

Kaiser Permanente

# 2023 Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit [kp.org/seniorrx](https://kp.org/seniorrx).

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

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

## Kaiser Permanente Regions

### CALIFORNIA REGIONS

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

**Member Service Contact Center**

**1-800-443-0815 TTY 711**

covered by Medi-Cal, it may be covered under your Medi-Cal coverage. In Medi-Cal, most outpatient prescription drugs are covered by Medi-Cal Rx as a service through Fee-for-Service Medi-Cal. To learn more about Medi-Cal drug coverage, you can call Medi-Cal Rx Customer Service at **1-800-977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8 a.m. to 5 p.m. You can also visit the Medi-Cal Rx website at <https://www.medi-calrx.dhcs.ca.gov/home/>

## California Medi-Cal Drug Coverage

If you are covered by Medi-Cal and eligible for or enrolled in Medicare Part D, Medicare Part D pays first. Sometimes a drug covered by Medi-Cal may not be covered by Medicare Part D. If Medicare does not cover a drug that is

**COLORADO REGION**

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

**Member Services**

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

**HAWAII REGION**

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

**Member Services**

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Kaiser Permanente. When it refers to “plan” or “our plan,” it means Kaiser Permanente Senior Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please visit our website at [kp.org/seniorrx](https://kp.org/seniorrx) or call us. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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## What is the Kaiser Permanente Formulary?

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

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

## Can the formulary (drug list) change?

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

### Changes that can affect you this year:

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

#### New generic drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately add new restrictions. If you are

currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

#### Drugs removed from the market

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

#### Other changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will include information

on how to request an exception. You can find information in the section below entitled “How do I request an exception to the Kaiser Permanente Formulary?”

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

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

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by our plan, please call us. Contact information for your Kaiser Permanente Region appears on the front and back cover pages.

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

### **How do I use the formulary?**

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

### **Medical condition**

The formulary begins on page 4. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

### **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the index that begins on page 52. The index provides an alphabetical list of all the drugs included in this document. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Please see your **Evidence of Coverage** for more information.

### **What are brand-name drugs?**

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices. Please

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

## Are there any restrictions on my coverage?

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

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

**Note:** If your prescription has more than one refill remaining, you can only get one refill at a time, unless authorized because you will be away from our service area for an extended period of time. For certain drugs, we may limit the amount of an extended day supply (amounts that exceed a 30-day supply) that you can receive. Also, if there is a shortage in the marketplace, we may fill your prescription for a limited quantity.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization restriction. You may also ask us to send you a copy. Contact information for your Kaiser Permanente Region, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

If your drug is not included in this formulary (list of covered drugs), you should first check our **Kaiser Permanente 2023 Comprehensive Formulary** at [kp.org/seniorrx](http://kp.org/seniorrx) or call our plan at the number listed on the front and back cover pages for your Kaiser Permanente Region and confirm if your drug is covered. If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2023 Comprehensive Formulary**, you have two options:

- You can ask your network provider to prescribe a similar drug that is included on our formulary.
- You can ask us to make an exception and cover your drug. See the next section for information about how to request an exception.

## How do I request an exception to the Kaiser Permanente Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it may not be in our **Kaiser Permanente 2023 Comprehensive Formulary**.

- You can ask us to waive coverage restrictions or limits on your drug. For example, if your drug requires prior authorization, you can ask us to waive the prior authorization requirement for your Part D drug.

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

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

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

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

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

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

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

## **For more information**

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

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

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



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## Kaiser Permanente's Formulary

The formulary below on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 52.

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

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

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

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

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

Region	Mail-Order Contact Numbers (TTY 711)
California	Kaiser Permanente Mail Order Pharmacy Northern CA – <b>1-888-218-6245</b> Monday through Friday, 8 a.m. to 7 p.m., Saturday 8 a.m. to 6 p.m., and Sunday 9 a.m. to 6 p.m. Southern CA – <b>1-866-206-2983</b> Monday through Friday, 7 a.m. to 7 p.m., Saturday, 10 a.m. to 2 p.m.
Colorado	Kaiser Permanente Mail Order Pharmacy <b>1-866-523-6059</b> Monday through Friday, 8 a.m. to 6 p.m.
Hawaii	Kaiser Permanente Mail Order Pharmacy <b>808-643-7979</b> (Oahu and neighbor islands) Monday through Friday, 8:00 a.m. to 5 p.m.

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

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

DOSAGE FORM	DOSAGE FORM DESCRIPTION
AERO	Aerosol
AEPB	Aerosol Powder, Breath Activated
AERB	Aerosol, Breath Activated
AERP	Aerosol, Powder
AERS	Aerosol, Solution
AUIJ	Auto-injector
AJKT	Auto-injector Kit
CAPS	Capsule
CAPA	Capsule Abuse- Deterrent
CPCW	Capsule Chewable
CPDR	Capsule Delayed Release
CPEP	Capsule Delayed Release Particles
CSDR	Capsule Delayed Release Sprinkle
CDPK	Capsule Delayed Release Therapy Pack
C12A	Capsule ER 12 Hour Abuse-Deterrent
CS12	Capsule ER 12 Hour Sprinkle
C2PK	Capsule ER 12 Hour Therapy Pack
C24A	Capsule ER 24 Hour Abuse-Deterrent
CS24	Capsule ER 24 Hour Sprinkle
C4PK	Capsule ER 24 Hour Therapy Pack
CP12	Capsule Extended Release 12 Hour
CP24	Capsule Extended Release 24 Hour
CPEA	Capsule Extended Release Abuse-Deterrent
CSER	Capsule Extended Release Sprinkle
CEPK	Capsule Extended Release Therapy Pack
CPCR	Capsule Extended Release*
CPSP	Capsule Sprinkle
CPPK	Capsule Therapy Pack
CART	Cartridge
CTKT	Cartridge Kit
CONC	Concentrate
CREA	Cream

DOSAGE FORM	DOSAGE FORM DESCRIPTION
CRYS	Crystals
DEVI	Device
TEST	Diagnostic Test
DPRH	Diaphragm
ELIX	Elixir
EMUL	Emulsion
ENEM	Enema
EXHA	Exhaler
EXHL	Exhaler Liquid
EXHP	Exhaler Powder
EXHS	Exhaler Solution
EXHU	Exhaler Suspension
FLAK	Flakes
EXTR	Fluid Extract
SOLG	Gel Forming Solution
GRAN	Granules
GRAF	Granules Effervescent
IMPL	Implant
INHA	Inhaler
INJ	Injectable
INST	Insert
IUD	Intrauterine Device
JTAJ	Jet-injector (Needleless)
JTKT	Jet-injector Kit (Needleless)
LEAV	Leaves
LIQD	Liquid
LQCR	Liquid Extended- Release
LQPK	Liquid Therapy Pack
LOTN	Lotion
LOZG	Lozenge
LPOP	Lozenge on a Handle
MISC	Miscellaneous
NEBU	Nebulization Solution
OINT	Ointment
PACK	Packet
PSTE	Paste
PTCH	Patch
PT24	Patch 24 HR
PT72	Patch 72 HR
PTTW	Patch Twice Weekly
PTWK	Patch Weekly

DOSAGE FORM	DOSAGE FORM DESCRIPTION
PLLT	Pellet
PEN	Pen-injector
PNKT	Pen-injector Kit
POWD	Powder
PDEF	Powder Effervescent
PRSY	Prefilled Syringe
PSKT	Prefilled Syringe Kit
PUDG	Pudding
SHAM	Shampoo
SHEE	Sheet
SOLN	Solution
SOAJ	Solution Auto-injector
SOCT	Solution Cartridge
SOTJ	Solution Jet-injector
SOPN	Solution Pen-injector
SOSY	Solution Prefilled Syringe
SOLR	Solution Reconstituted
SOPK	Solution Therapy Pack
SPRT	Spirit
STCK	Stick
STRP	Strip
SUPP	Suppository
SUSP	Suspension
SUAJ	Suspension Autoinjector
SUCT	Suspension Cartridge
SUER	Suspension Extended Release
SUTJ	Suspension Jetinjector
SUPN	Suspension Peninjector
SUSY	Suspension Prefilled Syringe
SUSR	Suspension Reconstituted
SRER	Suspension Reconstituted ER
SUPK	Suspension Therapy Pack
SYRP	Syrup
CHER	Table Chewable Extended Release
TABS	Tablet
TABA	Tablet Abuse-Deterrent
CHEW	Tablet Chewable
TBEC	Tablet Delayed Release
TBDD	Tablet Delayed Release Disintegrating

DOSAGE FORM	DOSAGE FORM DESCRIPTION
TDPK	Tablet Delayed Release Therapy Pack
TBDP	Tablet Disintegrating
TB3D	Tablet Disintegrating Soluble
TB3E	Tablet Disintegrating Soluble ER
TPPK	Tablet Disintegrating Therapy Pack
TBEF	Tablet Effervescent
T12A	Tablet ER 12 Hour Abuse-Deterrent
T2PK	Tablet ER 12 Hour Therapy Pack
T24A	Tablet ER 24 Hour Abuse-Deterrent
T4PK	Tablet ER 24 Hour Therapy Pack
TB12	Tablet Extended Release 12 HR*
TB24	Tablet Extended Release 24 HR*
TBEA	Tablet Extended Release Abuse-Deterrent
TBED	Tablet Extended Release Disintegrating
TEPK	Tablet Extended Release Therapy Pack
TBCR	Tablet Extended-Release
TBSO	Tablet Soluble
SUBL	Tablet Sublingual
TBPK	Tablet Therapy Pack
THPK	Therapy Pack
TINC	Tincture
TROC	Troche
WAFR	Wafer

Drug Name	Requirements /Limits
<b>ANTI-INFECTIVE AGENTS</b>	
<b>ANTHELMINTICS</b>	
<i>albendazole tabs</i>	NDS
<i>ivermectin tabs</i>	
<i>praziquantel tabs</i>	MO
<b>ANTIBACTERIALS</b>	
<i>amikacin sulfate soln</i>	
<i>amikacin sulfate soln injection</i>	HI
<i>amoxicillin caps</i>	
<i>amoxicillin chew</i>	
<i>amoxicillin susr</i>	
<i>amoxicillin tabs</i>	
<i>amoxicillin-pot clavulanate chew</i>	
<i>amoxicillin-pot clavulanate susr</i>	
<i>amoxicillin-pot clavulanate tabs</i>	
<i>ampicillin caps</i>	
<i>ampicillin sodium solr</i>	
<i>ampicillin sodium solr injection 1gm, 125mg</i>	HI
<i>ampicillin sodium solr intravenous</i>	HI
<i>ampicillin-sulbactam sodium solr</i>	
<i>ampicillin-sulbactam sodium solr injection</i>	HI
<i>ampicillin-sulbactam sodium solr intravenous</i>	HI
ARIKAYCE SUSP	PA,LD,NDS
AUGMENTIN SUSR 125-31.25mg/5ml	
<i>azithromycin solr intravenous</i>	HI
<i>azithromycin susr 100mg/5ml, 200mg/5ml</i>	MO
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	MO
<i>aztreonam solr injection</i>	HI
BICILLIN C-R 900/300 SUSP	
BICILLIN C-R SUSP 1200000unit/2ml	
BICILLIN L-A SUSP 2400000unit/4ml	
BICILLIN L-A SUSY 600000unit/ml	
BICILLIN L-A SUSY 1200000unit/2ml	

Drug Name	Requirements /Limits
<i>cefaclor caps</i>	
<i>cefaclor susr</i>	
<i>cefadroxil caps</i>	
<i>cefazolin sodium solr injection 1gm, 10gm, 500mg</i>	HI
<i>cefdinir caps</i>	
<i>cefdinir susr</i>	
CEFEPIME HCL SOLN INTRAVENOUS 2gm/100ml	HI
<i>cefepime hcl solr injection 1gm</i>	HI
<i>cefepime hcl solr intravenous 2gm</i>	HI
CEFEPIME-DEXTROSE SOLR INTRAVENOUS 2-5gm-%(50ml)	HI
<i>cefixime caps</i>	
<i>cefixime susr</i>	
<i>cefotaxime sodium solr</i>	
<i>cefotetan disodium solr injection 1gm, 2gm</i>	HI
<i>cefoxitin sodium solr intravenous 1gm, 2gm, 10gm</i>	HI
<i>cefpodoxime proxetil susr</i>	
<i>cefpodoxime proxetil tabs</i>	
<i>ceftazidime solr injection 1gm, 6gm</i>	HI
<i>ceftriaxone sodium solr injection 1gm, 2gm, 250mg, 500mg</i>	HI
<i>ceftriaxone sodium solr intravenous</i>	HI
<i>cefuroxime axetil tabs</i>	
<i>cefuroxime sodium solr injection 750mg</i>	HI
<i>cefuroxime sodium solr intravenous 1.5gm</i>	HI
<i>cephalexin caps</i>	
<i>cephalexin susr</i>	
<i>cephalexin tabs</i>	
<i>chloramphenicol sod succinate solr</i>	
<i>ciprofloxacin hcl tabs</i>	
<i>ciprofloxacin in d5w soln</i>	
<i>ciprofloxacin in d5w soln intravenous</i>	HI
<i>ciprofloxacin susr</i>	
<i>clarithromycin susr</i>	

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



Drug Name	Requirements /Limits
<i>clarithromycin tabs</i>	
<i>cleocin phosphate soln</i>	
<i>cleocin solr</i>	
<i>clindamycin hcl caps</i>	
<i>clindamycin palmitate hcl solr</i>	
<i>clindamycin phosphate in d5w soln intravenous</i>	HI
<i>clindamycin phosphate soln</i>	
<i>clindamycin phosphate soln injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	HI
<i>colistimethate sodium (cba) solr injection</i>	HI
DALVANCE SOLR INTRAVENOUS	HI
DAPTOMYCIN SOLR INTRAVENOUS 350mg, 500mg	HI
<i>demeclocycline hcl tabs</i>	
<i>dicloxacillin sodium caps</i>	
DIFICID SUSR	NDS
DIFICID TABS	NDS
DORYX MPC TBEC 60mg	
<i>doxy 100 solr intravenous</i>	HI
<i>doxycycline hyclate caps 50mg, 100mg</i>	MO
<i>doxycycline hyclate tabs 20mg, 100mg</i>	MO
<i>doxycycline monohydrate caps 50mg</i>	MO
<i>doxycycline monohydrate susr</i>	MO
<i>doxycycline monohydrate tabs 50mg, 100mg</i>	MO
<i>e.e.s. 400 tabs</i>	
<i>ertapenem sodium solr injection</i>	HI
<i>ery-tab tbec</i>	
ERYTHROCIN LACTOBIONATE SOLR INTRAVENOUS	HI
<i>erythromycin base cpep</i>	MO
<i>erythromycin base tabs 250mg</i>	
<i>erythromycin base tabs 500mg</i>	
<i>erythromycin base tbec 250mg</i>	
<i>erythromycin ethylsuccinate susr</i>	
<i>erythromycin tbec 250mg</i>	
FETROJA SOLR	NDS

Drug Name	Requirements /Limits
<i>gentamicin in saline soln</i>	
<i>gentamicin in saline soln intravenous</i>	HI
<i>gentamicin sulfate soln</i>	
<i>gentamicin sulfate soln injection</i>	HI
<i>imipenem-cilastatin solr intravenous</i>	HI
KIMYRSA SOLR	NDS
<i>levofloxacin in d5w soln</i>	
<i>levofloxacin in d5w soln intravenous</i>	HI
<i>levofloxacin soln</i>	
<i>levofloxacin soln intravenous</i>	HI
<i>levofloxacin tabs</i>	
<i>linezolid soln intravenous</i>	HI
<i>linezolid susr</i>	NDS
<i>linezolid tabs</i>	NDS
LYMEPAK TABS	NDS
<i>meropenem solr intravenous 1gm, 500mg</i>	HI
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	MO
<i>minocycline hcl tabs 100mg</i>	MO
<i>moxifloxacin hcl in nacl soln intravenous</i>	HI
<i>moxifloxacin hcl tabs</i>	
<i>nafcillin sodium solr</i>	
<i>nafcillin sodium solr injection</i>	HI
<i>nafcillin sodium solr intravenous</i>	HI
<i>neomycin sulfate tabs</i>	
NUZYRA SOLR	HI,NDS
NUZYRA TABS	NDS
ORBACTIV SOLR	NDS
OXACILLIN SODIUM IN DEXTROSE SOLN INTRAVENOUS	HI
<i>oxacillin sodium solr injection 1gm, 2gm</i>	HI
PENICILLIN G POT IN DEXTROSE SOLN INTRAVENOUS	HI
<i>penicillin g potassium solr injection</i>	HI
<i>penicillin g procaine susp</i>	

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

Drug Name	Requirements /Limits
<i>penicillin g sodium solr injection</i>	HI
<i>penicillin v potassium solr</i>	
<i>penicillin v potassium tabs</i>	
<i>piperacillin sod-tazobactam so solr intravenous</i>	HI
RECARBRIO SOLR	NDS
SEYSARA TABS 60mg, 100mg, 150mg	NDS
SIVEXTRO SOLR INTRAVENOUS	HI
SIVEXTRO TABS	NDS
<i>streptomycin sulfate solr</i>	
<i>sulfadiazine tabs</i>	
<i>sulfamethoxazole-trimethoprim soln</i>	
<i>sulfamethoxazole-trimethoprim susp</i>	MO
<i>sulfamethoxazole-trimethoprim tabs</i>	MO
<i>sulfasalazine tabs</i>	
<i>sulfasalazine tbec</i>	
SYNERCID SOLR	
<i>tazicef solr injection</i>	HI
<i>tazicef solr intravenous 2gm, 6gm</i>	HI
TEFLARO SOLR INTRAVENOUS	HI
<i>tetracycline hcl caps 250mg, 500mg</i>	MO
TIGECYCLINE SOLR INTRAVENOUS 50mg	HI
<i>tobramycin sulfate soln injection 80mg/2ml, 10mg/ml</i>	HI
<i>vancomycin hcl caps</i>	
<i>vancomycin hcl solr 250mg/5ml</i>	
<i>vancomycin hcl solr intravenous 1gm, 10gm, 500mg</i>	HI
<i>vancomycin hcl solr intravenous 5gm</i>	
XACDURO SOLR	NDS
XENLETA SOLN	NDS
XENLETA TABS	NDS
XIFAXAN TABS 200mg, 550mg	NDS
ZEMDRI SOLN INTRAVENOUS	HI

Drug Name	Requirements /Limits
ZERBAXA SOLR INTRAVENOUS	HI
<b>ANTIFUNGALS</b>	
AMBISOME SUSR INTRAVENOUS	HI
<i>amphotericin b solr intravenous</i>	HI
<i>caspofungin acetate solr intravenous 50mg, 70mg</i>	HI
CRESEMBA CAPS 74.5mg, 186mg	NDS
CRESEMBA SOLR	NDS
<i>fluconazole in sodium chloride soln intravenous</i>	HI
<i>fluconazole susr</i>	
<i>fluconazole tabs</i>	
<i>flucytosine caps 250mg, 500mg</i>	NDS
<i>griseofulvin microsize susp</i>	
<i>griseofulvin microsize tabs</i>	
<i>griseofulvin ultramicrosize tabs</i>	
<i>itraconazole caps</i>	
ITRACONAZOLE SOLN	MO
<i>ketoconazole tabs</i>	
<i>miconazole sodium solr intravenous 50mg</i>	HI
NOXAFIL PACK	NDS
<i>nystatin susp</i>	
<i>nystatin tabs</i>	
<i>posaconazole susp</i>	NDS
<i>posaconazole tbec</i>	NDS
REZZAYO SOLR	NDS
<i>terbinafine hcl tabs</i>	
TOLSURA CAPS	NDS
<i>voriconazole solr intravenous</i>	HI
<i>voriconazole susr</i>	
<i>voriconazole tabs</i>	
<b>ANTIMYCOBACTERIALS</b>	
CAPASTAT SULFATE SOLR	
<i>cycloserine caps</i>	
<i>dapsone tabs 25mg, 100mg</i>	MO
<i>ethambutol hcl tabs 100mg, 400mg</i>	MO
<i>isoniazid soln</i>	
<i>isoniazid syrp</i>	MO
<i>isoniazid tabs 100mg, 300mg</i>	MO

