

2023 Kaiser Permanente Federal Employees Health Benefit

FEHB Drug Formulary



Maryland, Virginia, and
District of Columbia Region

Member Services

Monday through Friday, 8 a.m. to 5 p.m.

1-877-KP4-FEDS (1-877-574-3337)

711 TTY

2023 Kaiser Permanente Federal Employees Health Benefit (FEHB) Drug Formulary

Mid-Atlantic States Region

This document contains information about the drugs we cover when you participate in the Federal Employees Health Benefits (FEHB) plan offered by Kaiser Permanente – Mid-Atlantic States (Plan). This FEHB Drug Formulary contains some of the features of Kaiser Permanente’s FEHB plan. Please read the Plan's Federal brochure (RI 73-047). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

This formulary is effective **November 1, 2023**. Benefits described in this formulary are effective January 1 – December 31, 2023.

What is the Kaiser Permanente FEHB Drug Formulary?

A formulary is a list of drugs determined to be safe and effective for our members by our Pharmacy and Therapeutics Committee. Use of formulary drugs enables Kaiser Permanente to provide high quality care to you and your family at reasonable costs. Kaiser Permanente continually updates the formulary throughout the year based on new medical evidence, considering the recommendations of appropriate physician experts.

How much will I pay for covered drugs?

The cost-sharing you will pay for most drugs depends on:

- The tier in which your drug is categorized, including whether your drug is included in our formulary. Preferred drugs are included in our formulary. Non-preferred drugs are not included in our formulary.
- Where you get the drug.

Below is the copayment you pay for up to a 30-day supply of prescription drugs at a Plan medical center pharmacy, affiliated network pharmacy or through mail order. You pay only two copayments for up to a 90-day supply for most drugs dispensed through our mail order program.

Drug Tier	Type		High Option	Standard Option	Basic Option
Tier 1	Generic drugs	Plan medical center pharmacy	\$7	\$10	\$10
		Affiliated network pharmacy	\$17	\$20	\$20
		Mail order program	\$5	\$8	\$8
Tier 2	Preferred brand-name drugs	Plan medical center pharmacy	\$30	\$40	\$45
		Affiliated network pharmacy	\$50	\$60	\$65
		Mail order program	\$28	\$38	\$43
Tier 3	Non-preferred brand-name drugs	Plan medical center pharmacy	\$45	\$60	\$65
		Affiliated network pharmacy	\$65	\$80	\$85
		Mail order program	\$43	\$58	\$63
Tier 4	Specialty drugs	Plan medical center pharmacy	\$100	\$150	\$200
		Affiliated network pharmacy	\$150	\$200	\$250
		Mail order program	\$100	\$150	\$200

You pay 50% of our allowed amount for fertility and sexual dysfunction drugs. Some drugs may be covered at no cost sharing, such as tobacco cessation medications, women’s contraceptive drugs and devices and drugs required by ACA. Specific coverage information, including limitations and exclusions, is described in your FEHB brochure (RI 73-047), see Section 5(f) Prescription drug benefits. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1- 877-KP4-FEDS (1-877-574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

We use the following tiers to determine your cost-sharing:

- Tier 1 – Includes most generic drugs. Generic drugs are produced and sold under their generic names after the patent on the brand-name drug expires. Although the price is usually lower, the quality of generic drugs is the same as brand- name drugs. Generic drugs are also just as effective as brand-name drugs. The U.S. Food and Drug Administration (FDA) requires that a generic drug contain the same active drug ingredient in the same amount as the brand-name drug.
- Tier 2 – Includes preferred brand-name drugs. Brand-name drugs are produced and sold under the original manufacturer's brand name. Preferred brand-name drugs are listed on our drug formulary.
- Tier 3 - Non-preferred drugs are not listed on our drug formulary and are not covered unless approved through the exception process.
- Tier 4 - Specialty drugs are high-cost drugs that are on our specialty drug list. Kaiser Permanente adopts the model used by most Medicare plans to determine which drugs are in the specialty tier.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs may not be eligible for mailing (for example, drugs that are extremely high cost, require special handling or requested to be mailed outside the states of Maryland and Virginia, and the District of Columbia). We provide up to a 90-day supply for maintenance medications when dispensed through our mail order program for two copayments.

How do I use the FEHB Drug Formulary?

Our formulary drugs are listed in this formulary by medical condition and alphabetically. We consider drugs not listed on our formulary to be “non-preferred drugs”. You pay higher cost-sharing for non-formulary drugs that are medically necessary.

Formulary Drugs by Medical Condition

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

Formulary Drugs by Alphabetical Listing

If you are not sure what category to look under, the Index starting on page 21, provides an alphabetical list of all the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index to find the drug name and the page number where you can locate coverage information. Turn to the page listed in the Index and find the name of the drug on the list. If you are using a computer to view this document, you also use the search function (Ctrl F) to find the medication by name.

Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

- The first column lists the drug name. Brand-name drugs are capitalized (e.g., ALBENZA) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*). Some drugs include different dosage forms and strengths. All dosage forms and strengths for a particular drug listed may not be on the Formulary. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. Some of these drugs may be available only in a clinic setting.
- The second column indicates drug tier. Some drugs may have more than one tier listed in this column. This means that the amount you pay may vary based on the dosage or the way the drug is administered. You will find cost-sharing for your drug in your FEHB brochure. To get a copy of your FEHB brochure or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877- 574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.
- The third column indicates additional requirements or limits on coverage. These requirements and limits may include:

PA = Prior Authorization. You need to get approval from Kaiser Permanente to fill your prescription. If you don't get approval, we may not cover the drug.

QL = Quantity Limit. For certain drugs, we may limit the amount of the drug you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

LD = Limited distribution. Some drugs may be subject to limited distribution or restricted access. A drug that is a limited distribution drug may only be available at one or a limited number of pharmacies.

OC = Oral Chemotherapy Drugs

MB = Medical Benefit

ST = Step Therapy. Your prescribing physician should prescribe a first-line medication appropriate for your condition. If your prescribing physician determines that a first-line drug is not appropriate or effective for you, a second-line medication may be covered after meeting certain conditions.

Does the FEHB Drug Formulary ever change?

Yes, Kaiser Permanente continually updates the formulary based on new medical evidence, considering the recommendations of appropriate physician experts and notifies our doctors, pharmacists, and other clinicians about any changes. If a change in the formulary affects any of your prescriptions, your doctor or pharmacist will let you know.

Our online formulary at kp.org/formulary is updated on a regular basis. To get updated information about the drugs covered by Kaiser Permanente or if you have questions, please visit our website at kp.org/feds or call Member Services at 1-877-KP4-FEDS (1-877-574-3337) (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.

