSP                                                       | 5         | LD,NDS               |
| EMFLAZA TABS 6mg, 18mg, 30mg, 36mg                                 | 5         | LD,NDS               |
| <i>fludrocortisone acetate tabs</i>                                | 2         | MO                   |
| <i>hydrocortisone tabs 5mg, 10mg, 20mg</i>                         | 2         | MO                   |
| KENALOG SUSP                                                       | 3         |                      |
| MEDROL TABS                                                        | 3         | MO                   |

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| Drug Name                                                    | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------------|-----------|----------------------|
| <i>methylprednisolone acetate susp</i>                       | 2         |                      |
| <i>methylprednisolone sodium succ solr</i>                   | 2         |                      |
| <i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>          | 2         | MO                   |
| <i>methylprednisolone tbpk</i>                               | 2         | MO                   |
| <i>millipred tabs</i>                                        | 4         | MO                   |
| ORTIKOS CP24 6mg, 9mg                                        | 5         | NDS                  |
| <i>prednisolone sodium phosphate soln 6.7 (5 base)mg/5ml</i> | 2         | MO                   |
| <i>prednisolone sodium phosphate soln 15mg/5ml</i>           | 2         |                      |
| <i>prednisolone sodium phosphate tbdp 10mg</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         |                      |
| SOLU-CORTEF SOLR                                             | 3         |                      |
| SOLU-MEDROL SOLR                                             | 3         |                      |
| TARPEYO CPDR                                                 | 5         | NDS                  |
| <i>triamcinolone acetone susp</i>                            | 2         |                      |
| <b>ANDROGENS</b>                                             |           |                      |
| ANADROL-50 TABS                                              | 5         | MO                   |
| ANDRODERM PT24 2mg/24hr, 4mg/24hr                            | 3         | MO                   |
| <i>danazol caps 50mg, 100mg, 200mg</i>                       | 2         | MO                   |
| <i>depo-testosterone soln 100mg/ml, 200mg/ml</i>             | 2         | MO                   |
| <i>methitest tabs</i>                                        | 2         | MO                   |
| <i>methyltestosterone caps</i>                               | 2         | MO                   |
| <i>oxandrolone tabs</i>                                      | 2         | MO                   |
| <i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>        | 2         | MO                   |

| Drug Name                                  | Drug Tier | Requirements/ Limits |
|--------------------------------------------|-----------|----------------------|
| <i>testosterone enanthate soln</i>         | 2         | MO                   |
| <i>testosterone gel 1%, 1.62%</i>          | 2         | MO                   |
| <b>CONTRACEPTIVES</b>                      |           |                      |
| <i>apri tabs</i>                           | 2         | MO                   |
| <i>aranelle tabs</i>                       | 2         | MO                   |
| <i>aviane tabs</i>                         | 2         | MO                   |
| <i>balziva tabs</i>                        | 2         | MO                   |
| <i>cryselle-28 tabs</i>                    | 2         | MO                   |
| <i>cyclafem 1/35 tabs</i>                  | 2         | MO                   |
| <i>drospirenone-ethinyl estradiol tabs</i> | 2         | MO                   |
| ELLA TABS                                  | 3         | MO                   |
| <i>eluryng ring</i>                        | 2         | MO                   |
| <i>ethynodiol diac-eth estradiol tabs</i>  | 2         | MO                   |
| <i>etonogestrel-ethinyl estradiol ring</i> | 2         | MO                   |
| JOLIVETTE TABS                             | 2         | MO                   |
| <i>junel 1.5/30 tabs</i>                   | 2         | MO                   |
| <i>junel 1/20 tabs</i>                     | 2         | MO                   |
| <i>junel fe 1.5/30 tabs</i>                | 2         | MO                   |
| <i>junel fe 1/20 tabs</i>                  | 2         | MO                   |
| <i>junel fe 24 tabs</i>                    | 2         | MO                   |
| <i>kelnor 1/35 tabs</i>                    | 2         | MO                   |
| <i>kelnor 1/50 tabs</i>                    | 2         | MO                   |
| <i>leena tabs</i>                          | 2         | MO                   |
| <i>levora 0.15/30 (28) tabs</i>            | 2         | MO                   |
| <i>loestrin 1/20 (21) tabs</i>             | 2         | MO                   |
| <i>luter tabs</i>                          | 2         | MO                   |
| <i>merzee caps</i>                         | 2         | MO                   |
| <i>microgestin 1/20 tabs</i>               | 2         | MO                   |
| <i>microgestin 24 fe tabs</i>              | 2         | MO                   |
| <i>microgestin fe 1.5/30 tabs</i>          | 2         | MO                   |
| <i>microgestin fe 1/20 tabs</i>            | 2         | MO                   |
| <i>necon 0.5/35 (28) tabs</i>              | 2         | MO                   |
| 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                   |

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| Drug Name                                | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|----------------------|
| <i>norethindrone tabs</i>                | 2         | MO                   |
| <i>nortrel 0.5/35 (28) tabs</i>          | 2         | MO                   |
| <i>nortrel 1/35 (21) tabs</i>            | 2         | MO                   |
| <i>nortrel 1/35 (28) tabs</i>            | 2         | MO                   |
| <i>nortrel 7/7/7 tabs</i>                | 2         | MO                   |
| <i>nylia 1/35 tabs</i>                   | 2         | MO                   |
| <i>ocella tabs</i>                       | 2         | MO                   |
| <i>ogestrel tabs</i>                     | 2         | MO                   |
| <i>portia-28 tabs</i>                    | 2         | MO                   |
| <i>reclipsen tabs</i>                    | 2         | MO                   |
| <i>sprintec 28 tabs</i>                  | 2         | MO                   |
| <i>taysofy caps</i>                      | 2         | MO                   |
| <i>tri-lo-sprintec tabs</i>              | 2         | MO                   |
| <i>tri-sprintec tabs</i>                 | 2         | MO                   |
| <i>trivora (28) tabs</i>                 | 2         | MO                   |
| <i>xulane ptwk</i>                       | 2         | MO                   |
| <b>DIABETIC AGENTS</b>                   |           |                      |
| <i>acarbose tabs 25mg, 50mg, 100mg</i>   | 2         | MO                   |
| AFREZZA POWD 90x8 UNIT & 90x12 UNIT      | 5         | NDS                  |
| BAQSIMI ONE PACK POWD                    | 3         |                      |
| BAQSIMI TWO PACK POWD                    | 3         |                      |
| <i>diazoxide susp</i>                    | 4         |                      |
| <i>glimepiride tabs 1mg, 2mg, 4mg</i>    | 1         | MO                   |
| <i>glipizide tabs 5mg, 10mg</i>          | 1         | MO                   |
| <i>glipizide-metformin hcl tabs</i>      | 1         | MO                   |
| <i>glucagon emergency kit</i>            | 2         |                      |
| <i>glyburide tabs 1.25mg, 2.5mg, 5mg</i> | 2         | MO                   |
| HUMALOG KWIKPEN SOPN                     | 4         | MO                   |
| HUMALOG SOCT                             | 4         | MO                   |
| HUMALOG SOLN                             | 3         | MO                   |
| HUMULIN 70/30 KWIKPEN SUPN               | 2         | MO                   |
| HUMULIN 70/30 SUSP                       | 2         | MO                   |
| HUMULIN N KWIKPEN SUPN                   | 2         | MO                   |
| HUMULIN N SUSP                           | 2         | MO                   |

