



Flexible Choice, 2TPOS OON Tier and Out-of-Area PPO (OOA-PPO) Formulary

Last Update: 08/12/2025

The following is a list of the drugs on the Flexible Choice¹, OOA-PPO² and 2TPOS OON³ tier formulary. The preferred drugs in the formulary are chosen by a group of Kaiser Permanente physicians and pharmacists known as the Pharmacy and Therapeutics Committee. The formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medical service drugs or medications used in a hospital or surgery center or medications administered in a doctor's office or infusion center. The formulary does not provide information about your plan's specific coverage, limitations, or exclusions. For additional information regarding your pharmacy benefits, please consult your KFHP-MAS *Evidence of Coverage (EOC)* and/or KPIC *Certificate of Insurance (COI)*.

There are many brand and generic medications on the Flexible Choice, OOA-PPO and 2TPOS OON Tier formulary. In most cases, all your providers will prescribe a generic equivalent. As a Kaiser Permanente Flexible Choice or OOA-PPO member, the amount you pay for your prescription is determined by the tier (e.g., generic, preferred brand, non-preferred drug, specialty (if applicable) or non-formulary) along with where you decide to fill your prescription. You may want to consult your physician for a generic alternative that may cost you less or as a Flexible Choice member have your prescription filled at one of our convenient Kaiser Permanente medical center pharmacies.

Some plans have a separate specialty drug tier with a specialty tier copay or coinsurance, depending on your plan. Specialty drugs include self-administered injectables, medications that are typically high cost and medications that require special dispensing and/or monitoring. The details of your outpatient prescription drug benefit, including any specific limitations or exclusions, can be found in your *EOC* and/or *COI*. A listing of specialty tier drugs can be found at kp.org/formulary.

Under Option 1 of your Flexible Choice plan, you may fill your prescription at a Kaiser Permanente medical center pharmacy. Your Permanente physician can send most prescriptions electronically from his or her office directly to the pharmacy, where you can pick up your medication. If your prescription is for a non-preferred drug, your physician will need to request an exception to the formulary and document that the non-formulary drug is medically necessary for your treatment and that no formulary drug is suitable for you.

Under Option 2 of your Flexible Choice plan or under the Participating pharmacy network option (Par) of your OOA-PPO plan, MedImpact is the company Kaiser Permanente has chosen to manage the pharmacy benefits covered under your plan. MedImpact has a network that consists of local and national pharmacies. "Participating pharmacies" include:

¹ Kaiser Foundation Health Plan Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

² The OOA-PPO plan is solely underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.

³ The OON portion of the 2TPOS plan is solely underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.

- Costco
- Harris Teeter
- Rite Aid
- Walgreens
- Wegmans
- CVS
- Giant
- Kmart
- Safeway
- Wal-Mart

Not all locations within a pharmacy chain company are contracted with MedImpact; some are independently contracted. To verify if a pharmacy participates, please log on to **medimpact.com**. To obtain a complete list of participating pharmacies, call MedImpact customer service at 800-788-2949, 24 hours a day/seven days a week.

Under Option 3 of your Flexible Choice plan or under Option 3 of your Flexible Choice plan or under the Non-Participating out-of-network pharmacy (Non-Par) option of your OOA-PPO plan or 2TPOS plan, you may fill your prescription at any pharmacy that is not part of Option 1, Option 2, or the Par network. If you fill your prescription at an Option 3 or Non-Par out-of-network pharmacy, you should expect to pay for your prescription drugs and then submit a claim for reimbursement.

How to use the formulary document

When you look through the formulary drug listing beginning on page 4, you will see that products available in a generic form are listed by their generic names. Drugs that are only available as a brand name product are listed in **BOLD AND ALL CAPITAL** letters, except where multiple branded products exist.

You can search the formulary drug list by using the “FIND” function in Adobe Reader, or by referencing the therapeutic drug category.

The first column of the chart lists the drug name. Please note that some drugs have multiple dosage forms. Examples of dosage forms are tablets, capsules, creams, injections, etc. Please note that not all dosage forms and strengths for a particular drug listed may be on the same drug tier.

The second column, “Drug Tier” will indicate what tier number the drug is in. Drugs on the formulary are categorized in one of the following three tiers:

Tier 1: Includes commonly prescribed Generic Drugs

Tier 2: Includes commonly prescribed Brand Name Drugs and higher-cost Generic Drugs

Tier 3: Includes all other Brand Name Drugs and a limited number of Generic drugs not included in Tier 1 Drugs or Tier 2 Drugs.

Please note that some plans have a separate specialty drug tier (Tier 4) with a specialty tier copay or coinsurance. The details of your outpatient prescription drug benefit, including any specific limitations or exclusions can be found in your *EOC* and/or *COI*. A listing of specialty tier drugs can be found at **kp.org/formulary**

Please remember that this list is subject to change and will be updated from time to time during the year. Any product not found on the list will be considered non-preferred.

Restrictions on medication coverage

Some covered drugs may have additional requirements or limits on coverage. Please consult your *EOC* and/or *COI* for additional information regarding your pharmacy benefits, including any specific limitations or exclusions.

- **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.
- **Oral chemotherapy drugs:** Drugs that fall under the District of Columbia and State of Maryland Oral Chemotherapy Parity Act.
- **Quantity limit:** For certain drugs, Kaiser Permanente Pharmacy and Therapeutics Committee limits the amount of medication dispensed to a certain quantity per copay.
- **Zero Cost Share Preventive Drugs:** Drugs that may be covered at \$0 when written on a prescription.
- **Medical Service Drugs:** Drugs that may be covered under your medical benefit (physician visit or hospital visit). Medical service drugs require administration by a clinician or in a facility. They are not dispensed through the outpatient pharmacy.

Key: (Refer to “Restrictions on medication coverage” section, above, for definitions of these terms)

LD = Limited Distribution Drugs

OC = Oral Chemotherapy Drugs

QL = A drug with a quantity limit

PRV = Zero Cost Share Preventative Drugs

MSD = Medical Service Drugs

For more information about the formulary or Option 1 of your Flexible Choice plan, please contact Member Services at **888-225-7202 (TTY 711)** Monday through Friday, 7:30 a.m. until 5:30 p.m. For information on Options 2 or 3 of your Flexible Choice plan or the OOA-PPO plan, please contact Kaiser Permanente Insurance Company Member Services at **800-392-8649** Monday through Friday, 9 a.m. until 9

Name of drug	Drug Tier	Restrictions/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
<i>albendazole</i>	1, 3	
<i>ivermectin</i>	3	
<i>praziquantel</i>	3	
ANTIBACTERIALS		
<i>amikacin sulfate</i>	1	MB
<i>amoxicillin</i>	1, 3	
<i>amoxicillin & pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin & sulbactam sodium</i>	1, 3, MSD	MB
<i>ampicillin sodium</i>	1, 3, MSD	MB
AVELOX	MSD	MB
AVYCAZ	MSD	MB
<i>azithromycin</i>	1, 3, MSD	MB
<i>aztreonam</i>	1, 3	MB
<i>bacitracin</i>	1	MB
BAXDELA	3, MSD	MB
BICILLIN L-A	2	MB
CAYSTON	3	LD
<i>cefaclor</i>	1	
<i>cefadroxil</i>	3	
<i>cefazolin sodium</i>	1, 3	MB
CEFAZOLIN SODIUM-DEXTROSE	MSD	MB
<i>cefdinir</i>	1	
<i>cefepime hcl</i>	1, 3, MSD	MB
CEFEPIME-DEXTROSE	MSD	MB
<i>cefixime</i>	1, 3	
<i>cefotaxime sodium</i>	1, 2	MB
<i>cefotetan disodium</i>	3	MB
CEFOTETAN DISODIUM-DEXTROSE	MSD	MB
<i>cefoxitin sodium</i>	MSD	MB
CEFOXITIN SODIUM-DEXTROSE	MSD	MB
<i>ceftazidime</i>	1, 3, MSD	MB
CEFTAZIDIME AND DEXTROSE	MSD	MB
<i>ceftriaxone sodium</i>	1, MSD	MB
CEFTRIAZONE SODIUM IN DEXTROSE	MSD	MB
CEFTRIAZONE SODIUM-DEXTROSE	MSD	MB
<i>cefuroxime axetil</i>	1, 2	
<i>cefuroxime sodium</i>	1, 3, MSD	MB
<i>cephalexin</i>	1, 3	
CHLORAMPHENICOL SOD SUCCINATE	MSD	MB
<i>ciprofloxacin</i>	1, 3	
<i>ciprofloxacin hcl</i>	1, 3	
<i>ciprofloxacin in d5w</i>	MSD	MB
<i>clarithromycin</i>	1, 3	
<i>clindamycin hcl</i>	1, 3	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate</i>	1, 3	MB
<i>clindamycin phosphate in d5w</i>	MSD	MB
<i>colistimethate sodium</i>	1, 3	MB

HC = Higher Cost

LD = Limited Distribution

MB = Medical Benefit

OC = Oral Chemotherapy Drugs

PA = Prior Authorization

PREV = Preventative medication

QL = Quantity Limit

ST = Step Therapy

Name of drug	Drug Tier	Restrictions/Limits
DALVANCE	MSD	MB
<i>daptomycin</i>	MSD	MB
<i>demeclocycline hcl</i>	3	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	
DORIPENEM	MSD	MB
<i>doxycycline (monohydrate)</i>	1, 3	
<i>doxycycline hyclate</i>	1, 3, MSD	MB
<i>ertapenem sodium</i>	1, 3	MB
ERYTHROCIN STEARATE	3	
<i>erythromycin base</i>	1, 3	
<i>erythromycin ethylsuccinate</i>	1, 3	
<i>erythromycin lactobionate</i>	MSD	MB
<i>erythromycin-sulfisoxazole</i>	1	
FETROJA	MSD	MB
<i>gentamicin in saline</i>	MSD	MB
<i>gentamicin sulfate</i>	1, 3	MB
<i>imipenem-cilastatin</i>	MSD	MB
KIMYRSA	MSD	MB
<i>levofloxacin</i>	1, 3, MSD	MB
<i>levofloxacin in d5w</i>	MSD	MB
<i>lincomycin hcl</i>	3	MB
<i>linezolid</i>	1, 3, MSD	MB
LINEZOLID IN SODIUM CHLORIDE	MSD	MB
<i>meropenem</i>	MSD	MB
MEROPENEM-SODIUM CHLORIDE	MSD	MB
<i>minocycline hcl</i>	1, 3, MSD	MB
<i>moxifloxacin hcl</i>	3, MSD	MB
<i>nafcillin sodium</i>	1, MSD	MB
NAFCILLIN SODIUM IN DEXTROSE	MSD	MB
<i>neomycin sulfate</i>	1	
NUZYRA	MSD	MB
<i>ofloxacin</i>	3	
<i>oxacillin sodium</i>	3, MSD	MB
OXACILLIN SODIUM IN DEXTROSE	MSD	MB
PENICILLIN G POT IN DEXTROSE	MSD	MB
<i>penicillin g potassium</i>	1, 3	MB
PENICILLIN G PROCAINE	1	MB
PENICILLIN G SODIUM	1	MB
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium-tazobactam sodium</i>	MSD	MB
<i>polymyxin b sulfate</i>	3	MB
RECARBRIO	MSD	MB
SIVEXTRO	3, MSD	MB
STREPTOMYCIN SULFATE	1	MB
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1, 3, MSD	MB
<i>sulfasalazine</i>	1, 3	
SYNERCID	MSD	MB
TEFLARO	MSD	MB
<i>tetracycline hcl</i>	3	

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TIGECYCLINE	MSD	MB
TIMENTIN	MSD	MB
<i>tobramycin</i>	1	
TOBRAMYCIN SULFATE	1, 3	MB
VABOMERE	MSD	MB
<i>vancomycin hcl</i>	1, 3, MSD	MB
VANCOMYCIN HCL IN DEXTROSE	MSD	MB
VIBATIV	MSD	MB
VIBRAMYCIN	3	
XENLETA	3, MSD	MB
XERAVA	MSD	MB
XIFAXAN	3	QL
ZEMDRI	MSD	MB
ZERBAXA	MSD	MB
ZOSYN	MSD	MB
ANTIFUNGALS		
ABELCET	MSD	MB
AMBISOME	MSD	MB
AMPHOTERICIN B	MSD	MB
<i>caspofungin acetate</i>	MSD	MB
<i>ciclopirox</i>	3	PA
CRESEMBA	MSD	MB
ERAXIS	MSD	MB
<i>fluconazole</i>	1	
<i>fluconazole in dextrose</i>	MSD	MB
<i>fluconazole in nacl</i>	MSD	MB
<i>flucytosine</i>	3	
<i>griseofulvin microsize</i>	1	
<i>itraconazole</i>	1, 3	PA
<i>ketoconazole</i>	1	
<i>miconazole sodium</i>	MSD	MB
MICONAZOLE-ZINC OXIDE-PETROLAT	3	
<i>nystatin</i>	1	
<i>nystatin (mouth-throat)</i>	1	
<i>tavaborole</i>	3	PA
<i>terbinafine hcl</i>	1	PA
<i>voriconazole</i>	1, MSD	MB
ANTIMYCOBACTERIALS		
CAPASTAT SULFATE	3	MB
CYCLOSERINE	3	
<i>dapsone</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1, 3	MB
PASER	3	
PRETOMANID	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1, 3	
RIFAMATE	3	
<i>rifampin</i>	1, 3, MSD	MB
RIFATER	3	

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TRECATOR	3	
ANTIPROTOZOALS		
ARTESUNATE	MSD	MB
<i>atovaquone</i>	1, 3	
<i>atovaquone-proguanil hcl</i>	1	
BENZNIDAZOLE	3	LD
<i>chloroquine phosphate</i>	1	
COARTEM	2	
<i>hydroxychloroquine sulfate</i>	1, 3	
KRINTAFEL	2	
<i>mefloquine hcl</i>	1	
<i>metronidazole</i>	1, 2, 3, MSD	MB
<i>nitazoxanide</i>	3	
<i>pentamidine isethionate</i>	1, 2, 3	MB
<i>primaquine phosphate</i>	2	
<i>pyrimethamine</i>	3	
<i>quinine sulfate</i>	3	
<i>tinidazole</i>	3	
ANTIVIRALS		
<i>abacavir sulfate</i>	1, 3	
<i>abacavir sulfate-lamivudine</i>	1, 3	
<i>abacavir sulfate-lamivudine-zidovudine</i>	1, 3	
<i>acyclovir</i>	1, 3	
<i>acyclovir sodium</i>	MSD	MB
<i>adefovir dipivoxil</i>	1, 3	
APTIVUS	2	
<i>atazanavir sulfate</i>	1, 2, 3	
BEYFORTUS	2	MB
BIKTARVY	2, 3	
CABENUVA	2	MB
<i>cidofovir</i>	MSD	MB
CIMDUO	2, 3	
COMPLERA	2	
COPEGUS	1, 3	
CRIXIVAN	2	
DAKLINZA	3	QL
<i>darunavir</i>	1, 2	
DELSTRIGO	2	
DESCOVY	2, 3	PREV
DIDANOSINE	1, 2, 3	
DOVATO	2	
EDURANT	2	
<i>efavirenz</i>	1, 3	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1, 3	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1, 2	
<i>emtricitabine</i>	1, 2, 3	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1, 3	PREV
<i>entecavir</i>	1, 3	
<i>etravirine</i>	1, 2, 3	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1, 2, 3	

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<i>foscarnet sodium</i>	MSD	MB
FUZEON	2	QL
GANCICLOVIR	MSD	MB
<i>ganciclovir sodium</i>	MSD	MB
GENVOYA	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1, 3	
<i>lamivudine (hbv)</i>	1, 3	
<i>lamivudine-zidovudine</i>	1, 3	
LEDIPASVIR-SOFOSBUVIR	1, 2	QL
LIVTENCITY	2	QL, LD
<i>lopinavir-ritonavir</i>	1, 3	
<i>maraviroc</i>	1, 2, 3	
<i>nevirapine</i>	1, 3	
ODEFSEY	2	
OLYSIO	3	QL
<i>oseltamivir phosphate</i>	1, 3	QL
PAXLOVID (150/100)	2	
PEGASYS	2	QL
PEGINTRON	3	QL
PIFELTRO	2	
PREVYMIS	2, MSD	MB
PREZCOBIX	2	
RAPIVAB	MSD	MB
RELENZA DISKHALER	2	QL
RESCRIPTOR	3	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2, 3	
SOFOBUVIR-VELPATASVIR	2	QL
STAVUDINE	1	
STRIBILD	2	
SYMTUZA	2	
SYNAGIS	2	MB
TECHNIVIE	3	QL
<i>tenofovir disoproxil fumarate</i>	1, 3	
TIVICAY	2	
TRIUMEQ	2, 3	
TROGARZO	MSD	MB
<i>valacyclovir hcl</i>	1, 3	
<i>valganciclovir hcl</i>	1	
VEKLURY	MSD	MB
VIRACEPT	2	
VOSEVI	2	QL
XOFLUZA (40 MG DOSE)	3	
<i>zidovudine</i>	1, 3, MSD	MB
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine</i>	1, 3	
<i>methenamine hippurate</i>	1, 3	
<i>methenamine mandelate</i>	3	