Formulary Drugs by Medical Condition

Name of drug	Drug Tier	Requirements /Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	MB
<i>amoxicillin</i>	1	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1	MB
<i>ampicillin sodium</i>	1	MB
AVELOX	2	MB
<i>azithromycin</i>	1	MB
<i>aztreonam</i>	1	MB
<i>bacitracin</i>	1	MB
BICILLIN L-A	2	MB
<i>cefaclor</i>	1	
<i>cefazolin sodium</i>	1	MB
CEFAZOLIN SODIUM-DEXTROSE	1	MB
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1	MB
CEFEPIME-DEXTROSE	2	MB
<i>cefixime</i>	1	
<i>cefotaxime sodium</i>	1, 2	MB
<i>cefoxitin sodium</i>	1	MB
<i>ceftazidime</i>	1	MB
CEFTAZIDIME AND DEXTROSE	2	MB
<i>ceftriaxone sodium</i>	1	MB
CEFTRIAZONE SODIUM IN DEXTROSE	1	MB
CEFTRIAZONE SODIUM-DEXTROSE	2	MB
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1	MB
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in d5w</i>	1	MB
<i>clarithromycin</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1	MB

Name of drug	Drug Tier	Requirements /Limits
<i>clindamycin phosphate in d5w</i>	1	MB
<i>colistimethate sodium</i>	4	MB
<i>daptomycin</i>	4	MB
<i>dicloxacillin sodium</i>	1	
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	MB
<i>ertapenem sodium</i>	1	MB
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin lactobionate</i>	2	MB
<i>erythromycin-sulfisoxazole</i>	1	
<i>gentamicin sulfate</i>	1	MB
<i>imipenem-cilastatin</i>	1, 2	MB
<i>levofloxacin</i>	1	MB
<i>levofloxacin in d5w</i>	1	MB
<i>linezolid</i>	1, 4	MB
LINEZOLID IN SODIUM CHLORIDE	1	MB
<i>meropenem</i>	1	MB
<i>minocycline hcl</i>	1	
<i>nafcillin sodium</i>	1	MB
<i>neomycin sulfate</i>	1	
<i>penicillin g potassium</i>	1	MB
PENICILLIN G PROCAINE	1	MB
PENICILLIN G SODIUM	1	MB
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	1	MB
STREPTOMYCIN SULFATE	4	MB
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	MB
<i>sulfasalazine</i>	1	
TIMENTIN	2	MB
<i>tobramycin</i>	4	
TOBRAMYCIN SULFATE	1	MB
<i>vancomycin hcl</i>	1	MB
VANCOMYCIN HCL IN DEXTROSE	2	MB
ANTIFUNGALS		
AMPHOTERICIN B	1	MB
<i>caspofungin acetate</i>	1	MB
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	1	MB
<i>fluconazole in nacl</i>	1	MB

Name of drug	Drug Tier	Requirements /Limits
<i>griseofulvin microsize</i>	1, 2	
<i>itraconazole</i>	1, 4	PA
<i>ketoconazole</i>	1	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>terbinafine hcl</i>	1	PA
<i>voriconazole</i>	1, 4	MB
ANTIMYCOBACTERIALS		
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
PRETOMANID	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	MB
ANTIPROTOZOALS		
<i>atovaquone</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1	MB
NEBUPENT	2	
<i>primaquine phosphate</i>	2	
ANTIVIRALS		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
<i>acyclovir</i>	1	
<i>acyclovir sodium</i>	1	MB
<i>adefovir dipivoxil</i>	1	
APTIVUS	2	
<i>atazanavir sulfate</i>	1, 2	
BIKTARVY	2	
CABENUVA	2	MB
CIMDUO	2	
COMPLERA	2	
CRIXIVAN	2	
CYTOVENE	2	MB
<i>darunavir</i>	1, 2	
DELSTRIGO	2	
DESCOVY	2	
DIDANOSINE	1, 2	
DOVATO	2	
EDURANT	2	

Name of drug	Drug Tier	Requirements /Limits
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1, 2	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>entecavir</i>	1, 2	
EPCLUSA	4	QL
<i>etravirine</i>	1, 2	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1, 2	
FOSCAVIR	2	MB
FUZEON	2	QL
GENVOYA	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEDIPASVIR-SOFOSBUVIR	4	QL
LIVTENCITY	4	QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1, 2	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1	QL
PEGASYS	4	QL
PIFELTRO	2	
PREVYMIS	4	MB
PREZCOBIX	2	
RELENZA DISKHALER	2	QL
RIBAVIRIN	1	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2	
STAVUDINE	1	
STRIBILD	2	
SYMFI	2	
SYMTUZA	2	
SYNAGIS	4	MB
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1	
VEKLURY	4	MB
VIRACEPT	2	
VOSEVI	4	QL

Name of drug	Drug Tier	Requirements /Limits
<i>zidovudine</i>	1	
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
<i>trimethoprim</i>	1	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
<i>cyproheptadine hcl</i>	1	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine hcl</i>	1	MB
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1	OC
ALECENSA	4	OC
ALUNBRIG	4	OC
<i>anastrozole</i>	1	OC
ASPARLAS	4	MB
<i>azacitidine</i>	1	MB
BENDEKA	4	MB
<i>bexarotene</i>	4	OC
<i>bicalutamide</i>	1	OC
BICNU	2	MB
<i>bleomycin sulfate</i>	1	MB
<i>bortezomib</i>	1	MB
BRUKINSA	4	OC
CALQUENCE	4	OC
CALQUENCE	4	OC
CAMPATH	2	LD, MB
<i>capecitabine</i>	1	OC
CAPRELSA	4	LD, OC
<i>carboplatin</i>	1	MB
<i>cisplatin</i>	1	MB
<i>cladribine</i>	1	MB
COMETRIQ (100 MG DAILY DOSE)	4	LD, OC
COSMEGEN	2	MB
COTELLIC	4	OC
<i>cyclophosphamide</i>	1, 2	PA, MB
CYRAMZA	4	MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	1	MB
<i>daunorubicin hcl</i>	1, 2	MB
<i>decitabine</i>	1	MB
DOCETAXEL	2	MB
<i>doxorubicin hcl</i>	1	MB