| Drug Name                                                                               | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------------------------------------------|-----------|----------------------|
| HUMULIN R SOLN                                                                          | 2         | MO                   |
| HUMULIN R U-500 (CONCENTRATED) SOLN                                                     | 3         | MO                   |
| HUMULIN R U-500 KWIKPEN SOPN                                                            | 3         | MO                   |
| JARDIANCE TABS 10mg, 25mg                                                               | 3         | MO                   |
| KORLYM TABS                                                                             | 5         | PA,LD,NDS            |
| LANTUS SOLN                                                                             | 3         | MO                   |
| LANTUS SOLOSTAR SOPN                                                                    | 4         | MO                   |
| <i>metformin hcl er tb24 500mg, 750mg</i>                                               | 1         | MO                   |
| <i>metformin hcl tabs 500mg, 850mg, 1000mg</i>                                          | 1         | MO                   |
| <i>metformin hcl tabs 625mg</i>                                                         | 5         | NDS                  |
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 5         | NDS                  |
| <i>nateglinide tabs 60mg, 120mg</i>                                                     | 2         | MO                   |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN                                                      | 3         | MO                   |
| OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml                                             | 3         | MO                   |
| OZEMPIC (2 MG/DOSE) SOPN                                                                | 3         | MO                   |
| <i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>                                           | 1         | MO                   |
| <i>repaglinide tabs 0.5mg, 1mg, 2mg</i>                                                 | 2         | MO                   |
| SYMLINPEN 120 SOPN                                                                      | 5         | MO                   |
| SYMLINPEN 60 SOPN                                                                       | 5         | MO                   |
| <i>tolbutamide tabs</i>                                                                 | 2         | MO                   |
| TRADJENTA TABS                                                                          | 3         | MO                   |
| VICTOZA SOPN                                                                            | 3         | MO                   |
| <b>ESTROGENS AND ANTIESTROGENS</b>                                                      |           |                      |
| CLIMARA PTWK 37.5mcg/24hr,                                                              | 2         | MO                   |

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| Drug Name                                                                                                              | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| 0.025mg/24hr,<br>0.05mg/24hr,<br>0.06mg/24hr,<br>0.075mg/24hr,<br>0.1mg/24hr                                           |           |                      |
| <i>depo-estradiol oil</i>                                                                                              | 2         |                      |
| <i>dotti pttw</i><br>0.0375mg/24hr,<br>0.05mg/24hr,<br>0.1mg/24hr                                                      | 2         | MO                   |
| <i>estrace crea</i>                                                                                                    | 2         | MO                   |
| <i>estradiol crea</i>                                                                                                  | 2         | MO                   |
| <i>estradiol pttw</i><br>0.025mg/24hr,<br>0.0375mg/24hr,<br>0.05mg/24hr,<br>0.075mg/24hr,<br>0.1mg/24hr                | 2         | MO                   |
| <i>estradiol ptwk</i><br>37.5mcg/24hr,<br>0.025mg/24hr,<br>0.05mg/24hr,<br>0.06mg/24hr,<br>0.075mg/24hr,<br>0.1mg/24hr | 2         | MO                   |
| <i>estradiol tabs</i> 0.5mg,<br>1mg, 2mg                                                                               | 2         | MO                   |
| <i>estradiol valerate oil</i>                                                                                          | 2         |                      |
| ESTRING RING                                                                                                           | 3         | MO                   |
| <i>jinteli tabs</i>                                                                                                    | 2         | MO                   |
| PREMARIN SOLR                                                                                                          | 3         |                      |
| <i>raloxifene hcl tabs</i>                                                                                             | 2         | MO                   |
| <i>yuvafer tabs</i>                                                                                                    | 2         | MO                   |
| <b>GONADOTROPINS</b>                                                                                                   |           |                      |
| CHORIONIC<br>GONADOTROPIN<br>SOLR                                                                                      | 5         | PA                   |
| MYFEMBREE TABS                                                                                                         | 5         | NDS                  |
| ORGOVYX TABS                                                                                                           | 5         | NDS                  |
| ORILISSA TABS 150mg,<br>200mg                                                                                          | 5         | NDS                  |
| TRIPTODUR SRER                                                                                                         | 5         | NDS                  |
| <b>OXYTOCICS</b>                                                                                                       |           |                      |
| <i>methergine tabs</i>                                                                                                 | 2         |                      |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>methylergonovine<br/>maleate soln</i>                                           | 2         |                      |
| <i>methylergonovine<br/>maleate tabs</i>                                           | 2         |                      |
| OXYTOCIN SOLN                                                                      | 2         |                      |
| <b>PARATHYROID</b>                                                                 |           |                      |
| <i>calcitonin (salmon) soln</i>                                                    | 2         | MO                   |
| <i>cinacalcet hcl tabs</i><br>30mg, 60mg, 90mg                                     | 2         | PA,NDS               |
| FORTEO SOPN                                                                        | 5         | PA,NDS               |
| NATPARA CART<br>25mcg, 50mcg, 75mcg,<br>100mcg                                     | 5         | LD,NDS               |
| TERIPARATIDE<br>(RECOMBINANT) SOPN                                                 | 5         | PA,NDS               |
| <b>PITUITARY</b>                                                                   |           |                      |
| ACTHAR GEL                                                                         | 5         | PA,NDS               |
| CORTROPHIN GEL                                                                     | 5         | PA,NDS               |
| <i>desmopressin ace spray<br/>refrig soln</i>                                      | 2         | MO                   |
| DESMOPRESSIN<br>ACETATE SOLN                                                       | 2         |                      |
| <i>desmopressin acetate<br/>spray soln</i>                                         | 2         |                      |
| <i>desmopressin acetate<br/>tabs</i> 0.1mg, 0.2mg                                  | 2         | MO                   |
| SKYTROFA CART 3mg,<br>3.6mg, 4.3mg, 5.2mg,<br>6.3mg, 7.6mg, 9.1mg,<br>11mg, 13.3mg | 5         | NDS                  |
| STIMATE SOLN                                                                       | 3         | MO                   |
| SYNAREL SOLN                                                                       | 5         | MO                   |
| <b>PROGESTINS</b>                                                                  |           |                      |
| DEPO-PROVERA SUSP<br>400mg/ml                                                      | 3         |                      |
| DEPO-SUBQ PROVERA<br>104 SUSY                                                      | 3         |                      |
| ENDOMETRIN INST                                                                    | 4         | PA                   |
| <i>hydroxyprogesterone<br/>caproate oil</i>                                        | 2         |                      |
| <i>hydroxyprogesterone<br/>caproate soln</i>                                       | 2         |                      |
| MAKENA SOAJ                                                                        | 5         | NDS                  |
| <i>medroxyprogesterone<br/>acetate susp</i>                                        | 2         |                      |