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<i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	3	
<i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>	3	
<i>nitrofurantoin</i>	1, 3	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
ANTI-HISTAMINE DRUGS		
ANTI-HISTAMINE DRUGS		
<i>carbinoxamine maleate</i>	3	
CLARINEX-D 12 HOUR	3	
CLEMASTINE FUMARATE	3	
<i>cycloheptadine hcl</i>	1	
<i>desloratadine</i>	3	
DEXCHLORPHENIRAMINE MALEATE	3	
<i>diphenhydramine hcl</i>	1	MB
<i>promethazine & phenylephrine</i>	3	
<i>promethazine hcl</i>	1, 3	MB
QUZYTIR	MSD	MB
SEMPREX-D	3	
ANTI-NEOPLASTIC AGENTS		
ANTI-NEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	1, 3	OC
ABRAXANE	MSD	MB
ALECENSA	2	OC
ALFERON N	3	MB
ALIMTA	MSD	MB
ALIQOPA	MSD	MB
ALKERAN	1, 3	OC
ALUNBRIG	2, 3	OC
<i>anastrozole</i>	1, 3	OC, PREV
ARRANON	MSD	MB
<i>arsenic trioxide</i>	MSD	MB
ARZERRA	MSD	MB
ASPARLAS	MSD	MB
AVASTIN	MSD	MB
<i>azacitidine</i>	1, 3	OC, MB
AZEDRA DOSIMETRIC	MSD	MB
BAVENCIO	MSD	MB
BELEODAQ	MSD	MB
<i>bendamustine hcl</i>	MSD	MB
BESPOUSA	MSD	MB
<i>bexarotene</i>	1, 3	OC
<i>bicalutamide</i>	1, 3	OC
BICNU	MSD	MB
BLENREP	MSD	MB
<i>bleomycin sulfate</i>	1	MB
BLINCYTO	MSD	MB
<i>bortezomib</i>	1, 3, MSD	MB
BOSULIF	3	OC
BRAFTOVI	3	OC

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Name of drug	Drug Tier	Restrictions/Limits
BRUKINSA	2	OC
<i>busulfan</i>	2, MSD	OC, MB
CABOMETYX	2	LD, OC
CALQUENCE	2	OC
CAMPATH	MSD	LD, MB
<i>capecitabine</i>	1, 3	OC
CAPRELSA	2, 3	LD, OC
<i>carboplatin</i>	MSD	MB
<i>cisplatin</i>	MSD	MB
<i>cladribine</i>	MSD	MB
<i>clofarabine</i>	MSD	MB
COPIKTRA	3	OC
COSELA	MSD	MB
COTELLIC	2	OC
<i>cyclophosphamide</i>	1, 2, MSD	PA, MB
CYRAMZA	MSD	MB
<i>cytarabine</i>	1	MB
<i>dacarbazine</i>	MSD	MB
<i>dactinomycin</i>	MSD	MB
DANYELZA	MSD	MB
DARZALEX	MSD	MB
DARZALEX FASPRO	3	MB
<i>dasatinib</i>	2	OC
<i>daunorubicin hcl</i>	MSD	MB
<i>decitabine</i>	MSD	MB
<i>docetaxel</i>	MSD	MB
<i>doxorubicin hcl</i>	MSD	MB
<i>doxorubicin hcl liposomal</i>	MSD	MB
ELAHERE	1	MB
ELZONRIS	MSD	MB
EMCYT	2	OC
EMPLICITI	MSD	MB
ENHERTU	MSD	MB
<i>epirubicin hcl</i>	MSD	MB
ERBITUX	MSD	MB
<i>eribulin mesylate</i>	MSD	MB
ERLEADA	3	OC
<i>erlotinib hcl</i>	1, 3	OC
ERWINAZE	3	MB
ETOPOPHOS	MSD	MB
<i>etoposide</i>	1, MSD	OC, MB
EULEXIN	1, 3	OC
<i>everolimus</i>	1, 3	OC
<i>exemestane</i>	1, 3	OC, PREV
FARYDAK	3	OC
FIRMAGON	3	MB
<i>floxuridine</i>	1	MB
<i>fludarabine phosphate</i>	MSD	MB
<i>fluorouracil</i>	MSD	MB
<i>fulvestrant</i>	1, 2, 3	MB
FYARRO	MSD	MB

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Name of drug	Drug Tier	Restrictions/Limits
GAZYVA	MSD	MB
<i>gefitinib</i>	1	OC
<i>gemcitabine hcl</i>	MSD	MB
GLEOSTINE	2, 3	OC
HERCEPTIN	MSD	MB
HERCESSI	MSD	MB
<i>hydroxyurea</i>	1, 3	OC
IBRANCE	3	OC
<i>idarubicin hcl</i>	MSD	MB
<i>ifosfamide</i>	MSD	MB
<i>imatinib mesylate</i>	1, 3	OC
IMBRUVICA	2	OC
IMFINZI	MSD	MB
IMLYGIC	3	MB
INFUGEM	MSD	MB
INLYTA	2	OC
<i>irinotecan hcl</i>	MSD	MB
ISTODAX	MSD	MB
IXEMPRA KIT	2	MB
JAKAFI	2	OC
JEMPERLI	MSD	MB
JEVTANA	MSD	MB
KADCYLA	MSD	MB
KEYTRUDA	MSD	MB
KIMMTRAK	MSD	MB
KISQALI (200 MG DOSE)	2	OC
KYPROLIS	MSD	MB
<i>lapatinib ditosylate</i>	1, 3	OC
<i>lenalidomide</i>	1	PA, LD
LENVIMA (10 MG DAILY DOSE)	2	QL, OC
<i>letrozole</i>	1, 3	OC
<i>leucovorin calcium</i>	3	MB
LEUKERAN	2	OC
<i>leuprolide acetate</i>	1, 2	PA, QL, HC
LIBTAYO	2	MB
LONSURF	2	OC
LUMOXITI	MSD	MB
LUPANETA PACK	3	MB
LUPRON DEPOT (3-MONTH)	2	QL
LUPRON DEPOT (4-MONTH)	2	QL
LUPRON DEPOT (6-MONTH)	2	QL
LUPRON DEPOT-PED (1-MONTH)	2	QL
LUPRON DEPOT-PED (3-MONTH)	2	QL
LUTATHERA	MSD	MB
LYNPARZA	2	OC
LYSODREN	2	LD, OC
MARGENZA	MSD	MB
MATULANE	2	OC
<i>megestrol acetate</i>	1	
MEKINIST	2, 3	OC
<i>melphalan hcl</i>	MSD	MB

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Name of drug	Drug Tier	Restrictions/Limits
<i>mercaptopurine</i>	1, 3	OC
<i>methotrexate sodium</i>	1, 3	MB
<i>mitomycin</i>	3, MSD	MB
<i>mitoxantrone hcl</i>	MSD	MB
MONJUVI	MSD	MB
MUSTARGEN	2	MB
MVASI	MSD	MB
MYLOTARG	MSD	MB
<i>nilutamide</i>	3	OC
NINLARO	2	OC
NIPENT	MSD	MB
NUBEQA	3	OC
ODOMZO	2	OC
ONCASPAR	2	MB
ONIVYDE	MSD	MB
OPDIVO	MSD	MB
OPDUALAG	MSD	MB
<i>oxaliplatin</i>	MSD	MB
<i>paclitaxel</i>	MSD	MB
PADCEV	MSD	MB
<i>pazopanib hcl</i>	1, 3	OC
PEMFEXY	MSD	MB
PEPAXTO	MSD	MB
PERJETA	MSD	MB
PHESGO	3	MB
POLIVY	MSD	MB
POMALYST	2	LD, OC
PORTRAZZA	MSD	MB
POTELIGEO	MSD	MB
PROLEUKIN	MSD	MB
RIABNI	MSD	MB
RITUXAN	MSD	MB
RITUXAN HYCELA	3	MB
RUXIENCE	MSD	MB
RYBREVANT	MSD	MB
RYDAPT	2	OC
SARCLISA	MSD	MB
<i>sorafenib tosylate</i>	1, 3	OC
STIVARGA	2	OC
<i>sunitinib malate</i>	1, 3	OC
SYLATRON	3	QL
SYLVANT	2	MB
SYNRIBO	3	LD, MB
TABLOID	2	OC
TAFINLAR	2, 3	OC
TAGRISSO	2	OC
TALZENNA	3	OC
<i>tamoxifen citrate</i>	1, 3	PA, PREV
TASIGNA	2, 3	OC
TECENTRIQ	MSD	MB
<i>temozolomide</i>	1, 3, MSD	OC, MB

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<i>temsirolimus</i>	MSD	MB
TENIPOSIDE	MSD	MB
<i>thiotepa</i>	3	MB
TIBSOVO	3	OC
TICE BCG	2	MB
TIVDAK	MSD	MB
<i>topotecan hcl</i>	3, MSD	OC, MB
<i>toremifene citrate</i>	3	OC
TRELSTAR MIXJECT	3	MB
<i>tretinoin (chemotherapy)</i>	1	OC
TRODELVY	MSD	MB
TURALIO	3	OC
UKONIQ	3	OC
UNITUXIN	2	MB
VECTIBIX	MSD	MB
VENCLEXTA	2	OC
VERZENIO	2	OC
VINBLASTINE SULFATE	MSD	MB
<i>vincristine sulfate</i>	MSD	MB
<i>vinorelbine tartrate</i>	MSD	MB
VONJO	3	QL, OC
VYXEOS	2	MB
XPOVIO (100 MG ONCE WEEKLY)	3	OC
XTANDI	2	OC
YERVOY	MSD	MB
YONDELIS	MSD	MB
YONSA	3	OC
ZALTRAP	MSD	MB
ZANOSAR	MSD	MB
ZEJULA	2	OC
ZELBORAF	2	OC
ZEPZELCA	MSD	MB
ZIRABEV	MSD	MB
ZOLADEX	2	MB
ZOLINZA	2	OC
ZYKADIA	3	OC
ZYNLONTA	MSD	MB
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
<i>atropine sulfate</i>	1, 3	MB
<i>chlordiazepoxide hcl-clidinium bromide</i>	1, 3	
<i>dicyclomine hcl</i>	1, 3	MB
DUAKLIR PRESSAIR	3	
<i>glycopyrrolate</i>	1, 3	MB
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1, 3	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
<i>methscopolamine bromide</i>	3	
<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>	3	
PROPANTHELINE BROMIDE	3	

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Name of drug	Drug Tier	Restrictions/Limits
SEEBRI NEOHALER	3	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
AUTONOMIC DRUGS, MISCELLANEOUS		
<i>bupropion hcl (smoking deterrent)</i>	PRV	
<i>nicotine</i>	PRV	
<i>nicotine polacrilex</i>	PRV	
<i>varenicline tartrate</i>	PRV	QL
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1, 3	
<i>galantamine hydrobromide</i>	1, 3	
GUANIDINE HCL	3	
<i>neostigmine methylsulfate</i>	1, MSD	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1, 3	
<i>pyridostigmine bromide</i>	1, 3, MSD	MB
<i>rivastigmine</i>	3	
<i>rivastigmine tartrate</i>	3	
URECHOLINE	3	
SKELETAL MUSCLE RELAXANTS		
<i>baclofen</i>	1, 3	MB
<i>carisoprodol</i>	3	
<i>carisoprodol w/ aspirin & codeine</i>	3	QL
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hcl</i>	1, 3	
<i>dantrolene sodium</i>	1, 3, MSD	MB
<i>metaxalone</i>	3	
<i>methocarbamol</i>	1, 3	MB
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	3	MB
<i>tizanidine hcl</i>	3	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
<i>alfuzosin hcl</i>	1	
<i>dihydroergotamine mesylate</i>	1, 3	QL
ERGOLOID MESYLATES	1	
ERGOMAR	3	
<i>phenoxybenzamine hcl</i>	1, 3	
<i>silodosin</i>	3	
<i>tamsulosin hcl</i>	1	
TRUDHESA	3	LD
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
AIRDUO DIGIHALER	3	
AKOVAZ	MSD	MB
<i>albuterol sulfate</i>	1, 3	
ARCAPTA NEOHALER	3	
<i>arformoterol tartrate</i>	3	
BIORPHEN	MSD	MB
<i>dobutamine hcl</i>	MSD	MB
DOBUTAMINE-DEXTROSE	MSD	MB
<i>droxidopa</i>	3	

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EPINEPHRINE	3	MB
<i>epinephrine (anaphylaxis)</i>	1, 2, 3	QL, MB
<i>fluticasone-salmeterol</i>	1, 3	
<i>formoterol fumarate</i>	3	
<i>ipratropium-albuterol</i>	1	
<i>levabuterol hcl</i>	3	
LEVALBUTEROL TARTRATE	3	
<i>metaproterenol sulfate</i>	1, 3	
<i>midodrine hcl</i>	1	
PROAIR DIGIHALER	3	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate</i>	1	MB
UTIBRON NEOHALER	3	
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
AFSTYLA	MSD	MB
ALPHANATE	MSD	MB
ALPROLIX	MSD	MB
ALTUVIIIO	2	MB
<i>aminocaproic acid</i>	1, MSD	MB
<i>anagrelide hcl</i>	1	
ANDEXXA	MSD	MB
<i>argatroban</i>	MSD	MB
<i>aspirin-dipyridamole</i>	1	
ASPIRIN-OMEPRAZOLE	3	
BENEFIX	MSD	MB
<i>bivalirudin trifluoroacetate</i>	MSD	MB
BIVALIRUDIN-SODIUM CHLORIDE	MSD	MB
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
COAGADEX	MSD	MB
CORIFACT	MSD	LD, MB
<i>dabigatran etexilate mesylate</i>	1	
DURLAZA	3	
ELOCTATE	MSD	MB
<i>enoxaparin sodium</i>	1	QL
FIBRYGA	MSD	MB
<i>fondaparinux sodium</i>	3	QL
FRAGMIN	3	QL
HEMLIBRA	2	QL
<i>heparin (porcine) in sodium chloride</i>	MSD	MB
HEPARIN SOD (PORCINE) IN D5W	MSD	MB
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	MSD	MB
IDELVION	MSD	MB
INTEGRILIN	MSD	MB
JIVI	MSD	MB
KCENTRA	MSD	MB
KOVALTRY	MSD	MB
NOVOEIGHT	MSD	MB

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Name of drug	Drug Tier	Restrictions/Limits
NUWIQ	MSD	MB
OBIZUR	MSD	MB
<i>pentoxifylline</i>	1	
<i>prasugrel hcl</i>	1	
PRAXBIND	MSD	MB
<i>ticagrelor</i>	1, 2	
<i>tranexamic acid</i>	1, MSD	MB
TRETTEN	MSD	MB
VONVENDI	MSD	MB
<i>warfarin sodium</i>	1	
XARELTO	2	
HEMATOPOIETIC AGENTS		
ALVAIZ	2	
<i>eltrombopag olamine</i>	1	
GRANIX	2	QL
LEUKINE	2	QL
MIRCERA	3	QL
MOZOBIL	3	MB
NEULASTA ONPRO	3	MB
NEUMEGA	3	QL
NEUPOGEN	3	QL
NPLATE	3	MB
PROCRT	2	QL
REBLOZYL	3	MB
RETACRIT	3	
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate</i>	1	
<i>prazosin hcl</i>	3	
<i>terazosin hcl</i>	1	
ANTILIPEMIC AGENTS		
<i>atorvastatin calcium</i>	1	PREV
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	3	
<i>colestipol hcl</i>	1, 3	
<i>ezetimibe</i>	1	
EZETIMIBE-ROSUVASTATIN	3	
<i>ezetimibe-simvastatin</i>	3	
<i>fenofibrate</i>	1, 3	
<i>fenofibrate micronized</i>	3	
<i>fluvastatin sodium</i>	3	PREV
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	3	
<i>lovastatin</i>	1	PREV
<i>niacin (antihyperlipidemic)</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
<i>pravastatin sodium</i>	1, 3	PREV
<i>rosuvastatin calcium</i>	1	PREV
<i>simvastatin</i>	1, 3	PREV
BETA-ADRENERGIC BLOCKING AGENTS		

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<i>esmolol hcl</i>	MSD	MB
<i>labetalol hcl</i>	MSD	MB
LABETALOL HCL-SODIUM CHLORIDE	MSD	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1, MSD	MB
CALCIUM-CHANNEL BLOCKING AGENTS		
<i>amlodipine besylate</i>	1	
<i>amlodipine besylate-benazepril hcl</i>	3	
<i>amlodipine besylate-olmesartan medoxomil</i>	3	
CARDENE IV	MSD	MB
CLEVIPREX	MSD	MB
<i>diltiazem hcl</i>	1, MSD	MB
<i>diltiazem hcl coated beads</i>	1	
<i>felodipine</i>	3	
<i>nicardipine hcl</i>	3, MSD	MB
<i>nifedipine</i>	1, 3	
<i>nimodipine</i>	3	
<i>nisoldipine</i>	3	
TWYNSTA	3	
<i>verapamil hcl</i>	1, MSD	MB
CARDIAC DRUGS		
<i>adenosine</i>	MSD	MB
<i>amiodarone hcl</i>	1, MSD	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
LIDOCAINE HCL (CARDIAC)	MSD	MB
<i>lidocaine in d5w</i>	MSD	MB
<i>mexiletine hcl</i>	1	
NEXTERONE	MSD	MB
<i>procainamide hcl</i>	1, 3	MB
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<i>ranolazine</i>	3	
HYPOTENSIVE AGENTS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
CORLOPAM	MSD	MB
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
METHYLDOPA	1	
METHYLDOPA-HYDROCHLOROTHIAZIDE	3	
METHYLDOPATE HCL	MSD	MB
<i>minoxidil</i>	1	
NIPRIDE RTU	MSD	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
GIAPREZA	MSD	MB
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>benazepril & hydrochlorothiazide</i>	3	