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

Drug Name	Requirements /Limits
PRETOMANID TABS	
PRIFTIN TABS	MO
<i>pyrazinamide tabs</i>	MO
<i>rifabutin caps</i>	MO
<i>rifamate caps</i>	MO
<i>rifampin caps 150mg, 300mg</i>	MO
<i>rifampin solr intravenous</i>	HI
SIRTURO TABS 20mg, 100mg	NDS
TRECTOR TABS	MO
<b>ANTIPROTOZOALS</b>	
ARTESUNATE SOLR	NDS
<i>atovaquone susp</i>	NDS
<i>atovaquone-proguanil hcl tabs</i>	
<i>chloroquine phosphate tabs</i>	
COARTEM TABS	
<i>hydroxychloroquine sulfate tabs 200mg</i>	MO
IMPAVIDO CAPS	NDS
KRINTAFEL TABS	
<i>mefloquine hcl tabs</i>	
<i>metronidazole caps</i>	
<i>metronidazole soln intravenous</i>	HI
<i>metronidazole tabs</i>	
<i>nitazoxanide tabs</i>	
<i>paromomycin sulfate caps</i>	
<i>pentamidine isethionate inh</i>	PA
<i>pentamidine isethionate inj</i>	
PRIMAQUINE PHOSPHATE TABS	
<i>pyrimethamine tabs</i>	
<i>quinine sulfate caps</i>	NDS
<i>tinidazole tabs</i>	
<b>ANTIVIRALS</b>	
<i>abacavir sulfate soln</i>	
<i>abacavir sulfate tabs</i>	MO
<i>abacavir sulfate-lamivudine tabs</i>	MO
<i>abacavir-lamivudine-zidovudine tabs</i>	MO
<i>acyclovir caps</i>	MO
<i>acyclovir sodium soln intravenous</i>	HI
<i>acyclovir susp</i>	MO
<i>acyclovir tabs 400mg, 800mg</i>	MO

Drug Name	Requirements /Limits
<i>adefovir dipivoxil tabs</i>	NDS
APRETUDE SUER	
APTIVUS CAPS	MO
APTIVUS SOLN	MO
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	MO
BARACLUDE SOLN	MO
BIKTARVY TABS	
CABENUVA SUER	
<i>cidofovir soln</i>	
CIMDUO TABS	MO
COMPLERA TABS	MO
CRIXIVAN CAPS 200mg, 400mg	MO
<i>darunavir tabs 600mg, 800mg</i>	MO
DELSTRIGO TABS	MO
DESCOVY TABS 200-25mg	MO
DESCOVY TABS 120-15mg	MO
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	MO
DOVATO TABS	MO
EDURANT TABS	MO
<i>efavirenz caps 50mg, 200mg</i>	MO
<i>efavirenz tabs</i>	MO
<i>efavirenz-emtricitab-tenofo df tabs</i>	MO
<i>emtricitabine caps</i>	MO
<i>emtricitabine-tenofovir df tabs</i>	MO
EMTRIVA SOLN	MO
<i>entecavir tabs 0.5mg, 1mg</i>	MO
EPCLUSA PACK	PA,NDS
EPCLUSA TABS	PA,NDS
EPIVIR HBV SOLN	MO
<i>etravirine tabs 100mg, 200mg</i>	MO
EVOTAZ TABS	MO
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	MO
<i>fosamprenavir calcium tabs</i>	MO
FUZEON SOLR	NDS
<i>ganciclovir sodium soln</i>	
<i>ganciclovir sodium solr</i>	
GENVOYA TABS	MO
HARVONI PACK	PA,NDS
HARVONI TABS	PA,NDS

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

Drug Name	Requirements /Limits
INTELENCE TABS 25mg	MO
INVIRASE CAPS	MO
INVIRASE TABS	MO
ISENTRESS CHEW 25mg, 100mg	MO
ISENTRESS HD TABS	MO
ISENTRESS PACK	MO
ISENTRESS TABS	MO
JULUCA TABS	MO
<i>lamivudine soln</i>	MO
<i>lamivudine tabs 100mg, 150mg, 300mg</i>	MO
<i>lamivudine-zidovudine tabs</i>	MO
<i>ledipasvir-sofosbuvir tabs</i>	PA,NDS
LEXIVA SUSP	MO
LIVTENCITY TABS	NDS
<i>lopinavir-ritonavir soln</i>	MO
<i>lopinavir-ritonavir tabs</i>	MO
<i>maraviroc tabs 150mg, 300mg</i>	MO
MAVYRET PACK	PA,NDS
MAVYRET TABS	PA,NDS
<i>nevirapine er tb24 100mg, 400mg</i>	MO
<i>nevirapine susp</i>	MO
<i>nevirapine tabs</i>	MO
NORVIR CAPS	MO
NORVIR PACK	MO
NORVIR SOLN	MO
ODEFSEY TABS	MO
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	MO
<i>oseltamivir phosphate susr</i>	MO
PEGASYS PROCLICK SOAJ	NDS
PEGASYS SOLN	NDS
PEGASYS SOSY	NDS
PEGINTRON KIT	NDS
PIFELTRO TABS	MO
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	NDS
PREVYMIS TABS 240mg, 480mg	NDS
PREZCOBIX TABS	MO
PREZISTA SUSP	MO
PREZISTA TABS 75mg, 150mg	MO

Drug Name	Requirements /Limits
RAPIVAB SOLN	NDS
REBETOL SOLN	MO
RELENZA DISKHALER AEPB	MO
RESCRIPTOR TABS	MO
RETROVIR SOLN	MO
REYATAZ PACK	MO
<i>ribasphere caps</i>	MO
RIBASPHERE TABS	MO
RIBASPHERE RIBAPAK TBPK	MO
<i>ribavirin caps</i>	MO
<i>ribavirin solr</i>	
<i>ribavirin tabs</i>	MO
<i>rimantadine hcl tabs</i>	MO
<i>ritonavir tabs</i>	MO
RUKOBIA TB12	
SELZENTRY SOLN	MO
SELZENTRY TABS 25mg, 75mg	MO
<i>sofosbuvir-velpatasvir tabs</i>	PA,NDS
SOVALDI PACK 150mg, 200mg	PA,NDS
SOVALDI TABS 200mg, 400mg	PA,NDS
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	MO
STRIBILD TABS	MO
SUNLENCA SOLN	MO
SUNLENCA TBPK	
SYMFI LO TABS	MO
SYMFI TABS	MO
SYMTUZA TABS	MO
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	NDS
<i>tenofovir disoproxil fumarate tabs</i>	MO
TIVICAY PD TBSO	MO
TIVICAY TABS 10mg, 25mg, 50mg	MO
TRIUMEQ PD TBSO	MO
TRIUMEQ TABS	MO
TRIZIVIR TABS	MO
TYBOST TABS	MO
<i>valacyclovir hcl tabs 1gm, 500mg</i>	MO
<i>valganciclovir hcl solr</i>	NDS
<i>valganciclovir hcl tabs</i>	NDS

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

Drug Name	Requirements /Limits
VEKLURY SOLN	NDS
VEKLURY SOLR	NDS
VEMLIDY TABS	
VIDEX PEDIATRIC SOLR	MO
VIDEX EC CPDR	MO
VIDEX SOLR	MO
VIEKIRA PAK TBPK	PA,NDS
VIRACEPT TABS 250mg, 625mg	MO
VIREAD POWD	MO
VIREAD TABS 150mg, 200mg, 250mg	MO
VOCABRIA TABS	MO
VOSEVI TABS	PA,NDS
XOFLUZA (40 MG DOSE) TBPK	MO
XOFLUZA (80 MG DOSE) TBPK	MO
ZEPATIER TABS	PA,NDS
<i>zidovudine caps</i>	MO
<i>zidovudine syrp</i>	MO
<i>zidovudine tabs</i>	MO
<b>URINARY ANTI-INFECTIVES</b>	
<i>fosfomycin tromethamine pack</i>	
<i>methenamine hippurate tabs</i>	
<i>nitrofurantoin macrocrystal caps</i>	
<i>nitrofurantoin monohyd macro caps</i>	
<i>nitrofurantoin susp</i>	
NITROFURANTOIN SUSP 50mg/5ml	NDS
<i>trimethoprim tabs</i>	MO
<b>ANTI-HISTAMINE DRUGS</b>	
<b>ANTI-HISTAMINE DRUGS</b>	
<i>cyproheptadine hcl syrp</i>	
<i>cyproheptadine hcl tabs</i>	
<i>desloratadine tabs</i>	
<i>diphenhydramine hcl soln</i>	
<i>levocetirizine dihydrochloride tabs</i>	
<i>promethazine hcl soln</i>	
<i>promethazine hcl syrp</i>	
<i>promethazine hcl tabs</i>	
<i>promethegan supp</i>	

Drug Name	Requirements /Limits
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ANTINEOPLASTIC AGENTS</b>	
<i>abiraterone acetate tabs 250mg</i>	
<i>abiraterone acetate tabs 500mg</i>	NDS
ABRAXANE SUSR	
<i>adriamycin soln</i>	
<i>adriamycin solr</i>	
<i>adrucil soln</i>	
ADSTILADRIN SUSP	
AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg	NDS
AFINITOR TABS	NDS
AKEEGA TABS	NDS
ALECENSA CAPS	NDS
ALIMTA SOLR	
ALIQOPA SOLR	NDS
ALUNBRIG TABS 30mg, 90mg, 180mg	NDS
ALUNBRIG TBPK	NDS
ALYMSYS SOLN 400mg/16ml, 100mg/4ml	NDS
<i>anastrozole tabs</i>	
<i>arsenic trioxide soln</i>	NDS
ARZERRA CONC 1000mg/50ml, 100mg/5ml	NDS
ASPARLAS SOLN	NDS
AVASTIN SOLN	
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	NDS
<i>azacitidine susr</i>	
BALVERSA TABS 3mg, 4mg, 5mg	NDS
BAVENCIO SOLN	NDS
BCG VACCINE SOLR	
BELEODAQ SOLR	NDS
BELRAPZO SOLN	NDS
BENDAMUSTINE HCL SOLN	NDS
<i>bendamustine hcl solr 25mg, 100mg</i>	NDS
BENDEKA SOLN	NDS
BESPONSA SOLR	NDS
BESREMI SOSY	NDS
<i>bexarotene caps</i>	NDS
<i>bicalutamide tabs</i>	

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

Drug Name	Requirements /Limits
<i>bleomycin sulfate solr</i>	
BLINCYTO SOLR	NDS
BORTEZOMIB SOLN INJECTION 3.5mg/1.4ml	
BORTEZOMIB SOLR INJECTION 1mg, 2.5mg	
<i>bortezomib solr injection 3.5mg</i>	
BORTEZOMIB SOLR INTRAVENOUS 3.5mg	
BOSULIF TABS 100mg, 400mg, 500mg	NDS
BRAFTOVI CAPS 50mg, 75mg	NDS
BRUKINSA CAPS	NDS
<i>busulfan soln</i>	
CABOMETYX TABS 20mg, 40mg, 60mg	NDS
CALQUENCE CAPS	NDS
CALQUENCE TABS	NDS
CAMCEVI PRSY	
CAPRELSA TABS 100mg, 300mg	LD,NDS
<i>carboplatin soln</i>	
<i>carmustine solr 100mg</i>	
CARMUSTINE SOLR 50mg, 300mg	
<i>cisplatin soln</i>	
CISPLATIN SOLR	NDS
<i>cladribine soln</i>	
<i>clofarabine soln</i>	
COLUMVI SOLN 10mg/10ml, 2.5mg/2.5ml	NDS
COMETRIQ (100 MG DAILY DOSE) KIT	LD,NDS
COMETRIQ (140 MG DAILY DOSE) KIT	LD,NDS
COMETRIQ (60 MG DAILY DOSE) KIT	LD,NDS
COPIKTRA CAPS 15mg, 25mg	NDS
COTELLIC TABS	NDS
<i>cyclophosphamide caps 25mg, 50mg</i>	PA
CYCLOPHOSPHAMIDE SOLN 2gm/10ml, 1gm/5ml, 500mg/2.5ml, 500mg/ml	NDS
<i>cyclophosphamide solr</i>	

Drug Name	Requirements /Limits
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	NDS
<i>cytarabine (pf) soln</i>	
<i>cytarabine soln</i>	
<i>dacarbazine solr</i>	
<i>dactinomycin solr</i>	
DANYELZA SOLN	NDS
DARZALEX FASPRO SOLN	NDS
DARZALEX SOLN 400mg/20ml, 100mg/5ml	NDS
<i>daunorubicin hcl soln</i>	
DAURISMO TABS 25mg, 100mg	NDS
<i>decitabine solr</i>	
DOCETAXEL (NON-ALCOHOL FORMULA) SOLN 80mg/4ml, 20mg/ml	NDS
<i>docetaxel conc</i>	
<i>docetaxel soln</i>	
<i>doxorubicin hcl liposomal inj</i>	
DOXORUBICIN HCL SOLN	
<i>doxorubicin hcl solr</i>	
DROXIA CAPS	
ELAHERE SOLN	NDS
ELIGARD KIT	
ELLENCE SOLN	
ELREXFIO SOLN 44mg/1.1ml, 76mg/1.9ml	NDS
ELZONRIS SOLN	NDS
EMCYT CAPS	NDS
EMPLICITI SOLR 300mg, 400mg	NDS
ENHERTU SOLR	NDS
<i>epirubicin hcl soln</i>	
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	NDS
ERBITUX SOLN	
ERIVEDGE CAPS	NDS
ERLEADA TABS 60mg, 240mg	NDS
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	NDS
ERWINASE SOLR	NDS
ERWINAZE SOLR	NDS
ETOPOPHOS SOLR	NDS
<i>etoposide soln</i>	

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

Drug Name	Requirements /Limits
<i>eulexin caps</i>	NDS
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	NDS
<i>everolimus tbso 2mg, 3mg, 5mg</i>	NDS
EVOMELA SOLR	NDS
<i>exemestane tabs</i>	
EXKIVITY CAPS	NDS
FARYDAK CAPS 10mg, 15mg, 20mg	LD,NDS
FENSOLVI (6 MONTH) KIT	
FIRMAGON (240 MG DOSE) SOLR	
FIRMAGON SOLR	
<i>floxuridine solr</i>	
<i>fludarabine phosphate soln</i>	
<i>fludarabine phosphate solr</i>	
<i>fluorouracil soln</i>	
<i>flutamide caps</i>	
FOLOTYN SOLN 40mg/2ml, 20mg/ml	NDS
FOTIVDA CAPS 0.89mg, 1.34mg	NDS
<i>fulvestrant sosy</i>	NDS
FYARRO SUSR	NDS
GAVRETO CAPS	NDS
GAZYVA SOLN	NDS
<i>gefitinib tabs</i>	NDS
<i>gemcitabine hcl soln</i>	
<i>gemcitabine hcl solr</i>	
GILOTRIF TABS 20mg, 30mg, 40mg	NDS
GLEOSTINE CAPS 10mg, 40mg	
GLEOSTINE CAPS 100mg	NDS
HERCEPTIN HYLECTA SOLN	NDS
HERCEPTIN SOLR	NDS
HERZUMA SOLR 150mg, 420mg	NDS
<i>hydroxyurea caps</i>	
IBRANCE CAPS 75mg, 100mg, 125mg	NDS
IBRANCE TABS 75mg, 100mg, 125mg	NDS
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	NDS

Drug Name	Requirements /Limits
IDAMYCIN PFS SOLN	
<i>idarubicin hcl soln</i>	
IDHIFA TABS 50mg, 100mg	NDS
<i>ifosfamide soln</i>	
IFOSFAMIDE SOLR	
<i>imatinib mesylate tabs</i>	
IMBRUVICA CAPS 70mg, 140mg	NDS
IMBRUVICA SUSP	NDS
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	NDS
IMFINZI SOLN 500mg/10ml, 120mg/2.4ml	NDS
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	NDS
INFUGEM SOLN	NDS
INLYTA TABS 1mg, 5mg	NDS
INQOVI TABS	NDS
INREBIC CAPS	NDS
INTRON A SOLN 6000000unit/ml, 10000000unit/ml	NDS
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	NDS
<i>irinotecan hcl soln</i>	
<i>irinotecan hydrochloride soln</i>	
IXEMPRA KIT SOLR	NDS
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	NDS
JAYPIRCA TABS 50mg, 100mg	NDS
JEMPERLI SOLN	
KADCYLA SOLR 100mg, 160mg	NDS
KANJINTI SOLR 150mg, 420mg	NDS
KEYTRUDA SOLN	NDS
KIMMTRAK SOLN	NDS
KISQALI (200 MG DOSE) TBPK	NDS
KISQALI (400 MG DOSE) TBPK	NDS
KISQALI (600 MG DOSE) TBPK	NDS
KISQALI FEMARA (200 MG DOSE) TBPK	NDS
KISQALI FEMARA (400 MG DOSE) TBPK	NDS
KISQALI FEMARA (600 MG DOSE) TBPK	NDS

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

Drug Name	Requirements /Limits
KOSELUGO CAPS 10mg, 25mg	NDS
KRAZATI TABS	NDS
KYPROLIS SOLR 10mg, 30mg, 60mg	NDS
<i>lapatinib ditosylate tabs</i>	NDS
LARTRUVO SOLN 190mg/19ml, 500mg/50ml	NDS
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	NDS
LENVIMA (10 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (12 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (14 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (18 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (20 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (24 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (4 MG DAILY DOSE) CPPK	LD,NDS
LENVIMA (8 MG DAILY DOSE) CPPK	LD,NDS
<i>letrozole tabs</i>	
LEUKERAN TABS	NDS
<i>leuprolide acetate kit</i>	
LIBTAYO SOLN	NDS
<i>lipodox 50 inj</i>	
LONSURF TABS	NDS
LORBRENA TABS 25mg, 100mg	NDS
LUMAKRAS TABS 120mg, 320mg	NDS
LUMOXITI SOLR	NDS
LUNSUMIO SOLN 30mg/30ml, 1mg/ml	NDS
LUPANETA PACK KIT	
LUPRON DEPOT (1-MONTH) KIT	
LUPRON DEPOT (3-MONTH) KIT	
LUPRON DEPOT (4-MONTH) KIT	