Name of drug	Drug Tier	Requirements /Limits
<i>doxorubicin hcl liposomal</i>	1	MB
EMCYT	4	OC
<i>epirubicin hcl</i>	1, 2	MB
ERBITUX	2	MB
<i>erlotinib hcl</i>	4	OC
<i>etoposide</i>	1	OC, MB
<i>everolimus</i>	4	OC
<i>exemestane</i>	1	OC
<i>floxuridine</i>	1	MB
<i>fludarabine phosphate</i>	1	MB
<i>fluorouracil</i>	1	MB
FLUTAMIDE	1	OC
<i>fulvestrant</i>	2, 4	MB
GAZYVA	4	MB
<i>gefitinib</i>	4	OC
<i>gemcitabine hcl</i>	1	MB
GLEOSTINE	2, 4	OC
HALAVEN	2	MB
<i>hydroxyurea</i>	1	OC
IBRANCE	4	OC
<i>ifosfamide</i>	1, 2	MB
<i>imatinib mesylate</i>	1	OC
IMBRUVICA	4	OC
INLYTA	4	OC
<i>irinotecan hcl</i>	1, 2	MB
IXEMPRA KIT	2, 4	MB
JAKAFI	4	OC
JEVTANA	2	MB
KADCYLA	4	MB
KANJINTI	4	MB
KISQALI (200 MG DOSE)	4	OC
KYPROLIS	4	MB
<i>lapatinib ditosylate</i>	4	OC
<i>lenalidomide</i>	4	PA, LD
LENVIMA (10 MG DAILY DOSE)	4	OC
<i>letrozole</i>	1	OC
LEUKERAN	4	OC
<i>leuprolide acetate</i>	1, 4	PA, QL
LONSURF	4	OC
LUPRON DEPOT (3-MONTH)	4	QL
LUPRON DEPOT (4-MONTH)	4	QL
LUPRON DEPOT (6-MONTH)	4	QL
LUPRON DEPOT-PED (1-MONTH)	4	QL
LUPRON DEPOT-PED (3-MONTH)	2	QL
LYNPARZA	4	OC

Name of drug	Drug Tier	Requirements /Limits
LYSODREN	4	LD, OC
MATULANE	4	OC
<i>megestrol acetate</i>	1	
MEKINIST	4	OC
MELPHALAN	1	OC
<i>mercaptopurine</i>	1, 4	OC
<i>methotrexate sodium</i>	1	MB
<i>mitomycin</i>	1	MB
<i>mitoxantrone hcl</i>	1	MB
MUSTARGEN	2	MB
MVASI	4	MB
MYLERAN	2	OC
NINLARO	4	OC
ODOMZO	4	OC
ONCASPAR	2	MB
OPDIVO	4	MB
<i>oxaliplatin</i>	1	MB
<i>paclitaxel</i>	1	MB
PEMETREXED DISODIUM	2	MB
POMALYST	4	LD, OC
PROLEUKIN	4	MB
RIABNI	4	MB
RYDAPT	4	OC
SARCLISA	4	MB
<i>sorafenib tosylate</i>	4	OC
SPRYCEL	4	OC
STIVARGA	4	OC
<i>sunitinib malate</i>	4	OC
SYLVANT	4	MB
TABLOID	2	OC
TAFINLAR	4	OC
TAGRISSO	4	OC
<i>tamoxifen citrate</i>	1	PA
TASIGNA	4	OC
<i>temozolomide</i>	1	OC
<i>temsirolimus</i>	1	MB
TENIPOSIDE	2	MB
<i>topotecan hcl</i>	1, 2	OC, MB
<i>tretinoin (chemotherapy)</i>	4	OC
TRUXIMA	2	MB
UNITUXIN	4	MB
VECTIBIX	2	MB
VENCLEXTA	2, 4	OC
VERZENIO	4	OC
VINBLASTINE SULFATE	1	MB
<i>vincristine sulfate</i>	1	MB
<i>vinorelbine tartrate</i>	1	MB
VOTRIENT	4	OC

Name of drug	Drug Tier	Requirements /Limits
VYXEOS	4	MB
XTANDI	4	OC
YERVOY	2	MB
ZEJULA	4	OC
ZELBORAF	4	OC
ZOLADEX	2	MB
ZOLINZA	4	OC
ZYKADIA	4	OC
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
BENZODIAZEPINES		
<i>alprazolam</i>	1	QL
<i>diazepam</i>	1	QL, MB
<i>lorazepam</i>	1	QL, MB
<i>midazolam hcl</i>	1	MB
<i>temazepam</i>	1	QL
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1	MB
<i>benztropine mesylate</i>	1	MB
<i>dicyclomine hcl</i>	1	MB
<i>glycopyrrolate</i>	1	MB
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
<i>trihexyphenidyl hcl</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL	2	
<i>varenicline tartrate</i>	1, 2	QL
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>neostigmine methylsulfate</i>	1, 2	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1, 4	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	MB

Name of drug	Drug Tier	Requirements /Limits
<i>methocarbamol</i>	1	
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
AKOVAZ	2	MB
<i>albuterol sulfate</i>	1	
AUVI-Q	1, 2	QL
<i>dihydroergotamine mesylate</i>	1	QL
<i>dobutamine hcl</i>	1	MB
DOBUTAMINE IN D5W	1	MB
<i>epinephrine hcl</i>	1	MB
ERGOLOID MESYLATES	1	
<i>fluticasone-salmeterol</i>	1, 2	
<i>ipratropium-albuterol</i>	1	
<i>metaproterenol sulfate</i>	1	
<i>midodrine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	
<i>tamsulosin hcl</i>	1	
<i>terbutaline sulfate</i>	1	MB
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
ALPROLIX	2	MB
<i>aminocaproic acid</i>	1	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
ELOCTATE	2	MB
<i>enoxaparin sodium</i>	1	QL
HEMLIBRA	2	QL
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	1	MB
KOVALTRY	2	MB
<i>pentoxifylline</i>	1	
PRADAXA	2	
<i>prasugrel hcl</i>	1	
<i>tranexamic acid</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	2, 4	
HEMATOPOIETIC AGENTS		
LEUKINE	4	QL

Name of drug	Drug Tier	Requirements /Limits
NIVESTYM	4	QL
PROCRIT	2, 4	QL
PROMACTA	4	LD
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>atenolol</i>	1	
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	MB
<i>labetalol hcl</i>	1	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	MB
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
CARDENE IV	2	MB
CLEVIPREX	2	MB
<i>diltiazem hcl</i>	1	MB
<i>diltiazem hcl coated beads</i>	1	
<i>nicardipine hcl</i>	1	MB
<i>nifedipine</i>	1	
<i>verapamil hcl</i>	1	
CARDIAC DRUGS		
<i>adenosine</i>	1	MB
<i>amiodarone hcl</i>	1	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1	

Name of drug	Drug Tier	Requirements /Limits
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl (cardiac)</i>	1	MB
<i>mexiletine hcl</i>	1	
NEXTERONE	2	MB
<i>procainamide hcl</i>	1	MB
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
METHYLDOPA	1	
<i>minoxidil</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
ENTRESTO	2	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril & hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium & hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	1	
<i>spironolactone</i>	1	
<i>spironolactone & hydrochlorothiazide</i>	1	
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASODILATING AGENTS		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 4	
<i>papaverine hcl</i>	1	MB
<i>sildenafil citrate (pulmonary hypertension)</i>	1	PA, QL
<i>tadalafil (pulmonary hypertension)</i>	1	PA, LD