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benazepril hcl	3	
candesartan cilexetil	3	
captopril	1	
enalapril maleate	1, 3	
enalapril maleate & hydrochlorothiazide	3	
ENTRESTO	2	
irbesartan	2	
irbesartan-hydrochlorothiazide	2	
lisinopril	1	
lisinopril & hydrochlorothiazide	1	
losartan potassium	1	
losartan potassium & hydrochlorothiazide	1	
olmesartan medoxomil	2	
olmesartan medoxomil-hydrochlorothiazide	2	
quinapril hcl	3	
ramipril	3	
spironolactone	1	
spironolactone & hydrochlorothiazide	1, 3	
telmisartan	3	
telmisartan-hydrochlorothiazide	3	
valsartan	2	
valsartan-hydrochlorothiazide	2	
VASODILATING AGENTS		
dipyridamole	1	
isosorbide dinitrate	1	
isosorbide mononitrate	1	
nitroglycerin	1, 2, MSD	MB
NITROGLYCERIN IN D5W	MSD	MB
papaverine hcl	1	MB
sildenafil citrate (pulmonary hypertension)	1, MSD	PA, MB, HC
tadalafil (pulmonary hypertension)	1	PA, LD, HC
α-ADRENERGIC BLOCKING AGENTS		
labetalol hcl	MSD	MB
metoprolol tartrate	MSD	MB
nebivolol hcl	3	
propranolol hcl	1, MSD	MB
β-ADRENERGIC BLOCKING AGENTS		
carvedilol phosphate	3	
propranolol hcl	1	
sotalol hcl	1	
β-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl	3	
atenolol	1	
atenolol & chlorthalidone	1	
betaxolol hcl	3	
bisoprolol & hydrochlorothiazide	1	
bisoprolol fumarate	1	
carvedilol	1	
carvedilol phosphate	3	
labetalol hcl	1	
metoprolol succinate	1	

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<i>metoprolol tartrate</i>	1, 3, MSD	MB
<i>nadolol</i>	3	
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1, MSD	MB
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
<i>acetaminophen</i>	MSD	MB
<i>acetaminophen w/ codeine</i>	1, 3	QL
<i>acetaminophen-caff-dihydrocod</i>	3	QL
<i>alfentanil hcl</i>	MSD	MB
APADAZ	3	QL
<i>aspirin</i>	PRV	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	PRV	
<i>buprenorphine</i>	3	QL
<i>buprenorphine hcl</i>	3	QL
<i>butalbital-acetaminophen</i>	3	
<i>butalbital-acetaminophen-caffeine</i>	3	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	3	QL
<i>butalbital-aspirin-caffeine</i>	3	
<i>butalbital-aspirin-caffeine w/cod</i>	3	QL
<i>butorphanol tartrate</i>	1, 3	QL, MB
<i>celecoxib</i>	3	
<i>choline & mag salicylate</i>	1, 3	
<i>clonidine hcl (analgesia)</i>	1, 3	MB
<i>codeine sulfate</i>	1	QL
DICLOFENAC	3	
<i>diclofenac potassium</i>	3	
<i>diclofenac sodium</i>	1, 3	
<i>diclofenac w/ misoprostol</i>	3	
<i>diflunisal</i>	3	
DSUVIA	3	MB
DUEXIS	3	
EMBEDA	3	QL
<i>etodolac</i>	1, 3	
<i>fenoprofen calcium</i>	3	
<i>fentanyl</i>	1, 3	QL
<i>fentanyl citrate</i>	1, 3	QL, MB
<i>flurbiprofen</i>	3	
<i>hydrocodone bitartrate</i>	3	QL
<i>hydrocodone-acetaminophen</i>	1, 3	QL
<i>hydrocodone-ibuprofen</i>	3	QL
<i>hydromorphone hcl</i>	1, 3	QL, MB
<i>ibuprofen</i>	1, 3	
ILARIS		3 MB
<i>indomethacin</i>	1, 3	
KETOPROFEN	3	
<i>ketorolac tromethamine</i>	1, 3	MB
MECLOFENAMATE SODIUM	3	
<i>mefenamic acid</i>	3	
<i>meloxicam</i>	1, 3, MSD	MB
<i>meperidine hcl</i>	1, 3	QL, MB

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<i>methadone hcl</i>	1, 3	QL, MB
<i>morphine sulfate</i>	1, 2, 3, MSD	QL, MB
MORPHINE SULFATE ER BEADS	3	QL
<i>morphine sulfate for continuous microinfusion</i>	3	MB
<i>nabumetone</i>	1	
<i>nalbuphine hcl</i>	3	MB
<i>naproxen</i>	1, 3	
<i>naproxen sodium</i>	3	
<i>naproxen-esomeprazole magnesium</i>	3	
NUCYNTA	3	QL
<i>oxaprozin</i>	3	
<i>oxycodone hcl</i>	1, 2, 3	QL
<i>oxycodone w/ acetaminophen</i>	1, 3	QL
OXYCODONE/ASPIRIN	3	QL
OXYCODONE/IBUPROFEN	3	QL
<i>oxymorphone hcl</i>	3	QL
<i>pentazocine w/ naloxone hcl</i>	3	QL
<i>piroxicam</i>	3	
<i>salsalate</i>	3	
<i>sulindac</i>	1	
TOLMETIN SODIUM	3	
<i>tramadol hcl</i>	1, 3	QL
<i>tramadol-acetaminophen</i>	3	QL
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADZENYS ER	3	
<i>amphetamine sulfate</i>	3	
<i>amphetamine-dextroamphetamine</i>	1, 3	
<i>armodafinil</i>	3	
<i>caffeine citrate</i>	MSD	MB
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1, 3	
<i>methylphenidate hcl</i>	1, 3	
<i>modafinil</i>	1, 3	
SUNOSI	3	
VYVANSE	3	
WAKIX	3	LD
ANTICONVULSANTS		
BRIVIACT	MSD	MB
<i>carbamazepine</i>	1, 3	
CELONTIN	2	
<i>clobazam</i>	3	
<i>clonazepam</i>	1, 3	QL
<i>divalproex sodium</i>	1, 3	
EQUETRO	3	
<i>ethosuximide</i>	1	
<i>felbamate</i>	3	
<i>fosphenytoin sodium</i>	1, 3	MB
FYCOMPA	3	
<i>gabapentin</i>	1	
<i>lacosamide</i>	1, MSD	MB
<i>lamotrigine</i>	1, 3	

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<i>levetiracetam</i>	1, MSD	MB
LEVETIRACETAM IN NACL	MSD	MB
<i>magnesium sulfate</i>	1, MSD	MB
<i>oxcarbazepine</i>	1	
PEGANONE	3	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	MB
<i>phenytoin sodium extended</i>	1, 2, 3	
<i>pregabalin</i>	1, 3	
<i>primidone</i>	1	
<i>rufinamide</i>	3	
<i>tiagabine hcl</i>	3	
<i>topiramate</i>	1, 3	
<i>valproate sodium</i>	1, 3, MSD	MB
<i>valproic acid</i>	1	
<i>vigabatrin</i>	3	LD
XCOPRI (250 MG DAILY DOSE)	3	
<i>zonisamide</i>	3	
ANTIMIGRAINE AGENTS		
AJOVY	2	QL
<i>almotriptan malate</i>	3	QL
CAFERGOT	3	
<i>eletriptan hydrobromide</i>	3	QL
<i>frovatriptan succinate</i>	3	QL
<i>naratriptan hcl</i>	1, 3	QL
<i>rizatriptan benzoate</i>	1, 3	QL
<i>sumatriptan</i>	1, 3	
<i>sumatriptan succinate</i>	1, 3	QL
<i>sumatriptan-naproxen sodium</i>	3	QL
VYEPTI	MSD	MB
<i>zolmitriptan</i>	3	QL
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	1, 3	
<i>apomorphine hydrochloride</i>	3	QL
<i>benztropine mesylate</i>	1, 3	MB
<i>bromocriptine mesylate</i>	1, 3	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1, 3	
<i>carbidopa-levodopa-entacapone</i>	3	
<i>entacapone</i>	1, 3	
INBRIJA	3	
NEUPRO	3	
NOURIANZ	3	LD
<i>pramipexole dihydrochloride</i>	1, 3	
<i>rasagiline mesylate</i>	3	
<i>ropinirole hydrochloride</i>	1, 3	
<i>selegiline hcl</i>	1	
<i>trihexyphenidyl hcl</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
<i>alprazolam</i>	1, 3	QL

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Name of drug	Drug Tier	Restrictions/Limits
BELSOMRA	3	QL
<i>buspirone hcl</i>	1, 3	
BYFAVO	MSD	MB
<i>chlordiazepoxide hcl</i>	3	QL
<i>clorazepate dipotassium</i>	3	QL
DAYVIGO	3	QL
<i>dexmedetomidine hcl</i>	MSD	MB
<i>dexmedetomidine hcl in sodium chloride</i>	MSD	MB
<i>diazepam</i>	1, 3	QL, MB
<i>diazepam (anticonvulsant)</i>	1, 2	QL
DORAL	3	QL
<i>doxepin hcl (sleep)</i>	3	QL
<i>droperidol</i>	1	MB
<i>estazolam</i>	3	QL
<i>eszopiclone</i>	3	QL
<i>etomidate</i>	MSD	MB
FLURAZEPAM HCL	3	QL
HETLIOZ LQ	3	LD
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1, 3	
<i>ketamine hcl</i>	1	MB
<i>lorazepam</i>	1, 3	QL, MB
<i>meprobamate</i>	3	
<i>midazolam hcl</i>	1, 3	MB
MIDAZOLAM-SODIUM CHLORIDE	MSD	MB
<i>oxazepam</i>	3	QL
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
<i>propofol</i>	MSD	MB
<i>ramelteon</i>	3	QL
<i>temazepam</i>	1, 3	QL
<i>triazolam</i>	3	QL
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1, 3	QL
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
<i>acamprosate calcium</i>	1	
<i>atomoxetine hcl</i>	1	
<i>atracurium besylate</i>	MSD	MB
<i>cisatracurium besylate</i>	MSD	MB
<i>clonidine hcl (adhd)</i>	3	
<i>diethylpropion hcl</i>	1	HC
<i>flumazenil</i>	MSD	MB
<i>guanfacine hcl (adhd)</i>	1	
<i>ketamine hcl</i>	1	MB
<i>memantine hcl</i>	1, 3	
<i>phentermine hcl</i>	1	HC
QUELICIN	2	MB
RADICAVA	MSD	MB
<i>riluzole</i>	1	
<i>rocuronium bromide</i>	MSD	MB
SAVELLA	3	

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sevoflurane	1	MB
SUPRANE	2	MB
vecuronium bromide	MSD	MB
OPIATE ANTAGONISTS		
buprenorphine hcl	1, 3	QL, MB
buprenorphine hcl-naloxone hcl dihydrate	1, 3	QL
naloxone hcl	1, 3	QL
naltrexone hcl	1	
SUBLOCADE	3	LD, MB
VIVITROL	3	MB
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY MYCITE	3	
ABILIFY MYCITE MAINTENANCE KIT	3	
amitriptyline hcl	1	
amoxapine	3	
aripiprazole	1, 3	MB
ARISTADA	2	MB
asenapine maleate	3	
bupropion hcl	1, 3	PA
CHLORDIAZEPOXIDE-AMITRIPTYLINE	3	
chlorpromazine hcl	1	MB
citalopram hydrobromide	1, 3	
clomipramine hcl	3	
clozapine	1, 3	QL
desipramine hcl	1, 3	
DESVENLAFAXINE ER	3	
desvenlafaxine succinate	3	
doxepin hcl	1	
duloxetine hcl	1, 3	
escitalopram oxalate	1, 3	
FETZIMA	3	
fluoxetine hcl	1, 3	
FLUOXETINE HCL (PMDD)	3	
fluphenazine decanoate	1	MB
fluphenazine hcl	1, 3	MB
fluvoxamine maleate	1, 3	
haloperidol	1	
haloperidol decanoate	1, 3	MB
haloperidol lactate	1, 3	MB
imipramine hcl	1, 3	
imipramine pamoate	3	
INVEGA SUSTENNA	2	MB
lithium carbonate	1, 3	
LITHIUM CITRATE	2	
loxapine succinate	3	
lurasidone hcl	1	
MAPROTILINE HCL	3	
MARPLAN	3	
mirtazapine	1, 3	
MOLINDONE HCL	3	
NARDIL	1, 3	

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NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1, 3	
NUPLAZID	3	
<i>olanzapine</i>	1, 3	MB
<i>paliperidone</i>	3	
<i>paroxetine hcl</i>	1, 3	
<i>paroxetine mesylate (vasomotor)</i>	3	
<i>perphenazine</i>	1	
PERPHENAZINE-AMITRIPTYLINE	3	
PEXEVA	3	
PIMOZIDE	1, 3	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1, 3	
REXULTI	3	
RISPERDAL CONSTA	2	MB
<i>risperidone</i>	1, 2, 3	MB
SECUADO	3	
<i>sertraline hcl</i>	1, 3	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>tranylcypromine sulfate</i>	3	
<i>trazodone hcl</i>	1, 3	
<i>trifluoperazine hcl</i>	1	
<i>trimipramine maleate</i>	3	
TRINTELLIX	3	
<i>venlafaxine hcl</i>	1, 3	
VIIBRYD	3	
VRAYLAR	3	
<i>ziprasidone hcl</i>	1, 3	
<i>ziprasidone mesylate</i>	3	MB
ZULRESSO	MSD	MB
ZYPREXA RELPREVV	3	MB
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	QL
ACCU-CHEK GUIDE TEST	2	QL
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	
DIASTIX	2	
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	
PENLET II AUTOMATIC BLOODSAMPLER	2	

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PRECISION XTRA KETONE	2	
URISTIX	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
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, 3	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	MSD	MB
<i>sodium bicarbonate</i>	MSD	MB
<i>sodium citrate & citric acid</i>	1	
<i>sodium lactate</i>	MSD	MB
AMMONIA DETOXICANTS		
<i>carglumic acid</i>	3	
<i>lactulose</i>	1, 3	
<i>lactulose (encephalopathy)</i>	1	
LITHOSTAT	3	LD
CALORIC AGENTS		
<i>amino acid electrolyte infusion</i>	MSD	MB
<i>amino acid infusion</i>	MSD	MB
CLINIMIX 4.25%/DEXTROSE 25%	MSD	MB
CLINIMIX E 2.75%/DEXTROSE 10%	MSD	MB
CLINIMIX E 4.25%/DEXTROSE 25%	MSD	MB
CLINIMIX E/DEXTROSE (2.75/5)	MSD	MB
CLINIMIX E/DEXTROSE (5/15)	MSD	MB
CLINIMIX E/DEXTROSE (5/20)	MSD	MB
CLINIMIX/DEXTROSE (4.25/10)	MSD	MB
CLINIMIX/DEXTROSE (4.25/20)	MSD	MB
CLINIMIX/DEXTROSE (4.25/5)	MSD	MB
CLINIMIX/DEXTROSE (5/15)	MSD	MB
<i>dextrose</i>	MSD	MB
ELCYS	MSD	MB
INTRALIPID	MSD	MB
OMEGA VEN	MSD	MB
DIURETICS		
<i>amiloride hcl</i>	1	
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>bumetanide</i>	3	MB
<i>chlorothiazide</i>	1	
<i>chlorothiazide sodium</i>	MSD	MB
<i>chlorthalidone</i>	1	
<i>ethacrynate sodium</i>	MSD	MB
<i>ethacrynic acid</i>	3	
<i>furosemide</i>	1, 3	MB
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	MSD	MB
<i>metolazone</i>	1	
<i>tolvaptan</i>	3	QL
<i>torsemide</i>	1	
<i>triamterene & hydrochlorothiazide</i>	1	