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| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>medroxyprogesterone acetate susy</i>                                            | 2         |                      |
| <i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>                           | 2         | MO                   |
| <i>norethindrone acetate tabs</i>                                                  | 2         | MO                   |
| <i>progesterone caps 100mg, 200mg</i>                                              | 2         | MO                   |
| <i>progesterone oil</i>                                                            | 2         |                      |
| <b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>                                       |           |                      |
| EGRIFTA SOLR                                                                       | 5         | NDS                  |
| EGRIFTA SV SOLR                                                                    | 5         | NDS                  |
| GENOTROPIN CART 12mg                                                               | 5         | PA,NDS               |
| GENOTROPIN MINIQUEL PRSY 0.4mg, 0.6mg, 0.8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5         | PA,NDS               |
| HUMATROPE CART 6mg, 12mg, 24mg                                                     | 5         | PA,NDS               |
| HUMATROPE SOLR                                                                     | 5         | PA,NDS               |
| INCRELEX SOLN                                                                      | 5         | NDS                  |
| LANREOTIDE ACETATE SOLN                                                            | 5         | NDS                  |
| MYCAPSSA CPDR                                                                      | 5         | NDS                  |
| NORDITROPIN FLEXPON SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml               | 5         | PA,NDS               |
| NUTROPIN AQ NUSPIN 10 SOPN                                                         | 5         | PA,NDS               |
| <i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml</i>                      | 2         |                      |
| <i>octreotide acetate soln 500mcg/ml, 1000mcg/ml</i>                               | 5         |                      |
| OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml                                               | 2         | PA                   |
| OMNITROPE SOLR                                                                     | 2         | PA                   |
| SAIZEN SOLR 5mg, 8.8mg                                                             | 5         | PA,NDS               |
| SAIZENPREP SOLR                                                                    | 5         | PA,NDS               |

| Drug Name                                                                                                            | Drug Tier | Requirements/ Limits |
|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| 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 0.3mg/ml, 0.6mg/ml, 0.9mg/ml                                                                           | 5         | NDS                  |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml                                                            | 5         | NDS                  |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg                                                                           | 5         | LD,NDS               |
| ZORBTIVE SOLR                                                                                                        | 5         | PA,NDS               |
| <b>THYROID AND ANTITHYROID AGENTS</b>                                                                                |           |                      |
| LEVOTHYROXINE SODIUM SOLR                                                                                            | 2         |                      |
| LEVOTHYROXINE SODIUM TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 2         | MO                   |
| LEVOXYL TABS 137mcg                                                                                                  | 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                   |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>                                                                              |           |                      |
| <b>5-ALPHA REDUCTASE INHIBITORS</b>                                                                                  |           |                      |
| <i>dutasteride caps</i>                                                                                              | 2         | MO                   |
| <i>finasteride tabs</i>                                                                                              | 2         | MO                   |
| <b>ANTIDOTES</b>                                                                                                     |           |                      |
| <i>acetylcysteine soln 10%, 20%</i>                                                                                  | 2         | PA,MO                |
| KHAPZORY SOLR 175mg, 300mg                                                                                           | 5         | NDS                  |

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| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| <i>leucovorin calcium solr</i>                       | 2         |                      |
| <i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i> | 2         | MO                   |
| VISTOGARD PACK                                       | 5         | NDS                  |
| VORAXAZE SOLR                                        | 5         | NDS                  |
| <b>ANTIGOUT AGENTS</b>                               |           |                      |
| <i>allopurinol tabs 100mg, 300mg</i>                 | 2         | MO                   |
| COLCHICINE CAPS                                      | 2         | MO                   |
| <i>colchicine tabs</i>                               | 2         | MO                   |
| <i>febuxostat tabs 40mg, 80mg</i>                    | 2         | MO                   |
| <b>BONE RESORPTION INHIBITORS</b>                    |           |                      |
| <i>alendronate sodium tabs 10mg, 35mg, 70mg</i>      | 1         | MO                   |
| <i>alendronate sodium tabs</i>                       | 2         | MO                   |
| EVENITY SOSY                                         | 5         | NDS                  |
| <i>pamidronate disodium soln</i>                     | 2         |                      |
| <i>pamidronate disodium solr</i>                     | 2         |                      |
| <i>risedronate sodium tabs 35mg</i>                  | 2         | MO                   |
| XGEVA SOLN                                           | 5         | PA,NDS               |
| <i>zoledronic acid conc</i>                          | 2         |                      |
| <i>zoledronic acid soln</i>                          | 2         |                      |
| <b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>        |           |                      |
| ACTEMRA ACTPEN SOAJ                                  | 5         | NDS                  |
| ACTEMRA SOSY                                         | 5         | NDS                  |
| AVSOLA SOLR                                          | 5         | NDS                  |
| CIBINQO TABS 50mg, 100mg, 200mg                      | 5         | NDS                  |
| CIMZIA KIT                                           | 5         | PA,NDS               |
| CIMZIA PREFILLED PSKT                                | 5         | PA,NDS               |
| CIMZIA STARTER KIT PSKT                              | 5         | PA                   |
| ENBREL MINI SOCT                                     | 5         | NDS                  |
| ENBREL SOLN                                          | 5         | NDS                  |
| ENBREL SOLR                                          | 5         | PA,NDS               |
| ENBREL SOSY 25mg/0.5ml, 50mg/ml                      | 5         | NDS                  |

| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| ENBREL SURECLICK SOAJ                                                              | 5         | NDS                  |
| HUMIRA PEDIATRIC CROHNS START PSKT                                                 | 5         | NDS                  |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml                                 | 5         | NDS                  |
| HUMIRA PEN-CD/UC/HS STARTER PNKT 40mg/0.8ml, 80mg/0.8ml                            | 5         | NDS                  |
| HUMIRA PEN-PEDIATRIC UC START PNKT                                                 | 5         | NDS                  |
| HUMIRA PEN-PS/UV/ADOL HS START PNKT                                                | 5         | NDS                  |
| HUMIRA PEN-PSOR/UEIT STARTER PNKT                                                  | 5         | NDS                  |
| HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml | 5         | NDS                  |
| INFLECTRA SOLR INTRAVENOUS                                                         | 5         | HI                   |
| INFLIXIMAB SOLR INTRAVENOUS                                                        | 5         | HI                   |
| KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml                                            | 5         | NDS                  |
| KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml                                            | 5         | NDS                  |
| KINERET SOSY                                                                       | 5         | NDS                  |
| <i>leflunomide tabs 10mg, 20mg</i>                                                 | 2         | MO                   |
| OLUMIANT TABS 1mg, 2mg                                                             | 5         | NDS                  |
| ORENCIA CLICKJECT SOAJ                                                             | 5         | NDS                  |
| ORENCIA SOLR                                                                       | 5         | NDS                  |