Name of drug	Drug Tier	Requirements /Limits
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen</i>	1	MB
<i>acetaminophen w/ codeine</i>	1	QL
BUTORPHANOL TARTRATE	1	MB
<i>choline & mag salicylate</i>	1	
<i>clonidine hcl (analgesia)</i>	1	MB
<i>codeine sulfate</i>	1	QL
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	MB
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1	QL, MB
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketorolac tromethamine</i>	1	MB
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	MB
<i>methadone hcl</i>	1	QL
<i>morphine sulfate</i>	1, 2	QL, MB
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>oxycodone hcl</i>	1, 2	QL
<i>oxycodone w/ acetaminophen</i>	1, 4	QL
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
<i>amphetamine-dextroamphetamine</i>	1	
<i>caffeine citrate</i>	1	MB
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1	
<i>midazolam hcl</i>	1	MB
<i>modafinil</i>	1	
ANTICHOLINERGIC AGENTS		
<i>benztropine mesylate</i>	1	
ANTICONVULSANTS		
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	QL
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	

Name of drug	Drug Tier	Requirements /Limits
<i>fosphenytoin sodium</i>	1	MB
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	MB
<i>magnesium sulfate</i>	1, 2	MB
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
PHENYTOIN SODIUM	1	MB
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	MB
<i>valproic acid</i>	1	
ANTIMIGRAINE AGENTS		
AJOVY	2	QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	QL
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>buspirone hcl</i>	1	
<i>dexmedetomidine hcl</i>	1	MB
<i>dexmedetomidine hcl in sodium chloride</i>	1, 2	MB
DIASTAT ACUDIAL	2	QL
<i>droperidol</i>	1	MB
<i>etomidate</i>	1	MB
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1	
<i>ketamine hcl</i>	1	MB
<i>midazolam hcl</i>	1	MB
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
<i>propofol</i>	1, 2	MB
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>amantadine hcl</i>	1	
<i>atomoxetine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	

Name of drug	Drug Tier	Requirements /Limits
<i>cisatracurium besylate</i>	1	MB
<i>diethylpropion hcl</i>	1	HC
<i>entacapone</i>	1	
<i>flumazenil</i>	1	MB
<i>guanfacine hcl (adhd)</i>	1	
KYNMOBI	4	
<i>memantine hcl</i>	1	
<i>phentermine hcl</i>	1	HC
<i>pramipexole dihydrochloride</i>	1	
QUELICIN	2	MB
<i>riluzole</i>	1	
<i>rocuronium bromide</i>	1	MB
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>sevoflurane</i>	1	MB
SUPRANE	2	MB
<i>vecuronium bromide</i>	1	MB
OPIATE ANTAGONISTS		
<i>buprenorphine hcl</i>	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>naloxone hcl</i>	1	QL
<i>naltrexone hcl</i>	1	
PSYCHOTHERAPEUTIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
ARISTADA	4	MB
<i>bupropion hcl</i>	1	PA
<i>chlorpromazine hcl</i>	1	MB
<i>citalopram hydrobromide</i>	1	
<i>clozapine</i>	1	QL
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	MB
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	MB
<i>haloperidol lactate</i>	1	MB
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	MB
LITHIUM	2	
<i>lithium carbonate</i>	1	
<i>lurasidone hcl</i>	1	
<i>mirtazapine</i>	1	

Name of drug	Drug Tier	Requirements /Limits
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	MB
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PHENELZINE SULFATE	1	
PIMOZIDE	1	
<i>prochlorperazine</i>	1	
PROCHLORPERAZINE EDISYLATE	1	MB
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	2, 4	MB
<i>risperidone</i>	1	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ADVOCATE CONTROL SOLUTION	2	
ALBUSTIX	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD LANCET ULTRAFINE 30G	2	
CONTOUR NEXT TEST	2	QL
DIASTIX	2	
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	
ONETOUCH VERIO FLEX SYSTEM	2	
PENLET II BLOOD SAMPLER	2	
PRECISION XTRA KETONE	2	
URISTIX	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		

Name of drug	Drug Tier	Requirements /Limits
ACIDIFYING AND ALKALINIZING AGENTS		
K-PHOS NO 2	2	
<i>pot & sod citrates w/citric ac</i>	1, 2	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	1	MB
<i>sodium bicarbonate</i>	1	MB
<i>sodium citrate & citric acid</i>	1	
AMMONIA DETOXICANTS		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>lubiprostone</i>	1	
CALORIC AGENTS		
<i>amino acid infusion</i>	2	MB
CLINIMIX E/DEXTROSE (5/15)	2	MB
CLINIMIX E/DEXTROSE (5/20)	2	MB
CLINIMIX/DEXTROSE (5/15)	2	MB
<i>dextrose</i>	1	MB
INTRALIPID	2	MB
PROCALAMINE	2	MB
DIURETICS		
<i>amiloride & hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>ethacrynate sodium</i>	1	MB
<i>furosemide</i>	1	MB
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	MB
<i>metolazone</i>	1	
<i>toremide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	
ION-REMOVING AGENTS		
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1, 2	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	MB
EXTRANEAL	2	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		

Name of drug	Drug Tier	Requirements /Limits
<i>bacteriostatic sodium chloride</i>	1	MB
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	MB
<i>calcium gluconate</i>	1	MB
<i>dextrose in lactated ringers</i>	1	MB
<i>dextrose w/ sodium chloride</i>	1	MB
HESPAN	2	MB
K-PHOS	2	
K-PHOS-NEUTRAL	2	
KCL (0.298%) IN NACL	1	MB
KCL-LACTATED RINGERS-D5W	2	MB
LACTATED RINGERS	2	MB
<i>potassium acetate</i>	1	MB
<i>potassium bicarbonate</i>	1, 2	
<i>potassium chloride</i>	1, 2	MB
<i>potassium chloride in dextrose & sodium chloride</i>	1, 2	MB
<i>potassium chloride microencapsulated crystals cr</i>	1, 2	
<i>potassium phosphates</i>	1	MB
<i>sodium chloride</i>	1	MB
<i>sodium chloride flush</i>	1	MB
<i>sodium phosphates (sodium phosphate dibasic & monobasic)</i>	1	MB
<i>trace minerals (cr-cu-mn-se-zn)</i>	1	MB
ZINC CHLORIDE	2	MB
URICOSURIC AGENTS		
<i>probenecid</i>	1	
ENZYMES		
ENZYMES		
ADAGEN	2	LD, MB
FABRAZYME	4	MB
PULMOZYME	4	
VIMIZIM	4	MB
VITRASE	2	MB
VPRIV	4	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
ARZOL SILVER NIT APPLICATORS	1	MB
BACITRACIN	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	