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ION-REMOVING AGENTS		
AURYXIA	3	
<i>lanthanum carbonate</i>	3	
LOKELMA	3	
<i>sevelamer carbonate</i>	1	
<i>sodium polystyrene sulfonate</i>	1, 2	
VELPHORO	3	
IRRIGATING SOLUTIONS		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	
EXTRANEAL	2	
<i>lactated ringer's (irrigation)</i>	3	MB
RENACIDIN	3	MB
<i>ringer's irrigation</i>	3	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	
REPLACEMENT PREPARATIONS		
<i>bacteriostatic sodium chloride</i>	1	MB
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	MSD	MB
<i>calcium gluconate</i>	MSD	MB
CALCIUM GLUCONATE-NACL	MSD	MB
<i>dextrose in lactated ringers</i>	MSD	MB
<i>dextrose w/ sodium chloride</i>	MSD	MB
HESPAN	MSD	MB
IONOSOL-MB IN D5W	MSD	MB
ISOLYTE-P IN D5W	MSD	MB
ISOLYTE-S	MSD	MB
K-PHOS	2	
KCL-LACTATED RINGERS-D5W	MSD	MB
LACTATED RINGERS	MSD	MB
LOKELMA	3	
MAGNESIUM SULFATE IN D5W	MSD	MB
MANGANESE CHLORIDE	MSD	MB
MANGANESE SULFATE	MSD	MB
NORMOSOL-M IN D5W	MSD	MB
NORMOSOL-R IN D5W	MSD	MB
NORMOSOL-R PH 7.4	MSD	MB
PLASMA-LYTE 148	MSD	MB
PLASMA-LYTE A	MSD	MB
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	1, 2	
POTASSIUM ACETATE	MSD	MB
<i>potassium bicarbonate</i>	1, 2	
<i>potassium chloride</i>	1, 2, 3, MSD	MB
<i>potassium chloride in dextrose</i>	MSD	MB
<i>potassium chloride in dextrose & sodium chloride</i>	MSD	MB
<i>potassium chloride in nacl</i>	MSD	MB
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates</i>	MSD	MB
<i>ringer's</i>	MSD	MB
SELENIOUS ACID	MSD	MB

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sodium chloride	1, MSD	MB
sodium chloride flush	MSD	MB
sodium phosphates (sodium phosphate dibasic & monobasic)	MSD	MB
trace minerals (cr-cu-mn-se-zn)	MSD	MB
ZINC CHLORIDE	MSD	MB
URICOSURIC AGENTS		
colchicine w/ probenecid	3	
probenecid	1	
ENZYMES		
ENZYMES		
ADAGEN	2	LD, MB
ALDURAZYME	MSD	MB
BRINEURA	3	MB
ELAPRASE	MSD	MB
ELELYSO	MSD	MB
ELITEK	MSD	MB
FABRAZYME	MSD	MB
HYLENEX	2	MB
KANUMA	MSD	MB
LUMIZYME	MSD	MB
MEPSEVII	MSD	MB
NAGLAZYME	MSD	MB
NEXVIAZYME	MSD	MB
PULMOZYME	2	
REVCovi	3	LD, MB
VIMIZIM	2	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
ARZOL SILVER NIT APPLICATORS	1	
BACITRACIN	1	
bacitracin-polymyxin b (ophth)	1	
BETADINE OPHTHALMIC PREP	2	MB
chlorhexidine gluconate (mouth-throat)	3	
ciprofloxacin hcl (ophth)	1, 2	
ciprofloxacin hcl (otic)	3	
CIPROFLOXACIN-FLUOCINOLONE PF	3	
erythromycin (ophth)	1	
gatifloxacin (ophth)	3	
gentamicin sulfate (ophth)	1	
levofloxacin (ophth)	3	
moxifloxacin hcl (ophth)	1, 3	
NATACYN	2	
neomycin-bacitracin zn-polymyxin	3	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	3	
ofloxacin (ophth)	1	
ofloxacin (otic)	3	
OTIPRIO	3	
polymyxin b-trimethoprim	1, 3	
sulfacetamide sodium (ophth)	3	
tobramycin (ophth)	1	
TRIFLURIDINE	1	

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ANTI-INFLAMMATORY AGENTS		
<i>bacitracin-poly-neomycin-hc</i>	1	
BLEPHAMIDE	1, 2, 3	
<i>bromfenac sodium (ophth)</i>	2, 3	
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
COLY-MYCIN S	2	
<i>cyclosporine (ophth)</i>	1	QL
DEXAMETHASONE SODIUM PHOSPHATE	1	
DEXTENZA	3	MB
<i>diclofenac sodium (ophth)</i>	1	
<i>difluprednate</i>	3	
<i>flunisolide (nasal)</i>	1	
<i>fluocinolone acetonide (otic)</i>	3	
<i>fluorometholone (ophth)</i>	1	
FLURBIPROFEN SODIUM	1	
<i>hydrocortisone w/acetic acid</i>	1	
ILUVIEN	3	MB
<i>ketorolac tromethamine (ophth)</i>	1, 3	
<i>loteprednol etabonate</i>	3	
<i>mometasone furoate (nasal)</i>	3	MB
<i>neomycin-polymyx-dexameth</i>	1, 3	
NEOMYCIN-POLYMYXIN-HC	1	
<i>neomycin-polymyxin-hc (otic)</i>	1	
NEVANAC	3	
PRED-G	2, 3	
<i>prednisolone acetate (ophth)</i>	1	
PREDNISOLONE SODIUM PHOSPHATE	1	
<i>tobramycin-dexamethasone</i>	1, 2, 3	
ANTIALLERGIC AGENTS		
ALOMIDE	3	
<i>azelastine hcl</i>	1, 3	
<i>azelastine hcl (ophth)</i>	3	
<i>azelastine hcl-fluticasone propionate</i>	3	
<i>bepotastine besilate</i>	3	
CROMOLYN SODIUM	1	
<i>epinastine hcl (ophth)</i>	3	
LASTACFT	3	
<i>olopatadine hcl (nasal)</i>	3	
ZERVIAE	3	
ANTIGLAUCOMA AGENTS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	MB
<i>apraclonidine hcl</i>	3	
<i>betaxolol hcl (ophth)</i>	1, 3	
<i>bimatoprost</i>	3	MB
<i>brimonidine tartrate</i>	1, 3	
<i>brinzolamide</i>	3	
<i>dorzolamide hcl</i>	1	
<i>dorzolamide hcl-timolol maleate</i>	1, 3	
<i>latanoprost</i>	1	

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LEVOBUNOLOL HCL	1	
<i>methazolamide</i>	1	
PHOSPHOLINE IODIDE	3	LD
<i>pilocarpine hcl</i>	1	
<i>tafluprost</i>	3	
<i>timolol maleate (ophth)</i>	1, 3	
<i>travoprost</i>	3	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid (otic)</i>	1	
<i>acetic acid-aluminum acetate</i>	1	
BSS	2	MB
BYOOVIZ	2	MB
CYSTARAN	3	LD
DEBACTEROL	3	
JETREA	3	MB
PAVBLU	2	MB
PHOTREXA VISCOUS	2	MB
SUSVIMO (IMPLANT 1ST FILL)	3	MB
TEPEZZA	MSD	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, 3	MB
MYDRIATICS		
<i>atropine sulfate (ophthalmic)</i>	1	
CYCLOMYDRIL	2	MB
<i>cyclopentolate hcl</i>	1, 3	
HOMATROPAIRE	1	
OMIDRIA	3	MB
<i>tropicamide</i>	1	MB
VASOCONSTRICTORS		
<i>phenylephrine hcl (mydriatic)</i>	1, 3	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
<i>alosetron hcl</i>	3	
<i>balsalazide disodium</i>	1, 3	
DIPENTUM	3	
<i>mesalamine</i>	1, 2, 3	
<i>mesalamine w/ cleanser</i>	3	
ANTIDIARRHEA AGENTS		
<i>diphenoxylate w/ atropine</i>	1, 3	
<i>loperamide hcl</i>	3	
MOTOFEN	3	
MYTESI	3	
<i>opium tincture</i>	3	
XERMELO	3	LD
ANTIEMETICS		
AKYNZEO	MSD	MB
AKYNZEO	2	
<i>aprepitant</i>	1, 3, MSD	MB

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BARHEMSYS	MSD	MB
CESAMET	3	
<i>dronabinol</i>	1	
EMEND	MSD	MB
<i>granisetron hcl</i>	1, MSD	MB
<i>meclizine hcl</i>	3	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1, 3	MB
<i>palonosetron hcl</i>	MSD	MB
<i>prochlorperazine edisylate</i>	1, 3	MB
SANCUSO	3	MB
<i>scopolamine</i>	1, 2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
<i>cimetidine</i>	3	
<i>cimetidine hcl</i>	3	
<i>esomeprazole magnesium</i>	3	
<i>esomeprazole sodium</i>	MSD	MB
ESOMEPRAZOLE STRONTIUM	3	
<i>famotidine</i>	1, MSD	MB
FAMOTIDINE PREMIXED	MSD	MB
HELIDAC THERAPY	3	
<i>lansoprazole</i>	3	
<i>misoprostol</i>	1, 3	
<i>omeprazole</i>	1	
<i>omeprazole-sodium bicarbonate</i>	3	
<i>pantoprazole sodium</i>	1, MSD	MB
PYLERA	3	
<i>sucralfate</i>	1, 3	
CATHARTICS AND LAXATIVES		
<i>bisacodyl</i>	PRV	
CLENPIQ	PRV	
<i>docusate sodium</i>	PRV	
<i>magnesium citrate</i>	PRV	
OSMOPREP	PRV	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	PRV	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	PRV	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	PRV	
PEG-PREP	PRV	
<i>polyethylene glycol 3350</i>	PRV	
SALINE LAXATIVE	PRV	
SUPREP BOWEL PREP KIT	PRV	
SUTAB	PRV	
DIGESTANTS		
ZENPEP	2, 3	
GI DRUGS, MISCELLANEOUS		
CREON	2, 3	
ENTYVIO	MSD	MB
GATTEX		3 QL, LD
<i>lubiprostone</i>	1	
<i>metoclopramide hcl</i>	1, 3	MB
MOTEGRITY	3	

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Name of drug	Drug Tier	Restrictions/Limits
TRULANCE	3	
<i>ursodiol</i>	1	
VIBERZI	3	QL
GOLD COMPOUNDS		
GOLD COMPOUNDS		
MYOCHRYSLINE	2	MB
RIDAURA	3	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
<i>deferasirox</i>	1	
<i>deferiprone</i>	3	
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	3	
<i>trientine hcl</i>	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
BREZTRI AEROSPHERE	2	
<i>budesonide</i>	1, 3	
CELESTONE SOLUSPAN	2	MB
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2, 3	
<i>dexamethasone sodium phosphate</i>	1, 3	MB
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1, 3	
INTRAROSA	3	
<i>methylprednisolone</i>	1, 2, 3	
<i>methylprednisolone acetate</i>	1, 2, 3	MB
<i>methylprednisolone sod succ</i>	1, 2, 3	MB
<i>prednisolone</i>	1, 2, 3	
<i>prednisolone sodium phosphate</i>	1, 3	
<i>prednisone</i>	1, 2, 3	
SOLU-CORTEF	2, 3	MB
TRELEGY ELLIPTA	3	
<i>triamcinolone acetonide</i>	1, 2, 3	MB
ANDROGENS		
ANADROL-50	3	
AVEED	3	MB
<i>danazol</i>	1	
<i>oxandrolone</i>	3	
<i>testosterone</i>	1, 3	
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE ENANTHATE	1, 3	QL
CONTRACEPTIVES		
ANNOVERA	PRV	
BALCOLTRA	PRV	
<i>desogestrel & ethinyl estradiol</i>	PRV	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	PRV	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	PRV	
<i>drospirenone-ethinyl estradiol</i>	PRV	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	PRV	
ELLA	PRV	

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<i>ethynodiol diacet & eth estrad</i>	PRV	
<i>etonogestrel-ethinyl estradiol</i>	PRV	QL
<i>levonorgestrel & eth estradiol</i>	PRV	
<i>levonorgestrel (emergency oc)</i>	PRV	
<i>levonorgestrel-eth estradiol (triphasic)</i>	PRV	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	PRV	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	PRV	
LO LOESTRIN FE	PRV	
NATAZIA	PRV	
NECON 10/11-28	PRV	
NEXTSTELLIS	PRV	
<i>norelgestromin-ethinyl estradiol</i>	PRV	
<i>norethin acet & estrad-fe</i>	PRV	
<i>norethindrone & eth estradiol</i>	PRV	
<i>norethindrone & ethinyl estradiol-fe</i>	PRV	
<i>norethindrone (contraceptive)</i>	PRV	
<i>norethindrone acet & eth estra</i>	PRV	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	PRV	
<i>norethindrone-eth estradiol (triphasic)</i>	PRV	
<i>norgestimate-ethinyl estradiol</i>	PRV	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PRV	
<i>norgestrel & ethinyl estradiol</i>	PRV	
OPILL	PRV	
SLYND	PRV	
TWIRLA	PRV	
DIABETIC AGENTS		
<i>acarbose</i>	1	
AFREZZA	2, 3	
ALOGLIPTIN BENZOATE	3	
ALOGLIPTIN-METFORMIN HCL	3	
ALOGLIPTIN-PIOGLITAZONE	3	
APIDRA	3	
AVANDIA	3	
BAQSIMI ONE PACK	2	
CYCLOSET	3	
DAPAGLIFLOZIN PROPANEDIOL	3	
<i>diazoxide</i>	1, 3	
<i>glimepiride</i>	1	
<i>glipizide</i>	1, 3	
<i>glipizide-metformin hcl</i>	3	
GLUCAGEN HYPOKIT	3	
<i>glucagon (rdna)</i>	1, 3	
<i>glyburide</i>	3	
GLYBURIDE MICRONIZED	3	
<i>glyburide-metformin</i>	3	
HUMALOG	2, 3	
HUMALOG MIX 50/50	3	
HUMULIN 70/30	2, 3	
HUMULIN N	2, 3	
INSULIN ASP PROT & ASP FLEXPEN	3	
INSULIN ASPART	3	

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INSULIN DEGLUDEC	2	
INSULIN GLARGINE-YFGN	2, 3	
JARDIANCE	2	
JENTADUETO	3	
<i>liraglutide</i>	2	
<i>metformin hcl</i>	1, 3	
<i>miglitol</i>	3	
MYXREDLIN	MSD	
<i>nateglinide</i>	3	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	
<i>pioglitazone hcl</i>	1	
<i>pioglitazone hcl-glimepiride</i>	3	
<i>pioglitazone hcl-metformin hcl</i>	3	
<i>repaglinide</i>	3	
REPAGLINIDE/METFORMIN HYDROCHLORIDE	3	
SITAGLIPTIN	2	
SYNJARDY	3	
TOLBUTAMIDE	3	
ESTROGENS AND ANTIESTROGENS		
ANGELIQ	3	
CLIMARA PRO	3	
CLOMIPHENE CITRATE	1	HC
DEPO-ESTRADIOL	3	QL
DUAVEE	3	
<i>esterified estrogens & methyltestosterone</i>	1	
<i>estradiol</i>	1, 2, 3	
<i>estradiol & norethindrone acetate</i>	3	
<i>estradiol vaginal</i>	1, 2, 3	
<i>estradiol valerate</i>	1, 3	QL
FEMRING	3	
MENEST	3	
<i>norethindrone acetate-ethinyl estradiol</i>	3	
PREFEST	3	
PREMARIN	3	MB
PREMARIN	3	
PREMPHASE	3	
<i>raloxifene hcl</i>	1, 3	PREV
GONADOTROPINS		
BRAVELLE	2	QL, HC
CHORIONIC GONADOTROPIN	2	QL, HC
FOLLISTIM AQ	2, 3	QL, HC
GANIRELIX ACETATE	2	QL, HC
GONAL-F	2	QL, HC
MENOPUR	2	QL, HC
TRIPTODUR	3	MB
IUD		
KYLEENA	PRV	MB
NEXPLANON	PRV	MB
PARATHYROID		
<i>calcitonin (salmon)</i>	1, 3	QL
TERIPARATIDE	3	QL

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PITUITARY		
ACTHAR	3	QL, LD
DDAVP	1, 3	
<i>desmopressin acetate</i>	1, 3	QL
<i>desmopressin acetate refrigerated</i>	1, 3	
<i>desmopressin acetate spray refrigerated</i>	1	
VASOSTRICT	MSD	MB
PROGESTINS		
CRINONE	3	PA, HC
DEPO-PROVERA	2	MB
HYDROXYPROGESTERONE CAPROATE	1	MB
<i>hydroxyprogesterone caproate</i>	3	QL, MB
<i>medroxyprogesterone acetate</i>	1, 3	
<i>medroxyprogesterone acetate (contraceptive)</i>	PRV	MB
MEGACE ES	3	
<i>norethindrone acetate</i>	1, 3	
<i>progesterone</i>	1, 3	PA, QL, HC
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
HUMATROPE	2, 3	QL
<i>octreotide acetate</i>	1, 2, 3	QL, MB
SIGNIFOR LAR	3	MB
THYROID AND ANTITHYROID AGENTS		
ARMOUR THYROID	3	
<i>levothyroxine sodium</i>	1, 3, MSD	MB
<i>liothyronine sodium</i>	1, MSD	MB
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
MEDICAL DEVICE		
DIAPHRAGM		
FEMCAP	PRV	
WIDE-SEAL DIAPHRAGM 60	PRV	
IUD		
PARAGARD INTRAUTERINE COPPER	PRV	MB
MEDICAL DEVICE		
AEROCHAMBER Z-STAT PLUS	2	
AEROGear ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	MB
CLEVER CHOICE WHISPER AIRE NEB	2	
DEVILBISS COMPACT COMPRESSOR	2	
PIKO 1	2	
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	2	
1ML TUBERCULIN SYRINGE SLIP TIP	2	
<i>acetylcysteine</i>	1	
ACTIMMUNE	3	QL, LD
ADDYI	3	QL, HC
<i>adenosine (diagnostic)</i>	MSD	MB
ALBUMIN HUMAN	MSD	MB
ALBUMINEX	MSD	MB
<i>alendronate sodium</i>	1, 3	