Drug Name	Requirements /Limits
LUPRON DEPOT (6-MONTH) KIT	
LUPRON DEPOT-PED (1-MONTH) KIT	
LUPRON DEPOT-PED (3-MONTH) KIT	
LUPRON DEPOT-PED (6-MONTH) KIT	
LYNPARZA TABS 100mg, 150mg	NDS
LYSODREN TABS	NDS
LYTGOBI (12 MG DAILY DOSE) TBPK	NDS
LYTGOBI (16 MG DAILY DOSE) TBPK	NDS
LYTGOBI (20 MG DAILY DOSE) TBPK	NDS
MARGENZA SOLN	NDS
MARQIBO SUSP	NDS
MATULANE CAPS	NDS
<i>megestrol acetate susp</i>	
<i>megestrol acetate tabs</i>	
MEKINIST SOLR	NDS
MEKINIST TABS 0.5mg, 2mg	NDS
MEKTOVI TABS	NDS
<i>melphalan hcl solr</i>	
<i>mercaptopurine tabs</i>	
<i>methotrexate sodium (pf) soln</i>	
<i>methotrexate sodium soln</i>	
<i>methotrexate sodium solr</i>	
<i>methotrexate sodium tabs</i>	
<i>mitomycin solr</i>	
<i>mitoxantrone hcl conc</i>	
MONJUVI SOLR	NDS
<i>mutamycin solr</i>	
MVASI SOLN 400mg/16ml, 100mg/4ml	NDS
MYLOTARG SOLR	NDS
<i>nelarabine soln</i>	NDS
NERLYNX TABS	NDS
<i>nilutamide tabs</i>	
NINLARO CAPS 2.3mg, 3mg, 4mg	NDS
NUBEQA TABS	NDS

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



Drug Name	Requirements /Limits
ODOMZO CAPS	NDS
OGIVRI SOLR	NDS
OJJAARA TABS 100mg, 150mg, 200mg	NDS
ONIVYDE INJ	NDS
ONTRUZANT SOLR 150mg, 420mg	NDS
ONUREG TABS 200mg, 300mg	NDS
OPDIVO SOLN 100mg/10ml, 120mg/12ml, 240mg/24ml, 40mg/4ml	NDS
OPDUALAG SOLN	NDS
ORSERDU TABS 86mg, 345mg	NDS
<i>oxaliplatin soln</i>	
<i>oxaliplatin solr</i>	
<i>paclitaxel conc</i>	
<i>paclitaxel protein-bound part susr</i>	NDS
PADCEV SOLR 20mg, 30mg	NDS
<i>paraplatin soln</i>	
<i>pazopanib hcl tabs</i>	NDS
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	NDS
PEMETREXED DISODIUM SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml, 850mg/34ml	
<i>pemetrexed disodium solr 100mg, 750mg, 1000mg</i>	NDS
<i>pemetrexed disodium solr 500mg</i>	
PEMETREXED DITROMETHAMINE SOLR 100mg, 500mg	NDS
PEMETREXED SOLN 1gm/40ml, 500mg/20ml, 100mg/4ml	NDS
PEMFEXY SOLN	NDS
PEPAXTO SOLR	NDS
PERJETA SOLN	NDS
PHESGO SOLN	NDS
PIQRAY (200 MG DAILY DOSE) TBPK	NDS
PIQRAY (250 MG DAILY DOSE) TBPK	NDS

Drug Name	Requirements /Limits
PIQRAY (300 MG DAILY DOSE) TBPK	NDS
POLIVY SOLR 30mg, 140mg	NDS
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	NDS
PORTRAZZA SOLN	NDS
POTELIGEO SOLN	NDS
<i>pralatrexate soln 40mg/2ml, 20mg/ml</i>	NDS
PURIXAN SUSP	NDS
QINLOCK TABS	NDS
RETEVMO CAPS 40mg, 80mg	NDS
REVLIMID CAPS 2.5mg, 20mg	NDS
REZLIDHIA CAPS	NDS
RIABNI SOLN 100mg/10ml, 500mg/50ml	NDS
RITUXAN HYCELA SOLN	
RITUXAN SOLN	
ROMIDEPSIN SOLN	NDS
ROZLYTREK CAPS 100mg, 200mg	NDS
RUBRACA TABS 200mg, 250mg, 300mg	NDS
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	NDS
RYBREVANT SOLN	NDS
RYDAPT CAPS	NDS
RYLAZE SOLN	NDS
SARCLISA SOLN 500mg/25ml, 100mg/5ml	NDS
SCEMBLIX TABS 20mg, 40mg	NDS
SIKLOS TABS	NDS
SOLTAMOX SOLN	
<i>sorafenib tosylate tabs</i>	NDS
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	NDS
STIVARGA TABS	NDS
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	NDS
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	NDS
SYLVANT SOLR 100mg, 400mg	NDS
SYNRIBO SOLR	NDS
TABLOID TABS	

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

Drug Name	Requirements /Limits
TABRECTA TABS 150mg, 200mg	NDS
TAFINLAR CAPS 50mg, 75mg	NDS
TAFINLAR TBSO	NDS
TAGRISSE TABS 40mg, 80mg	NDS
TALVEY SOLN 3mg/1.5ml, 40mg/ml	NDS
TALZENNA CAPS 0.1mg, 0.25mg, 0.35mg, 0.5mg, 0.75mg, 1mg	NDS
<i>tamoxifen citrate tabs</i>	
TASIGNA CAPS 50mg, 150mg, 200mg	NDS
TAZVERIK TABS	NDS
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	NDS
TECVAYLI SOLN 153mg/1.7ml, 30mg/3ml	NDS
<i>temsirolimus soln</i>	
TENIPOSIDE SOLN	
TEPADINA SOLR	NDS
TEPMETKO TABS	NDS
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	NDS
<i>thiotepa solr 15mg, 100mg</i>	NDS
TIBSOVO TABS	NDS
TIVDAK SOLR	NDS
<i>toposar soln</i>	
TOPOTECAN HCL SOLN	
<i>topotecan hcl solr</i>	
<i>toremifene citrate tabs</i>	NDS
TRAZIMERA SOLR 150mg, 420mg	NDS
TREANDA SOLR 25mg, 100mg	NDS
TRELSTAR MIXJECT SUSR	
<i>tretinoin caps</i>	NDS
<i>trexall tabs</i>	
TRODELVY SOLR	NDS
TRUSELTIQ (100MG DAILY DOSE) CPPK	NDS
TRUSELTIQ (125MG DAILY DOSE) CPPK	NDS
TRUSELTIQ (50MG DAILY DOSE) CPPK	NDS

Drug Name	Requirements /Limits
TRUSELTIQ (75MG DAILY DOSE) CPPK	NDS
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	NDS
TUKYSA TABS 50mg, 150mg	NDS
TURALIO CAPS 125mg, 200mg	NDS
UKONIQ TABS	NDS
UNITUXIN SOLN	NDS
<i>valrubicin soln</i>	
VANFLYTA TABS 17.7mg, 26.5mg	NDS
VANTAS KIT	
VEGZELMA SOLN 400mg/16ml, 100mg/4ml	NDS
VENCLEXTA STARTING PACK TBPK	NDS
VENCLEXTA TABS 10mg	NDS
VENCLEXTA TABS 50mg, 100mg	NDS
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	NDS
<i>vinblastine sulfate soln</i>	
<i>vincasar pfs soln</i>	
<i>vincristine sulfate soln</i>	
<i>vinorelbine tartrate soln</i>	
VITRAKVI CAPS 25mg, 100mg	NDS
VITRAKVI SOLN	NDS
VIVIMUSTA SOLN	NDS
VIZIMPRO TABS 15mg, 30mg, 45mg	NDS
VONJO CAPS	NDS
VOTRIENT TABS	NDS
VYXEOS SUSR	NDS
WELIREG TABS	NDS
XALKORI CAPS 200mg, 250mg	NDS
XATMEP SOLN	NDS
XOSPATA TABS	NDS
XPOVIO (100 MG ONCE WEEKLY) TBPK 20mg, 50mg	NDS
XPOVIO (40 MG ONCE WEEKLY) TBPK 20mg, 40mg	NDS
XPOVIO (40 MG TWICE WEEKLY) TBPK 20mg, 40mg	NDS
XPOVIO (60 MG ONCE WEEKLY) TBPK 20mg, 60mg	NDS

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

Drug Name	Requirements /Limits
XPOVIO (60 MG TWICE WEEKLY) TBPk	NDS
XPOVIO (80 MG ONCE WEEKLY) TBPk 20mg, 40mg	NDS
XPOVIO (80 MG TWICE WEEKLY) TBPk	NDS
XTANDI CAPS	NDS
XTANDI TABS 40mg, 80mg	NDS
YERVOY SOLN	
YONDELIS SOLR	NDS
YONSA TABS	NDS
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	NDS
ZEJULA CAPS	NDS
ZEJULA TABS 100mg, 200mg, 300mg	NDS
ZELBORAF TABS	NDS
ZEPZELCA SOLR	NDS
ZIRABEV SOLN 400mg/16ml, 100mg/4ml	NDS
ZOLINZA CAPS	NDS
ZYDELIG TABS 100mg, 150mg	NDS
ZYKADIA CAPS	NDS
ZYKADIA TABS	NDS
ZYNLONTA SOLR	NDS
ZYNYZ SOLN	NDS
ZYTIGA TABS	NDS
<b>AUTONOMIC DRUGS</b>	
<b>ANTICHOLINERGIC AGENTS</b>	
ATROPINE SULFATE SOLN	
ATROPINE SULFATE SOSY	
ATROVENT HFA AERS	MO
<i>chlordiazepoxide-clidinium caps</i>	
<i>dicyclomine hcl caps</i>	MO
<i>dicyclomine hcl soln</i>	MO
<i>dicyclomine hcl tabs</i>	MO
DUAKLIR PRESSAIR AEPB	NDS
<i>glycopyrrolate oral soln</i>	MO
<i>glycopyrrolate soln injection</i>	
<i>glycopyrrolate tabs 1mg, 2mg</i>	MO
<i>glycopyrrolate tabs 1.5mg</i>	
<i>ipratropium bromide soln 0.02%</i>	PA,MO
<i>ipratropium bromide soln 0.03%, 0.06%</i>	MO

Drug Name	Requirements /Limits
LONHALA MAGNAIR REFILL KIT SOLN	NDS
<i>propantheline bromide tabs</i>	MO
SPIRIVA RESPIMAT AERS 2.5mcg/act	MO
STIOLTO RESPIMAT AERS	MO
YUPELRI SOLN	PA,NDS
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>	
NICOTROL INHA	MO
<i>varenicline tartrate (starter) tbpk</i>	MO
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	MO
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	MO
<i>cevimeline hcl caps</i>	MO
<i>donepezil hcl tabs 5mg, 10mg</i>	MO
<i>donepezil hcl tbdp 5mg, 10mg</i>	MO
<i>galantamine hydrobromide er cp24 8mg, 16mg, 24mg</i>	MO
<i>galantamine hydrobromide soln</i>	MO
<i>galantamine hydrobromide tabs 4mg, 8mg, 12mg</i>	MO
GUANIDINE HCL TABS	MO
<i>pilocarpine hcl tabs 5mg</i>	MO
<i>pyridostigmine bromide er tbc</i>	MO
<i>pyridostigmine bromide soln</i>	MO
<i>pyridostigmine bromide tabs 60mg</i>	MO
REGONOL SOLN	
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	MO
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	MO
<b>SKELETAL MUSCLE RELAXANTS</b>	
<i>baclofen susp</i>	NDS
<i>baclofen tabs 5mg, 10mg, 20mg</i>	MO
<i>carisoprodol tabs 350mg</i>	PA,NDS
<i>chlorzoxazone tabs 500mg</i>	NDS
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	PA
<i>dantrolene sodium caps</i>	
FLEQSUVY SUSP	NDS

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

Drug Name	Requirements /Limits
LYVISPAH PACK 20mg	
<i>metaxalone tabs</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>methocarbamol tabs 1000mg</i>	NDS
<i>succinylcholine chloride soln</i>	
<i>tizanidine hcl tabs</i>	
<b>SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS</b>	
<i>alfuzosin hcl er tb24</i>	MO
<i>dihydroergotamine mesylate soln 1mg/ml</i>	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	NDS
<i>ergoloid mesylates tabs</i>	MO
<i>ergomar sub</i>	
<i>phenoxybenzamine hcl caps</i>	NDS
<i>silodosin caps 4mg</i>	MO
<i>tamsulosin hcl caps</i>	MO
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>	
<i>albuterol sulfate er tb12 4mg, 8mg</i>	MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	MO
<i>albuterol sulfate nebu 0.083%, 2.5mg/0.5ml, 0.63mg/3ml, 1.25mg/3ml</i>	PA,MO
<i>albuterol sulfate syrp</i>	MO
<i>albuterol sulfate tabs 2mg, 4mg</i>	MO
<i>arformoterol tartrate nebu</i>	PA,MO
BROVANA NEBU	PA,MO,NDS
COMBIVENT RESPIMAT AERS	MO
<i>dobutamine hcl soln</i>	
DOBUTAMINE IN D5W SOLN	
<i>dopamine hcl soln</i>	
DOPAMINE IN D5W SOLN	
<i>droxidopa caps</i>	
<i>epinephrine soaj</i>	
EPINEPHRINE SOSY	
<i>ipratropium-albuterol soln</i>	PA,MO
<i>isoproterenol hcl soln</i>	
METAPROTERENOL SULFATE SYRP	MO

Drug Name	Requirements /Limits
METAPROTERENOL SULFATE TABS 10mg, 20mg	MO
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	MO
<i>norepinephrine bitartrate soln</i>	
<i>phenylephrine hcl (pressors) soln</i>	
SEREVENT DISKUS AEPB	MO
STRIVERDI RESPIMAT AERS	MO
<i>terbutaline sulfate soln</i>	
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	MO
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>	
<b>BLOOD FORMATION MODIFIERS</b>	
ADAKVEO SOLN	NDS
<i>icatibant acetate sosy</i>	NDS
OXBRYTA TABS 300mg, 500mg	NDS
OXBRYTA TBSO	NDS
RUCONEST SOLR INTRAVENOUS	HI
<i>sajazir sosy</i>	NDS
<b>COAGULANTS AND ANTICOAGULANTS</b>	
<i>aminocaproic acid soln</i>	MO
<i>aminocaproic acid tabs 500mg, 1000mg</i>	MO
<i>anagrelide hcl caps 0.5mg, 1mg</i>	MO
<i>argatroban soln</i>	
<i>aspirin-dipyridamole er cp12</i>	MO
BRILINTA TABS 60mg, 90mg	MO
<i>cilostazol tabs 50mg, 100mg</i>	MO
<i>clopidogrel bisulfate tabs 75mg</i>	MO
ELIQUIS TABS 5mg	MO
<i>enoxaparin sodium soln</i>	
<i>enoxaparin sodium sosy</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml</i>	NDS
<i>fondaparinux sodium soln 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	NDS
<i>heparin (porcine) in nacl soln</i>	
HEPARIN SOD (PORCINE) IN D5W SOLN	
<i>heparin sodium (porcine) pf soln</i>	

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

Drug Name	Requirements /Limits
<i>heparin sodium (porcine) soln</i>	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	MO
LOVENOX SOLN	
LOVENOX SOSY	
<i>pentoxifylline er tbc</i>	MO
PRADAXA CAPS 75mg, 150mg	MO
PRADAXA CAPS 110mg	MO
PRADAXA PACK 20mg, 30mg, 40mg, 50mg, 110mg, 150mg	NDS
<i>prasugrel hcl tabs 5mg, 10mg</i>	MO
<i>tranexamic acid soln</i>	
<i>tranexamic acid tabs</i>	MO
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 10mg</i>	MO
XARELTO STARTER PACK TBPK	MO
XARELTO SUSR	NDS
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	MO
<b>HEMATOPOIETIC AGENTS</b>	
APHEXDA SOLR	NDS
ARANESP (ALBUMIN FREE) SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml	NDS
ARANESP (ALBUMIN FREE) SOSY 60mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.4ml, 100mcg/0.5ml, 300mcg/0.6ml, 500mcg/ml	NDS
CABLIVI KIT	NDS
DOPTELET TABS	NDS
FULPHILA SOSY	NDS
FYLNETRA SOSY	NDS
GRANIX SOLN 480mcg/1.6ml, 300mcg/ml	NDS
GRANIX SOSY 300mcg/0.5ml, 480mcg/0.8ml	NDS
LEUKINE SOLR	NDS
MOZOBIL SOLN	NDS
MULPLETA TABS	NDS
NEULASTA ONPRO PSKT	NDS
NEULASTA SOSY	NDS

Drug Name	Requirements /Limits
NEUPOGEN SOLN 480mcg/1.6ml, 300mcg/ml	NDS
NEUPOGEN SOSY 300mcg/0.5ml, 480mcg/0.8ml	NDS
NIVESTYM SOLN 480mcg/1.6ml, 300mcg/ml	NDS
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml	NDS
NPLATE SOLR	NDS
NYVEPRIA SOSY	NDS
<i>plerixafor soln</i>	NDS
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	NDS
PROCRIT SOLN 20000unit/ml, 40000unit/ml	NDS
PROMACTA PACK 12.5mg, 25mg	NDS
PROMACTA TABS 12.5mg, 25mg, 50mg, 75mg	NDS
REBLOZYL SOLR 25mg, 75mg	NDS
RELEUKO SOLN 300mcg/ml, 480mcg/1.6ml	NDS
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	NDS
RETACRIT SOLN 20000unit/ml	NDS
RETACRIT SOLN 40000unit/ml	NDS
ROLVEDON SOSY	NDS
STIMUFEND SOSY	NDS
TAVALISSE TABS 100mg, 150mg	NDS
UDENYCA SOAJ	NDS
UDENYCA SOSY	NDS
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	NDS
ZIEXTENZO SOSY	NDS
<b>CARDIOVASCULAR DRUGS</b>	
<b>A-ADRENERGIC BLOCKING AGENTS</b>	
DEMSEER CAPS	NDS
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	MO
<i>metirosine caps</i>	NDS
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	MO

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

Drug Name	Requirements /Limits
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	MO
<b>ANTILIPEMIC AGENTS</b>	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	MO
<i>cholestyramine light pack</i>	MO
<i>cholestyramine light powd</i>	MO
<i>cholestyramine pack</i>	MO
<i>cholestyramine powd</i>	MO
<i>colesevelam hcl tabs</i>	MO
<i>colestipol hcl gran</i>	MO
<i>colestipol hcl pack</i>	MO
<i>colestipol hcl tabs</i>	MO
<i>EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml</i>	NDS
<i>ezetimibe tabs</i>	MO
<i>fenofibrate tabs 54mg, 160mg</i>	MO
<i>fenofibric acid cpdr 135mg</i>	MO
<i>fluvastatin sodium caps 20mg</i>	MO
<i>fluvastatin sodium er tb24</i>	MO
<i>gemfibrozil tabs</i>	MO
<i>icosapent ethyl caps 0.5gm, 1gm</i>	MO
<i>JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg, 40mg, 60mg</i>	PA,LD,NDS
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	MO
<i>niacin er (antihyperlipidemic) tbcr 500mg</i>	MO
<i>niacor tabs</i>	MO
<i>omega-3-acid ethyl esters caps</i>	MO
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	MO
<i>prevalite pack</i>	MO
<i>prevalite powd</i>	MO
<i>REPATHA SURECLICK SOAJ</i>	PA
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	MO
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	MO
<i>VASCEPA CAPS 1gm</i>	MO
<i>VASCEPA CAPS 0.5gm</i>	MO
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>	
<i>acebutolol hcl caps 200mg, 400mg</i>	MO