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| Drug Name                                             | Drug Tier | Requirements/ Limits |
|-------------------------------------------------------|-----------|----------------------|
| ORENCIA SOSY<br>50mg/0.4ml,<br>87.5mg/0.7ml, 125mg/ml | 5         | NDS                  |
| OTEZLA TABS                                           | 5         | PA,NDS               |
| OTEZLA TBPK                                           | 5         | PA,NDS               |
| RASUVO SOAJ                                           | 3         |                      |
| REMICADE SOLR<br>INTRAVENOUS                          | 5         | HI                   |
| RENFLEXIS SOLR                                        | 5         | NDS                  |
| RINVOQ TB24 15mg,<br>30mg, 45mg                       | 5         | NDS                  |
| SIMPONI ARIA SOLN                                     | 5         | NDS                  |
| SIMPONI SOAJ<br>50mg/0.5ml, 100mg/ml                  | 5         | NDS                  |
| SIMPONI SOSY<br>50mg/0.5ml, 100mg/ml                  | 5         | NDS                  |
| XELJANZ SOLN                                          | 5         | PA,NDS               |
| XELJANZ TABS 5mg,<br>10mg                             | 5         | PA,NDS               |
| XELJANZ XR TB24<br>11mg, 22mg                         | 5         | PA,NDS               |
| <b>IMMUNE SUPPRESSANTS</b>                            |           |                      |
| ASTAGRAF XL CP24<br>0.5mg, 1mg                        | 4         | PA,MO                |
| ASTAGRAF XL CP24                                      | 5         | PA                   |
| azasan tabs 75mg,<br>100mg                            | 2         | PA,MO                |
| azathioprine sodium solr                              | 2         |                      |
| azathioprine tabs                                     | 2         | PA,MO                |
| BENLYSTA SOAJ                                         | 5         |                      |
| BENLYSTA SOLR                                         | 5         |                      |
| BENLYSTA SOSY                                         | 5         |                      |
| cyclosporine caps 25mg,<br>100mg                      | 2         | PA,MO                |
| cyclosporine modified<br>caps 25mg, 50mg,<br>100mg    | 2         | PA,MO                |
| cyclosporine modified<br>soln                         | 2         | PA,MO                |
| cyclosporine soln                                     | 2         | PA,MO                |
| ENVARUSUS XR TB24<br>0.75mg, 1mg                      | 4         | PA,MO                |
| ENVARUSUS XR TB24                                     | 5         | PA,MO                |
| everolimus tabs 0.25mg                                | 4         | PA,MO                |

| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| everolimus tabs 0.5mg,<br>0.75mg                    | 4         | PA                   |
| everolimus tabs                                     | 5         | PA                   |
| GAMIFANT SOLN<br>50mg/10ml,<br>100mg/20ml, 10mg/2ml | 5         | NDS                  |
| gengraf caps 25mg,<br>100mg                         | 2         | PA,MO                |
| gengraf soln                                        | 2         | PA,MO                |
| LUPKYNIS CAPS                                       | 5         | NDS                  |
| MAVENCLAD (10 TABS)<br>TBPK                         | 5         | NDS                  |
| MAVENCLAD (4 TABS)<br>TBPK                          | 5         | NDS                  |
| MAVENCLAD (5 TABS)<br>TBPK                          | 5         | NDS                  |
| MAVENCLAD (6 TABS)<br>TBPK                          | 5         | NDS                  |
| MAVENCLAD (7 TABS)<br>TBPK                          | 5         | NDS                  |
| MAVENCLAD (8 TABS)<br>TBPK                          | 5         | NDS                  |
| MAVENCLAD (9 TABS)<br>TBPK                          | 5         | NDS                  |
| mycophenolate mofetil<br>caps                       | 2         | PA,MO                |
| mycophenolate mofetil<br>hcl solr                   | 2         |                      |
| mycophenolate mofetil<br>susr                       | 5         | PA,MO                |
| mycophenolate mofetil<br>tabs                       | 2         | PA,MO                |
| mycophenolate sodium<br>tbec 180mg, 360mg           | 2         | PA,MO                |
| NULOJIX SOLR                                        | 5         | NDS                  |
| PROGRAF PACK<br>0.2mg, 1mg                          | 4         | PA                   |
| PROGRAF SOLN                                        | 3         | PA,MO                |
| SANDIMMUNE ORAL<br>SOLN 100mg/ml                    | 3         | PA,MO                |
| SAPHNELO SOLN                                       | 5         | NDS                  |
| sirolimus soln                                      | 5         | PA                   |
| sirolimus tabs 0.5mg,<br>1mg                        | 2         | PA,MO                |
| sirolimus tabs                                      | 5         | PA,MO                |

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

| Drug Name                                | Drug Tier | Requirements/ Limits |
|------------------------------------------|-----------|----------------------|
| <i>tacrolimus caps 0.5mg, 1mg, 5mg</i>   | 2         | PA,MO                |
| ZORTRESS TABS                            | 5         | PA                   |
| <b>MISCELLANEOUS THERAPEUTIC AGENTS</b>  |           |                      |
| ACETIC ACID SOLN                         | 2         |                      |
| ACTIMMUNE SOLN                           | 5         |                      |
| AMONDYS 45 SOLN                          | 5         | NDS                  |
| AMVUTTRA SOSY                            | 5         |                      |
| ARCALYST SOLR                            | 5         | NDS                  |
| ARGYLE STERILE WATER SOLN                | 2         |                      |
| ARTICADENT DENTAL SOCT                   | 2         |                      |
| BERINERT KIT INTRAVENOUS                 | 5         | HI                   |
| <i>betaine powd</i>                      | 5         | NDS                  |
| <i>bupivacaine hcl (pf) soln</i>         | 2         |                      |
| <i>bupivacaine hcl soln</i>              | 2         |                      |
| BUPIVACAINE IN DEXTROSE SOLN             | 2         |                      |
| <i>bupivacaine spinal soln</i>           | 2         |                      |
| <i>bupivacaine-epinephrine (pf) soln</i> | 2         |                      |
| <i>bupivacaine-epinephrine soln</i>      | 2         |                      |
| CARNITOR SOLN                            | 2         | PA,MO                |
| CARNITOR TABS                            | 2         | PA,MO                |
| <i>chloroprocaine hcl (pf) soln</i>      | 2         |                      |
| CINRYZE SOLR                             | 5         |                      |
| <i>citanest plain dental soln</i>        | 2         |                      |
| COSELA SOLR                              | 5         | NDS                  |
| CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml  | 5         | NDS                  |
| CYSTADANE POWD                           | 5         | LD,NDS               |
| CYSTAGON CAPS 50mg, 150mg                | 3         | LD,NDS               |
| <i>dexrazoxane hcl solr</i>              | 2         |                      |
| EASYGEL GEL                              | 2         |                      |
| ELMIRON CAPS                             | 5         |                      |
| EMPAVELI SOLN                            | 5         | NDS                  |
| ENDARI PACK                              | 5         | NDS                  |
| ENJAYMO SOLN                             | 5         | NDS                  |