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<i>allopurinol</i>	1, 3	
<i>allopurinol sodium</i>	MSD	MB
AMJEVITA	2	QL
AMONDYS 45	MSD	MB
ARCALYST	3	QL
ATGAM	MSD	MB
AVONEX	3	QL
<i>azathioprine</i>	1, 3	
AZATHIOPRINE SODIUM	3	MB
AZEDRA THERAPEUTIC	MSD	MB
BACTERIOSTATIC WATER(BENZ ALC)	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2"	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	
BERINERT	3, MSD	QL, LD, MB
BESREMI	3	
BOTOX	2, 3	MB
BRIDION	MSD	MB
<i>bupivacaine hcl</i>	1, 3	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1, 3	MB
CAMPBOR	2	
CAMPBOR BLOCKS	2	
CAMPBOR SPIRIT (BULK)	1	
CARBOCAINE PRESERVATIVE-FREE	2, 3	MB
CERDELGA	2	LD
CERVIDIL	3	MB
CHLORAMPHENICOL	2	
<i>chloroprocaine hcl</i>	3	MB
<i>cinacalcet hcl</i>	1	
COAL TAR	2	
<i>colchicine</i>	1, 3	
CORTROSYN	2	MB
CRYSVITA	3	MB
<i>cyclosporine</i>	2, MSD	MB
<i>cyclosporine modified (for microemulsion)</i>	1, 3	
CYSTAGON	3	LD
<i>dalfampridine</i>	3	
DAXXIFY	2	MB
DEFITELIO	MSD	MB
<i>dexrazoxane hcl</i>	MSD	MB
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	

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<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1, 3	
<i>dopamine in d5w</i>	MSD	MB
DUREX REALFEEL	PRV	
<i>dutasteride</i>	3	
DYSPORT	3	MB
ELMIRON	3	
EMPAVELI	3	
ENBREL	3	QL
ENJAYMO	MSD	MB
ENSPRYNG	3	QL
EOVIST	MSD	MB
EPOGEN	3	QL
EPYSQLI	2	MB
ETHYOL	MSD	MB
EXONDYS 51	MSD	MB
EXPAREL	3	MB
FC2 FEMALE CONDOM	PRV	
<i>febuxostat</i>	3	
<i>finasteride</i>	1	
<i> fingolimod hcl</i>	1	
<i>fomepizole</i>	MSD	MB
GADAVIST	MSD	MB
<i>gadoterate meglumine</i>	MSD	MB
GAMIFANT	MSD	MB
GELFOAM SPONGE	2	MB
GIVLAARI	3	MB
<i>glatiramer acetate</i>	1	QL
GLUCAGEN DIAGNOSTIC	2	MB
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>ibandronate sodium</i>	3, MSD	MB
<i>icatibant acetate</i>	1, 3	QL
INFLECTRA	MSD	MB
INFLIXIMAB	MSD	MB
KALBITOR	3	MB
KESIMPTA	3	QL
KETAMINE HCL	2	
KETOPROFEN	2	
KIMONO	PRV	
<i>leflunomide</i>	1	
LEMTRADA	MSD	MB
LETS	2	MB
<i>leucovorin calcium</i>	1, 3, MSD	MB
LEUCOVORIN CALCIUM	2	
<i>levocarnitine (metabolic modifiers)</i>	1, 3, MSD	MB
LIDOCAINE	2	
LIDOCAINE HCL	2	
<i>lidocaine hcl (local anesth.)</i>	1, 2, 3	MB
LIDOCAINE HCL/DEXTROSE	3	MB

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<i>lidocaine w/ epinephrine</i>	1, 3	MB
LUCEMYRA	3	
MAGNEVIST	MSD	MB
MENTHOL	2	
<i>mesna</i>	2, MSD	MB
<i>methylergonovine maleate</i>	1	MB
<i>metirosine</i>	3	
MIFEPREX	2	
MONOJECT SYRINGE	2	
MYALEPT	3	QL, LD
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate mofetil hcl</i>	MSD	MB
<i>mycophenolate sodium</i>	3	
NEULUMEX	2	
NULOJIX	MSD	MB
NYSTATIN	2	
OCREVUS	MSD	MB
ODACTRA	2	
OMNITROPE PEN 10 INJ DEVICE	2	
ONPATTRO	MSD	MB
OPTIONS GYNOL II CONTRACEPTIVE	PRV	
ORALAIR	3	
ORENCIA	3, MSD	QL, MB
ORFADIN	3	LD
ORLADEYO	3	
OSPHENA	3	
OTEZLA	2	QL
OXLUMO	3	MB
<i>oxytocin</i>	2	MB
PALFORZIA (12 MG DAILY DOSE)	3	LD
<i>pamidronate disodium</i>	MSD	MB
PANHEMATIN	MSD	MB
PCCA LIPODERM BASE	2	
<i>phenazopyridine hcl</i>	3	
PHENOL	2	
PHEXXI	PRV	
PLASMANATE	MSD	MB
PROVAYBLUE	MSD	MB
PROVOCHOLINE	2	MB
QUADRAMET	MSD	MB
RAGWITEK	3	
RECORLEV	3	
<i>regadenoson</i>	MSD	MB
RIMSO-50	2	MB
<i>risedronate sodium</i>	3	
<i>ropivacaine hcl</i>	3	MB
RUCONEST	MSD	LD, MB
SALICYLIC ACID	2	
SAXENDA	3	QL, HC
SCULPTRA	2	MB
SIKLOS	3	

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SIMPONI ARIA	MSD	MB
SIMULECT	MSD	MB
<i>sirolimus</i>	3	
<i>sodium fluoride</i>	PRV	
SPINRAZA	3	MB
SSKI	2	
STERILE WATER FOR INJECTION	1	MB
SULFAMETHOXAZOLE	2	
SULFUR PRECIPITATED (BULK)	2	
SUPPRELIN LA	3	MB
<i>tacrolimus</i>	1, MSD	MB
TAKHZYRO	3	QL
TAVNEOS	3	
THALOMID	2	PA, LD
THYMOGLOBULIN	MSD	MB
THYMOL	2	
THYROGEN	2	MB
<i>tiopronin</i>	3	LD
TRUSTEX NON-LUBRICATED	PRV	
TUBERSOL	2	MB
TYENNE	3	QL, MB
TYSABRI	MSD	MB
ULTOMIRIS	3, MSD	MB
UPLIZNA	MSD	MB
VIJOICE	3	
VILTEPSO	MSD	MB
VORAXAZE	MSD	MB
VOXZOGO	3	
VYONDYS 53	MSD	MB
VYVGART	2	MB
XELJANZ	2, 3	
XEOMIN	3	MB
XGEVA	3	QL
YESINTEK	MSD	MB
YESINTEK	2	
<i>yohimbine hcl</i>	1	HC
ZINBRYTA	3	QL
ZINECARD	MSD	MB
<i>zoledronic acid</i>	MSD	MB
ZOLGENSMA 10.1-10.5 KG	MSD	MB
MUSCULOSKELETAL THERAPY		
BETASERON	2	QL
DUROLANE	2, 3	MB
VITAMINS		
<i>phytonadione</i>	1	MB
<i>potassium aminobenzoate</i>	1, 2, 3	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1, 3	
FASENRA	2, 3	QL, MB

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<i>montelukast sodium</i>	1, 3	
<i>zafirlukast</i>	3	
<i>zileuton</i>	3	
ANTITUSSIVES		
<i>benzonatate</i>	1, 3	
DURATUSS HD	2	
<i>guaifenesin-codeine</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>hydrocodone polistirex-chlorpheniramine polistirex</i>	3	QL
OBREDON	3	QL
<i>phenyleph-cpm w/ hydrocod</i>	1	
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	1	
<i>promethazine w/codeine</i>	3	QL
TUXARIN ER	3	QL
TUZISTRA XR	3	QL
RESPIRATORY AGENTS, MISCELLANEOUS		
ADEMPAS	1	LD
ALVESCO	2	
<i>ambrisentan</i>	1, 3	LD
ARALAST NP	MSD	LD, MB
ARNUIITY ELLIPTA	3	
ASMANEX (120 METERED DOSES)	2	
<i>bosentan</i>	1, 3	LD
BREO ELLIPTA	3	
<i>brompheniramine & phenyleph</i>	1	
<i>budesonide (inhalation)</i>	1, 3	
<i>budesonide-formoterol fumarate dihydrate</i>	1	
DULERA	3	
FLOVENT DISKUS	3	
FLOVENT HFA	2, 3	
OPSUMIT	3	LD
<i>pirfenidone</i>	2	LD
QVAR REDHALER	3	
<i>sodium chloride (inhalant)</i>	1	
TEZSPIRE	3	MB
<i>treprostinil</i>	3	LD, MB
UPTRAVI	3, MSD	LD, MB
VENTAVIS	3	LD
XOLAIR	3	MB
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
ASCENIV	MSD	MB
BIVIGAM	MSD	MB
CUTAQUIG	3	QL
CUVITRU	3	QL
GAMASTAN	2	MB
GAMMAGARD	2	QL
HYPERRAB	2, 3	MB
HYPERRHO S/D	2	MB
HYQVIA	3	QL, LD
NABI-HB	2	MB

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PANZYGA	MSD	MB
VARIZIG	3	MB
XEMBIFY	3	QL
ZINPLAVA	MSD	MB
TOXOIDS		
ADACEL	2	MB
DIPHThERIA-TETANUS TOXOIDS DT	3	MB
KINRIX	2, 3	MB
PENTACEL	3	MB
TDVAX	2	MB
TE ANATOXAL BERNA	2	MB
VACCINES		
ABRYSVO	2	MB
ACTHIB	2	MB
ADACEL	2, 3	MB
AREXVY	2	MB
BCG VACCINE	3	MB
BEXSERO	2	MB
COMIRNATY	2	MB
DAPTACEL	2, 3	MB
ENGRIX-B	2, 3	MB
FLULAVAL QUADRIVALENT	2	MB
FLUZONE HIGH-DOSE QUADRIVALENT	2	MB
GARDASIL 9	2	MB
HAVRIX	2, 3	MB
HEPLISAV-B	3	MB
IMOVAX RABIES	2	MB
IPOL	2	MB
IXIARO	2	MB
JE-VAX	2	MB
MENACTRA	3	MB
MENOMUNE-A/C/Y/W-135	2	MB
MENQUADFI	3	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
PREHEVBRIO	3	MB
PREVNAR 13	2	MB
PREVNAR 20	2	MB
PRIORIX	2	MB
PROQUAD	2	MB
QUADRACEL	3	MB
RABAVERT	2	MB
ROTARIX	2	MB
ROTATEQ	2	MB
SHINGRIX	2	MB
STAMARIL	2, 3	MB
TICOVAC	2	MB
TRUMENBA	3	MB

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TWINRIX	3	MB
TYPHIM VI	2	MB
VARIVAX	2	MB
VAXCHORA	2	MB
VIVOTIF	2	
ZOSTAVAX	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>acyclovir topical</i>	3	
ALTABAX	3	
<i>benzoyl peroxide-erythromycin</i>	3	
<i>ciclopirox</i>	1, 3	
<i>ciclopirox olamine</i>	1, 3	
<i>clindamycin phosphate (topical)</i>	1, 3	
<i>clindamycin phosphate vaginal</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	3	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	3	
<i>clotrimazole</i>	1	
<i>clotrimazole (topical)</i>	3	
<i>clotrimazole w/ betamethasone</i>	3	
CROTAN	3	
DENAVIR	3	
<i>econazole nitrate</i>	3	
ERTACZO	3	
<i>erythromycin (acne aid)</i>	1, 3	
ESKATA	3	MB
<i>gentamicin sulfate (topical)</i>	1	
GYNAZOLE-1	3	
<i>iodoquinol-hc</i>	1	
<i>iodoquinol-hydrocortisone in aloe vehicle</i>	3	
IVERMECTIN	3	
<i>ivermectin (rosacea)</i>	3	
<i>ketoconazole (topical)</i>	1, 3	
LINDANE	3	
LULICONAZOLE	3	
MAFENIDE ACETATE	3	
MENTAX	3	
<i>metronidazole (topical)</i>	1, 3	
<i>metronidazole vaginal</i>	1, 2, 3	
MICONAZOLE 3	3	
<i>mupirocin</i>	1	
<i>mupirocin calcium (topical)</i>	3	
<i>naftifine hcl</i>	3	
NEOMYCIN-POLYMYXIN B GU	3	
<i>nystatin (topical)</i>	1	
<i>oxiconazole nitrate</i>	3	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1, 3	
<i>silver sulfadiazine</i>	1	
SPINOSAD	3	
<i>sulfacetamide sodium</i>	3	

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Name of drug	Drug Tier	Restrictions/Limits
<i>sulfacetamide sodium (acne)</i>	3	
<i>sulfacetamide sodium w/ sulfur</i>	1, 3	
<i>terconazole vaginal</i>	3	
ULESFIA	3	
XEPI	3	
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
<i>alclometasone dipropionate</i>	3	
AMCINONIDE	3	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1, 3	
<i>calcipotriene-betamethasone dipropionate</i>	3	
<i>clobetasol propionate</i>	1, 2, 3	
<i>clobetasol propionate emulsion</i>	3	
<i>clocortolone pivalate</i>	3	
CORTIFOAM	3	
CORTISPORIN	3	
CORTISPORIN	3	
<i>desonide</i>	3	
<i>desoximetasone</i>	1, 3	
<i>diflorasone diacetate</i>	1, 3	
EUCRISA	3	
<i>fluocinolone acetonide</i>	1, 3	
<i>fluocinonide</i>	1, 3	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide</i>	3	
<i>fluticasone propionate</i>	3	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	3	
<i>hydrocortisone (intrarectal)</i>	1, 3	
<i>hydrocortisone (rectal)</i>	1, 3	
<i>hydrocortisone (topical)</i>	1, 3	
<i>hydrocortisone acetate (rectal)</i>	3	
<i>hydrocortisone butyrate</i>	1, 3	
<i>hydrocortisone butyrate hydrophilic lipo base</i>	3	
<i>hydrocortisone valerate</i>	1	
MICORT-HC	3	
<i>mometasone furoate</i>	1, 3	
NEO-SYNALAR	3	
NEO-SYNALAR	3	
<i>nystatin-triamcinolone</i>	3	
PREDNICARBATE	3	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1, 2, 3	
UCERIS	3	
<i>urea-hc acetate</i>	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
ADAZIN	3	
<i>doxepin hcl (antipruritic)</i>	3	
HYDROCORTISONE ACE-PRAMOXINE	3	
LIDOCAINE HCL	3	

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Name of drug	Drug Tier	Restrictions/Limits
<i>lidocaine hcl</i>	1, 3	
<i>lidocaine-hydrocortisone acetate (rectal)</i>	3	
<i>lidocaine-prilocaine</i>	1	
CELL STIMULANTS AND PROLIFERANTS		
KEPIVANCE	MSD	MB
<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, 3	
ADBRY	3	
<i>aluminum chloride</i>	1, 3	
AMELUZ	3	MB
<i>azelaic acid</i>	1	
<i>calcipotriene</i>	1	
CALCITRIOL	3	
COSENTYX	2, 3	QL
<i>diclofenac sodium (topical)</i>	3	
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
KORSUVA	MSD	MB
<i>lactic acid (ammonium lactate)</i>	3	
<i>methoxsalen rapid</i>	1	
PODOFILOX	1	
<i>salicylic acid</i>	1	
SANTYL	2	
<i>tacrolimus (topical)</i>	1	
UVADEX	3	MB
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
<i>aminophylline</i>	MSD	MB
<i>caffeine citrate</i>	3	
<i>darifenacin hydrobromide</i>	1, 3	
<i>fesoterodine fumarate</i>	3	
<i>mirabegron</i>	3	
<i>oxybutynin chloride</i>	1, 3	
<i>solifenacin succinate</i>	1	
<i>theophylline</i>	1	
<i>tolterodine tartrate</i>	1	
<i>trospium chloride</i>	1	
VASODILATING AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
CAVERJECT	2	QL, HC
LEVITRA	3	QL, HC
<i>sildenafil citrate</i>	1	QL, HC
<i>tadalafil</i>	1	PA, QL, HC
VITAMINS		
VITAMINS		
AQUASOL A	2	MB
<i>ascorbic acid</i>	1, MSD	MB

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Name of drug	Drug Tier	Restrictions/Limits
<i>calcitriol</i>	1, MSD	MB
<i>cyanocobalamin</i>	1, 3	QL
<i>doxercalciferol</i>	3, MSD	MB
<i>ergocalciferol</i>	1	
<i>ferrous sulfate</i>	PRV	
<i>folic acid</i>	1, PRV	QL
INFED	2	MB
INFUVITE ADULT	MSD	MB
INFUVITE PEDIATRIC	MSD	MB
MONOFERRIC	MSD	MB
<i>multiple vitamins w/ minerals</i>	1	
<i>paricalcitol</i>	3, MSD	MB
<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
TRIFERIC	3	MB
VENOFER	MSD	MB
VINATE M	2	

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Specialty Drugs

The following is a list of medications that are considered specialty drugs. Some plans have a separate specialty drug tier with a specialty tier copay.

Specialty drugs include self-administered injectables, medications that are high cost, and/or medications that require special handling, dispensing procedures, and/or monitoring.