Drug Name	Requirements /Limits
<i>atenolol tabs 25mg, 50mg, 100mg</i>	MO
<i>atenolol-chlorthalidone tabs</i>	MO
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	MO
<i>bisoprolol-hydrochlorothiazide tabs</i>	MO
<i>carvedilol phosphate er cp24 80mg</i>	MO
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	MO
<i>ESMOLOL HCL SOLN</i>	
<i>esmolol hcl-sodium chloride soln</i>	
<i>labetalol hcl soln</i>	
<i>LABETALOL HCL SOSY 10mg/2ml, 20mg/4ml</i>	
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	MO
<i>metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg</i>	MO
<i>metoprolol tartrate soct</i>	
<i>metoprolol tartrate soln</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	MO
<i>metoprolol-hydrochlorothiazide tabs</i>	MO
<i>nadolol tabs 20mg, 40mg, 80mg</i>	MO
<i>propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg</i>	MO
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml</i>	MO
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	MO
<i>sotalol hcl (af) tabs 80mg, 120mg, 160mg</i>	MO
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	MO
<i>SOTYLIZE SOLN</i>	MO
<i>timolol maleate tabs 10mg</i>	MO
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>	
<i>amlodipine besy-benazepril hcl caps</i>	MO
<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	MO
<i>CARDENE IV SOLN</i>	

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

Drug Name	Requirements /Limits
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	MO
CONSENSI TABS	NDS
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	MO
DILTIAZEM HCL ER COATED BEADS CP24 120mg, 180mg, 240mg, 300mg, 360mg	MO
<i>diltiazem hcl er cp12 60mg, 90mg, 120mg</i>	MO
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg</i>	MO
<i>diltiazem hcl soln</i>	
<i>diltiazem hcl solr</i>	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg, 120mg</i>	MO
<i>diltiazem hydrochloride soln</i>	
<i>felodipine er tb24 2.5mg, 5mg, 10mg</i>	MO
NICARDIPINE HCL SOLN	
<i>nifedipine caps 10mg, 20mg</i>	MO
<i>nifedipine er osmotic release tb24 30mg, 60mg, 90mg</i>	MO
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	MO
<i>nimodipine caps</i>	MO
NYMALIZE SOLN 60mg/20ml, 6mg/ml	NDS
<i>verapamil hcl er tbcr 120mg, 180mg, 240mg</i>	MO
<i>verapamil hcl soln</i>	
<i>verapamil hcl tabs 40mg, 80mg, 120mg</i>	MO
<b>CARDIAC DRUGS</b>	
<i>adenosine soln</i>	
<i>amiodarone hcl soln</i>	
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	MO
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	NDS
CORLANOR SOLN	MO
CORLANOR TABS 5mg, 7.5mg	MO
<i>digoxin soln</i>	
<i>digoxin tabs 125mcg, 250mcg</i>	MO

Drug Name	Requirements /Limits
<i>disopyramide phosphate caps 100mg, 150mg</i>	MO
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	MO
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	MO
<i>ibutilide fumarate soln</i>	
LANOXIN PEDIATRIC SOLN	
<i>lidocaine hcl (cardiac) pf sosy</i>	
<i>lidocaine hcl (cardiac) sosy</i>	
LIDOCAINE IN D5W SOLN	
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	MO
<i>milrinone lactate in dextrose soln</i>	
<i>milrinone lactate soln</i>	
MULTAQ TABS	
NORPACE CR CP12 100mg, 150mg	MO
<i>procainamide hcl soln</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	MO
QUINIDINE GLUCONATE SOLN	
<i>quinidine gluconate er tbcr</i>	MO
<i>quinidine sulfate tabs 200mg, 300mg</i>	MO
<i>ranolazine er tb12 500mg</i>	MO
VYNDAMAX CAPS	NDS
VYNDAQEL CAPS	NDS
<b>HYPOTENSIVE AGENTS</b>	
<i>clonidine hcl (analgesia) soln</i>	
<i>clonidine hcl tabs 0.1mg, 0.2mg, 0.3mg</i>	MO
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	MO
<i>guanfacine hcl tabs 1mg, 2mg</i>	MO
<i>hydralazine hcl soln</i>	
<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	MO
<i>methyldopa tabs 250mg, 500mg</i>	MO
<i>minoxidil tabs 2.5mg, 10mg</i>	MO
<i>nitropress soln</i>	
<i>nitroprusside sodium soln</i>	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>	

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

Drug Name	Requirements /Limits
<i>aliskiren fumarate tabs 150mg, 300mg</i>	MO
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	MO
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg</i>	MO
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	MO
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	MO
<i>enalaprilat inj</i>	
ENTRESTO TABS	MO
<i>eplerenone tabs 25mg</i>	MO
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	MO
KERENDIA TABS 10mg, 20mg	MO
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	MO
<i>lisinopril-hydrochlorothiazide tabs</i>	MO
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	MO
<i>losartan potassium-hctz tabs</i>	MO
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	MO
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	MO
<i>spironolactone-hctz tabs</i>	MO
<i>valsartan soln</i>	NDS
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	MO
<i>valsartan-hydrochlorothiazide tabs</i>	MO
<b>VASODILATING AGENTS</b>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	MO
<i>isosorbide dinitrate er tbcr</i>	MO
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	MO
<i>isosorbide mononitrate er tb24 30mg, 60mg, 120mg</i>	MO
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	MO
LIQREV SUSP	PA,NDS
<i>minitran pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	MO

Drug Name	Requirements /Limits
<i>nitro-bid oint</i>	MO
NITRO-DUR PT24 0.3mg/hr, 0.8mg/hr	MO
<i>nitroglycerin pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	MO
<i>nitroglycerin soln</i>	MO
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	MO
<i>sildenafil citrate susr</i>	PA
<i>sildenafil citrate tabs</i>	PA,MO
<i>tadalafil (pah) tabs 20mg</i>	PA
<i>tadalafil tabs 2.5mg, 5mg</i>	PA
TADLIQ SUSP	PA,NDS
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
<b>ALCOHOL DETERRENTS</b>	
<i>acamprosate calcium tbec</i>	MO
<i>antabuse tabs 250mg, 500mg</i>	MO
<i>disulfiram tabs 250mg, 500mg</i>	MO
<b>ANALGESICS AND ANTIPYRETICS</b>	
<i>acetaminophen-codeine soln</i>	NDS
<i>acetaminophen-codeine tabs</i>	NDS
<i>butalbital-apap-caffeine tabs</i>	
<i>butalbital-asa-caff-codeine caps</i>	NDS
<i>butalbital-aspirin-caffeine caps</i>	
<i>butorphanol tartrate soln</i>	NDS
<i>celecoxib caps</i>	
CODEINE SULFATE TABS 15mg, 30mg, 60mg	NDS
<i>diclofenac sodium tbec</i>	
<i>diflunisal tabs</i>	
DUEXIS TABS	NDS
<i>endocet tabs</i>	NDS
<i>etodolac caps</i>	
<i>etodolac tabs</i>	
<i>fentanyl citrate (pf) soct</i>	NDS
FENTANYL CITRATE (PF) SOLN 1000mcg/20ml, 2500mcg/50ml	NDS
<i>fentanyl citrate tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	PA,NDS
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	NDS

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



Drug Name	Requirements /Limits
<i>hydrocodone-acetaminophen soln</i>	NDS
<i>hydrocodone-acetaminophen tabs</i>	NDS
<i>hydrocodone-ibuprofen tabs</i>	NDS
<i>hydromorphone hcl liqd</i>	NDS
<i>hydromorphone hcl tabs 2mg, 4mg, 8mg</i>	NDS
<i>ibu tabs</i>	
<i>ibuprofen lysine soln</i>	
<i>ibuprofen susp</i>	
<i>ibuprofen tabs</i>	
ILARIS SOLN	NDS
<i>indocin supp</i>	NDS
<i>indomethacin caps</i>	
<i>indomethacin er cpcr</i>	
<i>indomethacin sodium solr</i>	
<i>ketoprofen caps</i>	
<i>ketorolac tromethamine soln</i>	
<i>ketorolac tromethamine tabs</i>	
LAZANDA SOLN 100mcg/act, 400mcg/act	PA,NDS
<i>levorphanol tartrate tabs 2mg, 3mg</i>	NDS
<i>lortab elix</i>	NDS
<i>meclofenamate sodium caps</i>	
<i>mefenamic acid caps</i>	
<i>meloxicam tabs</i>	
<i>methadone hcl conc</i>	NDS
<i>methadone hcl intensol conc</i>	NDS
<i>methadone hcl soln 5mg/5ml</i>	NDS
<i>methadone hcl tabs 5mg, 10mg</i>	NDS
<i>morphine sulfate (concentrate) soln 20mg/ml</i>	NDS
<i>morphine sulfate er tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	NDS
MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml	NDS
MORPHINE SULFATE TABS 15mg, 30mg	NDS
<i>nabumetone tabs</i>	
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	NDS
<i>naproxen susp</i>	

Drug Name	Requirements /Limits
<i>naproxen tabs</i>	
<i>naproxen tbec</i>	
<i>naproxen-esomeprazole tbec 500-20mg</i>	NDS
NUCYNTA ER TB12 200mg, 250mg	NDS
NUCYNTA TABS	NDS
OXAYDO TABS	NDS
<i>oxycodone hcl caps</i>	NDS
<i>oxycodone hcl conc</i>	NDS
<i>oxycodone hcl soln</i>	NDS
<i>oxycodone hcl tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	NDS
<i>oxycodone-acetaminophen soln</i>	NDS
<i>oxycodone-acetaminophen tabs 5-325mg, 7.5-325mg, 10-325mg</i>	NDS
<i>oxycodone-acetaminophen tabs 5-300mg, 7.5-300mg, 10-300mg</i>	NDS
<i>oxycodone-aspirin tabs</i>	NDS
<i>oxymorphone hcl er tb12 5mg, 10mg, 20mg</i>	NDS
<i>pentazocine-naloxone hcl tabs</i>	NDS
<i>percocet tabs 7.5-325mg, 10-325mg</i>	NDS
<i>piroxicam caps</i>	
<i>prolate soln</i>	NDS
QDOLO SOLN	NDS
<i>relafen ds tabs</i>	NDS
ROXYBOND TABA 5mg, 15mg, 30mg	NDS
SALSALATE TABS	
SUBSYS LIQD 1200mcg, 1600mcg	PA,NDS
<i>sulindac tabs</i>	
<i>tolmetin sodium tabs</i>	
<i>tramadol hcl er tb24 100mg</i>	NDS
<i>tramadol hcl soln</i>	NDS
<i>tramadol hcl tabs 50mg</i>	NDS
<i>tramadol-acetaminophen tabs</i>	NDS
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>	
<i>adderall tabs</i>	NDS
<i>amphetamine-dextroamphet er cp24</i>	NDS

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

Drug Name	Requirements /Limits
<i>amphetamine-dextroamphetamine tabs</i>	NDS
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA
<i>caffeine citrate soln</i>	
<i>dexmethylphenidate hcl er cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	NDS
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	NDS
<i>dextroamphetamine sulfate er cp24 5mg, 10mg, 15mg</i>	NDS
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	NDS
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	NDS
<i>methylphenidate hcl chew 2.5mg</i>	NDS
<i>methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	NDS
<i>methylphenidate hcl er (osm) tbc 18mg, 27mg, 36mg, 54mg</i>	NDS
<i>methylphenidate hcl er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	NDS
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	NDS
<i>methylphenidate hcl soln 5mg/5ml</i>	NDS
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	NDS
<i>modafinil tabs 100mg, 200mg</i>	PA,NDS
<i>VYVANSE CAPS 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg</i>	NDS
<i>WAKIX TABS 4.45mg, 17.8mg</i>	NDS
<b>ANTICONVULSANTS</b>	
<i>APTIOM TABS 200mg, 400mg, 600mg, 800mg</i>	MO
<i>BANZEL SUSP</i>	
<i>BANZEL TABS 200mg, 400mg</i>	NDS
<i>BRIVIACT SOLN</i>	NDS
<i>BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg</i>	NDS
<i>carbamazepine chew</i>	MO

Drug Name	Requirements /Limits
<i>carbamazepine er cp12 100mg, 200mg, 300mg</i>	MO
<i>carbamazepine er tb12 100mg, 200mg, 400mg</i>	MO
<i>carbamazepine susp</i>	MO
<i>carbamazepine tabs</i>	MO
<i>CELONTIN CAPS</i>	MO
<i>clobazam susp</i>	MO
<i>clobazam tabs 10mg, 20mg</i>	MO
<i>clonazepam tabs 0.5mg, 1mg, 2mg</i>	NDS
<i>clonazepam tbdp 0.125mg, 0.25mg, 0.5mg, 1mg, 2mg</i>	NDS
<i>DIACOMIT CAPS 250mg, 500mg</i>	NDS
<i>DIACOMIT PACK 250mg, 500mg</i>	NDS
<i>DIASTAT ACUDIAL GEL 10mg, 20mg</i>	NDS
<i>DIASTAT PEDIATRIC GEL</i>	NDS
<i>diazepam gel 2.5mg, 20mg</i>	NDS
<i>diazepam gel 10mg</i>	NDS
<i>dilantin caps 30mg, 100mg</i>	MO
<i>dilantin infatabs chew</i>	MO
<i>divalproex sodium csdr</i>	MO
<i>divalproex sodium er tb24 250mg, 500mg</i>	MO
<i>divalproex sodium tbec 125mg, 250mg, 500mg</i>	MO
<i>ELEPSIA XR TB24 1000mg, 1500mg</i>	NDS
<i>EPIDIOLEX SOLN</i>	PA,NDS
<i>EPRONTIA SOLN</i>	MO
<i>ethosuximide caps</i>	MO
<i>ethosuximide soln</i>	MO
<i>felbamate susp</i>	MO
<i>felbamate tabs 400mg, 600mg</i>	MO
<i>FINTEPLA SOLN</i>	NDS
<i>fosphenytoin sodium soln</i>	
<i>FYCOMPA SUSP</i>	NDS
<i>FYCOMPA TABS 2mg</i>	
<i>FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg</i>	
<i>gabapentin caps 100mg, 400mg</i>	MO

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

Drug Name	Requirements /Limits
<i>gabapentin soln</i>	MO
<i>gabapentin tabs 600mg, 800mg</i>	MO
<i>lacosamide soln</i>	
<i>lacosamide tabs 50mg, 100mg, 150mg, 200mg</i>	MO
LAMICTAL XR KIT	MO
<i>lamotrigine chew 5mg, 25mg</i>	MO
<i>lamotrigine er tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	MO
<i>lamotrigine kit</i>	MO
<i>lamotrigine starter kit-blue kit</i>	MO
<i>lamotrigine starter kit-green kit</i>	MO
<i>lamotrigine starter kit-orange kit</i>	MO
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg</i>	MO
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	MO
<i>levetiracetam er tb24 500mg, 750mg</i>	MO
<i>levetiracetam in nacl soln</i>	
LEVETIRACETAM IN NACL SOLN 250mg/50ml	
<i>levetiracetam soln</i>	MO
<i>levetiracetam tabs 250mg, 500mg, 750mg, 1000mg</i>	MO
<i>magnesium sulfate soln</i>	
MAGNESIUM SULFATE SOLN INJECTION 50%	HI
MOTPOLY XR CP24 100mg, 150mg, 200mg	NDS
NAYZILAM SOLN	NDS
<i>oxcarbazepine susp</i>	MO
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	MO
OXTELLAR XR TB24 150mg, 300mg	MO
OXTELLAR XR TB24	MO
PEGANONE TABS	MO
<i>phenytek caps 200mg, 300mg</i>	MO
<i>phenytoin chew</i>	MO
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	MO
<i>phenytoin sodium soln</i>	
<i>phenytoin susp</i>	MO

Drug Name	Requirements /Limits
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg</i>	MO
<i>pregabalin soln</i>	MO
<i>primidone tabs 50mg, 250mg</i>	MO
<i>primidone tabs 125mg</i>	MO
<i>roweepra tabs 500mg, 750mg</i>	MO
<i>roweepra xr tb24 500mg, 750mg</i>	MO
<i>rufinamide susp</i>	
<i>rufinamide tabs 200mg</i>	
<i>rufinamide tabs 400mg</i>	NDS
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	NDS
<i>subvenite starter kit-blue kit</i>	MO
<i>subvenite starter kit-green kit</i>	MO
<i>subvenite starter kit-orange kit</i>	MO
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	MO
SYMPAZAN FILM	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	MO
<i>topiramate cpsp 15mg, 25mg</i>	MO
<i>topiramate er cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	MO
<i>topiramate tabs 25mg, 50mg, 100mg, 200mg</i>	MO
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	MO
<i>valproate sodium soln</i>	
<i>valproic acid caps</i>	MO
<i>valproic acid soln</i>	MO
VALTOCO 10 MG DOSE LIQD	
VALTOCO 15 MG DOSE LQPK	
VALTOCO 20 MG DOSE LQPK	
VALTOCO 5 MG DOSE LIQD	
<i>vigabatrin pack</i>	LD,NDS
<i>vigabatrin tabs</i>	NDS
<i>vigadrone tabs</i>	NDS
XCOPRI (250 MG DAILY DOSE) TBPK	NDS
XCOPRI (350 MG DAILY DOSE) TBPK	NDS
XCOPRI TABS 50mg, 100mg, 150mg	

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

Drug Name	Requirements /Limits
XCOPRI TABS 200mg	NDS
XCOPRI TBPK 14x12.5mg & 14x25mg	
XCOPRI TBPK	NDS
zarontin soln	MO
ZONISADE SUSP	MO
zonisamide caps 25mg, 50mg, 100mg	MO
ZTALMY SUSP	NDS
<b>ANTIMIGRAINE AGENTS</b>	
AJOVY SOAJ	PA
AJOVY SOSY	PA
cafergot tabs	
eletriptan hydrobromide tabs	
ergotamine-caffeine tabs	
naratriptan hcl tabs	
NURTEC TBDP	NDS
QULIPTA TABS 10mg, 30mg, 60mg	NDS
rizatriptan benzoate tabs	
rizatriptan benzoate tbdp	
sumatriptan soln	
sumatriptan succinate refill soct	
sumatriptan succinate soaj	
sumatriptan succinate soln	
sumatriptan succinate sosy	
sumatriptan succinate tabs	
UBRELVY TABS 50mg, 100mg	NDS
ZAVZPRET SOLN	NDS
zolmitriptan tbdp	
<b>ANTIPARKINSONIAN AGENTS</b>	
amantadine hcl caps	MO
amantadine hcl soln	MO
amantadine hcl tabs	MO
APOKYN SOCT	NDS
apomorphine hcl soct	NDS
benztropine mesylate soln	
benztropine mesylate tabs 0.5mg, 1mg, 2mg	MO
bromocriptine mesylate caps	MO
bromocriptine mesylate tabs	MO
cabergoline tabs	MO
carbidopa tabs	MO

Drug Name	Requirements /Limits
carbidopa-levodopa er tbcr	MO
carbidopa-levodopa tabs	MO
carbidopa-levodopa-entacapone tabs	MO
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	NDS
entacapone tabs	MO
INBRIJA CAPS	NDS
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	NDS
pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg	MO
rasagiline mesylate tabs 0.5mg, 1mg	MO
ropinirole hcl er tb24 2mg, 4mg, 6mg, 8mg, 12mg	MO
ropinirole hcl tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg	MO
selegiline hcl caps	MO
selegiline hcl tabs	MO
tolcapone tabs	MO
trihexyphenidyl hcl soln	MO
trihexyphenidyl hcl tabs 2mg, 5mg	MO
ZELAPAR TBDP	MO
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>	
alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg	NDS
buspirone hcl tabs	
chlordiazepoxide hcl caps 5mg, 10mg, 25mg	NDS
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	NDS
diazepam intensol conc	NDS
diazepam soln 5mg/5ml, 5mg/ml	NDS
diazepam tabs 2mg, 5mg, 10mg	NDS
droperidol soln	
eszopiclone tabs 1mg, 2mg, 3mg	NDS
HETLIOZ LQ SUSP	PA,NDS
hydroxyzine hcl soln	
hydroxyzine hcl syrp	
hydroxyzine hcl tabs	
hydroxyzine pamoate caps	