Name of drug	Drug Tier	Requirements /Limits
BETADINE OPHTHALMIC PREP	2	MB
<i>ciprofloxacin hcl (ophth)</i>	1, 2	
<i>erythromycin (ophth)</i>	1	
<i>gentamicin sulfate (ophth)</i>	1	
<i>moxifloxacin hcl (ophth)</i>	1	
NATACYN	2	
<i>ofloxacin (ophth)</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>tobramycin (ophth)</i>	1	
TRIFLURIDINE	1	
ANTI-INFLAMMATORY AGENTS		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	1, 2	
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	2	
<i>cyclosporine (ophth)</i>	1	QL
DEXAMETHASONE SODIUM PHOSPHATE	1	
<i>diclofenac sodium (ophth)</i>	1	
<i>flunisolide (nasal)</i>	1	
<i>fluorometholone (ophth)</i>	1, 2	
FLURBIPROFEN SODIUM	1	
HYDROCORTISONE-ACETIC ACID	1	
<i>ketorolac tromethamine (ophth)</i>	1	
<i>neomycin-polymy-dexameth</i>	1	
NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
PRED-G	2	
PREDNISOLONE ACETATE	1	
PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tobramycin-dexamethasone</i>	1, 2	
ANTIALLERGIC AGENTS		
<i>azelastine hcl</i>	1	
CROMOLYN SODIUM	1	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
BETAXOLOL HCL	1	
<i>brimonidine tartrate</i>	1	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1	
<i>latanoprost</i>	1	
LEVOBUNOLOL HCL	1	

Name of drug	Drug Tier	Requirements /Limits
<i>methazolamide</i>	1	
<i>metipranolol</i>	1	
<i>pilocarpine hcl</i>	1	
<i>timolol maleate (ophth)</i>	1	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
BSS	2	MB
BYOOVIZ	4	MB
LUCENTIS	4	LD, MB
PHOTREXA VISCOUS	2	MB
LOCAL ANESTHETICS		
<i>fluorescein w/ benoxinate</i>	1	MB
<i>lidocaine hcl (mouth-throat)</i>	1	
<i>proparacaine hcl</i>	1	MB
<i>tetracaine hcl (ophth)</i>	1	MB
MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	MB
<i>cyclopentolate hcl</i>	1	
HOMATROPAIRE	1	
<i>tropicamide</i>	1	MB
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>balsalazide disodium</i>	1	
<i>mesalamine</i>	1, 2	
ANTIEMETICS		
AKYNZEO	2	
<i>aprepitant</i>	1	
<i>dronabinol</i>	1	
<i>granisetron hcl</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	MB
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>famotidine</i>	1	MB
<i>misoprostol</i>	1	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	MB
<i>sucralfate</i>	1	
DIGESTANTS		
ZENPEP	2	

Name of drug	Drug Tier	Requirements /Limits
GI DRUGS, MISCELLANEOUS		
<i>chlordiazepoxide hcl-clidinium bromide</i>	1	
CREON	2	
<i>diphenoxylate w/ atropine</i>	1	
<i>lubiprostone</i>	1	
<i>metoclopramide hcl</i>	1	MB
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	1, 2	
<i>ursodiol</i>	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
MYOCHRSINE	2	MB
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
<i>deferasirox</i>	1	
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	4	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
BREZTRI AEROSPHERE	2	
<i>budesonide</i>	1	
CELESTONE SOLUSPAN	2	MB
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	MB
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1, 2	MB
<i>methylprednisolone sod succ</i>	1, 2	MB
<i>prednisolone</i>	1, 2	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
SOLU-CORTEF	2	MB
<i>triamcinolone acetonide</i>	1, 2	MB
ANDROGENS		
<i>danazol</i>	1	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE ENANTHATE	1	QL
CONTRACEPTIVES		
<i>desogestrel & ethinyl estradiol</i>	1	

Name of drug	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol</i>	1	
ELLA	2	
<i>ethynodiol diacet & eth estrad</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	QL
<i>levonorgestrel & eth estradiol</i>	1	
<i>levonorgestrel-eth estradiol (triphasic)</i>	1	
NECON 10/11-28	1	
<i>norelgestromin-ethinyl estradiol</i>	1	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acet & eth estra</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	1	
PLAN B ONE-STEP	2	
DIABETIC AGENTS		
<i>acarbose</i>	1	
BAQSIMI ONE PACK	2	
<i>diazoxide</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glucagon (rdna)</i>	1	
HUMALOG	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
ESTROGENS AND ANTIESTROGENS		
CLOMIPHENE CITRATE	1	
<i>esterified estrogens & methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	
<i>estradiol vaginal</i>	1, 2	
<i>raloxifene hcl</i>	1	
GONADOTROPINS		
BRAVELLE	2	QL
CHORIONIC GONADOTROPIN	4	QL
FOLLISTIM AQ	2	QL

Name of drug	Drug Tier	Requirements /Limits
GANIRELIX ACETATE	2	QL
GONAL-F	2	QL
MENOPUR	2	QL
IUD		
MIRENA (52 MG)	2	MB
NEXPLANON	2	MB
PARATHYROID		
<i>calcitonin (salmon)</i>	1	QL
PITUITARY		
<i>desmopressin acetate</i>	1, 2	QL
<i>desmopressin acetate refrigerated</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
PROGESTINS		
DEPO-PROVERA	2	MB
HYDROXYPROGESTERONE CAPROATE	1	MB
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	MB
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	PA, QL
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
<i>octreotide acetate</i>	1, 4	QL, MB
OMNITROPE	2	QL
THYROID AND ANTITHYROID AGENTS		
<i>levothyroxine sodium</i>	1	MB
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
MEDICAL DEVICE		
DIAPHRAGM		
WIDE-SEAL DIAPHRAGM 60	2	
IUD		
PARAGARD INTRAUTERINE COPPER	2	MB
MEDICAL DEVICE		
AEROCHAMBER Z-STAT PLUS	2	
AEROGEAR ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	MB
CLEVER CHOICE WHISPER AIRE NEB	2	