| Drug Name                             | Drug Tier | Requirements/ Limits |
|---------------------------------------|-----------|----------------------|
| ENSPRYNG SOSY                         | 5         | NDS                  |
| EVRYSDI SOLR                          | 5         | NDS                  |
| EXONDYS 51 SOLN 500mg/10ml, 100mg/2ml | 5         | NDS                  |
| FIRDAPSE TABS                         | 5         | NDS                  |
| FLUORITAB CHEW 0.25mg, 0.5mg, 1mg     | 2         | MO                   |
| FLUORITAB SOLN                        | 2         | MO                   |
| GALAFOLD CAPS                         | 5         | NDS                  |
| GIVLAARI SOLN                         | 5         | NDS                  |
| GRASTEK SUBL                          | 3         | MO                   |
| HAEGARDA SOLR 2000unit, 3000unit      | 5         | NDS                  |
| ISTURISA TABS 1mg, 5mg, 10mg          | 5         | NDS                  |
| KESIMPTA SOAJ                         | 5         | NDS                  |
| KEVEYIS TABS                          | 5         | NDS                  |
| LACTATED RINGERS SOLN                 | 2         |                      |
| <i>levocarnitine soln</i>             | 2         | PA,MO                |
| LEVOCARNITINE TABS                    | 2         | PA,MO                |
| <i>lidocaine hcl (pf) soln</i>        | 2         |                      |
| <i>lidocaine hcl soln</i>             | 2         |                      |
| <i>lidocaine in dextrose soln</i>     | 2         |                      |
| <i>lidocaine-epinephrine soln</i>     | 2         |                      |
| LUDENT CHEW 0.25mg, 0.5mg, 1mg        | 2         | MO                   |
| <i>mesna soln</i>                     | 2         |                      |
| MESNEX TABS                           | 5         | NDS                  |
| MYALEPT SOLR                          | 5         | NDS                  |
| NAFRINSE CHEW                         | 2         | MO                   |
| NAFRINSE DROPS SOLN                   | 2         | MO                   |
| <i>nitisinone caps 2mg, 5mg, 10mg</i> | 2         | NDS                  |
| NITYR TABS 2mg, 5mg, 10mg             | 5         | NDS                  |
| NULIBRY SOLR                          | 5         | NDS                  |
| ODACTRA SUBL                          | 4         |                      |
| ONPATTRO SOLN                         | 5         | NDS                  |
| ORFADIN CAPS                          | 5         | LD,NDS               |
| ORFADIN SUSP                          | 5         | LD,NDS               |

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| Drug Name                           | Drug Tier | Requirements/ Limits |
|-------------------------------------|-----------|----------------------|
| ORLADEYO CAPS 110mg, 150mg          | 5         | NDS                  |
| OXLUMO SOLN                         | 5         |                      |
| PALFORZIA (12 MG DAILY DOSE) CSPK   | 5         | NDS                  |
| PALFORZIA (120 MG DAILY DOSE) CSPK  | 5         | NDS                  |
| PALFORZIA (160 MG DAILY DOSE) CSPK  | 5         | NDS                  |
| PALFORZIA (20 MG DAILY DOSE) CSPK   | 5         | NDS                  |
| PALFORZIA (200 MG DAILY DOSE) CSPK  | 5         | NDS                  |
| PALFORZIA (240 MG DAILY DOSE) CSPK  | 5         | NDS                  |
| PALFORZIA (3 MG DAILY DOSE) CSPK    | 5         | NDS                  |
| PALFORZIA (300 MG MAINTENANCE) PACK | 5         | NDS                  |
| PALFORZIA (300 MG TITRATION) PACK   | 5         | NDS                  |
| PALFORZIA (40 MG DAILY DOSE) CSPK   | 5         | NDS                  |
| PALFORZIA (6 MG DAILY DOSE) CSPK    | 5         | NDS                  |
| PALFORZIA (80 MG DAILY DOSE) CSPK   | 5         | NDS                  |
| PALFORZIA INITIAL ESCALATION CSPK   | 5         | NDS                  |
| PHYSIOLYTE SOLN                     | 2         |                      |
| PHYSIOSOL IRRIGATION SOLN           | 2         |                      |
| <i>polocaine soln</i>               | 2         |                      |
| <i>polocaine-mpf soln</i>           | 2         |                      |
| PROCYSBI CPDR 25mg, 75mg            | 5         | NDS                  |
| PROCYSBI PACK 75mg, 300mg           | 5         | NDS                  |
| PYRUKYND TABS 5mg, 20mg, 50mg       | 5         | NDS                  |
| PYRUKYND TAPER PACK TBPK            | 5         | NDS                  |
| RECORLEV TABS                       | 5         | NDS                  |
| REZUROCK TABS                       | 5         | NDS                  |
| RIDAURA CAPS                        | 5         | MO                   |

| Drug Name                                            | Drug Tier | Requirements/ Limits |
|------------------------------------------------------|-----------|----------------------|
| RIMSO-50 SOLN                                        | 3         |                      |
| RINGERS IRRIGATION SOLN                              | 2         |                      |
| <i>ropivacaine hcl soln</i>                          | 2         |                      |
| <i>sapropterin dihydrochloride pack 100mg, 500mg</i> | 5         | NDS                  |
| <i>sapropterin dihydrochloride tabs</i>              | 5         | NDS                  |
| SENSORCAINE SOLN                                     | 2         |                      |
| <i>sensorcaine-mpf soln</i>                          | 2         |                      |
| <i>sensorcaine-mpf/epinephrine soln</i>              | 2         |                      |
| <i>sensorcaine/epinephrine soln</i>                  | 2         |                      |
| SODIUM CHLORIDE SOLN                                 | 2         | MO                   |
| SODIUM FLUORIDE CHEW 0.25mg, 0.5mg, 1mg              | 2         | MO                   |
| SODIUM FLUORIDE SOLN                                 | 2         | MO                   |
| STERILE WATER FOR IRRIGATION SOLN                    | 2         |                      |
| TAKHZYRO SOLN                                        | 5         | NDS                  |
| TAKHZYRO SOSY                                        | 5         | NDS                  |
| TAVNEOS CAPS                                         | 5         | NDS                  |
| TEGSEDI SOSY                                         | 5         | NDS                  |
| THIOLA EC TBEC 100mg, 300mg                          | 5         | NDS                  |
| THIOLA TABS                                          | 5         | NDS                  |
| THYROGEN SOLR                                        | 5         | NDS                  |
| <i>tiopronin tabs</i>                                | 5         | NDS                  |
| TIS-U-SOL SOLN                                       | 2         |                      |
| ULTOMIRIS SOLN                                       | 5         |                      |
| VIJOICE TBPK                                         | 5         | NDS                  |
| VILTEPSO SOLN                                        | 5         | NDS                  |
| VOXZOGO SOLR 0.4mg, 0.56mg, 1.2mg                    | 5         | NDS                  |
| VUMERITY (STARTER) CPDR                              | 5         | NDS                  |
| VUMERITY CPDR                                        | 5         | NDS                  |
| VYONDYS 53 SOLN                                      | 5         | NDS                  |
| VYVGART SOLN                                         | 5         | NDS                  |