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

Drug Name	Requirements /Limits
IGALMI FILM 120mcg, 180mcg	NDS
<i>lorazepam intensol conc</i>	NDS
LORAZEPAM SOLN 4mg/ml, 2mg/ml	NDS
<i>lorazepam tabs 0.5mg, 1mg, 2mg</i>	NDS
<i>midazolam hcl (pf) soln</i>	
<i>midazolam hcl soln</i>	
<i>nembutal soln</i>	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	NDS
PHENOBARBITAL ELIX	
PHENOBARBITAL SODIUM SOLN	
PHENOBARBITAL TABS	
<i>seconal caps</i>	
SEZABY SOLR	
<i>tasimelteon caps</i>	PA,NDS
<i>temazepam caps 7.5mg, 15mg, 30mg</i>	NDS
<i>triazolam tabs 0.125mg, 0.25mg</i>	NDS
<i>zaleplon caps 5mg, 10mg</i>	NDS
<i>zolpidem tartrate tabs 5mg, 10mg</i>	NDS
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>	
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	MO
AUSTEDO TABS 6mg, 9mg, 12mg	NDS
AUSTEDO XR PATIENT TITRATION TEPK	NDS
AUSTEDO XR TB24 6mg, 12mg, 24mg	NDS
DAYBUE SOLN	NDS
EXSERVAN FILM	NDS
<i>flumazenil soln</i>	
<i>guanfacine hcl er tb24 1mg, 2mg, 3mg, 4mg</i>	MO
INGREZZA CAPS 40mg, 60mg, 80mg	NDS
INGREZZA CPPK	NDS
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	PA,LD,NDS

Drug Name	Requirements /Limits
<i>memantine hcl er cp24</i>	
<i>memantine hcl soln</i>	MO
<i>memantine hcl tabs</i>	MO
NOURIANZ TABS 20mg, 40mg	NDS
NUEDEXTA CAPS	PA,NDS
QALSODY SOLN	NDS
RADICAVA ORS STARTER KIT SUSP	NDS
RADICAVA ORS SUSP	NDS
RADICAVA SOLN	NDS
RELYVRIO PACK	NDS
<i>riluzole tabs</i>	MO,NDS
<i>sodium oxybate soln</i>	PA,LD,NDS
<i>tetrabenazine tabs 12.5mg, 25mg</i>	MO
TIGLUTIK SUSP	NDS
XYREM SOLN	PA,LD,NDS
XYWAV SOLN	PA,NDS
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AVONEX KIT	NDS
AVONEX PEN AJKT	NDS
AVONEX PREFILLED PSKT	NDS
BAFIERTAM CPDR	NDS
BETASERON KIT	NDS
BRIUMVI SOLN	
<i>dalfampridine er tb12</i>	MO
<i>dimethyl fumarate cpdr</i>	
<i>dimethyl fumarate starter pack cdpk</i>	
EXTAVIA KIT	NDS
<i>ingolimod hcl caps 0.5mg</i>	MO
GILENYA CAPS 0.25mg	NDS
<i>glatopa sosy 20mg/ml, 40mg/ml</i>	NDS
LEMTRADA SOLN	NDS
MAYZENT STARTER PACK TBPK	NDS
MAYZENT TABS 0.25mg, 1mg, 2mg	NDS
OCREVUS SOLN	
PLEGRIDY SOPN	NDS
PLEGRIDY SOSY	NDS
PLEGRIDY STARTER PACK SOPN	NDS

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

Drug Name	Requirements /Limits
PLEGRIDY STARTER PACK SOSY	NDS
PONVORY STARTER PACK TBPK	NDS
PONVORY TABS	NDS
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	NDS
REBIF REBIDOSE TITRATION PACK SOAJ	NDS
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	NDS
REBIF TITRATION PACK SOSY	NDS
TASCENSO ODT TBDP 0.25mg, 0.5mg	NDS
<i>teriflunomide tabs 7mg, 14mg</i>	PA,MO
ZEPOSIA 7-DAY STARTER PACK CPPK	NDS
ZEPOSIA CAPS	NDS
ZEPOSIA STARTER KIT CPPK	NDS
<b>OPIATE ANTAGONISTS</b>	
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg	NDS
BELBUCA FILM 600mcg, 750mcg, 900mcg	NDS
BRIXADI (WEEKLY) SOSY 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml	NDS
BRIXADI SOSY 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	NDS
<i>buprenorphine hcl subl 2mg, 8mg</i>	NDS
<i>buprenorphine hcl-naloxone hcl film</i>	NDS
<i>buprenorphine hcl-naloxone hcl subl</i>	NDS
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	NDS
LUCEMYRA TABS	NDS
<i>naloxone hcl liqd</i>	
<i>naloxone hcl soct</i>	
<i>naloxone hcl soln</i>	
<i>naloxone hcl sosy</i>	
<i>naltrexone hcl tabs</i>	
NARCAN LIQD	

Drug Name	Requirements /Limits
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	NDS
VIVITROL SUSR	NDS
<b>PSYCHOTHERAPEUTIC AGENTS</b>	
ABILIFY ASIMTUFII PRSY	
ABILIFY MAINTENA PRSY 300mg, 400mg	NDS
ABILIFY MAINTENA SRER 300mg, 400mg	NDS
ABILIFY MYCITE MAINTENANCE KIT TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	NDS
ABILIFY MYCITE STARTER KIT TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	NDS
ABILIFY MYCITE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	NDS
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	MO
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	MO
ALENZIN TB24 174mg, 348mg, 522mg	MO
<i>aripiprazole soln</i>	MO
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	MO
<i>aripiprazole tbdp 10mg, 15mg</i>	MO
ARISTADA INITIO PRSY	NDS
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	NDS
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	MO
AUVELITY TBCR	MO
<i>bupropion hcl er (smoking det) tb12</i>	MO
<i>bupropion hcl er (sr) tb12 100mg, 150mg, 200mg</i>	MO
<i>bupropion hcl er (xl) tb24 150mg, 300mg, 450mg</i>	MO
<i>bupropion hcl tabs 75mg, 100mg</i>	MO
CAPLYTA CAPS 10.5mg, 21mg, 42mg	NDS
<i>chlordiazepoxide-amitriptyline tabs</i>	

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

Drug Name	Requirements /Limits
<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml</i>	MO
<i>chlorpromazine hcl soln</i>	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	MO
CITALOPRAM HYDROBROMIDE CAPS	MO
<i>citalopram hydrobromide soln</i>	MO
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	MO
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	MO
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	NDS
<i>clozapine tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	NDS
<i>compro supp</i>	MO
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	MO
DESVENLAFAXINE ER TB24 50mg, 100mg	MO
<i>desvenlafaxine succinate er tb24 25mg, 50mg, 100mg</i>	MO
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	MO
<i>doxepin hcl conc</i>	MO
<i>doxepin hcl tabs 3mg, 6mg</i>	MO
DRIZALMA SPRINKLE CSDR	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	MO
EQUETRO CP12 100mg, 200mg, 300mg	MO
<i>escitalopram oxalate soln</i>	MO
<i>escitalopram oxalate tabs 5mg, 10mg, 20mg</i>	MO
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	NDS
FANAPT TITRATION PACK TABS	MO
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	MO
FETZIMA TITRATION C4PK	MO
<i>fluoxetine hcl (p added) tabs 10mg, 20mg</i>	MO

Drug Name	Requirements /Limits
<i>fluoxetine hcl caps 10mg, 20mg, 40mg</i>	MO
<i>fluoxetine hcl cpdr</i>	MO
<i>fluoxetine hcl soln</i>	MO
<i>fluoxetine hcl tabs 10mg, 20mg, 60mg</i>	MO
<i>fluphenazine decanoate soln</i>	
<i>fluphenazine hcl conc</i>	MO
<i>fluphenazine hcl elix</i>	MO
<i>fluphenazine hcl soln</i>	
<i>fluphenazine hcl tabs 1mg, 2.5mg, 5mg, 10mg</i>	MO
<i>fluvoxamine maleate er cp24 100mg, 150mg</i>	MO
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	MO
<i>haloperidol decanoate soln</i>	
<i>haloperidol lactate conc</i>	MO
<i>haloperidol lactate soln</i>	
<i>haloperidol tabs 0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	MO
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	MO
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	MO
INVEGA HAFYERA SUSY	
INVEGA SUSTENNA SUSY 39mg/0.25ml	
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 234mg/1.5ml, 156mg/ml	NDS
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	NDS
KHEDEZLA TB24 50mg, 100mg	MO
LITHIUM CARBONATE CAPS 150mg, 300mg, 600mg	MO
<i>lithium carbonate er tbc 300mg, 450mg</i>	MO
LITHIUM CARBONATE TABS	MO
<i>lithium soln</i>	MO
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	MO
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	MO

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

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

Drug Name	Requirements /Limits
<i>quetiapine fumarate er tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	MO
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg</i>	MO
REXULTI TABS 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	NDS
RISPERDAL CONSTA SRER 12.5mg	NDS
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	NDS
<i>risperidone soln</i>	MO
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	MO
<i>risperidone tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	MO
RYKINDO SRER 25mg, 37.5mg, 50mg	NDS
SAPHRIS SUBL	
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	NDS
SERTRALINE HCL CAPS 150mg, 200mg	MO
<i>sertraline hcl conc</i>	MO
<i>sertraline hcl tabs 25mg, 50mg, 100mg</i>	MO
SPRAVATO (56 MG DOSE) SOPK	NDS
SPRAVATO (84 MG DOSE) SOPK	NDS
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	MO
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	MO
<i>tofranil tabs 10mg, 25mg, 50mg</i>	MO
<i>tranylcypromine sulfate tabs</i>	MO
<i>trazodone hcl tabs 50mg, 100mg, 150mg</i>	MO
<i>trazodone hcl tabs</i>	MO
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	MO
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	MO
TRINTELLIX TABS 5mg, 10mg, 20mg	MO

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



Drug Name	Requirements /Limits
UZEDY SUSY	
VENLAFAXINE BESYLATE ER TB24	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg, 150mg</i>	MO
<i>venlafaxine hcl er tb24 37.5mg, 75mg, 150mg, 225mg</i>	MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	MO
VERSACLOZ SUSP	
VIIBRYD STARTER PACK KIT	MO
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	MO
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	NDS
VRAYLAR CPPK	NDS
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	MO
<i>ziprasidone mesylate solr</i>	
ZYPREXA RELPREVV SUSR	
<b>DIABETIC SUPPLIES</b>	
<b>DIABETIC SUPPLIES</b>	
ALCOHOL PREP PADS	MO
BD INSULIN SYR ULTRAFINE II MISC	MO
BD INSULIN SYRINGE MISC	MO
BD INSULIN SYRINGE U/F MISC	MO
BD PEN NEEDLE ORIGINAL U/F MISC	MO
CURITY GAUZE PADS	MO
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>	
<b>ACIDIFYING AND ALKALINIZING AGENTS</b>	
POT & SOD CIT-CIT AC SOLN	
<i>potassium citrate er tbc 15meq, 540mg, 1080mg</i>	MO
SODIUM BICARBONATE SOLN	
TRICITRATES SOLN	
<b>AMMONIA DETOXICANTS</b>	
<i>carglumic acid tbso</i>	NDS
<i>enulose soln</i>	MO
<i>generlac soln</i>	MO
<i>lactulose encephalopathy soln</i>	MO

Drug Name	Requirements /Limits
<i>lactulose soln</i>	MO
LITHOSTAT TABS	MO
OLPRUVA (2 GM DOSE) THPK	NDS
OLPRUVA (3 GM DOSE) THPK	NDS
OLPRUVA (4 GM DOSE) THPK	NDS
OLPRUVA (5 GM DOSE) THPK	NDS
OLPRUVA (6 GM DOSE) THPK	NDS
OLPRUVA (6.67 GM DOSE) THPK	NDS
PHEBURANE PLLT	NDS
RAVICTI LIQD	NDS
<i>sodium phenylbutyrate powd</i>	NDS
<i>sodium phenylbutyrate tabs</i>	NDS
<b>CALORIC AGENTS</b>	
CLINIMIX E/DEXTROSE (2.75/5) SOLN INTRAVENOUS	HI
CLINIMIX E/DEXTROSE (4.25/10) SOLN INTRAVENOUS	HI
CLINIMIX E/DEXTROSE (4.25/5) SOLN INTRAVENOUS	HI
CLINIMIX E/DEXTROSE (5/15) SOLN INTRAVENOUS	HI
CLINIMIX E/DEXTROSE (5/20) SOLN INTRAVENOUS	HI
CLINIMIX/DEXTROSE (4.25/10) SOLN INTRAVENOUS	HI
CLINIMIX/DEXTROSE (4.25/5) SOLN INTRAVENOUS	HI
CLINIMIX/DEXTROSE (5/15) SOLN INTRAVENOUS	HI
CLINIMIX/DEXTROSE (5/20) SOLN INTRAVENOUS	HI
<i>clinisol sf soln intravenous</i>	HI
DEXTROSE SOLN	
DEXTROSE SOLN INTRAVENOUS 5%, 10%	HI
INTRALIPID EMUL INTRAVENOUS	HI
NUTRILIPID EMUL INTRAVENOUS	HI
<i>plenamine soln intravenous</i>	HI
<i>premasol soln intravenous</i>	HI
PROCALAMINE SOLN INTRAVENOUS	HI

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

Drug Name	Requirements /Limits
TRAVASOL SOLN INTRAVENOUS	HI
TROPHAMINE SOLN INTRAVENOUS	HI
<b>DIURETICS</b>	
AMILORIDE HCL TABS	MO
<i>amiloride-hydrochlorothiazide tabs</i>	MO
<i>bumetanide soln</i>	
<i>bumetanide tabs 0.5mg, 1mg, 2mg</i>	MO
<i>chlorothiazide tabs 250mg, 500mg</i>	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	MO
<i>ethacrynic acid tabs</i>	MO
<i>furosemide soln 40mg/5ml, 10mg/ml</i>	MO
<i>furosemide soln injection</i>	HI
<i>furosemide tabs 20mg, 40mg, 80mg</i>	MO
<i>hydrochlorothiazide caps</i>	MO
<i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i>	MO
<i>indapamide tabs 1.25mg, 2.5mg</i>	MO
JYNARQUE TABS 15mg, 30mg	NDS
JYNARQUE TBPk	NDS
MANNITOL SOLN	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	MO
OSMITROL SOLN	
<i>tolvaptan tabs 15mg, 30mg</i>	NDS
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	MO
<i>triamterene caps 50mg, 100mg</i>	MO
<i>triamterene-hctz caps</i>	MO
<i>triamterene-hctz tabs</i>	MO
<b>ION-REMOVING AGENTS</b>	
AURYXIA TABS	PA,MO,NDS
<i>kionex susp</i>	MO
LOKELMA PACK 5gm, 10gm	MO
<i>sevelamer carbonate pack 0.8gm, 2.4gm</i>	MO
<i>sevelamer carbonate tabs</i>	MO
<i>sevelamer hcl tabs 800mg</i>	MO

Drug Name	Requirements /Limits
<i>sodium polystyrene sulfonate powd</i>	MO
<i>sodium polystyrene sulfonate susp</i>	MO
<i>sps susp</i>	MO
VELPHORO CHEW	NDS
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	NDS
<b>REPLACEMENT PREPARATIONS</b>	
<i>calcium acetate (phos binder) caps</i>	MO
<i>calcium acetate tabs</i>	MO
DEXTROSE IN LACTATED RINGERS SOLN	
DEXTROSE-NACL SOLN INTRAVENOUS 2.5-0.45%, 5-0.2%, 5-0.45%, 5-0.9%	HI
DEXTROSE-NACL SOLN INTRAVENOUS 10-0.45%	HI
K-TAB TBCR	MO
KCL (0.149%) IN NAACL SOLN INTRAVENOUS 20-0.9 meq/l-%	HI
KCL (0.298%) IN NAACL SOLN INTRAVENOUS 40-0.9 meq/l-%	HI
<i>kcl in dextrose-nacl soln intravenous 10-5-0.45 meq, 20-5-0.2 meq, 20-5-0.45 meq, 20-5-0.9 meq, 30-5-0.45 meq, 40-5-0.45 meq, 40-5-0.9 meq</i>	HI
KCL-LACTATED RINGERS-D5W SOLN INTRAVENOUS	HI
KLOR-CON 10 TBCR	MO
<i>klor-con m20 tbc</i>	MO
<i>klor-con pack</i>	MO
KLOR-CON TBCR	MO
LACTATED RINGERS SOLN	
<i>magnesium sulfate in d5w soln</i>	
PHOSLYRA SOLN	MO
PLASMA-LYTE 148 SOLN INTRAVENOUS	HI
PLASMA-LYTE A SOLN INTRAVENOUS	HI
POKONZA PACK	NDS
POTASSIUM ACETATE SOLN	

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

Drug Name	Requirements /Limits
<i>potassium chloride crys er tbc</i> 10meq, 20meq	MO
<i>potassium chloride er cpcr</i> 8meq, 10meq	MO
POTASSIUM CHLORIDE ER TBCR 8meq, 10meq, 20meq	MO
<i>potassium chloride in nacl soln</i> <i>intravenous 20-0.9 meq/l-%, 40-</i> <i>0.9 meq/l-%</i>	HI
<i>potassium chloride pack</i>	MO
<i>potassium chloride soln 10%,</i> <i>20%</i>	MO
POTASSIUM CHLORIDE SOLN INTRAVENOUS 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	HI
<i>potassium cl in dextrose 5% soln</i> <i>intravenous</i>	HI
<i>potassium phosphates(66 meq</i> <i>k) soln</i>	
RINGERS SOLN	
SODIUM CHLORIDE (PF) SOLN	
SODIUM CHLORIDE SOLN	
SODIUM CHLORIDE SOLN INTRAVENOUS 0.45%, 0.9%, 3%, 5%	HI
SODIUM PHOSPHATES SOLN	
<b>URICOSURIC AGENTS</b>	
<i>colchicine-probenecid tabs</i>	MO
<i>probenecid tabs</i>	MO
<b>ENZYMES</b>	
<b>ENZYMES</b>	
ADAGEN SOLN	
ALDURAZYME SOLN	
CERDELGA CAPS	NDS
CEREZYME SOLR	NDS
CREON CPEP	MO
ELAPRASE SOLN	NDS
ELELYSO SOLR	NDS
ELFABRIO SOLN	NDS
ELITEK SOLR	
FABRAZYME SOLR 5mg, 35mg	NDS
KANUMA SOLN	NDS
LAMZEDE SOLR	NDS