ABILIFY MYCI TAB 2MG STRT
 ABILIFY MYCI TAB 2MG MANT
 ABILIFY MYCI TAB 5MG STRT
 ABILIFY MYCI TAB 5MG MANT
 ABILIFY MYCI TAB 10MG STR
 ABILIFY MYCI TAB 10MG MNT
 ABILIFY MYCI TAB 15MG STR
 ABILIFY MYCI TAB 15 MG MNT
 ABILIFY MYCI TAB 20MG STR
 ABILIFY MYCI TAB 20MG MNT
 ABILIFY MYCI TAB 30MG STR
 ABILIFY MYCI TAB 30MG MNT
 ABILIFY MYCITE TAB 10 MG
 ABILIFY MYCITE TAB 15 MG
 ABILIFY MYCITE TAB 2 MG
 ABILIFY MYCITE TAB 20 MG
 ABILIFY MYCITE TAB 30 MG
 ABILIFY MYCITE TAB 5 MG
 ACTEMRA INJ 162/0.9
 ACTHAR INJ GEL 40 UNIT/0.5ML
 ACTHAR INJ GEL 80 UNIT/ML
 ACTIMMUNE INJ 2MU/0.5
 ADALIMU-AATY (1 PEN) AJKT 40MG/0.4ML
 ADALIMU-AATY (2 PEN) AJKT 40MG/0.4ML
 ADALIMU-AATY (2 PEN) AJKT 80MG/0.8ML
 ADALIMU-AATY (2 SYRINGE) PSKT 20MG/0.2ML
 ADALIMU-AATY (2 SYRINGE) PSKT 40MG/0.4ML
 ADALIMU-RYVK INJ 40/0.4ML
 ADALIMU-RYVK (2 PEN) AJKT 40MG/0.4ML
 ADALIMU-RYVK (2 SYRINGE) PSKT 40MG/0.4ML
 ADAPALENE-BENZOYL PEROXIDE 0.1-2.5%
 ADCIRCA TAB 20MG
 ADEFOVIR DIPIVOXIL TAB 10MG (GENERIC)
 ADEMPAS TAB 0.5MG
 ADEMPAS TAB 1.5MG
 ADEMPAS TAB 1MG
 ADEMPAS TAB 2.5MG
 ADEMPAS TAB 2MG
 AFINITOR DISPERZ TAB 2MG
 AFINITOR DISPERZ TAB 3MG
 AFINITOR DISPERZ TAB 5MG
 AFINITOR TAB 10MG
 AFINITOR TAB 2.5MG
 AFINITOR TAB 5MG
 AFINITOR TAB 7.5MG
 ALECENSA CAPS 150 MG

ALKINDI SPRINKLE CPSP 0.5 MG
 ALKINDI SPRINKLE CPSP 1 MG
 ALKINDI SPRINKLE CPSP 2 MG
 ALKINDI SPRINKLE CPSP 5 MG
 ALUNBRIG TABS 180 MG
 ALUNBRIG TABS 30 MG
 ALUNBRIG TABS 90 MG
 ALUNBRIG TBPK 90 & 180 MG
 ALYFTREK TAB
 ALYGLO SOLN 5GM/50ML
 ALYGLO SOLN 10GM/100ML
 ALYGLO SOLN 20GM/200ML
 AMPYRA TAB 10MG
 ANCOBON CAP 250MG
 ANCOBON CAP 500MG
 APOKYN INJ 10MG/ML
 AQNEURSA POW 1GM
 ARANESP ALBUMIN FREE INJ 100MCG
 ARANESP ALBUMIN FREE INJ 100MCG
 ARANESP ALBUMIN FREE INJ 10MCG
 ARANESP ALBUMIN FREE INJ 150MCG
 ARANESP ALBUMIN FREE INJ 150MCG
 ARANESP ALBUMIN FREE INJ 200MCG
 ARANESP ALBUMIN FREE INJ 25MCG
 ARANESP ALBUMIN FREE INJ 25MCG
 ARANESP ALBUMIN FREE INJ 300MCG
 ARANESP ALBUMIN FREE INJ 40MCG
 ARANESP ALBUMIN FREE INJ 40MCG
 ARANESP ALBUMIN FREE INJ 500MCG
 ARANESP ALBUMIN FREE INJ 60MCG
 ARANESP ALBUMIN FREE INJ 60MCG
 ARANESP ALBUMIN FREE SURECLICK INJ 100MCG
 ARANESP ALBUMIN FREE SURECLICK INJ 300MCG
 ARCALYST INJ 220MG
 ARFORMOTEROL TARTRATE 15/2ML
 ARIKAYCE INHALATION SUSP 590 MG/8.4 ML
 ATOVAQUONE ORAL SUSP 750MG/5ML(GENERIC)
 ATTRUBY PAK 356MG
 AUBAGIO TAB 7MG
 AUBAGIO TAB 14MG
 AUGTYRO CAP 40MG
 AUGTYRO CAP 160MG
 AURYXIA TAB 210MG
 AUSTEDO TABS 12 MG
 AUSTEDO TABS 6MG
 AUSTEDO TABS 9 MG
 AUSTEDO XR TAB 18MG
 AUSTEDO XR TAB 30MG
 AUSTEDO XR TAB 36MG
 AUSTEDO XR TAB 42MG
 AUSTEDO XR TAB 48MG
 AUSTEDO XR TAB TITR KIT
 AXTLE INJ 100MG
 AXTLE INJ 500MG
 AYVAKIT 25MG
 AYVAKIT 50MG

BAFIERTAM CPDR 95 MG	CYLTEZO (2 PEN) AJKT 40MG/0.4ML
BANZEL ORAL SUSP 40 MG/ML	CYLTEZO (2 PEN) AJKT 40MG/0.8ML
BANZEL TAB 200MG	CYLTEZO (2 SYRINGE) PSKT 10MG/0.2ML
BANZEL TAB 400MG	CYLTEZO (2 SYRINGE) PSKT 20MG/0.4ML
BARACLUDE SOL .05MG/ML	CYLTEZO (2 SYRINGE) PSKT 40MG/0.4ML
BENLYSTA SOAJ 200 MG/ML	CYLTEZO (2 SYRINGE) PSKT 40MG/0.8ML
BENLYSTA SOSY 200 MG/ML	CYLTEZO-CD/UC/HS START AJKT 40MG/0.4ML
BENLYSTA SOLR 120 MG	CYLTEZO-CD/UC/HS START AJKT 40MG/0.8ML
BENLYSTA SOLR 400 MG	CYLTEZO-PSOR/UV START AJKT 40MG/0.4ML
BETHKIS NEB 300/4ML	CYLTEZO-PSOR/UV START AJKT 40MG/0.8ML
BEXAROTENE CAPS 75 MG	CYSTADANE POW
BIMZELX SOAJ 160 MG/ML	CYSTAGON CAP 150MG
BIMZELX SOSY 160 MG/ML	CYSTAGON CAP 50MG
BIMZELX INJ 320MG/2	DAKLINZA TAB 90MG
BIZENGRI SOL 750 DOSE	DAKLINZA TAB 30MG
BOSENTAN TAB 125 MG (GENERIC)	DAKLINZA TAB 60MG
BOSENTAN TAB 62.5 MG (GENERIC)	DANZITEN TAB 71MG
BRAFTOVI CAPS 50 MG	DANZITEN TAB 95MG
BRAFTOVI CAPS 75 MG	DASATINIB TAB 20MG
BROVANA INHALATION SOLN 15MCG/2ML	DASATINIB TAB 50MG
BUPHENYL POW	DASATINIB TAB 70MG
BUPHENYL TAB 500MG	DASATINIB TAB 80MG
BYNFEZIA PEN INJ 2500MCG/ML	DASATINIB TAB 100MG
CABOMETYX TABS 20 MG	DASATINIB TAB 140MG
CABOMETYX TABS 40 MG	DATROWAY INJ 100MG
CABOMETYX TABS 60 MG	DAURISMO TAB 100 MG
CALCITONIN INJ 400/2ML	DAURISMO TAB 25 MG
CALQUENCE CAPS 100 MG	DEFERASIROX GRANULES PACK 180 MG
CAPRELSA TAB 100MG	DEFERASIROX GRANULES PACK 360MG
CARAC CREAM 0.5 %	DEFERASIROX GRANULES PACK 90
CERDELGA CAP 84MG	DEFERIPRONE TABS 500 MG
CHEMET CAP 100MG	DEFLAZACORT SUS 22.75MG
CHOLBAM CAP 250MG	DIACOMIT CAP 250 MG
CHOLBAM CAP 50MG	DIACOMIT CAP 500 MG
CIBINQO TAB 50MG	DIACOMIT POWDER FOR ORAL SUSP PACKET 250MG
CIBINQO TAB 100MG	DIACOMIT POWDER FOR ORAL SUSP PACKET 500MG
CIBINQO TAB 200MG	DIFICID TAB 200MG
CIMZIA KIT 200MG/ML	DOPTelet TABS 20 MG
CIMZIA KIT 2 X 200 MG	DUEXIS TAB 800-26.6 MG
COBENFY CAP 50-20MG	DUOPA 4.63/20 MG/ML
COBENFY CAP 125-30MG	ENTERAL SUSP DUVYZAT SUS 8.86MG
COBENFY CAP 100-20MG	EBGLYSS INJ 250/2ML
COBENFY STR PK CPPK 50-20 & 100-20MG	EDARAVONE INJ 30/100ML
COMETRIQ KIT 100MG	EDARAVONE INJ 60/100ML
COMETRIQ KIT 140MG	ELEPSIA XR 1000MG
COMETRIQ KIT 60MG	ELEPSIA XR 1500MG
COPAXONE INJ 40MG/ML	ELEVIDYS 10.0-10.4 KG KIT 10 x 10 ML
COPEGUS TAB 200MG	ELEVIDYS 10.5-11.4 KG KIT 11 x 10 ML
COPIKTRA CAP 15 MG	ELEVIDYS 11.5-12.4 KG KIT 12 x 10 ML
COPIKTRA CAP 25 MG	ELEVIDYS 12.5-13.4 KG KIT 13 x 10 ML
COTELLIC TABS 20MG	ELEVIDYS 13.5-14.4 KG KIT 14 x 10 ML
CRENESSITY CAP 50MG	
CRENESSITY CAP 100MG	
CRENESSITY SOL 50MG/ML	
CRESEMBA CAP 186 MG	
CUPRIMINE CAP 250MG	
CUTAQUIG INJ SOLN	

ELEVIDYS 14.5-15.4 KG KIT 15 x 10 ML	EMSAM PT24 12 MG/24HR
ELEVIDYS 15.5-16.4 KG KIT 16 x 10 ML	EMSAM PT24 6 MG/24HR
ELEVIDYS 16.5-17.4 KG KIT 17 x 10 ML	EMSAM PT24 9 MG/24HR
ELEVIDYS 17.5-18.4 KG KIT 18 x 10 ML	ENSTILAR FOAM 0.005-0.064 %
ELEVIDYS 18.5-19.4 KG KIT 19 x 10 ML	ENTOCORT EC CAP 3MG/24HR
ELEVIDYS 19.5-20.4 KG KIT 20 x 10 ML	EPIDIOLEX ORAL SOL 100 MG/ML
ELEVIDYS 20.5-21.4 KG KIT 21 x 10 ML	ERIVEDGE CAP 150MG
ELEVIDYS 21.5-22.4 KG KIT 22 x 10 ML	ERLEADA TABS 60 MG
ELEVIDYS 22.5-23.4 KG KIT 23 x 10 ML	ERLOTINIB TAB 100MG (GENERIC)
ELEVIDYS 23.5-24.4 KG KIT 24 x 10 ML	ERLOTINIB TAB 150MG (GENERIC)
ELEVIDYS 24.5-25.4 KG KIT 25 x 10 ML	ERLOTINIB TAB 25MG (GENERIC)
ELEVIDYS 25.5-26.4 KG KIT 26 x 10 ML	ERZOFRI INJ 78/0.5ML
ELEVIDYS 26.5-27.4 KG KIT 27 x 10 ML	ERZOFRI INJ 117/0.75
ELEVIDYS 27.5-28.4 KG KIT 28 x 10 ML	ERZOFRI INJ 156MG/ML
ELEVIDYS 28.5-29.4 KG KIT 29 x 10 ML	ERZOFRI INJ 234/1.5
ELEVIDYS 29.5-30.4 KG KIT 30 x 10 ML	ERZOFRI INJ 351/2.25
ELEVIDYS 30.5-31.4 KG KIT 31 x 10 ML	ESBRIET CAP 267MG
ELEVIDYS 31.5-32.4 KG KIT 32 x 10 ML	EXJADE TAB 125MG
ELEVIDYS 32.5-33.4 KG KIT 33 x 10 ML	EXJADE TAB 250MG
ELEVIDYS 33.5-34.4 KG KIT 34 x 10 ML	EXJADE TAB 500MG
ELEVIDYS 34.5-35.4 KG KIT 35 x 10 ML	EXSERVAN 50MG
ELEVIDYS 35.5-36.4 KG KIT 36 x 10 ML	FANAPT TAB 1 MG
ELEVIDYS 36.5-37.4 KG KIT 37 x 10 ML	FANAPT TAB 12 MG
ELEVIDYS 37.5-38.4 KG KIT 38 x 10 ML	FANAPT TAB 2 MG
ELEVIDYS 38.5-39.4 KG KIT 39 x 10 ML	FANAPT TAB 4 MG
ELEVIDYS 39.5-40.4 KG KIT 40 x 10 ML	FANAPT TAB 6 MG
ELEVIDYS 40.5-41.4 KG KIT 41 x 10 ML	FANAPT TAB 8 MG
ELEVIDYS 41.5-42.4 KG KIT 42 x 10 ML	FARESTON TAB 60 MG
ELEVIDYS 42.5-43.4 KG KIT 43 x 10 ML	FARYDAK CAP 10MG
ELEVIDYS 43.5-44.4 KG KIT 44 x 10 ML	FARYDAK CAP 15MG
ELEVIDYS 44.5-45.4 KG KIT 45 x 10 ML	FARYDAK CAP 20MG
ELEVIDYS 45.5-46.4 KG KIT 46 x 10 ML	FASENRA PEN INJ 30MG/ML
ELEVIDYS 46.5-47.4 KG KIT 47 x 10 ML	FERRIPROX TAB 500MG
ELEVIDYS 47.5-48.4 KG KIT 48 x 10 ML	FERRIPROX TABS 1000 MG
ELEVIDYS 48.5-49.4 KG KIT 49 x 10 ML	FILSUEVZ GEL 10%
ELEVIDYS 49.5-50.4 KG KIT 50 x 10 ML	FINTEPLA SOLN 2.2 MG/ML
ELEVIDYS 50.5-51.4 KG KIT 51 x 10 ML	FIRAZYR INJ 30MG/3ML
ELEVIDYS 51.5-52.4 KG KIT 52 x 10 ML	FIRDAPSE TAB 10 MG
ELEVIDYS 52.5-53.4 KG KIT 53 x 10 ML	FORTEO SOL 600/2.4
ELEVIDYS 53.5-54.4 KG KIT 54 x 10 ML	FOSRENOL CHW 500MG
ELEVIDYS 54.5-55.4 KG KIT 55 x 10 ML	FOTIVDA CAP 0.89MG
ELEVIDYS 55.5-56.4 KG KIT 56 x 10 ML	FOTIVDA CAP 1.34MG
ELEVIDYS 56.5-57.4 KG KIT 57 x 10 ML	FRUZAQLA CAPS 1MG
ELEVIDYS 57.5-58.4 KG KIT 58 x 10 ML	FRUZAQLA CAPS 5MG
ELEVIDYS 58.5-59.4 KG KIT 59 x 10 ML	FULPHILA SOSY 6 MG/0.6ML
ELEVIDYS 59.5-60.4 KG KIT 60 x 10 ML	GABARONE TAB 100MG
ELEVIDYS 60.5-61.4 KG KIT 61 x 10 ML	GABARONE TAB 400MG
ELEVIDYS 61.5-62.4 KG KIT 62 x 10 ML	GASTROCROM 100 MG/5 ML CONC
ELEVIDYS 62.5-63.4 KG KIT 63 x 10 ML	GATTEX KIT 5MG
ELEVIDYS 63.5-64.4 KG KIT 64 x 10 ML	GENOTROPIN INJ 12MG
ELEVIDYS 64.5-65.4 KG KIT 65 x 10 ML	GENOTROPIN INJ 5MG
ELEVIDYS 65.5-66.4 KG KIT 66 x 10 ML	GENOTROPIN MINIUICK INJ 0.4MG
ELEVIDYS 66.5-67.4 KG KIT 67 x 10 ML	GENOTROPIN MINIUICK INJ 0.6MG
ELEVIDYS 67.5-68.4 KG KIT 68 x 10 ML	GENOTROPIN MINIUICK INJ 0.8MG
ELEVIDYS 68.5-69.4 KG KIT 69 x 10 ML	GENOTROPIN MINIUICK INJ 1.2MG
ELEVIDYS 69.5 KG PLUS KIT 70 x 10 ML	GENOTROPIN MINIUICK INJ 1.4MG
ELFABRIO SOL 5MG/2.5ML	GENOTROPIN MINIUICK INJ 1.6MG
EMCYT CAP 140MG	GENOTROPIN MINIUICK INJ 1.8MG
EMFLAZA SUSP 22.75 MG/ML	GENOTROPIN MINIUICK INJ 1MG
EMFLAZA TABS 18 MG	GENOTROPIN MINIUICK INJ 2MG
EMFLAZA TABS 30 MG	GEFITINIB TAB 250MG
EMFLAZA TABS 36 MG	GILENYA CAP 0.25 MG
EMFLAZA TABS 6 MG	GILENYA CAP 0.5MG
EMGALITY INJ 100MG/ML	GILOTRIF TAB 20MG
EMROSI CAP 40MG	GILOTRIF TAB 30MG