Name of drug	Drug Tier	Requirements /Limits
DEVILBISS COMPACT COMPRESSOR	2	
PIKO 1	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
10ML SYRINGE SLIP TIP	2	
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	2	
ACTEMRA	4	QL
<i>adenosine (diagnostic)</i>	1	MB
ALBUMIN HUMAN	2	MB
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
AMJEVITA	2	QL
<i>azathioprine</i>	1	
BACTERIOSTATIC WATER(BENZ ALC)	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4"	2	
BD BLUNT FILL NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD LUER-LOK SYRINGE	2	
BD SYRINGE SLIP TIP	2	
BETASERON	4	QL
BOTOX	2	MB
BRIDION	2	MB
<i>bupivacaine hcl</i>	1	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1	MB
CABOMETYX	4	OC
CAMPBOR	2	
CAMPBOR BLOCKS	2	
CAMPBOR SPIRIT	1	
CARBOCAINE PRESERVATIVE-FREE	2	MB
CERDELGA	4	LD
CHLORAMPHENICOL	2	
<i>cinacalcet hcl</i>	1	
COAL TAR	2	

Name of drug	Drug Tier	Requirements /Limits
<i>colchicine</i>	1	
CORTROSYN	2	MB
<i>cyclosporine</i>	1, 2	MB
<i>cyclosporine modified (for microemulsion)</i>	1	
<i>dexrazoxane hcl</i>	1, 2	MB
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1	
<i>dopamine in d5w</i>	1	MB
EOVIST	2	MB
ETIDRONATE DISODIUM	1	
<i>finasteride</i>	1	
GADAVIST	2	MB
<i>gadoterate meglumine</i>	1	MB
GELFOAM SPONGE	2	MB
<i>glatiramer acetate</i>	1	QL
GLUCAGEN DIAGNOSTIC	2	MB
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>icatibant acetate</i>	4	QL
INFLECTRA	4	MB
KETAMINE HCL	2	
KETOPROFEN	2	
<i>leflunomide</i>	1	
LETS	2	MB
<i>leucovorin calcium</i>	1	MB
LEUCOVORIN CALCIUM	2	
<i>levocarnitine (metabolic modifiers)</i>	1	MB
LIDOCAINE	2	
LIDOCAINE HCL	2	
<i>lidocaine hcl (local anesth.)</i>	1, 2	MB
<i>lidocaine w/ epinephrine</i>	1	MB
MAGNEVIST	2	MB
MENTHOL	2	
<i>mesna</i>	1, 4	MB
<i>methylergonovine maleate</i>	1	MB
MONOJECT SYRINGE	2	
<i>mycophenolate mofetil</i>	1, 4	
NYSTATIN	2	
ODACTRA	2	
OMNITROPE PEN 5 INJ DEVICE	2	
ORENCIA	4	QL, MB

Name of drug	Drug Tier	Requirements /Limits
OTEZLA	4	QL
oxytocin	2	MB
PAMIDRONATE DISODIUM	1	MB
PCCA LIPODERM BASE	2	
PHENOL	2	
PROVAYBLUE	2	MB
PROVOCHOLINE	2	MB
READI-CAT 2	2	
regadenoson	1	MB
RIMSO-50	2	MB
SALICYLIC ACID	2	
SCULPTRA	2	MB
sodium fluoride	1, 2	
SSKI	2	
SULFAMETHOXAZOLE	2	
SULFUR PRECIPITATED	2	
tacrolimus	1, 2	MB
THALOMID	4	PA, LD
THYMOL	2	
THYROGEN	4	MB
TRIAMCINOLONE ACETONIDE	2	
TUBERSOL	2	MB
water for injection, sterile	1	MB
XELJANZ	4	
yohimbine hcl	1	
zoledronic acid	1	MB
MUSCULOSKELETAL THEARPY		
HYALGAN	2	MB
VITAMINS		
potassium aminobenzoate	1, 2	
OXYTOCICS		
OXYTOCICS		
methylergonovine maleate	1	
MIFEPREX	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium	4	
cromolyn sodium (mastocytosis)	1	
FASENRA	4	QL, MB
montelukast sodium	1	
ANTITUSSIVES		
benzonatate	1	
DURATUSS HD	2	QL
guaifenesin-codeine	1	QL

Name of drug	Drug Tier	Requirements /Limits
hydrocodone bitartrate-homatropine methylbromide	1	QL
phenyleph-cpm w/ hydrocod	1	QL
phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane	1	
RESPIRATORY AGENTS, MISCELLANEOUS		
acetylcysteine	1	
ADEMPAS	4	LD
ALVESCO	2	
ambrisentan	1	LD
ASMANEX (120 METERED DOSES)	2	
bosentan	1, 4	LD
brompheniramine & phenyleph	1	
budesonide (inhalation)	1	
FLOVENT HFA	2	
ORKAMBI	4	LD
sodium chloride (inhalant)	1	
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
FLEBOGAMMA DIF	2	MB
GAMASTAN	2	MB
GAMMAGARD	2, 4	QL
HYPERRHO S/D	2	MB
IMOGAM RABIES-HT	2	MB
NABI-HB	2	MB
TOXOIDS		
ADACEL	2	MB
INFANRIX	2	MB
KINRIX	2	MB
TDVAX	2	MB
TE ANATOXAL BERNA	2	MB
VACCINES		
ABRYSVO	2	MB
AREXVY	2	MB
BEXSERO	2	MB
ENGERIX-B	2	MB
FLULAVAL QUADRIVALENT	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT	2	MB
GARDASIL 9	2	MB
HAVRIX	2	MB
HIBERIX	2	MB
IMOVAX RABIES	2	MB
IPOV	2	MB

Name of drug	Drug Tier	Requirements /Limits
IXIARO	2	MB
JE-VAX	2	MB
M-M-R II	2	MB
MENOMUNE-A/C/Y/W-135	2	MB
MENVEO	2	MB
MERUVAX II W/DILUENT 10 DOSE	2	MB
MUMPSVAX W/DILUENT 10 DOSE	2	MB
PEDIARIX	2	MB
PNEUMOVAX 23	2	MB
PREVNAR 13	2	MB
PREVNAR 20	2	MB
PROQUAD	2	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
TICE BCG	2	MB
TICOVAC	2	MB
TYPHIM VI	2	MB
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	
YF-VAX	2	MB
ZOSTAVAX	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>mupirocin</i>	1	
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium w/ sulfur</i>	1	
VANDAZOLE	2	

Name of drug	Drug Tier	Requirements /Limits
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1, 2	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	4	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
<i>urea-hc acetate</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
<i>tretinoin</i>	1, 2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2	
<i>adapalene-benzoyl peroxide</i>	1	
<i>aluminum chloride</i>	1	
<i>azelaic acid</i>	1	
<i>calcipotriene</i>	1	
COSENTYX	4	QL
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>methoxsalen rapid</i>	1	
PODOFILOX	1	
<i>salicylic acid</i>	1	
SANTYL	2	
<i>tacrolimus (topical)</i>	1	
VECTICAL	2	