Drug Name	Requirements /Limits
LUMIZYME SOLR	NDS
<i>miglustat caps</i>	NDS
NAGLAZYME SOLN	NDS
NEXVIAZYME SOLR	NDS
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	NDS
POMBILITI SOLR	NDS
PULMOZYME SOLN	PA,NDS
REVCIVI SOLN	NDS
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 80mg/0.8ml, 40mg/ml	LD,NDS
SUCRAID SOLN	LD
VIMIZIM SOLN	NDS
VPRIV SOLR	NDS
XENPOZYME SOLR 4mg, 20mg	NDS
YARGESA CAPS	NDS
ZENPEP CPEP	MO
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>	
<b>ANTI-INFECTIVES</b>	
<i>bacitracin oint</i>	
<i>bacitracin-polymyxin b oint</i>	
<i>chlorhexidine gluconate soln</i>	
CILOXAN OINT	
<i>ciprofloxacin hcl soln (ophth)</i>	
<i>erythromycin oint</i>	
<i>gatifloxacin soln</i>	
<i>gentak oint</i>	
<i>gentamicin sulfate soln</i>	
<i>moxifloxacin hcl soln</i>	
NATACYN SUSP	
<i>neomycin-bacitracin zn-polymyx</i> <i>oint</i>	
<i>neomycin-polymyxin-gramicidin</i> <i>soln</i>	
<i>ofloxacin soln</i>	
<i>polymyxin b-trimethoprim soln</i>	
<i>sulfacetamide sodium soln</i>	
<i>tobramycin soln</i>	
TOBEX OINT	
<i>trifluridine soln</i>	
XDEMVI SOLN	NDS

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

Drug Name	Requirements /Limits
<b>ANTI-INFLAMMATORY AGENTS</b>	
<i>bacitra-neomycin-polymyxin-hc oint</i>	MO
<i>blephamide s.o.p. oint</i>	MO
BLEPHAMIDE SUSP	MO
CEQUA SOLN	
<i>ciprofloxacin-dexamethasone susp</i>	MO
COLY-MYCIN S SUSP	MO
<i>cyclosporine emul</i>	MO
<i>dexamethasone sodium phosphate soln</i>	MO
<i>diclofenac sodium soln</i>	MO
<i>difluprednate emul</i>	MO
<i>flunisolide soln</i>	MO
<i>fluocinolone acetonide oil</i>	MO
<i>fluorometholone susp</i>	MO
<i>flurbiprofen sodium soln</i>	MO
<i>fluticasone propionate susp</i>	MO
FML FORTE SUSP	MO
FML OINT	MO
<i>hydrocortisone-acetic acid soln</i>	MO
ILUVIEN IMPL	
<i>ketorolac tromethamine soln 0.4%, 0.5%</i>	MO
<i>mometasone furoate susp</i>	MO
<i>neomycin-polymyxin-dexameth oint</i>	MO
<i>neomycin-polymyxin-dexameth susp</i>	MO
<i>neomycin-polymyxin-hc soln</i>	MO
<i>neomycin-polymyxin-hc susp</i>	MO
PRED MILD SUSP	MO
PRED-G S.O.P. OINT	MO
PRED-G SUSP	MO
<i>prednisolone acetate susp</i>	MO
<i>prednisolone sodium phosphate soln</i>	MO
RETISERT IMPL	
<i>sulfacetamide-prednisolone soln</i>	MO
TOBRADEX OINT	MO
<i>tobramycin-dexamethasone susp</i>	MO
VERKAZIA EMUL	NDS

Drug Name	Requirements /Limits
YUTIQ IMPL	
<b>ANTIALLERGIC AGENTS</b>	
<i>azelastine hcl soln 0.1%</i>	MO
<i>cromolyn sodium soln</i>	MO
<i>olopatadine hcl soln 0.1%</i>	MO
<b>ANTIGLAUCOMA AGENTS</b>	
<i>acetazolamide er cp12</i>	MO
<i>acetazolamide sodium solr</i>	
<i>acetazolamide tabs 125mg, 250mg</i>	MO
<i>betaxolol hcl soln</i>	MO
<i>bimatoprost soln</i>	MO
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	MO
<i>dorzolamide hcl soln</i>	MO
<i>dorzolamide hcl-timolol mal soln</i>	MO
DURYSTA IMPL	NDS
<i>latanoprost soln</i>	MO
<i>levobunolol hcl soln</i>	MO
<i>methazolamide tabs 25mg, 50mg</i>	MO
PHOSPHOLINE IODIDE SOLR	MO
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	MO
<i>timolol maleate soln 0.25%, 0.5%</i>	MO
<i>travoprost (bak free) soln</i>	MO
<b>EENT DRUGS, MISCELLANEOUS</b>	
<i>acetic acid soln</i>	MO
<i>apraclonidine hcl soln</i>	MO
<i>atropine sulfate soln</i>	MO
BEOVU SOLN	
BEOVU SOSY	
BYOOVIZ SOLN	NDS
CIMERLI SOLN 0.5mg/0.05ml	NDS
CYSTADROPS SOLN	NDS
CYSTARAN SOLN	
EYLEA SOLN	
EYLEA SOSY	
IOPIDINE SOLN	MO
IZERVAY SOLN	NDS
LACRISERT INST	MO
LUCENTIS SOLN 0.3mg/0.05ml, 0.5mg/0.05ml	NDS

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

Drug Name	Requirements /Limits
LUCENTIS SOSY 0.3mg/0.05ml, 0.5mg/0.05ml	NDS
MIEBO SOLN	NDS
OXERVATE SOLN	NDS
PHENYLEPHRINE HCL SOLN	
SUSVIMO (IMPLANT 1ST FILL) SOLN	
SUSVIMO (IMPLANT REFILL) SOLN	
SYFOVRE SOLN	
TEPEZZA SOLR	NDS
VABYSMO SOLN	NDS
<b>LOCAL ANESTHETICS</b>	
<i>lidocaine hcl soln</i>	
<i>lidocaine viscous hcl soln</i>	MO
<i>proparacaine hcl soln</i>	MO
TETRACAINE HCL SOLN	
<b>GASTROINTESTINAL DRUGS</b>	
<b>ANTI-INFLAMMATORY AGENTS</b>	
<i>alosetron hcl tabs 0.5mg, 1mg</i>	NDS
<i>balsalazide disodium caps</i>	MO
DIPENTUM CAPS	NDS
LIALDA TBEC	MO
<i>mesalamine cpdr</i>	MO
<i>mesalamine enem</i>	MO
<i>mesalamine er cp24</i>	MO
<i>mesalamine er cpcr</i>	MO
<i>mesalamine supp</i>	MO
<i>mesalamine tbec 1.2gm, 800mg</i>	MO
PENTASA CPCR 250mg, 500mg	MO
<b>ANTIDIARRHEA AGENTS</b>	
<i>diphenoxylate-atropine liqd</i>	
<i>diphenoxylate-atropine tabs</i>	
XERMELO TABS	LD,NDS
<b>ANTIEMETICS</b>	
<i>aprepitant caps</i>	PA,NDS
<i>dimenhydrinate soln</i>	
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	PA
<i>fosaprepitant dimeglumine solr</i>	
<i>granisetron hcl tabs 1mg</i>	PA
<i>meclizine hcl tabs</i>	

Drug Name	Requirements /Limits
<i>ondansetron hcl soln</i>	PA
<i>ondansetron hcl sosy</i>	
<i>ondansetron hcl tabs 4mg, 8mg</i>	PA
<i>ondansetron tbdp 4mg, 8mg</i>	PA
SANCUSO PTCH	NDS
<i>scopolamine pt72</i>	MO
SYNDROS SOLN	PA,NDS
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>	
<i>bismuth/metronidaz/tetracyclin caps</i>	
<i>cimetidine hcl soln</i>	MO
<i>esomeprazole magnesium cpdr 40mg</i>	MO
<i>famotidine (pf) soln</i>	
<i>famotidine premixed soln</i>	
<i>famotidine soln</i>	
<i>famotidine susr</i>	MO
<i>famotidine tabs 20mg, 40mg</i>	MO
<i>lansoprazole cpdr 30mg</i>	MO
<i>misoprostol tabs 100mcg, 200mcg</i>	MO
<i>nizatidine soln</i>	MO
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	MO
PANTOPRAZOLE SODIUM SOLR	
<i>pantoprazole sodium tbec 20mg, 40mg</i>	MO
<i>pepcid tabs 20mg</i>	MO
<i>sucralfate susp</i>	MO
<i>sucralfate tabs</i>	MO
<b>CATHARTICS AND LAXATIVES</b>	
<i>gavilyte-c solr</i>	MO
<i>gavilyte-g solr</i>	MO
<i>gavilyte-n with flavor pack solr</i>	MO
<i>peg 3350-kcl-na bicarb-nacl solr</i>	MO
<i>peg 3350/electrolytes solr</i>	MO
<i>peg-3350/electrolytes solr</i>	MO
<b>GI DRUGS, MISCELLANEOUS</b>	
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	NDS
BYLVAY CAPS 400mcg, 1200mcg	NDS

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

Drug Name	Requirements /Limits
CHOLBAM CAPS 50mg, 250mg	NDS
ENTYVIO SOLR	NDS
ENTYVIO SOPN	NDS
GATTEX KIT	PA,NDS
GIMOTI SOLN	NDS
IBSRELA TABS	NDS
LIVMARLI SOLN	NDS
<i>lubiprostone caps 8mcg, 24mcg</i>	MO
<i>metoclopramide hcl soln</i>	MO
<i>metoclopramide hcl tabs 5mg, 10mg</i>	MO
OCALIVA TABS 5mg, 10mg	LD,NDS
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	NDS
RELISTOR TABS	NDS
<i>reltone caps 200mg, 400mg</i>	NDS
SKYRIZI SOCT	
SKYRIZI SOLN	
TRULANCE TABS	
<i>ursodiol caps 300mg</i>	MO
<i>ursodiol caps 200mg, 400mg</i>	NDS
<i>ursodiol tabs 250mg, 500mg</i>	MO
VIBERZI TABS 75mg, 100mg	NDS
<b>HEAVY METAL ANTAGONISTS</b>	
<b>HEAVY METAL ANTAGONISTS</b>	
CHEMET CAPS	
<i>clovique caps</i>	NDS
CUVRIOR TABS	NDS
<i>deferasirox granules pack 90mg, 180mg, 360mg</i>	NDS
<i>deferasirox tabs</i>	
<i>deferasirox tbso</i>	
<i>deferiprone tabs 500mg, 1000mg</i>	NDS
<i>deferoxamine mesylate solr</i>	
FERRIPROX SOLN	LD,NDS
FERRIPROX TWICE-A-DAY TABS	NDS
<i>penicillamine caps</i>	NDS
<i>penicillamine tabs</i>	NDS
<i>trientine hcl caps 250mg, 500mg</i>	NDS
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>	
<b>ADRENALS</b>	

Drug Name	Requirements /Limits
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	NDS
<i>betamethasone sod phos &amp; acet susp</i>	
<i>budesonide cpep</i>	MO
<i>budesonide er tb24</i>	NDS
<i>cortisone acetate tabs</i>	MO
DEPO-MEDROL SUSP	
<i>dexamethasone elix</i>	MO
<i>dexamethasone intensol conc</i>	MO
<i>dexamethasone sodium phosphate soln</i>	
<i>dexamethasone soln</i>	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	MO
EMFLAZA SUSP	LD,NDS
EMFLAZA TABS 6mg, 18mg, 30mg, 36mg	LD,NDS
<i>fludrocortisone acetate tabs</i>	MO
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	MO
KENALOG SUSP	
MEDROL TABS	MO
<i>methylprednisolone acetate susp</i>	
<i>methylprednisolone sodium succ solr</i>	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	MO
<i>methylprednisolone tbpk</i>	MO
<i>millipred tabs</i>	MO
ORTIKOS CP24 6mg, 9mg	NDS
<i>prednisolone sodium phosphate soln 6.7 (5 base)mg/5ml</i>	MO
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate tbdp 10mg</i>	MO
<i>prednisolone soln</i>	MO
<i>prednisolone tabs</i>	MO
<i>prednisone intensol conc</i>	MO
<i>prednisone soln</i>	MO
<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	MO
<i>prednisone tbpk</i>	

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

Drug Name	Requirements /Limits
SOLU-CORTEF SOLR	
SOLU-MEDROL SOLR	
TARPEYO CPDR	NDS
<i>triamcinolone acetonide susp</i>	
<b>ANDROGENS</b>	
ANADROL-50 TABS	MO
ANDRODERM PT24 2mg/24hr, 4mg/24hr	MO
<i>danazol caps 50mg, 100mg, 200mg</i>	MO
<i>depo-testosterone soln 100mg/ml, 200mg/ml</i>	MO
<i>methitest tabs</i>	MO
<i>methyltestosterone caps</i>	MO
<i>oxandrolone tabs</i>	MO
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	MO
<i>testosterone enanthate soln</i>	MO
<i>testosterone gel 1%, 1.62%, 25mg/2.5gm, 50mg/5gm</i>	MO
<b>CONTRACEPTIVES</b>	
<i>apri tabs</i>	MO
<i>aranelle tabs</i>	MO
<i>aviane tabs</i>	MO
<i>balziva tabs</i>	MO
<i>cryselle-28 tabs</i>	MO
<i>cyclafem 1/35 tabs</i>	MO
<i>drospirenone-ethinyl estradiol tabs</i>	MO
ELLA TABS	MO
<i>eluryng ring</i>	MO
<i>ethynodiol diac-eth estradiol tabs</i>	MO
<i>etonogestrel-ethinyl estradiol ring</i>	MO
<i>jolivette tabs</i>	MO
<i>junel 1.5/30 tabs</i>	MO
<i>junel 1/20 tabs</i>	MO
<i>junel fe 1.5/30 tabs</i>	MO
<i>junel fe 1/20 tabs</i>	MO
<i>junel fe 24 tabs</i>	MO
<i>kelnor 1/35 tabs</i>	MO
<i>kelnor 1/50 tabs</i>	MO
<i>leena tabs</i>	MO
<i>levora 0.15/30 (28) tabs</i>	MO

Drug Name	Requirements /Limits
<i>loestrin 1/20 (21) tabs</i>	MO
<i>lutera tabs</i>	MO
<i>merzee caps</i>	MO
<i>microgestin 1/20 tabs</i>	MO
<i>microgestin 24 fe tabs</i>	MO
<i>microgestin fe 1.5/30 tabs</i>	MO
<i>microgestin fe 1/20 tabs</i>	MO
<i>necon 0.5/35 (28) tabs</i>	MO
<i>necon 7/7/7 tabs</i>	MO
<i>nikki tabs</i>	MO
<i>nora-be tabs</i>	MO
<i>norethin ace-eth estrad-fe chew</i>	MO
<i>norethindrone tabs</i>	MO
<i>nortrel 0.5/35 (28) tabs</i>	MO
<i>nortrel 1/35 (21) tabs</i>	MO
<i>nortrel 1/35 (28) tabs</i>	MO
<i>nortrel 7/7/7 tabs</i>	MO
<i>nylia 1/35 tabs</i>	MO
<i>ocella tabs</i>	MO
<i>ogestrel tabs</i>	MO
<i>portia-28 tabs</i>	MO
<i>reclipsen tabs</i>	MO
<i>sprintec 28 tabs</i>	MO
<i>taysofy caps</i>	MO
<i>tri-io-sprintec tabs</i>	MO
<i>tri-sprintec tabs</i>	MO
<i>trivora (28) tabs</i>	MO
<i>xulane ptwk</i>	MO
<b>DIABETIC AGENTS</b>	
<i>acarbose tabs 25mg, 50mg, 100mg</i>	MO
AFREZZA POWD 90x8 UNIT & 90x12 UNIT	NDS
BAQSIMI ONE PACK POWD	
BAQSIMI TWO PACK POWD	
<i>diazoxide susp</i>	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	MO
<i>glipizide er tb24 2.5mg, 5mg, 10mg</i>	MO
<i>glipizide tabs 5mg, 10mg</i>	MO
<i>glipizide-metformin hcl tabs</i>	MO
<i>glucagon emergency kit</i>	

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

Drug Name	Requirements /Limits
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	MO
HUMALOG KWIKPEN SOPN	MO
HUMALOG SOCT	MO
HUMALOG SOLN	MO
HUMULIN 70/30 KWIKPEN SUPN	MO
HUMULIN 70/30 SUSP	MO
HUMULIN N KWIKPEN SUPN	MO
HUMULIN N SUSP	MO
HUMULIN R SOLN	MO
HUMULIN R U-500 (CONCENTRATED) SOLN	MO
HUMULIN R U-500 KWIKPEN SOPN	MO
INSULIN GLARGINE-YFGN SOLN	MO
INSULIN GLARGINE-YFGN SOPN	MO
JARDIANCE TABS 10mg, 25mg	MO
KORLYM TABS	PA,LD,NDS
LANTUS SOLN	MO
LANTUS SOLOSTAR SOPN	MO
<i>metformin hcl er tb24 500mg, 750mg</i>	MO
<i>metformin hcl tabs 500mg, 850mg, 1000mg</i>	MO
<i>metformin hcl tabs 625mg</i>	NDS
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	PA,NDS
<i>nateglinide tabs 60mg, 120mg</i>	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	PA,MO
OZEMPIC (1 MG/DOSE) SOPN 2mg/1.5ml, 4mg/3ml	PA,MO
OZEMPIC (2 MG/DOSE) SOPN	PA,MO
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	MO
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	MO
SYMLINPEN 120 SOPN	MO
SYMLINPEN 60 SOPN	MO

Drug Name	Requirements /Limits
<i>tolbutamide tabs</i>	MO
TRADJENTA TABS	MO
TZIELD SOLN	NDS
VICTOZA SOPN	PA,MO
<b>ESTROGENS AND ANTIESTROGENS</b>	
CLIMARA PTWK 37.5mcg/24hr, 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr	MO
<i>depo-estradiol oil</i>	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	MO
<i>estrace crea</i>	MO
<i>estradiol crea</i>	MO
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	MO
<i>estradiol ptwk 37.5mcg/24hr, 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	MO
<i>estradiol tabs 10mcg, 0.5mg, 1mg, 2mg</i>	MO
<i>estradiol valerate oil</i>	
ESTRING RING 7.5mcg/24hr, 2mg	MO
<i>jinteli tabs</i>	MO
PREMARIN SOLR	
<i>raloxifene hcl tabs</i>	MO
<i>yuvafem tabs</i>	MO
<b>GONADOTROPINS</b>	
CHORIONIC GONADOTROPIN SOLR	PA
MYFEMBREE TABS	NDS
ORGOVYX TABS	NDS
ORLISSA TABS 150mg, 200mg	NDS
TRIPTODUR SRER	NDS
<b>OXYTOCICS</b>	
CARBOPROST TROMETHAMINE SOSY	NDS
<i>methergine tabs</i>	
<i>methylergonovine maleate soln</i>	
<i>methylergonovine maleate tabs</i>	

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



Drug Name	Requirements /Limits
MIFEPREX TABS	
<i>mifepristone tabs</i>	
OXYTOCIN SOLN	
<b>PARATHYROID</b>	
<i>calcitonin (salmon) soln</i>	MO
<i>cinacalcet hcl tabs</i>	
FORTEO SOPN	NDS
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	LD,NDS
TERIPARATIDE (RECOMBINANT) SOPN	NDS
<b>PITUITARY</b>	
ACTHAR GEL	PA,NDS
CORTROPHIN GEL	PA,NDS
<i>desmopressin ace spray refrig soln</i>	MO
DESMOPRESSIN ACETATE SOLN	
<i>desmopressin acetate spray soln</i>	
<i>desmopressin acetate tabs 0.1mg, 0.2mg</i>	MO
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	NDS
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	NDS
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	NDS
STIMATE SOLN	MO
SYNAREL SOLN	MO
<b>PROGESTINS</b>	
DEPO-PROVERA SUSP 400mg/ml	
DEPO-SUBQ PROVERA 104 SUSY	
ENDOMETRIN INST	PA
<i>hydroxyprogesterone caproate oil</i>	
<i>hydroxyprogesterone caproate soln</i>	
MAKENA SOAJ	NDS
<i>medroxyprogesterone acetate susp</i>	
<i>medroxyprogesterone acetate susy</i>	