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| Drug Name                                           | Drug Tier | Requirements/ Limits |
|-----------------------------------------------------|-----------|----------------------|
| WATER FOR IRRIGATION, STERILE SOLN                  | 2         |                      |
| XEOMIN SOLR                                         | 5         | PA,NDS               |
| XURIDEN PACK                                        | 5         | NDS                  |
| <i>xylocaine dental soln</i>                        | 2         |                      |
| ZOKINVY CAPS 50mg, 75mg                             | 5         | NDS                  |
| <b>RESPIRATORY TRACT AGENTS</b>                     |           |                      |
| <b>ANTI-INFLAMMATORY AGENTS</b>                     |           |                      |
| CINQAIR SOLN                                        | 5         | NDS                  |
| <i>cromolyn sodium conc</i>                         | 2         | MO                   |
| <i>cromolyn sodium nebu</i>                         | 5         | PA,MO                |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml               | 5         | PA,NDS               |
| DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | 5         | PA,NDS               |
| FASENRA PEN SOAJ                                    | 5         | NDS                  |
| FASENRA SOSY                                        | 5         | PA                   |
| <i>montelukast sodium chew 4mg, 5mg</i>             | 1         | MO                   |
| <i>montelukast sodium pack</i>                      | 2         | MO                   |
| <i>montelukast sodium tabs</i>                      | 1         | MO                   |
| NUCALA SOAJ                                         | 5         | PA,NDS               |
| NUCALA SOLR                                         | 5         | PA,NDS               |
| NUCALA SOSY 40mg/0.4ml, 100mg/ml                    | 5         | PA,NDS               |
| <i>zileuton er tb12</i>                             | 5         | NDS                  |
| <b>CYSTIC FIBROSIS</b>                              |           |                      |
| CAYSTON SOLR                                        | 5         | LD,NDS               |
| KALYDECO PACK 25mg, 50mg, 75mg                      | 5         | PA,NDS               |
| KALYDECO TABS                                       | 5         | PA,NDS               |
| KITABIS PAK NEBU                                    | 5         | PA                   |
| ORKAMBI PACK                                        | 5         | NDS                  |
| ORKAMBI TABS                                        | 5         | NDS                  |
| SYMDEKO TBPK                                        | 5         | NDS                  |
| TOBI PODHALER CAPS                                  | 5         |                      |
| <i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>         | 5         | PA                   |

| Drug Name                                    | Drug Tier | Requirements/ Limits |
|----------------------------------------------|-----------|----------------------|
| TRIKAFTA TBPK                                | 5         | LD,NDS               |
| <b>PULMONARY FIBROSIS</b>                    |           |                      |
| ESBRIET CAPS                                 | 5         | PA,NDS               |
| OFEV CAPS 100mg, 150mg                       | 5         | NDS                  |
| <i>pirfenidone tabs 267mg, 801mg</i>         | 5         | PA,NDS               |
| <b>RESPIRATORY AGENTS, MISCELLANEOUS</b>     |           |                      |
| ADVAIR HFA AERO 230-21mcg/act                | 3         | MO                   |
| ADVAIR HFA AERO 45-21mcg/act, 115-21mcg/act  | 4         | MO                   |
| ALVESCO AERS 80mcg/act, 160mcg/act           | 3         | MO                   |
| ARALAST NP SOLR INTRAVENOUS                  | 3         | HI                   |
| ASMANEX HFA AERO 100mcg/act, 200mcg/act      | 4         | MO                   |
| BREZTRI AEROSPHERE AERO                      | 4         | MO                   |
| BRONCHITOL CAPS                              | 5         | NDS                  |
| <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml</i> | 2         | PA,MO                |
| <i>budesonide susp</i>                       | 4         | PA,MO                |
| DALIRESP TABS 250mcg, 500mcg                 | 4         | MO                   |
| FLOVENT HFA AERO                             | 3         | MO                   |
| <i>fluticasone-salmeterol aepb</i>           | 2         | MO                   |
| GLASSIA SOLN INTRAVENOUS                     | 5         | HI                   |
| PULMICORT FLEXHALER AEPB                     | 4         |                      |
| SYMBICORT AERO                               | 3         |                      |
| TEZSPIRE SOSY                                | 5         | NDS                  |
| <i>wixela inhub aepb</i>                     | 2         |                      |
| XOLAIR SOLR                                  | 5         | PA,NDS               |
| XOLAIR SOSY 75mg/0.5ml, 150mg/ml             | 5         | PA,NDS               |
| <b>VASODILATING AGENTS</b>                   |           |                      |
| ADEMPAS TABS 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg   | 5         | PA,NDS               |
| <i>ambrisentan tabs</i>                      | 2         |                      |
| <i>bosentan tabs 62.5mg</i>                  | 2         |                      |

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| Drug Name                                                                          | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------------------------------|-----------|----------------------|
| <i>bosentan tabs 125mg</i>                                                         | 5         |                      |
| <i>epoprostenol sodium solr</i>                                                    | 2         |                      |
| ORENITRAM TBCR<br>0.25mg, 1mg, 2.5mg, 5mg                                          | 5         | LD,NDS               |
| TRACLEER TBSO                                                                      | 5         | NDS                  |
| <i>treprostinil soln</i><br>20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml           | 5         | PA,LD,NDS            |
| TYVASO DPI<br>MAINTENANCE KIT<br>POWD                                              | 5         | LD,NDS               |
| TYVASO DPI<br>TITRATION KIT POWD                                                   | 5         | LD,NDS               |
| TYVASO REFILL SOLN                                                                 | 5         | PA,LD                |
| TYVASO STARTER<br>SOLN                                                             | 5         | PA,LD                |
| UPTRAVI SOLR                                                                       | 5         | NDS                  |
| UPTRAVI TABS<br>200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5         | NDS                  |
| UPTRAVI TBPk                                                                       | 5         | NDS                  |
| VENTAVIS SOLN<br>10mcg/ml, 20mcg/ml                                                | 5         | PA,LD,NDS            |
| <b>SERUMS, TOXOIDS, AND VACCINES</b>                                               |           |                      |
| <b>SERUMS</b>                                                                      |           |                      |
| ASCENIV SOLN                                                                       | 5         | NDS                  |
| CUTAQUIG SOLN<br>1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml    | 5         | PA,NDS               |
| CYTOGAM INJ                                                                        | 3         |                      |
| FLEBOGAMMA DIF<br>SOLN INTRAVENOUS                                                 | 3         | HI                   |
| GAMASTAN INJ                                                                       | 3         | PA                   |
| GAMMAGARD S/D<br>LESS IGA SOLR<br>INTRAVENOUS 5gm, 10gm                            | 5         | HI                   |
| GAMMAGARD SOLN<br>INJECTION                                                        | 5         | HI                   |