Name of drug	Drug Tier	Requirements /Limits
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	1	MB
<i>darifenacin hydrobromide</i>	1	
MYRBETRIQ	2	
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>theophylline</i>	1	
<i>tropium chloride</i>	1	
VASODILATING AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CAVERJECT	2	QL
<i>sildenafil citrate</i>	1	QL
<i>tadalafil</i>	1	PA, QL
VITAMINS		
VITAMINS		
AQUASOL A	2	MB
<i>ascorbic acid</i>	1	MB
<i>calcitriol</i>	1	MB
<i>cyanocobalamin</i>	1	QL

Name of drug	Drug Tier	Requirements /Limits
<i>ergocalciferol</i>	1	
<i>folic acid</i>	1	QL
INFED	2	MB
INFUVITE ADULT	2	MB
INFUVITE PEDIATRIC	2	MB
<i>multiple vitamins w/ minerals</i>	1	
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1, 2	
<i>pediatric vitamins acd fluoride & iron</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<i>phytonadione</i>	1, 2	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1, 2	
PYRIDOXINE HCL	1	MB
<i>thiamine hcl</i>	1	MB
VENOFER	2	MB
VINATE M	2	

1

10ML SYRINGE SLIP TIP 17
 1ML ALLERGIST TRAY SYRINGE 26 G X 1/2 17

A

abacavir sulfate 7
abacavir sulfate-lamivudine 7
abacavir sulfate-lamivudine-zidovudine 7
abiraterone acetate 8
 ABRYSVO 18
acamprosate calcium 12
acarbose 16
acetaminophen 11
acetaminophen w/ codeine 11
acetazolamide 14
acetazolamide sodium 14
acetic acid 13, 15
acetic acid (otic) 15
acetic acid-aluminum acetate 15
acetylcysteine 18
acitretin 19
 ACTEMRA 17
acyclovir 7
acyclovir sodium 7
 ADACEL 18
 ADAGEN 14
adapalene 19
adapalene-benzoyl peroxide 19
adefovir dipivoxil 7
 ADEMPAS 18
adenosine 10, 17
adenosine (diagnostic) 17
 ADVOCATE CONTROL SOLUTION 13
 AEROCHAMBER Z-STAT PLUS 16
 AEROGEAR ACTION ASTHMA KIT 16
 AJOVY 12
 AKOVAZ 10
 AKYNZEO 15
albendazole 6
 ALBUMIN HUMAN 17
 ALBUSTIX 13
albuterol sulfate 10
 ALECENSA 8
alendronate sodium 17

allopurinol 17
alprazolam 9
 ALPROLIX 10
aluminum chloride 19
 ALUNBRIG 8
 ALVESCO 18
amantadine hcl 12
ambrisentan 18
amikacin sulfate 6
amiloride & hydrochlorothiazide 13
amiloride hcl 13
amino acid infusion 13
aminocaproic acid 10
aminophylline 20
amiodarone hcl 10
amitriptyline hcl 12
 AMJEVITA 17
amlodipine besylate 10
amoxicillin 4, 6
amoxicillin & pot clavulanate 6
amphetamine-dextroamphetamine 11
 AMPHOTERICIN B 6
ampicillin 6
ampicillin & sulbactam sodium 6
ampicillin sodium 6
anagrelide hcl 10
anastrozole 8
aprepitant 15
 APTIVUS 7
 AQUASOL A 20
 AREXVY 18
aripiprazole 12
 ARISTADA 12
 ARZOL SILVER NIT APPLICATORS 14
ascorbic acid 20
 ASMANEX (120 METERED DOSES) 18
 ASPARLAS 8
aspirin-dipyridamole 10
atazanavir sulfate 7
atenolol 10
atenolol & chlorthalidone 10
atomoxetine hcl 12
atorvastatin calcium 10
atovaquone 7
atovaquone-proguanil hcl 7

<i>atropine sulfate</i>	9, 15
<i>atropine sulfate (ophthalmic)</i>	15
AUTOPEN	13
AUVI-Q.....	10
AVELOX.....	6
<i>azacitidine</i>	8
<i>azathioprine</i>	17
<i>azelaic acid</i>	19
<i>azelastine hcl</i>	14
<i>azithromycin</i>	6
<i>aztreonam</i>	6

B

<i>bacitracin</i>	6, 14
BACITRACIN.....	14
<i>bacitracin-polymyxin b (ophth)</i>	14
<i>bacitracin-poly-neomycin-hc</i>	14
<i>baclofen</i>	9
<i>bacteriostatic sodium chloride</i>	14
BACTERIOSTATIC WATER(BENZ ALC)	17
<i>balsalazide disodium</i>	15
BAQSIMI ONE PACK.....	16
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2 ..	17
BD 3ML LUER-LOK SYRINGE 21G X 1-1/4	17
BD AUTOSHIELD DUO	13
BD BLUNT FILL NEEDLE	17
BD DISP NEEDLE	17
BD DISP NEEDLES	17
BD FILTER NEEDLE/5 MICRON	17
BD INSULIN SYRINGE.....	13
BD INSULIN SYRINGE U-500.....	13
BD LANCET ULTRAFINE 30G	13
BD LUER-LOK SYRINGE	17
BD SYRINGE SLIP TIP	17
BENDEKA.....	8
<i>benzonatate</i>	18
<i>benztropine mesylate</i>	9, 11
BETADINE OPHTHALMIC PREP	14
<i>betamethasone dipropionate (topical)</i>	19
<i>betamethasone dipropionate augmented</i>	19
<i>betamethasone valerate</i>	19
BETASERON	17
BETAXOLOL HCL	14
<i>bethanechol chloride</i>	9
<i>bexarotene</i>	8
BEXSERO	18

<i>bicalutamide</i>	8
BICILLIN L-A.....	6
BICNU.....	8
BIKTARVY	7
<i>bisoprolol & hydrochlorothiazide</i>	10
<i>bisoprolol fumarate</i>	10
<i>bleomycin sulfate</i>	8
BLEPHAMIDE.....	14
<i>bortezomib</i>	8
<i>bosentan</i>	18
BOTOX	17
BRAVELLE.....	16
BREZTRI AEROSPHERE.....	15
BRIDION	17
BRILINTA	10
<i>brimonidine tartrate</i>	14
<i>bromocriptine mesylate</i>	12
<i>brompheniramine & phenyleph</i>	18
BRUKINSA.....	8
BSS	15
<i>budesonide</i>	15, 18
<i>budesonide (inhalation)</i>	18
<i>bupivacaine hcl</i>	17
<i>bupivacaine in dextrose</i>	17
<i>bupivacaine w/ epinephrine</i>	17
<i>buprenorphine hcl</i>	12
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	12
<i>bupropion hcl</i>	12
<i>bupirone hcl</i>	12
BUTORPHANOL TARTRATE	11
BYOOVIZ	15