Drug Name	Requirements /Limits
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	MO
<i>norethindrone acetate tabs</i>	MO
<i>progesterone caps 100mg, 200mg</i>	MO
<i>progesterone oil</i>	
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>	
EGRIFTA SOLR	NDS
EGRIFTA SV SOLR	NDS
GENOTROPIN CART 12mg	PA,NDS
GENOTROPIN MINIQUICK PRSY 0.4mg, 0.6mg, 0.8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	PA,NDS
HUMATROPE CART 6mg, 12mg, 24mg	PA,NDS
HUMATROPE SOLR	PA,NDS
INCRELEX SOLN	NDS
LANREOTIDE ACETATE SOLN	NDS
MYCAPSSA CPDR	NDS
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	PA,NDS
NUTROPIN AQ NUSPIN 10 SOPN	PA,NDS
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	
<i>octreotide acetate soln 500mcg/ml, 1000mcg/ml</i>	
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml	PA
OMNITROPE SOLR	PA
SAIZEN SOLR 5mg, 8.8mg	PA,NDS
SAIZENPREP SOLR	PA,NDS
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	NDS
SEROSTIM SOLR 4mg, 5mg, 6mg	PA,NDS
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	NDS
SIGNIFOR SOLN 0.3mg/ml, 0.6mg/ml, 0.9mg/ml	NDS

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

Drug Name	Requirements /Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	NDS
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	LD,NDS
ZORBTIVE SOLR	PA,NDS
<b>THYROID AND ANTITHYROID AGENTS</b>	
LEVOTHYROXINE SODIUM SOLN 100 mcg/ml	NDS
LEVOTHYROXINE SODIUM SOLR	
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	MO
LEVOXYL TABS 137mcg	MO
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	MO
<i>methimazole tabs 5mg, 10mg</i>	MO
<i>propylthiouracil tabs</i>	MO
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	
<b>5-ALPHA REDUCTASE INHIBITORS</b>	
<i>dutasteride caps</i>	MO
<i>finasteride tabs 5mg</i>	MO
<b>ANTIDOTES</b>	
<i>acetylcysteine soln 10%, 20%</i>	PA,MO
KHAPZORY SOLR 175mg, 300mg	NDS
<i>leucovorin calcium solr</i>	
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	MO
<i>levoleucovorin calcium solr 50mg</i>	
PEDMARK SOLN	NDS
VISTOGARD PACK	NDS
VORAXAZE SOLR	NDS
<b>ANTIGOUT AGENTS</b>	
<i>allopurinol tabs 100mg, 300mg</i>	MO
COLCHICINE CAPS	MO
<i>colchicine tabs</i>	MO
<i>febuxostat tabs 40mg, 80mg</i>	MO
<b>BONE RESORPTION INHIBITORS</b>	

Drug Name	Requirements /Limits
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	MO
<i>alendronate sodium tabs</i>	MO
EVENITY SOSY	NDS
<i>pamidronate disodium soln</i>	
<i>pamidronate disodium solr</i>	
<i>risedronate sodium tabs 35mg</i>	MO
XGEVA SOLN	PA,NDS
<i>zoledronic acid conc</i>	
<i>zoledronic acid soln</i>	
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>	
ACTEMRA ACTPEN SOAJ	NDS
ACTEMRA SOSY	NDS
ADALIMUMAB-ADAZ SOAJ	NDS
ADALIMUMAB-ADAZ SOSY	NDS
ADALIMUMAB-ADBAM AJKT 40mg/0.8ml	NDS
ADALIMUMAB-ADBAM PSKT 10mg/0.2ml, 20mg/0.4ml, 40mg/0.8ml	NDS
AMJEVITA SOAJ 40mg/0.8ml	MO
AMJEVITA SOSY 10mg/0.2ml, 20mg/0.4ml, 40mg/0.8ml	MO
AVSOLA SOLR	NDS
CIBINQO TABS 50mg, 100mg, 200mg	NDS
CIMZIA KIT	PA,NDS
CIMZIA PSKT	PA,NDS
CIMZIA STARTER KIT PSKT	PA
CYLTEZO AJKT	NDS
CYLTEZO PSKT 10mg/0.2ml, 20mg/0.4ml, 40mg/0.8ml	NDS
CYLTEZO-CD/UC/HS STARTER AJKT	NDS
CYLTEZO-PSORIASIS STARTER AJKT	NDS
ENBREL MINI SOCT	NDS
ENBREL SOLN	NDS
ENBREL SOLR	PA,NDS
ENBREL SOSY 25mg/0.5ml, 50mg/ml	NDS
ENBREL SURECLICK SOAJ	NDS
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	NDS

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

Drug Name	Requirements /Limits
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	NDS
HULIO AJKT	NDS
HULIO PSKT 20mg/0.4ml, 40mg/0.8ml	NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	NDS
HUMIRA PEDIATRIC CROHNS START PSKT	NDS
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	NDS
HUMIRA PEN-CD/UC/HS STARTER PNKT 40mg/0.8ml, 80mg/0.8ml	NDS
HUMIRA PEN-PEDIATRIC UC START PNKT	NDS
HUMIRA PEN-PS/UV/ADOL HS START PNKT	NDS
HUMIRA PEN-PSOR/UEVIT STARTER PNKT	NDS
HUMIRA PSKT 10mg/0.1ml, 10mg/0.2ml, 20mg/0.2ml, 20mg/0.4ml, 40mg/0.4ml, 40mg/0.8ml	NDS
HYRIMOZ SOAJ 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	NDS
HYRIMOZ SOSY 10mg/0.1 ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	NDS
HYRIMOZ-CROHNS/UC STARTER PACK SOAJ	NDS
HYRIMOZ-PED CROHNS STARTER SOSY	NDS
HYRIMOZ-PLAQUE PSORIASIS START SOAJ	NDS
IDACIO AJKT	NDS
IDACIO FOR CROHNS DISEASE/UC AJKT	NDS
IDACIO FOR PLAQUE PSORIASIS AJKT	NDS
IDACIO PSKT	NDS
INFLECTRA SOLR INTRAVENOUS	HI

Drug Name	Requirements /Limits
INFLIXIMAB SOLR INTRAVENOUS	HI
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	NDS
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	NDS
KINERET SOSY	NDS
<i>leflunomide tabs 10mg, 20mg</i>	MO
OLUMIANT TABS 1mg, 2mg	NDS
ORENCIA CLICKJECT SOAJ	NDS
ORENCIA SOLR	NDS
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	NDS
OTEZLA TABS	PA,NDS
OTEZLA TBPk	PA,NDS
RASUVO SOAJ	
REMICADE SOLR INTRAVENOUS	HI
RENFLIXIS SOLR	NDS
RINVOQ TB24 15mg, 30mg, 45mg	NDS
SIMPONI ARIA SOLN	NDS
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml	NDS
SIMPONI SOSY 50mg/0.5ml, 100mg/ml	NDS
XELJANZ SOLN	PA,NDS
XELJANZ TABS 5mg, 10mg	PA,NDS
XELJANZ XR TB24 11mg, 22mg	PA,NDS
YUFLYMA 1-PEN KIT AJKT	NDS
YUFLYMA 2-PEN KIT AJKT	NDS
YUFLYMA 2-SYRINGE KIT PSKT	NDS
YUSIMRY SOPN	NDS
<b>IMMUNE SUPPRESSANTS</b>	
ASTAGRAF XL CP24 0.5mg, 1mg	PA,MO
ASTAGRAF XL CP24	PA
<i>azasan tabs 75mg, 100mg</i>	PA,MO
<i>azathioprine sodium solr</i>	
<i>azathioprine tabs 50mg, 75mg, 100mg</i>	PA,MO
BENLYSTA SOAJ	
BENLYSTA SOLR	

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

Drug Name	Requirements /Limits
BENLYSTA SOSY	
<i>cyclosporine caps 25mg, 100mg</i>	PA,MO
<i>cyclosporine modified caps 25mg, 50mg, 100mg</i>	PA,MO
<i>cyclosporine modified soln</i>	PA,MO
<i>cyclosporine soln</i>	MO
ENVARUSUS XR TB24 0.75mg, 1mg	PA,MO
ENVARUSUS XR TB24	PA,MO
<i>everolimus tabs 0.25mg</i>	PA,MO
<i>everolimus tabs 0.5mg, 0.75mg</i>	PA
<i>everolimus tabs</i>	PA
GAMIFANT SOLN 50mg/10ml, 100mg/20ml, 10mg/2ml	NDS
<i>gengraf caps 25mg, 100mg</i>	PA,MO
<i>gengraf soln</i>	PA,MO
LUPKYNIS CAPS	NDS
MAVENCLAD (10 TABS) TBPK	NDS
MAVENCLAD (4 TABS) TBPK	NDS
MAVENCLAD (5 TABS) TBPK	NDS
MAVENCLAD (6 TABS) TBPK	NDS
MAVENCLAD (7 TABS) TBPK	NDS
MAVENCLAD (8 TABS) TBPK	NDS
MAVENCLAD (9 TABS) TBPK	NDS
<i>mycophenolate mofetil caps</i>	PA,MO
<i>mycophenolate mofetil hcl solr</i>	
<i>mycophenolate mofetil susr</i>	PA,MO
<i>mycophenolate mofetil tabs</i>	PA,MO
<i>mycophenolate sodium tbec 180mg, 360mg</i>	PA,MO
NULOJIX SOLR	NDS
PROGRAF PACK 0.2mg, 1mg	PA
PROGRAF SOLN	MO
SANDIMMUNE ORAL SOLN 100mg/ml	PA,MO
SAPHNELO SOLN	NDS
<i>sirolimus soln</i>	PA
<i>sirolimus tabs 0.5mg, 1mg</i>	PA,MO
<i>sirolimus tabs</i>	PA,MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	PA,MO
ZORTRESS TABS	PA
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>	
ACETIC ACID SOLN	

Drug Name	Requirements /Limits
ACTIMMUNE SOLN	
AMONDYS 45 SOLN	NDS
AMVUTTRA SOSY	
ARCALYST SOLR	NDS
ARGYLE STERILE WATER SOLN	
<i>articadent dental soct</i>	
BERINERT KIT INTRAVENOUS	HI
<i>betaine powd</i>	NDS
<i>bupivacaine hcl (pf) soln</i>	
<i>bupivacaine hcl soln</i>	
<i>bupivacaine in dextrose soln</i>	
<i>bupivacaine spinal soln</i>	
<i>bupivacaine-epinephrine (pf) soln</i>	
<i>bupivacaine-epinephrine soln</i>	
CARNITOR SOLN	MO
CARNITOR TABS	MO
<i>chloroprocaine hcl (pf) soln</i>	
CINRYZE SOLR	
<i>citanest plain dental soln</i>	
COSELA SOLR	NDS
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	NDS
CYSTADANE POWD	LD,NDS
CYSTAGON CAPS 50mg, 150mg	LD,NDS
<i>dexrazoxane hcl solr</i>	
<i>dichlorphenamide tabs</i>	NDS
EASYGEL GEL	
ELMIRON CAPS	
EMPAVELI SOLN	NDS
ENDARI PACK	NDS
ENJAYMO SOLN	NDS
ENSPRYNG SOSY	NDS
EVRYSDI SOLR	NDS
EXONDYS 51 SOLN 500mg/10ml, 100mg/2ml	NDS
FILSPARI TABS 200mg, 400mg	NDS
FIRDAPSE TABS	NDS
<i>fluoritab chew 0.25mg, 0.5mg, 1mg</i>	MO
FLUORITAB SOLN	MO
GALAFOLD CAPS	NDS

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

Drug Name	Requirements /Limits
GIVLAARI SOLN	NDS
GRASTEK SUBL	MO
HAEGARDA SOLR 2000unit, 3000unit	NDS
ISTURISA TABS 1mg, 5mg, 10mg	NDS
<i>javygtor pack 100mg, 500mg</i>	NDS
<i>javygtor tabs</i>	NDS
JOENJA TABS	NDS
KESIMPTA SOAJ	NDS
KEVEYIS TABS	NDS
LACTATED RINGERS SOLN	
<i>levocarnitine soln</i>	MO
<i>levocarnitine tabs</i>	MO
<i>lidocaine hcl (pf) soln</i>	
<i>lidocaine hcl soln</i>	
<i>lidocaine in dextrose soln</i>	
<i>lidocaine-epinephrine soln</i>	
<i>ludent chew 0.25mg, 0.5mg, 1mg</i>	MO
<i>mesna soln</i>	
MESNEX TABS	NDS
MYALEPT SOLR	NDS
NAFRINSE CHEW	MO
NAFRINSE DROPS SOLN	MO
<i>nitisinone caps 2mg, 5mg, 10mg</i>	NDS
NITYR TABS 2mg, 5mg, 10mg	NDS
NULIBRY SOLR	NDS
ODACTRA SUBL	
ONPATTRO SOLN	NDS
ORFADIN CAPS	LD,NDS
ORFADIN SUSP	LD,NDS
ORLADEYO CAPS 110mg, 150mg	NDS
OXLUMO SOLN	
PALFORZIA (12 MG DAILY DOSE) CSPK	NDS
PALFORZIA (120 MG DAILY DOSE) CSPK	NDS
PALFORZIA (160 MG DAILY DOSE) CSPK	NDS
PALFORZIA (20 MG DAILY DOSE) CSPK	NDS

Drug Name	Requirements /Limits
PALFORZIA (200 MG DAILY DOSE) CSPK	NDS
PALFORZIA (240 MG DAILY DOSE) CSPK	NDS
PALFORZIA (3 MG DAILY DOSE) CSPK	NDS
PALFORZIA (300 MG MAINTENANCE) PACK	NDS
PALFORZIA (300 MG TITRATION) PACK	NDS
PALFORZIA (40 MG DAILY DOSE) CSPK	NDS
PALFORZIA (6 MG DAILY DOSE) CSPK	NDS
PALFORZIA (80 MG DAILY DOSE) CSPK	NDS
PALFORZIA INITIAL ESCALATION CSPK	NDS
PHYSIOLYTE SOLN	
<i>physiosol irrigation soln</i>	
<i>polocaine soln</i>	
<i>polocaine-mpf soln</i>	
PROCYSBI CPDR 25mg, 75mg	NDS
PROCYSBI PACK 75mg, 300mg	NDS
PYRUKYND TABS 5mg, 20mg, 50mg	NDS
PYRUKYND TAPER PACK TBPK	NDS
RECORLEV TABS	NDS
REZUROCK TABS	NDS
RIDAURA CAPS	MO
RIMSO-50 SOLN	
RINGERS IRRIGATION SOLN	
<i>ropivacaine hcl soln</i>	
RYSTIGGO SOLN	
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	NDS
<i>sapropterin dihydrochloride tabs</i>	NDS
SENSORCAINE SOLN	
<i>sensorcaine-mpf soln</i>	
<i>sensorcaine-mpf/epinephrine soln</i>	
<i>sensorcaine/epinephrine soln</i>	
SKYCLARYS CAPS	NDS
SODIUM CHLORIDE SOLN	MO

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

Drug Name	Requirements /Limits
SODIUM FLUORIDE CHEW 0.25mg, 0.5mg, 1mg	MO
SODIUM FLUORIDE SOLN	MO
SOHONOS CAPS 1mg, 1.5mg, 2.5mg, 5mg, 10mg	NDS
STERILE WATER FOR IRRIGATION SOLN	
TAKHZYRO SOLN	NDS
TAKHZYRO SOSY 300mg/2ml, 150mg/ml	NDS
TAVNEOS CAPS	NDS
TEGSEDI SOSY	NDS
THIOLA EC TBEC 100mg, 300mg	NDS
THIOLA TABS	NDS
THYROGEN SOLR	NDS
<i>tiopronin tabs</i>	NDS
TIS-U-SOL SOLN	
ULTOMIRIS SOLN	
VEOPOZ SOLN	NDS
VIJOICE TBPK	NDS
VILTEPSO SOLN	NDS
VOWST CAPS	NDS
VOXZOGO SOLR 0.4mg, 0.56mg, 1.2mg	NDS
VUMERITY (STARTER) CPDR	NDS
VUMERITY CPDR	NDS
VYJUVEK GEL	NDS
VYONDYS 53 SOLN	NDS
VYVGART HYTRULO SOLN	NDS
VYVGART SOLN	NDS
WATER FOR IRRIGATION, STERILE SOLN	
XEOMIN SOLR	PA,NDS
XURIDEN PACK	NDS
<i>xylocaine dental soln</i>	
ZOKINVY CAPS 50mg, 75mg	NDS
<b>RESPIRATORY TRACT AGENTS</b>	
<b>ANTI-INFLAMMATORY AGENTS</b>	
CINQAIR SOLN	NDS
<i>cromolyn sodium conc</i>	MO
<i>cromolyn sodium nebu</i>	PA,MO
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	PA,NDS

Drug Name	Requirements /Limits
DUPIXENT SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	PA,NDS
FASENRA PEN SOAJ	NDS
FASENRA SOSY	PA
<i>montelukast sodium chew 4mg, 5mg</i>	MO
<i>montelukast sodium pack</i>	MO
<i>montelukast sodium tabs</i>	MO
NUCALA SOAJ	PA,NDS
NUCALA SOLR	PA,NDS
NUCALA SOSY 40mg/0.4ml, 100mg/ml	PA,NDS
<i>zileuton er tb12</i>	NDS
<b>CYSTIC FIBROSIS</b>	
CAYSTON SOLR	LD,NDS
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	PA,NDS
KALYDECO TABS	PA,NDS
KITABIS PAK NEBU	PA
ORKAMBI PACK	NDS
ORKAMBI TABS	NDS
SYMDEKO TBPK	NDS
TOBI PODHALER CAPS	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	PA
TRIKAFTA TBPK	LD,NDS
TRIKAFTA THPK	LD,NDS
<b>PULMONARY FIBROSIS</b>	
OFEV CAPS 100mg, 150mg	NDS
<i>pirfenidone caps 267mg</i>	PA,NDS
<i>pirfenidone tabs 267mg, 801mg</i>	PA,MO
<i>pirfenidone tabs 534mg</i>	PA,NDS
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>	
ADVAIR HFA AERO 230- 21mcg/act	MO
ADVAIR HFA AERO 45- 21mcg/act, 115-21mcg/act	MO
ALVESCO AERS 80mcg/act, 160mcg/act	MO
ARALAST NP SOLR INTRAVENOUS	HI
ASMANEX HFA AERO 100mcg/act, 200mcg/act	MO