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

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

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

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



| Drug Name                                                  | Drug Tier | Requirements/ Limits |
|------------------------------------------------------------|-----------|----------------------|
| <i>terconazole supp</i>                                    | 2         |                      |
| VANADAZOLE GEL                                             | 2         |                      |
| <b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b> |           |                      |
| <i>ala-cort crea 1%</i>                                    | 2         | MO                   |
| <i>alclometasone dipropionate crea</i>                     | 2         | MO                   |
| <i>alclometasone dipropionate oint</i>                     | 2         | MO                   |
| BENZOYL PEROXIDE FORTE- HC LOTN                            | 5         | NDS                  |
| <i>betamethasone dipropionate aug crea</i>                 | 2         | MO                   |
| <i>betamethasone dipropionate aug gel</i>                  | 2         | MO                   |
| <i>betamethasone dipropionate aug lotn</i>                 | 2         | MO                   |
| <i>betamethasone dipropionate aug oint</i>                 | 2         | MO                   |
| <i>betamethasone dipropionate crea</i>                     | 2         | MO                   |
| <i>betamethasone dipropionate lotn</i>                     | 2         | MO                   |
| <i>betamethasone dipropionate oint</i>                     | 2         | MO                   |
| BETAMETHASONE VALERATE CREA                                | 2         | MO                   |
| <i>betamethasone valerate foam</i>                         | 2         | MO                   |
| BETAMETHASONE VALERATE LOTN                                | 2         | MO                   |
| BETAMETHASONE VALERATE OINT                                | 2         | MO                   |
| <i>calcipotriene-betameth diprop susp</i>                  | 5         | NDS                  |
| <i>clobetasol propionate crea</i>                          | 2         |                      |
| <i>clobetasol propionate e crea</i>                        | 2         | MO                   |
| <i>clobetasol propionate foam</i>                          | 2         | MO                   |
| <i>clobetasol propionate gel</i>                           | 2         | MO                   |
| <i>clobetasol propionate liqd</i>                          | 2         | MO                   |
| <i>clobetasol propionate lotn</i>                          | 2         | MO                   |

| Drug Name                                        | Drug Tier | Requirements/ Limits |
|--------------------------------------------------|-----------|----------------------|
| <i>clobetasol propionate oint</i>                | 2         | MO                   |
| <i>clobetasol propionate sham</i>                | 2         | MO                   |
| <i>clobetasol propionate soln</i>                | 2         | MO                   |
| <i>colocort enem</i>                             | 2         | MO                   |
| CORDRAN TAPE                                     | 3         | MO                   |
| CORTISPORIN CREA                                 | 3         | MO                   |
| CORTISPORIN OINT                                 | 3         | MO                   |
| <i>desonide crea</i>                             | 2         | MO                   |
| <i>desonide lotn</i>                             | 2         | MO                   |
| <i>desonide oint</i>                             | 2         | MO                   |
| <i>desoximetasone crea 0.25%</i>                 | 2         | MO                   |
| <i>desoximetasone oint 0.25%</i>                 | 2         | MO                   |
| <i>diclofenac sodium gel 1%</i>                  | 2         | MO                   |
| <i>diflorasone diacetate oint</i>                | 5         | MO                   |
| ENSTILAR FOAM                                    | 5         | NDS                  |
| <i>fluocinolone acetonide body oil</i>           | 2         |                      |
| <i>fluocinolone acetonide crea 0.01%, 0.025%</i> | 2         | MO                   |
| <i>fluocinolone acetonide oint</i>               | 2         | MO                   |
| <i>fluocinolone acetonide scalp oil</i>          | 2         | MO                   |
| <i>fluocinolone acetonide soln</i>               | 2         | MO                   |
| <i>fluocinonide crea</i>                         | 2         |                      |
| <i>fluocinonide emulsified base crea</i>         | 2         | MO                   |
| <i>fluocinonide gel</i>                          | 2         | MO                   |
| <i>fluocinonide oint</i>                         | 2         | MO                   |
| <i>fluocinonide soln</i>                         | 2         | MO                   |
| <i>fluticasone propionate crea</i>               | 2         | MO                   |
| <i>fluticasone propionate oint</i>               | 2         | MO                   |
| <i>halobetasol propionate crea</i>               | 2         | MO                   |
| HALOBETASOL PROPIONATE FOAM                      | 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>halobetasol propionate oint</i>                     | 2         | MO                   |
| <i>hydrocortisone (perianal) crea 2.5%</i>             | 2         | MO                   |
| <i>hydrocortisone butyr lipo base crea</i>             | 2         |                      |
| <i>hydrocortisone butyrate crea</i>                    | 2         | MO                   |
| HYDROCORTISONE BUTYRATE OINT                           | 2         | MO                   |
| <i>hydrocortisone butyrate soln</i>                    | 2         | MO                   |
| <i>hydrocortisone crea 2.5%</i>                        | 2         | MO                   |
| <i>hydrocortisone enem</i>                             | 2         | MO                   |
| <i>hydrocortisone lotn</i>                             | 2         | MO                   |
| <i>hydrocortisone oint 2.5%</i>                        | 2         | MO                   |
| <i>hydrocortisone valerate crea</i>                    | 2         | MO                   |
| <i>hydrocortisone valerate oint</i>                    | 2         | MO                   |
| LEXETTE FOAM                                           | 5         | NDS                  |
| <i>mometasone furoate crea</i>                         | 2         | MO                   |
| <i>mometasone furoate oint</i>                         | 2         | MO                   |
| <i>mometasone furoate soln</i>                         | 2         | MO                   |
| <i>nystatin-triamcinolone crea</i>                     | 2         | MO                   |
| <i>nystatin-triamcinolone oint</i>                     | 2         | MO                   |
| <i>prednicarbate crea</i>                              | 2         | MO                   |
| <i>proctozone-hc crea</i>                              | 2         | MO                   |
| RADIAURA CREA                                          | 5         | NDS                  |
| <i>triamcinolone acetamide aers</i>                    | 2         | MO                   |
| <i>triamcinolone acetamide crea 0.025%, 0.1%, 0.5%</i> | 2         | MO                   |
| <i>triamcinolone acetamide lotn 0.025%, 0.1%</i>       | 2         | MO                   |
| <i>triamcinolone acetamide oint 0.025%, 0.1%, 0.5%</i> | 2         | MO                   |
| <i>triamcinolone acetamide pste</i>                    | 2         | MO                   |

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

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 |
|---------------------------------------------|-----------|----------------------|
| ADBRY SOSY                                  | 5         | NDS                  |
| <i>ammonium lactate crea</i>                | 2         | MO                   |
| <i>azelaic acid gel</i>                     | 2         | MO                   |
| <i>calcipotriene crea</i>                   | 2         | MO                   |
| <i>calcipotriene oint</i>                   | 2         | MO                   |
| <i>calcipotriene soln</i>                   | 2         | MO                   |
| CARAC CREA                                  | 5         |                      |
| <i>claravis caps 10mg, 20mg, 30mg, 40mg</i> | 2         | NDS                  |
| COSENTYX (300 MG DOSE) SOSY                 | 5         | NDS                  |
| COSENTYX SENSOREADY (300 MG) SOAJ           | 5         | NDS                  |
| COSENTYX SENSOREADY PEN SOAJ                | 5         | NDS                  |
| COSENTYX SOSY 75mg/0.5ml, 150mg/ml          | 5         | NDS                  |
| DICLONA GEL                                 | 5         | NDS                  |
| DIFFERIN CREA                               | 2         | MO                   |
| <i>fluorouracil crea 5%</i>                 | 2         | MO                   |
| <i>fluorouracil crea .5%</i>                | 5         |                      |
| <i>fluorouracil soln 2%, 5%</i>             | 2         | MO                   |
| HYFTOR GEL                                  | 5         | NDS                  |
| ILUMYA SOSY                                 | 5         | PA                   |
| <i>imiquimod crea 5%</i>                    | 2         | MO                   |
| <i>isotretinoin caps 20mg, 30mg, 40mg</i>   | 2         | NDS                  |
| KLISYRI OINT                                | 5         | NDS                  |
| KORSUVA SOLN                                | 5         | NDS                  |
| <i>methoxsalen rapid caps</i>               | 5         | MO                   |
| OPZELURA CREA                               | 5         | NDS                  |
| <i>pimecrolimus crea</i>                    | 2         | MO                   |
| <i>podofilox soln</i>                       | 2         | MO                   |
| RECTIV OINT                                 | 4         | MO                   |
| REGRANEX GEL                                | 5         | NDS                  |
| SALICYLIC ACID SHAM                         | 2         |                      |
| SANTYL OINT                                 | 3         | MO                   |
| SILIQ SOSY                                  | 5         | NDS                  |
| SKYRIZI (150 MG DOSE) PSKT                  | 5         |                      |
| SKYRIZI PEN SOAJ                            | 5         |                      |