GLEEEVEC TAB 100MG
GLEEEVEC TAB 400MG
GLEOSTINE CAP 100 MG
GLEOSTINE CAP 40 MG
GLUTAMINE POWD PACK 5GM
GOCOVRI CP24 137 MG
GOCOVRI CP24 68.5 MG
H.P. ACTHAR INJ 80UNIT
HAEGARDA SOLR 2000 UNIT
HAEGARDA SOLR 3000 UNIT
HALOG TOPICAL SOLN 0.1%
HARVONI PAK 33.75-150 MG
HARVONI PAK 45-200MG
HARVONI TAB 45-200MG
HARVONI TAB 90-400MG
HEPSERA TAB 10MG
HETLIOZ CAP 20MG
HETLIOZ LQ 4MG/ML
HEXALEN CAP 50MG
HIZENTRA INJ 1GM/5ML
HIZENTRA INJ 2GM/10ML
HIZENTRA INJ 4GM/20ML
HIZENTRA SOLN 10 GM/50ML
HULIO (2 PEN) AJKT 40MG/0.8ML
HULIO (2 SYRINGE) PSKT 20MG/0.4ML
HULIO (2 SYRINGE) PSKT 40MG/0.8ML
HUMATROPE COMBO PACK INJ 5MG
HUMATROPE INJ 12MG
HUMATROPE INJ 24MG
HUMATROPE INJ 6MG
HUMIRA (2 SYRINGE) PSKT 10MG/0.1ML
HUMIRA (2 SYRINGE) PSKT 20MG/0.2ML
HUMIRA (2 SYRINGE) PSKT 40MG/0.8ML
HUMIRA (2 SYRINGE) PSKT 40 MG/0.4ML
HUMIRA (2 PEN) AJKT 40MG/0.8ML
HUMIRA (2 PEN) AJKT 40MG/0.4ML
HUMIRA (2 PEN) AJKT 80MG/0.8ML
HUMIRA CD/UC/HS STARTER AJKT 40MG/0.8ML
HUMIRA-PED CD STR PSKT 80MG/0.8ML & 40MG/0.4ML
HUMIRA-PED UC STARTER AJKT 80MG/0.8ML
HUMIRA-PED CR STARTER PSKT 80MG/0.8ML
HUMIRA-CD/UC/HS STARTER AJKT 80MG/0.8ML
HUMIRA PS/UV/ADOL HS STARTER AJKT 40MG/0.8ML
HUMIRA -PS/UV STR AJKT 80MG/0.8ML & 40MG/0.4ML
HUMIRA INJ 10MG/0.2ML
HUMIRA KIT 20MG/0.4ML
HYCANTIN 0.25 MG CAP
HYCANTIN 1 MG CAP
HYQVIA KIT 10 GM/100ML
HYQVIA KIT 20 GM/200ML
HYQVIA KIT 30 GM/300ML
HYQVIA KIT 5 GM/50ML
HYRIMOZ SOAJ 40MG/0.4ML
HYRIMOZ SOAJ 40MG/0.8ML
HYRIMOZ SOAJ 80MG/0.8ML
HYRIMOZ SOSY 10 MG/0.1ML
HYRIMOZ SOSY 20MG/0.2ML
HYRIMOZ SOSY 40MG/0.4ML
HYRIMOZ SOSY 40MG/0.8ML
HYRIMOZ-CR/UC START SOAJ 80MG/0.8ML
HYRIMOZ-PED/CR SOSY 80MG/0.8ML & 40MG/0.4ML
HYRIMOZ-PED CR START SOSY 80MG/0.8ML
HYRIMOZ-PL/PS/UV SOAJ 80MG/0.8ML & 40MG/0.4ML
IBRANCE CAP 100MG
IBRANCE CAP 125MG
IBRANCE CAP 75MG
IBRANCE TABS 100 MG
IBRANCE TABS 125 MG
IBRANCE TABS 75 MG
IBSRELA TABS 50MG
ICLUSIG TAB 10MG
ICLUSIG TAB 15MG
ICLUSIG TAB 30MG
ICLUSIG TAB 45MG
IDACIO (2 PEN) AJKT 40MG/0.8ML
IDACIO (2 SYRINGE) PSKT 80MG/0.8ML
IDACIO-CR/UC START AJKT 40MG/0.8ML
IDACIO-PSOR START AJKT 40mg/0.8ml
IDHIFA TABS 100 MG
IDHIFA TABS 50 MG
ILARIS SOLN 150MG/ML
ILUMYA SOSY 100MG/ML
IMBRUVICA CAP 140MG
IMBRUVICA CAPS 70 MG
IMBRUVICA TABS 140 MG
IMBRUVICA TABS 280 MG
IMBRUVICA TABS 420 MG
IMBRUVICA TABS 560 MG
IMDELLTRA INJ 1MG
IMDELLTRA INJ 10MG
IMKELDI SOL 80MG/ML
INBRIJA INHALATION POWDER CAPS 42 MG
INCRELEX INJ 40MG/4ML
INGREZZA CAP PK 40 & 80 MG
INGREZZA CAPS 60MG
INGREZZA CAPS 40 MG
INGREZZA CAPS 80 MG
INLYTA TAB 1MG
INLYTA TAB 5MG
INREBIC CAP 100 MG
INTRON-A INJ 18MU
INTRON-A INJ 18MU
INTRON-A INJ 25MU
INTRON-A KIT 10MU/ML
INTRON-A W/DILUENT INJ 10MU
INTRON-A W/DILUENT INJ 50MU
IQIRVO TAB 80MG
ITOVEBI TAB 3MG
ITOVEBI TAB 9MG
IXEMPRA KIT SOLR 15MG
IXEMPRA KIT SOLR 45MG
JADENU SPRINKLE PACK 180 MG
JADENU SPRINKLE PACK 360 MG
JADENU SPRINKLE PACK 90 MG
JADENU TAB 180MG
JADENU TAB 360MG
JADENU TAB 90MG
JAKAFI TAB 10MG
JAKAFI TAB 15MG
JAKAFI TAB 20MG
JAKAFI TAB 25MG
JAKAFI TAB 5MG
JUXTAPID CAP 10MG
JUXTAPID CAP 20MG
JUXTAPID CAP 5MG
JUXTAPID CAPS 30 MG
JUXTAPID CAPS 40 MG
JUXTAPID CAPS 60 MG

KALYDECO PACK 5.8MG
 KALYDECO PACK 13.4MG
 KALYDECO PACK 25MG
 KALYDECO PACK 50MG
 KALYDECO PACK 75MG
 KALYDECO TABS 150MG
 KEVEYIS 50MG TAB
 KEVZARA SOAJ 150 MG/1.14ML
 KEVZARA SOAJ 200 MG/1.14ML
 KEVZARA SOSY 150 MG/1.14ML
 KEVZARA SOSY 200 MG/1.14ML
 KINERET SOSY 100MG/0.67ML
 KISQALI 200 DOSE TABS 200 MG
 KISQALI 400 DOSE TABS 200 MG
 KISQALI 600 DOSE TABS 200 MG
 KISQALI FEMARA 200 DOSE TBP 200 & 2.5 MG
 KISQALI FEMARA 400 DOSE TBP 200 & 2.5 MG
 KISQALI FEMARA 600 DOSE TBP 200 & 2.5 MG
 KITABIS PAK NEB 300/5ML
 KORLYM TAB 300MG
 KUVAN PACK 500 MG
 KUVAN POW 100MG
 KUVAN TAB 100MG
 KYNAMRO INJ 200MG/ML
 KYNMOBI FILM 10 MG
 KYNMOBI FILM 15 MG
 KYNMOBI FILM 20 MG
 KYNMOBI FILM 25 MG
 KYNMOBI FILM 30 MG
 LAPATINIB DITOSYLATE TAB 250MG
 LAZCLUZE TAB 80MG
 LAZCLUZE TAB 240MG
 LEDIPASVIR-SOFOSBUVIR 90-400MG
 LENALIDOMIDE CAPS 2.5 MG
 LENALIDOMIDE CAPS 5 MG
 LENALIDOMIDE CAPS 10 MG
 LENALIDOMIDE CAPS 15 MG
 LENALIDOMIDE CAPS 20 MG
 LENALIDOMIDE CAPS 25 MG
 LENVIMA CAP 18MG
 LENVIMA CAP 8MG
 LENVIMA 10MG DAILY DOSE CAP 10MG
 LENVIMA 14MG DAILY DOSE CAP 14MG
 LENVIMA 20MG DAILY DOSE CAP 20MG
 LENVIMA 24MG DAILY DOSE CAP 24MG
 LENVIMA CAP 12 MG
 LENVIMA CAP 4 MG
 LETAIRIS TAB 10MG
 LETAIRIS TAB 5MG
 LEUKERAN TABS 2MG
 LEUKINE 500 MCG/ML VIAL
 LEUKINE INJ 250MCG
 LEXETTE FOAM 0.05%
 LIBTAYO SOLN 350MG/7ML
 LIVDELZI CAP 10MG
 LIVMARLI SOL 19MG/ML
 LOFEXIDINE TAB 0.18MG
 LONSURF TABS 15-6.14 MG
 LONSURF TABS 20-8.19 MG
 LOQTORZI SOLN 240 MG/6ML
 LORBRENA TAB 100 MG
 LORBRENA TAB 25 MG
 LOTRONEX TAB 1MG

LUMAKRAS TAB 240MG
 LUMRYZ PAK STARTER
 LUPKYNIS 7.9MG TAB
 LUPRON DEPOT-PED INJ 11.25MG
 LUPRON DEPOT-PED INJ 11.25MG
 LUPRON DEPOT-PED INJ 15MG
 LUPRON DEPOT-PED INJ 30MG
 LUPRON DEPOT-PED INJ 7.5MG
 LYNPARZA CAP 50MG
 LYNPARZA TABS 100 MG
 LYNPARZA TABS 150 MG
 MATULANE CAP 50MG
 MAVYRET PACK 50-20MG
 MAVYRET TABS 100-40 MG
 MEKINIST TAB 0.5MG
 MEKINIST TAB 2MG
 MEKTOVI TABS 15 MG
 MEPRON ORAL SUSP 750MG/5ML
 MESNA TAB 400MG
 METFORMIN TAB 750MG
 MIPLYFFA CAP 47MG
 MIPLYFFA CAP 62MG
 MIPLYFFA CAP 93MG
 MIPLYFFA CAP 124MG
 MODERIBA 1200 DOSE PACK PAK 1200/DAY
 MODERIBA PAK 600/DAY
 MULPLETA TAB 3MG
 MYFEMBREE 40-1-0.5MG
 MYHIBBIN SUS 200MG/ML
 NATPARA INJ 100MCG
 NATPARA INJ 25MCG
 NATPARA INJ 50MCG
 NATPARA INJ 75MCG
 NAYZILAM NASAL SPR 5MG
 NEMLUVIO INJ 30MG
 NERLYNX TABS 40 MG
 NEULASTA INJ 6MG/0.6M
 NEUMEGA INJ 5MG
 NEUPOGEN INJ 300/0.5
 NEUPOGEN INJ 300MCG
 NEUPOGEN INJ 480/0.8
 NEUPOGEN INJ 480MCG
 NEXAVAR TAB 200MG
 NIMODIPINE SOL 60/20ML
 NINLARO CAPS 2.3 MG
 NINLARO CAPS 3 MG
 NINLARO CAPS 4 MG
 NITYR TABS 10 MG
 NITYR TABS 2 MG
 NITYR TABS 5 MG
 NORDITROPIN FLEXPON INJ 10/1.5ML
 NORTHERA CAP 100MG
 NORTHERA CAP 200MG
 NORTHERA CAP 300MG
 NOXAFIL SUS 40MG/ML
 NOXAFIL TAB 100MG
 NUBEQA TAB 300MG
 NUCYNTA ER TAB 12 200 MG
 NUCYNTA ER TAB 12 250 MG
 NUCYNTA TAB 100 MG
 NUPLAZID CAPS 34 MG
 NUPLAZID TABS 10 MG
 NUPLAZID TABS 17MG

NUSPIN 20 SOLN 20 MG/2ML
 NUTROPIN AQ
 NUTROPIN AQ PEN INJ 20MG/2ML
 NYMALIZE ORAL SOLN 6MG/ML
 NYMALIZE ORAL SOLN 6MG/ML
 NYPOZI INJ 300/0.5
 NYVEPRIA 6MG/0.6ML
 OCALIVA TAB 10 MG
 OCALIVA TAB 5MG
 OCREVUS INJ ZUNOVO
 OCTREOTIDE KIT 20MG
 OCTREOTIDE KIT 30MG
 ODOMZO 200MG CAPSULES
 OFEV CAP 100MG
 OFEV CAP 150MG
 OGSIVEO TAB 50MG
 OGSIVEO TAB 100MG
 OGSIVEO TAB 150MG
 OHTUVAYRE SUS 3MG/2.5ML
 OJEMDA TABS 100MG
 OJEMDA SUSR 25MG/ML
 OJJAARA TABS 100MG
 OJJAARA TABS 150MG
 OJJAARA TABS 200MG
 OLUMIANT TABS 1MG
 OLUMIANT TABS 2 MG
 OLUMIANT TABS 4MG
 OLYSIO CAP 150MG
 OMVOH SOAJ 100 MG/ML
 OMVOH SOLN 300MG/15ML
 ONUREG TABS 200 MG
 ONUREG TABS 300 MG
 OPDIVO INJ QVANTIG
 OPIPZA MIS 2MG
 OPIPZA MIS 5MG
 OPIPZA MIS 10MG
 OPSUMIT TAB 10MG
 OPZELURA CREAM 1.5%
 ORENCIA CLCK INJ 125MG/ML
 ORENCIA INJ 125MG/ML
 ORENCIA SOSY 50 MG/0.4ML
 ORENCIA SOSY 87.5 MG/0.7ML
 ORENITRAM TAB 0.125MG
 ORENITRAM TAB 0.25MG
 ORENITRAM TAB 1MG
 ORENITRAM TAB 2.5MG
 ORENITRAM TBCR 5 MG
 ORFADIN CAP 10MG
 ORFADIN CAP 2MG ORFADIN
 CAP 5MG ORKAMBI TABS
 100-125MG ORKAMBI TABS
 200-125MG ORKAMBI PACK
 75-94MG ORKAMBI 150-188MG
 ORKAMBI 100-125MG

OTEZLA TAB 20MG
 OTEZLA TAB 30MG
 OTEZLA TBP 10 & 20 MG Starter pack
 OTEZLA TBP 10 & 20 & 30 MG - 28 day Starter pack
 OXANDROLONE TAB 10MG (GENERIC)
 OXYCODONE TAB 5MG
 OXYCODONE TAB 10MG
 OXYCODONE TAB 15MG
 OXYCODONE TAB 30MG
 OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML
 PAZOPANIB HCL TABS 200MG
 PEGASYS INJ
 PEGASYS INJ
 PEGASYS INJ 180MCG/M
 PEGASYS KIT
 PEGASYS PROCLICK INJ
 PROCLICK PENICILLAMINE CAP 250 MG
 (GENERIC) PIASKY INJ 340/2ML
 PIQRAY 200 MG DAILY DOSE TAB PK 200 MG
 PIQRAY 250 MG DAILY DOSE TAB PK 200 & 50 MG
 PIQRAY 300 MG DAILY DOSE TAB PK 2x150 MG
 PLEGRIDY INJ
 PLEGRIDY INJ PEN
 PLEGRIDY STARTER PACK INJ STARTER
 PLEGRIDY STARTER PACK INJ STARTER
 POMALYST CAP 1MG
 POMALYST CAP 2MG POMALYST CAP 3MG
 POMALYST CAP 4MG
 POSACONAZOLE ORAL SUS 40MG/ML (GENERIC)
 POSACONAZOLE TAB 100MG (GENERIC)
 PREVYMIS PAK 120MG
 PROCYSBI CAP 25MG
 PROCYSBI CAP 75MG
 PROLATE 10-300 MG/5ML
 PURIXAN 20MG/ML SUSP
 QDOLO SOLN 5 MG/ML
 QINLOCK TAB 50MG
 RAPAMUNE ORAL SOLN 1 MG/ML
 RAVICTI LIQ 1.1GM/ML
 RELTONE 200MG
 RELTONE 400MG
 RETEVMO CAP 40MG
 RAPAMUNE ORAL SOLN 1 MG/ML
 RAVICTI LIQ 1.1GM/ML
 RELTONE 200MG
 RELTONE 400MG
 RETEVMO CAP 40MG
 RETEVMO CAP 80MG
 RETEVMO TAB 40MG
 RETEVMO TAB 80MG
 RETEVMO TAB 120MG
 RETEVMO TAB 160MG
 REVATIO TAB 20MG
 REVLIMID CAP 10MG
 REVLIMID CAP 15MG
 REVLIMID CAP 2.5MG
 REVLIMID CAP 20MG
 REVLIMID CAP 25MG
 REVLIMID CAP 5MG
 REVUFORJ TAB 110MG
 REVUFORJ TAB 160MG