C

CABENUVA	7
<i>cabergoline</i>	12
CABOMETYX	17
<i>caffeine citrate</i>	11
<i>calcipotriene</i>	19
<i>calcitonin (salmon)</i>	16
<i>calcitriol</i>	20
<i>calcium acetate (phosphate binder)</i>	14
<i>calcium chloride (dihydrate)</i>	14
<i>calcium gluconate</i>	14
CALQUENCE	8
CAMPATH.....	8
CAMPHOR.....	17

CAMPBOR BLOCKS	17	<i>ciclopirox olamine</i>	19
CAMPBOR SPIRIT.....	17	<i>cilostazol</i>	10
<i>capecitabine</i>	8	CIMDUO.....	7
CAPRELSA	8	<i>cinacalcet hcl</i>	17
<i>captopril</i>	11	<i>ciprofloxacin</i>	6, 14
<i>carbamazepine</i>	11	<i>ciprofloxacin hcl</i>	6, 14
<i>carbidopa</i>	12	<i>ciprofloxacin hcl (ophth)</i>	14
<i>carbidopa-levodopa</i>	12	<i>ciprofloxacin in d5w</i>	6
CARBOCAINE PRESERVATIVE-FREE	17	<i>ciprofloxacin-dexamethasone</i>	14
<i>carboplatin</i>	8	<i>cisatracurium besylate</i>	12
CARDENE IV	10	<i>cisplatin</i>	8
<i>carvedilol</i>	10	<i>citalopram hydrobromide</i>	12
<i>caspofungin acetate</i>	6	<i>cladribine</i>	8
CATHFLO ACTIVASE.....	16	<i>clarithromycin</i>	6
CAVERJECT	20	CLEVER CHOICE WHISPER AIRE NEB	16
<i>cefaclor</i>	6	CLEVIPREX.....	10
<i>cefazolin sodium</i>	6	<i>clindamycin hcl</i>	6
CEFAZOLIN SODIUM-DEXTROSE.....	6	<i>clindamycin palmitate hydrochloride</i>	6
<i>cefdinir</i>	6	<i>clindamycin phosphate</i>	6, 19
<i>cefepime hcl</i>	6	<i>clindamycin phosphate (topical)</i>	19
CEFEPIME-DEXTROSE	6	<i>clindamycin phosphate in d5w</i>	6
<i>cefixime</i>	6	<i>clindamycin phosphate vaginal</i>	19
<i>cefotaxime sodium</i>	6	CLINIMIX E/DEXTROSE (5/15).....	13
<i>cefoxitin sodium</i>	6	CLINIMIX E/DEXTROSE (5/20).....	13
<i>ceftazidime</i>	6	CLINIMIX/DEXTROSE (5/15).....	13
CEFTAZIDIME AND DEXTROSE	6	<i>clobetasol propionate</i>	19
<i>ceftriaxone sodium</i>	6	CLOMIPHENE CITRATE	16
CEFTRIAZONE SODIUM IN DEXTROSE	6	<i>clonazepam</i>	11
CEFTRIAZONE SODIUM-DEXTROSE.....	6	<i>clonidine</i>	11
<i>cefuroxime axetil</i>	6	<i>clonidine hcl</i>	11
<i>cefuroxime sodium</i>	6	<i>clonidine hcl (analgesia)</i>	11
CELESTONE SOLUSPAN	15	<i>clopidogrel bisulfate</i>	10
CELONTIN.....	11	<i>clotrimazole</i>	19
<i>cephalexin</i>	6	<i>clozapine</i>	12
CERDELGA.....	17	COAL TAR	17
CHLORAMPHENICOL.....	17	COARTEM	7
<i>chlordiazepoxide hcl-clidinium bromide</i>	15	<i>codeine sulfate</i>	11
<i>chloroquine phosphate</i>	7	<i>colchicine</i>	17
<i>chlorothiazide</i>	13	<i>colestipol hcl</i>	10
<i>chlorpromazine hcl</i>	12	<i>colistimethate sodium</i>	6
<i>chlorthalidone</i>	10, 13	COMETRIQ (100 MG DAILY DOSE)	8
<i>cholestyramine</i>	10	COMPLERA.....	7
<i>cholestyramine light</i>	10	CONTOUR NEXT TEST	13
<i>choline & mag salicylate</i>	11	CORTISONE ACETATE	15
CHORIONIC GONADOTROPIN.....	16	CORTISPORIN-TC	14
<i>ciclopirox</i>	19	CORTROSYN.....	17

COSENTYX.....	19
COSMEGEN	8
COTELLIC	8
CREON	15
CRIXIVAN.....	7
<i>cromolyn sodium</i>	18
CROMOLYN SODIUM.....	14
<i>cromolyn sodium (mastocytosis)</i>	18
<i>cyanocobalamin</i>	20
<i>cyclobenzaprine hcl</i>	9
CYCLOMYDRIL	15
<i>cyclopentolate hcl</i>	15
<i>cyclophosphamide</i>	8
<i>cyclosporine</i>	14, 17
<i>cyclosporine (ophth)</i>	14
<i>cyclosporine modified (for microemulsion)</i>	17
<i>cyproheptadine hcl</i>	8
CYRAMZA	8
<i>cytarabine</i>	8
CYTOVENE.....	7

D

<i>dacarbazine</i>	8
<i>danazol</i>	15
<i>dantrolene sodium</i>	9
<i>dapsone</i>	7
<i>daptomycin</i>	6
<i>darifenacin hydrobromide</i>	20
<i>darunavir</i>	7
<i>daunorubicin hcl</i>	8
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<i>deferasirox</i>	15
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Mid-Atlantic States Region Member Services
1-877-KP4-FEDS (1-877-574-3337) (TTY 711)
Monday through Friday, 8 a.m. to 5 p.m.

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Multi-language Interpreter Services

English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: **711**).

Spanish

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

Chinese

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

Vietnamese

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

Tagalog

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

Korean

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

Russian

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

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

Thai

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

Hindi

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

Amharic

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

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Farsi

هجوت: اگر به زبان فارسی و گفتگی می‌کنید، تسهیلات زبانی بصورت رایگان برای امشد فراهم می‌باشد. با (711: TTY) 1-888-777-5536 تماس بگیرید

Arabic

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

German

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

French

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

Yoruba

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

Portuguese

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

Italian

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

Bengali

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Urdu

خبردار: اگر آپ اردو سے تلوہیں، وڈ آپ وک زبان می کمڈ می خدمات مفت می دستياب میپ کال میپک
1-888-777-5536 (TTY: 711).

French Creole

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

Gujarati

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