| Drug Name                                              | Drug Tier | Requirements/ Limits |
|--------------------------------------------------------|-----------|----------------------|
| SKYRIZI SOSY                                           | 5         |                      |
| STELARA SOLN 45mg/0.5ml, 130mg/26ml                    | 5         | PA                   |
| STELARA SOSY 45mg/0.5ml, 90mg/ml                       | 5         | PA                   |
| <i>tacrolimus oint 0.03%, 0.1%</i>                     | 2         | MO                   |
| TALTZ SOAJ                                             | 5         | NDS                  |
| TALTZ SOSY                                             | 5         | NDS                  |
| <i>tazarotene crea</i>                                 | 2         | PA,MO                |
| TAZORAC CREA                                           | 4         | PA,MO                |
| TAZORAC GEL 0.05%, 0.1%                                | 4         | PA,MO                |
| TREMFYA SOPN                                           | 5         |                      |
| TREMFYA SOSY                                           | 5         |                      |
| VALCHLOR GEL                                           | 5         | NDS                  |
| VECTICAL OINT                                          | 2         | MO                   |
| VTAMA CREA                                             | 5         | NDS                  |
| <b>SMOOTH MUSCLE RELAXANTS</b>                         |           |                      |
| <b>SMOOTH MUSCLE RELAXANTS</b>                         |           |                      |
| <i>aminophylline soln</i>                              | 2         |                      |
| <i>darifenacin hydrobromide er tb24 7.5mg, 15mg</i>    | 2         | MO                   |
| <i>elixophyllin elix</i>                               | 2         |                      |
| <i>flavoxate hcl tabs</i>                              | 2         | MO                   |
| MYRBETRIQ TB24 25mg, 50mg                              | 4         | MO                   |
| <i>oxybutynin chloride er tb24 5mg, 10mg, 15mg</i>     | 2         | MO                   |
| <i>oxybutynin chloride syrp</i>                        | 2         | MO                   |
| <i>oxybutynin chloride tabs</i>                        | 2         | MO                   |
| <i>solifenacin succinate tabs 5mg, 10mg</i>            | 2         | MO                   |
| <i>theo-24 cp24 300mg</i>                              | 2         | MO                   |
| <i>theophylline er tb12 100mg, 200mg, 300mg, 450mg</i> | 2         | MO                   |
| <i>theophylline er tb24 400mg, 600mg</i>               | 2         | MO                   |
| <i>theophylline soln</i>                               | 2         | MO                   |
| <i>tolterodine tartrate er cp24 4mg</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>tolterodine tartrate tabs</i>       | 2         | MO                   |
| <i>tropium chloride er cp24</i>        | 2         | MO                   |
| <i>tropium chloride tabs</i>           | 2         | MO                   |
| <b>VITAMINS</b>                        |           |                      |
| <b>VITAMINS</b>                        |           |                      |
| <i>calcitriol caps 0.25mcg, 0.5mcg</i> | 2         | PA,MO                |
| <i>calcitriol soln</i>                 | 2         | PA,MO                |
| <i>doxercalciferol caps 0.5mcg</i>     | 2         | PA,MO                |
| <i>paricalcitol caps 4mcg</i>          | 2         | PA,MO                |
| PARICALCITOL SOLN                      | 2         |                      |
| PRENATAL TABS                          | 4         | MO                   |
| RAYALDEE CPCR                          | 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.

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](https://kp.org/refill) or by phone or mobile app, which may lower your costs for a three-month supply. Please contact us at least 5 days before your refills run out. Generally, you should receive them within 3 to 5 days. If not and

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

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

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

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| <i>sotalol hcl tabs 80mg, 120mg, 160mg,</i>        |    | <i>sulfamethoxazole-trimethoprim tabs</i> ..... | 10 |
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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, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-443-0815 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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

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



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

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

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية (**TTY 711**) **1-800-443-0815** على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-443-0815 (TTY 711)**. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-443-0815 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

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

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

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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



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  - ◆ Written information in other formats, such as large print, audio, and accessible electronic formats.
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  - ◆ Qualified interpreters.
  - ◆ Information written in other languages.

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

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

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-232-4404 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-232-4404 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-232-4404 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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**Tongan:** 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui leleí pe faito'ó. Te ke ma'u ha tokotaha

fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739 (TTY 711)**. 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

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

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

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

**Laotian:**

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

## Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

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

If you need these services, call Member Services at **1-800-813-2000** (TTY: **711**).

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

### **For Washington Members**

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

## Help in Your Language

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

**አማርኛ (Amharic) ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000 (TTY: 711)**.

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000 (TTY: 711)**.

**中文 (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**1-800-813-2000 (TTY: 711)**。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000 (TTY: 711)** تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000 (TTY: 711)**.

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000 (TTY: 711)**.

**日本語 (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。**1-800-813-2000 (TTY: 711)** まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អៗ គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ **1-800-813-2000 (TTY: 711)**។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000 (TTY: 711)** 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊານ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000 (TTY: 711)**.

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000 (TTY: 711)**.

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000 (TTY: 711)**.

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000 (TTY: 711)**.

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000 (TTY: 711)**.

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000 (TTY: 711)**.

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000 (TTY: 711)**.

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000 (TTY: 711)**.

## Multi-Language Insert

### Multi-language Interpreter Services

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

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-221-8221 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-221-8221 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-221-8221 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-877-221-8221 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-221-8221 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-221-8221 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-221-8221 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-221-8221 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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This formulary was updated on 09/01/2022. 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](https://kp.org/seniorrx).

## **Kaiser Permanente Regional**

### **CALIFORNIA REGIONS**

Kaiser Foundation Health Plan, Inc.  
393 E. Walnut St.  
Pasadena, CA 91188-8514

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

**Member Service Contact Center**  
**1-800-443-0815 TTY 711**

### **COLORADO REGION**

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

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

**Member Services**  
**1-800-476-2167 TTY 711**

### **GEORGIA REGION**

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

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

**Member Services**  
**1-800-232-4404 TTY 711**

### **HAWAII REGION**

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

Kaiser Permanente Senior Advantage (HMO)

**Member Services**  
**1-800-805-2739 TTY 711**

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

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

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

**Member Services**  
**1-888-777-5536 TTY 711**

### **NORTHWEST REGION**

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

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

**Member Services**  
**1-877-221-8221 TTY 711**



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