REXULTI TABS 0.25 MG	SIRTURO TAB 100MG
REXULTI TABS 0.5 MG	SIRTURO TABS 20 MG
REXULTI TABS 1 MG	SIVEXTRO TAB 200MG
REXULTI TABS 2 MG	SKYRIZI INJ (150 MG DOSE) 75 MG/0.83 ML
REXULTI TABS 3 MG	SKYRIZI AUTOINJECTOR 150MG/ML
REXULTI TABS 4 MG	SKYRIZI PREFILLED SYRINGE 150MG/ML
REZDIFFRA TAB 60MG	SKYRIZI INJ 180MG/1.2ML
REZDIFFRA TAB 80MG	SKYRIZI INJ 360MG/2.4ML
REZDIFFRA TAB 100MG	SKYRIZI SOLN 600MG/10ML
REZLIDHIA CAP 150MG	SOFOSBUVIR-VELPATASVIR TABS 400-100 MG
RIBASPHERE RIBAPAK PAK 1200/DAY	SOHONOS CAPS 1MG
RIBASPHERE RIBAPAK PAK 600/DAY	SOHONOS CAPS 1.5MG
RIBATAB TAB 1200/DAY	SOHONOS CAPS 2.5MG
RILUTEK TAB 50MG	SOHONOS CAPS 5MG
RINVOQ TAB 24 15 MG	SOHONOS CAPS 10MG
RINVOQ TAB 24 30 MG	SOMAVERT INJ 10MG
RINVOQ TAB 24 45 MG	SOMAVERT INJ 15MG
RINVOQ LQ SOL 1MG/ML	SOMAVERT INJ 20MG
ROXYBOND TAB 10MG	SOMAVERT INJ 25MG
RUBRACA TABS 200 MG	SOMAVERT INJ 30MG
RUBRACA TABS 250 MG	SOVALDI TAB 400MG
RUBRACA TABS 300 MG	SORAFENIB TOSYLATE TABS 200 MG
RUFINAMIDE TAB 200MG	SOTYKTU TAB 6MG
RUFINAMIDE TAB 400MG	SOVALDI TAB 200MG
RUFINAMIDE SUSP 40 MG/ML	SOVALDI PAK 150MG
RUZURGI TAB 10 MG	SOVALDI PAK 200MG
RYDAPT CAPS 25 MG	SPRYCEL TAB 100MG
RYSTIGGO INJ 420/3ML	SPRYCEL TAB 140MG
RYSTIGGO INJ 560/4ML	SPRYCEL TAB 20MG
RYSTIGGO INJ 840/6ML	SPRYCEL TAB 50MG
RYTELIO INJ 47MG	SPRYCEL TAB 70MG
RYTELO INJ 188MG	SPRYCEL TAB 80MG
SABRIL POW 500MG	STELARA INJ 45MG/0.5
SABRIL TAB 500MG	STELARA INJ 90MG/ML
SAIZEN INJ 5MG (must use NDC)	STELARA SOLN 45 MG/0.5ML
SAIZENPREP SOLR 8.8 MG (Must use NDC)	STELARA SOLN 130MG/26ML
SANDOSTATIN INJ 100MCG	STIVARGA TAB 40MG
SANDOSTATIN INJ 200MCG	SUNITINIB MALATE CAPS 12.5 MG
SAPHNELO SOLN 300 MG/2ML	SUNITINIB MALATE CAPS 25 MG
SAPROPTERIN DIHYDROCHLORIDE PACK 100MG	SUNITINIB MALATE CAPS 37.5 MG
SAPROPTERIN DIHYDROCHLORIDE PACK 500MG	SUNITINIB MALATE CAPS 50 MG
SAPROPTERIN DIHYDROCHLORIDE TBSO 100MG	SUTENT CAP 12.5MG
SCEMBLIX TAB 20 MG	SUTENT CAP 25MG
SCEMBLIX TAB 40 MG	SUTENT CAP 37.5MG
SCEMBLIX TAB 100 MG	SUTENT CAP 50MG
SEYSARA TAB 100 MG	SYLATRON KIT 296MCG (200mcg Sylatron)
SEYSARA TAB 150 MG	SYLATRON KIT 444MCG (300mcg Sylatron))
SEYSARA TAB 60 MG	SYLATRON KIT 888MCG (600mcg Sylatron))
SIGNIFOR INJ 0.3MG/ML	SYLVANT SOLR 100MG
SIGNIFOR INJ 0.6MG/ML	SYLVANT SOLR 400MG
SIGNIFOR INJ 0.9MG/ML	SYMDEKO TBPB 100-150 & 150 MG
SIKLOS TAB 1000 MG	SYMDEKO TAB PK 50-75 & 75 MG
SILIQ SOSY 210 MG/1.5ML	SYMPAZAN ORAL FILM 10 MG
SIMPONI INJ 100MG/ML	SYMPAZAN ORAL FILM 20 MG
SIMPONI INJ 100MG/ML	
SIMPONI INJ 50/0.5ML	
SIMPONI INJ 50/0.5ML	
SIROLIMUS ORAL SOLN 1 MG/ML (GENERIC)	

TABRECTA TAB 150MG	TOLSURA CAP 65 MG
TABRECTA TAB 200MG	TOSYMRA NASAL SOL 10MG
TACLONEX TOPICAL SUSP 0.005-0.064%	TRACLEER TAB 125MG
TAFINLAR CAP 50MG	TRACLEER TAB 62.5MG
TAFINLAR CAP 75MG	TRACLEER TABS FOR ORAL SUSPENSION 32MG
TAGRISSO TABS 40 MG	TREMFYA INJ 100 MG/ML
TAGRISSO TABS 80 MG	TREMFYA INJ 200 MG/ML
TALTZ INJ 20/0.25ML	TRETINOIN CAPS 10 MG
TALTZ INJ 40/0.5ML	TRIKAFTA THPK 80-40-60 & 59.5MG
TALTZ SOAJ 80MG/ML	TRIKAFTA THPK 100-50-75 & 75MG
TALTZ SOSY 80MG/ML	TRIKAFTA TAB 100-50-75 mg & 150 mg
TARCEVA TAB 100MG	TRIKAFTA TAB 50-25-37.5 & 75MG
TARCEVA TAB 150MG	TRUQAP PAK 160MG
TARCEVA TAB 25MG	TRUQAP PAK 200MG
TARGRETIN CAP 75MG	TRUQAP TBPK 160 MG
TASIGNA CAP 150MG	TRUQAP TBPK 200 MG
TASIGNA CAP 200MG	TRUQAP TABS 200 MG
TASIGNA CAPS 50 MG	TRUSELTIQ 50MG
TANLOR TAB 1000 MG	TRUSELTIQ 75MG
TECENTRIQ INJ HYBREZA	TRUSELTIQ 100MG
TECFIDERA CAP 120MG	TRUSELTIQ 125MG
TECFIDERA CAP 240MG	TRYNGOLZA INJ 80MG/0.8
TECFIDERA STARTER PACK MIS STARTER	TURALIO CAPS 200 MG
TECHNIVIE TABS 12.5-75-50 MG	TYKERB TAB 250MG
TEMODAR CAP 100MG	TYMLOS SOPN 3120 MCG/1.56ML
TEMODAR CAP 140MG	UDENYCA INJ 6 MG/0.6 ML
TEMODAR CAP 180MG	UNITUXIN SOLN 17.5MG/5ML
TEMODAR CAP 20MG	UPTRAVI TABS 1000 MCG
TEMODAR CAP 250MG	UPTRAVI TABS 1200 MCG
TEMODAR CAP 5MG	UPTRAVI TABS 1400 MCG
TEPMETKO 225MG TAB	UPTRAVI TABS 1600 MCG
TEVIMBRA INJ 100/10ML	UPTRAVI TABS 200 MCG
THALOMID CAP 100MG	UPTRAVI TABS 400 MCG
THALOMID CAP 150MG	UPTRAVI TABS 600 MCG
THALOMID CAP 200MG	UPTRAVI TABS 800 MCG
THALOMID CAP 50MG	UPTRAVI TBPK 200 & 800 MCG Titration pack
THIOLA EC TAB 100 MG	VABYSMO INJ 6/0.5ML
THIOLA EC TAB 300 MG	VAFSEO TAB 300MG
THIOLA TAB 100MG	VALCHLOR GEL 0.016%
TIBSOVO TABS 250 MG	VALCYTE SOL 50MG/ML
TIGLUTIK ORAL SUSP 50 MG/10 ML	VALCYTE TAB 450MG
TIKOSYN CAP 125MCG	VANCOCIN HCL CAP 125MG
TIKOSYN CAP 250MCG	VANCOCIN HCL CAP 250MG
TIKOSYN CAP 500MCG	VECAMYL TAB 2.5MG
TIOPRONIN 100MG	VELSIPITY TAB 2MG
TIOPRONIN 100MG DR	VENTAVIS SOL 10MCG/ML
TIOPRONIN 300MG DR	VENTAVIS SOL 20MCG/ML
TOBI NEB 300/5ML	VENXXIVA TAB 100MG
TOBI PODHALER CAP 28MG	VENXXIVA TAB 300MG
TOBI PODHALER CAP 28MG	VERZENIO TABS 100 MG
TOFIDENCE SOLN 80MG/4ML	VERZENIO TABS 150 MG
TOFIDENCE SOLN 400MG/20ML	VERZENIO TABS 200 MG
TOFIDENCE SOLN 200MG/10ML	VERZENIO TABS 50 MG

VIEKIRA PAK TAB
 VIEKIRA XR TB24 200-8.33-50- 33.33 MG
 VIGAFYDE SOL 100MG/ML
 VIJOICE GRA 50MG
 VITRAKVI CAP 100 MG
 VITRAKVI CAP 25 MG
 VITRAKVI ORAL SOLN 20 MG/ML
 VIZIMPRO TAB 15 MG
 VIZIMPRO TAB 30 MG
 VIZIMPRO TAB 45 MG
 VORANIGO TAB 10MG
 VORANIGO TAB 40MG
 VOSEVI TABS 400-100-100 MG
 VOTRIENT TAB 200MG
 VYLOY INJ 100MG
 VYNDAMAX CAPS 61MG
 VYNDAQEL CAPS 20MG
 VYVGART HYTRULO SOLN 180-2000MG-UNIT/ML
 VYXEOS SUSR 44-100MG
 WAINUA SOAJ 45 MG/0.8ML
 WEZLANA SOLN 45 MG/0.5ML
 WEZLANA SOSY 45 MG/0.5ML
 WEZLANA INJ 90MG/ML
 WINREVAIR KIT 2 X 45MG
 WINREVAIR KIT 45MG
 WINREVAIR KIT 60MG
 WINREVAIR KIT 2 X 60MG
 WYNZORA 0.0050.064%
 XALKORI CAP 200MG
 XALKORI CAP 250MG
 XDEMVEY SOLN 0.25%
 XELJANZ TAB 5MG
 XELJANZ TABS 10 MG
 XELJANZ XR TB24 11 MG
 XELODA TAB 500MG
 XEMBIFY INJ 10G/50ML
 XEMBIFY INJ 1GM/5ML
 XEMBIFY INJ 4GM/20ML
 XEMBIFY INJ 2GM/10ML
 XENAZINE TAB 12.5MG
 XENAZINE TAB 25MG
 XERMELO TABS 250 MG
 XGEVA INJ
 XIFAXAN TAB 200 MG
 XIFAXAN TAB 550 MG
 XOLREMDI CAP 100 MG
 XOSPATA TAB 40 MG
 XPHOZAH TAB 20MG
 XPHOZAH TAB 30MG
 XTANDI CAP 40MG
 XTANDI TAB 40MG
 XTANDI TAB 80MG
 XYREM SOL 500MG/ML

YONSA TABS 125 MG
 YORVIPATH INJ 168/0.56ML
 YORVIPATH INJ 294/0.98ML
 YORVIPATH INJ 420/1.4ML
 YUFLYMA (1 PEN) AJKT 40MG/0.4ML
 YUFLYMA (2 PEN) AJKT 40MG/0.4ML
 YUFLYMA (1 PEN) AJKT 80MG/0.8ML
 YUFLYMA (2 SYRINGE) PSKT 40MG/0.4ML
 YUFLYMA (2 SYRINGE) PSKT 20MG/0.2ML
 YUFLYMA-CD/UC/HS STARTER AJKT 80MG/0.8ML
 YUPELRI INHALATION SOLN 175 MCG/3 ML
 YUSIMRY SOAJ 40MG/0.8ML
 ZARXIO 300MCG/.5ML
 ZARXIO 480MCG/.8ML
 ZAVESCA CAP 100MG
 ZEJULA CAPS 100MG
 ZEJULA TABS 100MG
 ZEJULA TABS 200MG
 ZEJULA TABS 300MG
 ZELBORAF TAB 240MG
 ZEPATIER TABS 50MG/100MG
 ZEPOSIA CAP 0.92MG
 ZEPOSIA 7-DAY STARTER PACK CPPK 4x0.23MG & 3X0.46MG
 ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG 0.92MG(21)
 ZEPOSIA STARTER KIT CPPK 0.23MG & 0.46MG & 0.92MG
 ZILBRYSQ SOSY 32.4 MG/0.81ML
 ZILBRYSQ SOSY 23 MG/0.574ML
 ZILBRYSQ SOSY 16.6 MG/0.416ML
 ZINBRYTA SOSY 150 MG/ML
 ZOLINZA CAP 100MG
 ZOMACTON SOLR 10 MG (must use NDC)
 ZOMACTON SOLR 10 MG (must use NDC)
 ZORBTIVE INJ 8.8MG (must use NDC)
 ZORTRESS TAB 0.5MG
 ZORTRESS TAB 0.75MG
 ZORTRESS TAB 1 MG
 ZURZUVAE CAP 20MG
 ZURZUVAE CAP 25MG
 ZURZUVAE CAP 30MG
 ZYDELIG TAB 100MG
 ZYDELIG TAB 150MG
 ZYFLO CR TAB 600MG
 ZYKADIA CAP 150MG
 ZYKADIA TAB 150 MG
 ZYMFENTRA (2 PEN) AJKT 120MG/ML
 ZYMFENTRA (2 SYRINGE) PSKT 120MG/ML
 ZYTIGA TAB 250MG
 ZYTIA TABS 500 MG
 ZYVOX SUS 100MG/5M
 ZYVOX TAB 600MG

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC 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 the number provided below.

Maryland, Virginia, D.C. 1-888-251-7052

TTY 711

If you believe that KPIC 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 the KPIC Civil Rights Coordinator, Permanente Advantage, LLC, Grievance 1577, 5855 Copley Drive, Suite 250, San Diego, CA 92111, telephone number 1-888-251-7052. You can file a grievance by mail or phone. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able 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>.

Nondiscrimination Statement

It is the policy of Kaiser Foundation Health Plan of the Mid-Atlantic, Inc. (Kaiser Health Plan) not to discriminate on the basis of race, color, national origin, sex, age or disability. Kaiser Health Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777- 7902, who has been designated to coordinate the efforts of the Kaiser Health Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for Kaiser Health Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Kaiser Health Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of

discrimination electronically through the Office for Civil Rights Complaint Portal, which is 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. Toll free#:800-368-1019 TDD: 800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

Kaiser Health Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Language Accessibility Statement

Interpreter Services Are Available for Free

ATTENTION: *If you speak [language], language assistance services, free of charge, are available to you. Call 855-249-5019 (TTY: 711).*

Español/Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-249-5019 (TTY: 711).

አማርኛ/Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 855-249-5019 (መስማት ለተሳናቸው: 711)፡

العربية/Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-249-5019 (رقم هاتف الصم والبكم: 711).

Bàsòò-wùdù-po-nyò /Bassa

Dè dɛ nìà kɛ dyédɛ gbo: ɔ jũ ké m̩ [Bàsó ò -wùdù-po-nyò] jũ ní, n̩í, à wuɖu kà kò dò po-poò bé in m̩ gbo kpáa. Dá 855-249-5019 (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855-249-5019 (TTY: 711)。

فارسی/Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما بگیرید تماس -855-249-5019 (TTY: 711) با. باشد می فر

Français/French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 855-249-5019 (ATS: 711).

ગુજરાતી/Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ફોન કરો

855-249-5019 (TTY: 711).

kreyòl ayisyen/Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele - **855-249-5019** (TTY: 711).

Igbo

Ntị: Ọ bụrụ na asụ Ibo, asụsụ aka ọasụ n’efu, defu, aka. Call **855-249-5019** (TTY: 711).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **855-249-5019** (TTY: 711).)번으로 전화해 주십시오.

Português/Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **855-249-5019** (TTY: 711).

Русский/Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **855-249-5019** (телетайп: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **855-249-5019** (TTY: 711).

اردو/Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال

کریں۔(**855-249-5019** (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 **855-249-5019** (TTY: 711).

Yorùbá/Yoruba

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfẹ ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-**855-249-5019** (TTY: 711).