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

Drug Name	Requirements /Limits
<i>breyana aero</i>	
BREZTRI AEROSPHERE AERO	MO
BRONCHITOL CAPS	NDS
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml</i>	PA,MO
<i>budesonide susp</i>	PA,MO
FLOVENT HFA AERO 44mcg/act	MO
<i>fluticasone-salmeterol aepb</i>	MO
GLASSIA SOLN INTRAVENOUS	HI
PULMICORT FLEXHALER AEPB	
<i>roflumilast tabs 250mcg, 500mcg</i>	MO
SYMBICORT AERO	
TEZSPIRE SOAJ	NDS
TEZSPIRE SOSY	NDS
<i>wixela inhub aepb</i>	
XOLAIR SOLR	PA,NDS
XOLAIR SOSY 75mg/0.5ml, 150mg/ml	PA,NDS
<b>VASODILATING AGENTS</b>	
ADEMPAS TABS 0.5mg, 1mg, 1.5mg, 2mg, 2.5mg	PA,NDS
<i>ambrisentan tabs</i>	
<i>bosentan tabs 62.5mg, 125mg</i>	
<i>epoprostenol sodium solr</i>	
ORENITRAM MONTH 1 TEPK	LD,NDS
ORENITRAM MONTH 2 TEPK	LD,NDS
ORENITRAM MONTH 3 TEPK	LD,NDS
ORENITRAM TBCR 0.25mg, 1mg, 2.5mg, 5mg	LD,NDS
TRACLEER TBSO	NDS
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	PA,LD,NDS
TYVASO DPI MAINTENANCE KIT POWD	LD,NDS
TYVASO DPI TITRATION KIT POWD	LD,NDS
TYVASO REFILL SOLN	PA,LD
TYVASO STARTER SOLN	PA,LD
UPTRAVI SOLR	NDS
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg,	NDS

Drug Name	Requirements /Limits
1000mcg, 1200mcg, 1400mcg, 1600mcg	
UPTRAVI TBPK	NDS
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	PA,LD,NDS
<b>SERUMS, TOXOIDS, AND VACCINES</b>	
<b>SERUMS</b>	
ASCENIV SOLN	NDS
CUTAQUIG SOLN 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml, 1gm/6ml	PA,NDS
CYTOGAM INJ	
FLEBOGAMMA DIF SOLN INTRAVENOUS	HI
GAMASTAN INJ	
GAMMAGARD S/D LESS IGA SOLR INTRAVENOUS 5gm, 10gm	HI
GAMMAGARD SOLN INJECTION	HI
GAMMAKED SOLN INJECTION	HI
GAMMAPLEX SOLN INTRAVENOUS	HI
GAMUNEX-C SOLN INJECTION	HI
HYQVIA KIT	PA,NDS
NABI-HB SOLN	
OCTAGAM SOLN INTRAVENOUS 1gm/20ml	HI
PANZYGA SOLN INTRAVENOUS 10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml	HI
VARIZIG SOLN	
<b>TOXOIDS</b>	
DIPHThERIA-TETANUS TOXOIDS DT SUSP	
KINRIX SUSP	
KINRIX SUSY	
QUADRACEL SUSP	
QUADRACEL SUSY	
TDVAX SUSP	
TENIVAC INJ	
<b>VACCINES</b>	
ABRYSVO SOLR	

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

Drug Name	Requirements /Limits
ACTHIB SOLR	
ADACEL SUSP	
AREXVY SUSR	
BEXSERO SUSY	
BOOSTRIX SUSP	
BOOSTRIX SUSY	
DAPTACEL SUSP	
ENGERIX-B SUSP	PA
ENGERIX-B SUSY 10mcg/0.5ml, 20mcg/ml	PA
GARDASIL 9 SUSP	
GARDASIL 9 SUSY	
HAVRIX SUSP	
HEPLISAV-B SOSY	PA
HIBERIX SOLR	
IMOVAX RABIES SUSR	
INFANRIX SUSP	
IPOL INJ	
IXIARO SUSP	
JYNNEOS SUSP	
M-M-R II SOLR	
MENACTRA SOLN	
MENQUADFI SOLN	
MENVEO SOLR	
PEDIARIX SUSY	
PEDVAX HIB SUSP	
PENTACEL SUSR	
PREHEVBRIO SUSP	PA
PRIORIX SUSR	
PROQUAD SUSR	
RABAVERT SUSR	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	PA
RECOMBIVAX HB SUSY 5mcg/0.5ml, 10mcg/ml	PA
ROTARIX SUSP	
ROTARIX SUSR	
ROTATEQ SOLN	
SHINGRIX SUSR	
TICOVAC SUSY	
TRUMENBA SUSY	
TWINRIX SUSY	

Drug Name	Requirements /Limits
TYPHIM VI SOLN	
TYPHIM VI SOSY	
VAQTA SUSP	
VARIVAX INJ	
VAXCHORA SUSR	
YF-VAX INJ	
ZOSTAVAX SUSR	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>	
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>	
BACTROBAN NASAL OINT	
BENZOYL PEROXIDE GEL	NDS
<i>benzoyl peroxide-erythromycin gel</i>	MO
<i>ciclopirox gel</i>	
<i>ciclopirox olamine crea</i>	
<i>ciclopirox soln</i>	
<i>clindamycin phos-benzoyl perox gel</i>	MO
<i>clindamycin phosphate crea</i>	
<i>clindamycin phosphate gel</i>	MO
<i>clindamycin phosphate lotn</i>	MO
<i>clindamycin phosphate soln</i>	MO
<i>clindamycin phosphate swab</i>	MO
<i>clotrimazole crea</i>	
<i>clotrimazole troc</i>	
<i>clotrimazole-betamethasone crea</i>	
<i>crotan lotn</i>	
<i>econazole nitrate crea</i>	
<i>erythromycin gel</i>	MO
<i>erythromycin soln</i>	MO
<i>gentamicin sulfate crea</i>	
<i>gentamicin sulfate oint</i>	
<i>ketoconazole crea</i>	
<i>ketoconazole sham</i>	
<i>lindane sham</i>	
<i>malathion lotn</i>	
<i>metronidazole crea</i>	
<i>metronidazole gel</i>	
<i>metronidazole lotn</i>	
<i>mupirocin calcium crea</i>	
<i>mupirocin oint</i>	

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



Drug Name	Requirements /Limits
<i>naftifine hcl crea</i>	
<i>neomycin-polymyxin b gu soln</i>	
<i>nystatin crea</i>	
<i>nystatin oint</i>	
<i>nystatin powd</i>	
<i>nystop powd</i>	
<i>permethrin crea</i>	
<i>selenium sulfide lotn</i>	
SELENIUM SULFIDE SHAM	
SILVER SULFADIAZINE CREA	
SSD CREA	
<i>sulfacetamide sodium (acne) lotn</i>	MO
SULFAMYLON CREA	
<i>terconazole crea</i>	
<i>terconazole supp</i>	
VANDAZOLE GEL	
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b>	
<i>ala-cort crea 1%</i>	MO
<i>alclometasone dipropionate crea</i>	MO
<i>alclometasone dipropionate oint</i>	MO
BENZOYL PEROXIDE FORTE-HC LOTN	NDS
<i>betamethasone dipropionate aug crea</i>	MO
<i>betamethasone dipropionate aug gel</i>	MO
<i>betamethasone dipropionate aug lotn</i>	MO
<i>betamethasone dipropionate aug oint</i>	MO
<i>betamethasone dipropionate crea</i>	MO
<i>betamethasone dipropionate lotn</i>	MO
<i>betamethasone dipropionate oint</i>	MO
BETAMETHASONE VALERATE CREA	MO
<i>betamethasone valerate foam</i>	MO
BETAMETHASONE VALERATE LOTN	MO
BETAMETHASONE VALERATE OINT	MO
<i>calcipotriene-betameth diprop susp</i>	NDS

Drug Name	Requirements /Limits
<i>clobetasol propionate crea</i>	
<i>clobetasol propionate e crea</i>	MO
<i>clobetasol propionate foam</i>	MO
<i>clobetasol propionate gel</i>	MO
<i>clobetasol propionate liqd</i>	MO
<i>clobetasol propionate lotn</i>	MO
<i>clobetasol propionate oint</i>	MO
<i>clobetasol propionate sham</i>	MO
<i>clobetasol propionate soln</i>	MO
<i>colocort enem</i>	MO
CORDRAN TAPE	MO
CORTISPORIN CREA	MO
CORTISPORIN OINT	MO
<i>desonide crea</i>	MO
<i>desonide lotn</i>	MO
<i>desonide oint</i>	MO
<i>desoximetasone crea 0.25%</i>	MO
<i>desoximetasone oint 0.25%</i>	MO
<i>diclofenac sodium gel 1%</i>	MO
<i>diflorasone diacetate oint</i>	MO
ENSTILAR FOAM	NDS
<i>fluocinolone acetonide body oil</i>	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	MO
<i>fluocinolone acetonide oint</i>	MO
<i>fluocinolone acetonide scalp oil</i>	MO
<i>fluocinolone acetonide soln</i>	MO
<i>fluocinonide crea</i>	
<i>fluocinonide emulsified base crea</i>	MO
<i>fluocinonide gel</i>	MO
<i>fluocinonide oint</i>	MO
<i>fluocinonide soln</i>	MO
<i>fluticasone propionate crea</i>	MO
<i>fluticasone propionate oint</i>	MO
<i>halobetasol propionate crea</i>	MO
HALOBETASOL PROPIONATE FOAM	NDS
<i>halobetasol propionate oint</i>	MO
<i>hydrocortisone (perianal) crea 2.5%</i>	MO
<i>hydrocortisone butyr lipo base crea</i>	

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

Drug Name	Requirements /Limits
<i>hydrocortisone butyrate crea</i>	MO
HYDROCORTISONE BUTYRATE OINT	MO
<i>hydrocortisone butyrate soln</i>	MO
<i>hydrocortisone crea 2.5%</i>	MO
<i>hydrocortisone enem</i>	MO
<i>hydrocortisone lotn</i>	MO
<i>hydrocortisone oint 2.5%</i>	MO
<i>hydrocortisone valerate crea</i>	MO
<i>hydrocortisone valerate oint</i>	MO
LEXETTE FOAM	NDS
<i>mometasone furoate crea</i>	MO
<i>mometasone furoate oint</i>	MO
<i>mometasone furoate soln</i>	MO
<i>nystatin-triamcinolone crea</i>	MO
<i>nystatin-triamcinolone oint</i>	MO
<i>prednicarbate crea</i>	MO
<i>proctozone-hc crea</i>	MO
RADIAURA CREA	NDS
<i>triamcinolone acetamide aers</i>	MO
<i>triamcinolone acetamide crea 0.025%, 0.1%, 0.5%</i>	MO
<i>triamcinolone acetamide lotn 0.025%, 0.1%</i>	MO
<i>triamcinolone acetamide oint 0.025%, 0.1%, 0.5%</i>	MO
<i>triamcinolone acetamide pste</i>	MO
<i>triderm crea 0.1%</i>	MO
WYNZORA CREA	NDS
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>	
<i>glydo prsy</i>	MO
<i>hydrocortisone ace-pramoxine crea</i>	MO
HYDROCORTISONE ACE-PRAMOXINE SUPP	NDS
<i>lidocaine hcl soln</i>	
<i>lidocaine hcl urethral/mucosal gel</i>	MO
<i>lidocaine hcl urethral/mucosal prsy</i>	MO
<i>lidocaine oint</i>	MO
<i>lidocaine ptch</i>	PA,MO
<i>lidocaine-prilocaine crea</i>	MO
<i>lidocan ptch</i>	PA,MO

Drug Name	Requirements /Limits
<i>proctofoam hc foam</i>	
<b>CELL STIMULANTS AND PROLIFERANTS</b>	
AVITA CREA	PA,MO
<i>bexarotene gel</i>	PA,NDS
KEPIVANCE SOLR 5.16mg, 6.25mg	NDS
PANRETIN GEL	NDS
RETIN-A CREA 0.025%, 0.05%, 0.1%	PA,MO
RETIN-A GEL 0.01%, 0.025%	PA,MO
RETIN-A MICRO GEL 0.04%, 0.1%	PA,MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	PA,MO
<i>tretinoin gel 0.01%, 0.025%</i>	PA,MO
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>	
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	NDS
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	NDS
<i>adapalene gel 0.1%, 0.3%</i>	MO
<i>adapalene soln</i>	NDS
<i>adapalene-benzoyl peroxide gel</i>	MO
ADAPALENE-BENZOYL PEROXIDE PADS	NDS
ADBRY SOSY	NDS
<i>ammonium lactate crea</i>	MO
<i>azelaic acid gel</i>	MO
<i>calcipotriene crea</i>	MO
<i>calcipotriene oint</i>	MO
<i>calcipotriene soln</i>	MO
CARAC CREA	
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	NDS
COSENTYX (300 MG DOSE) SOSY	
COSENTYX SENSOREADY (300 MG) SOAJ	
COSENTYX SENSOREADY PEN SOAJ	NDS
COSENTYX SOLN	NDS
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	NDS
COSENTYX UNOREADY SOAJ	NDS

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

Drug Name	Requirements /Limits
DICLONA GEL	NDS
DIFFERIN CREA	MO
<i>fluorouracil crea 5%</i>	MO
<i>fluorouracil crea .5%</i>	
<i>fluorouracil soln 2%, 5%</i>	MO
HYFTOR GEL	NDS
ILUMYA SOSY	PA
<i>imiquimod crea 5%</i>	MO
<i>isotretinoin caps 20mg, 30mg, 40mg</i>	NDS
KLISYRI OINT	NDS
KORSUVA SOLN	NDS
LITFULO CAPS	NDS
<i>methoxsalen rapid caps</i>	MO
OPZELURA CREA	NDS
<i>pimecrolimus crea</i>	MO
<i>podofilox soln</i>	MO
RECTIV OINT	MO
REGRANEX GEL	NDS
SALICYLIC ACID SHAM	
SANTYL OINT	MO
SILIQ SOSY	NDS
SKYRIZI (150 MG DOSE) PSKT	
SKYRIZI PEN SOAJ	
SKYRIZI SOSY	
SOTYKTU TABS	NDS
SPEVIGO SOLN	NDS
STELARA SOLN 45mg/0.5ml, 130mg/26ml	PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	PA
<i>tacrolimus oint 0.03%, 0.1%</i>	MO
TALTZ SOAJ	NDS
TALTZ SOSY	NDS
<i>tazarotene crea</i>	PA,MO
<i>tazarotene gel 0.05%, 0.1%</i>	PA,MO
TAZORAC CREA	PA,MO
TREMFYA SOPN	
TREMFYA SOSY	
VALCHLOR GEL	NDS
VECTICAL OINT	MO
VTAMA CREA	NDS

Drug Name	Requirements /Limits
<b>SMOOTH MUSCLE RELAXANTS</b>	
<b>SMOOTH MUSCLE RELAXANTS</b>	
<i>aminophylline soln</i>	
<i>darifenacin hydrobromide er tb24 7.5mg, 15mg</i>	MO
<i>elixophyllin elix</i>	
<i>flavoxate hcl tabs</i>	MO
MYRBETRIQ TB24 25mg, 50mg	MO
<i>oxybutynin chloride er tb24 5mg, 10mg, 15mg</i>	MO
<i>oxybutynin chloride soln</i>	MO
<i>oxybutynin chloride tabs</i>	MO
<i>solifenacin succinate tabs 5mg, 10mg</i>	MO
<i>theo-24 cp24 300mg</i>	MO
<i>theophylline elix</i>	
<i>theophylline er tb12 100mg, 200mg, 300mg, 450mg</i>	MO
<i>theophylline er tb24 400mg, 600mg</i>	MO
<i>theophylline soln</i>	MO
<i>tolterodine tartrate er cp24 4mg</i>	MO
<i>tolterodine tartrate tabs</i>	MO
<i>tropium chloride er cp24</i>	MO
<i>tropium chloride tabs</i>	MO
<b>VITAMINS</b>	
<b>VITAMINS</b>	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	MO
<i>calcitriol intravenous soln</i>	
<i>calcitriol oral soln</i>	MO
<i>doxercalciferol caps 0.5mcg</i>	MO
<i>paricalcitol caps 4mcg</i>	MO
PARICALCITOL SOLN	
PRENATAL TABS	MO
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You can find information on what the abbreviations on this table mean by going to the beginning of this table.

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<i>methotrexate sodium solr</i> .....	16
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<i>methoxsalen rapid caps</i> .....	51
<i>methyl dopa tabs 250mg, 500mg</i> .....	23
<i>methylergonovine maleate soln</i> .....	40
<i>methylergonovine maleate tabs</i> .....	40
<i>methylphenidate hcl chew 2.5mg</i> .....	26
<i>methylphenidate hcl er (cd) cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i> .....	26
<i>methylphenidate hcl er (osm) tbc 18mg, 27mg, 36mg, 54mg</i> .....	26

<i>methylphenidate hcl er (xr) cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i> .....	26	<i>minitrans pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i> .....	24
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	26	<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	9
<i>methylphenidate hcl soln 5mg/5ml</i> .....	26	<i>minocycline hcl tabs 100mg</i> .....	9
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i> .....	26	<i>minoxidil tabs 2.5mg, 10mg</i> .....	23
<i>methylprednisolone acetate susp</i> .....	38	<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i> .....	32
<i>methylprednisolone sodium succ solr</i> .....	38	<i>mirtazapine tbdp 15mg, 30mg, 45mg</i> .....	32
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i> .....	38	<i>misoprostol tabs 100mcg, 200mcg</i> .....	37
<i>methylprednisolone tbc</i> .....	38	<i>mitomycin solr</i> .....	16
<i>methyltestosterone caps</i> .....	39	<i>mitoxantrone hcl conc</i> .....	16
<i>metoclopramide hcl soln</i> .....	38	<i>M-M-R II SOLR</i> .....	48
<i>metoclopramide hcl tabs 5mg, 10mg</i> .....	38	<i>modafinil tabs 100mg, 200mg</i> .....	26
<i>metolazone tabs 2.5mg, 5mg, 10mg</i> .....	34	<i>molindone hcl tabs 5mg, 10mg, 25mg</i> .....	32
<i>metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg</i> .....	22	<i>mometasone furoate crea</i> .....	50
<i>metoprolol tartrate soct</i> .....	22	<i>mometasone furoate oint</i> .....	50
<i>metoprolol tartrate soln</i> .....	22	<i>mometasone furoate soln</i> .....	50
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i> .....	22	<i>mometasone furoate susp</i> .....	36
<i>metoprolol-hydrochlorothiazide tabs</i> .....	22	<i>MONJUVI SOLR</i> .....	16
<i>metronidazole caps</i> .....	11	<i>montelukast sodium chew 4mg, 5mg</i> .....	46
<i>metronidazole crea</i> .....	48	<i>montelukast sodium pack</i> .....	46
<i>metronidazole gel</i> .....	48	<i>montelukast sodium tabs</i> .....	46
<i>metronidazole lotn</i> .....	48	<i>morphine sulfate (concentrate) soln 20mg/ml</i> .....	25
<i>metronidazole soln intravenous</i> .....	11	<i>morphine sulfate er tbc 15mg, 30mg, 60mg, 100mg, 200mg</i> .....	25
<i>metronidazole tabs</i> .....	11	<i>MORPHINE SULFATE SOLN 10mg/5ml, 20mg/5ml</i> .....	25
<i>metirosine caps</i> .....	21	<i>MORPHINE SULFATE TABS 15mg, 30mg</i> .....	25
<i>mexiletine hcl caps 150mg, 200mg, 250mg</i> .....	23	<i>MOTPOLY XR CP24 100mg, 150mg, 200mg</i> .....	27
<i>micafungin sodium solr intravenous 50mg</i> .....	10	<i>MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml</i> .....	40
<i>microgestin 1/20 tabs</i> .....	39	<i>moxifloxacin hcl in nacl soln intravenous</i> .....	9
<i>microgestin 24 fe tabs</i> .....	39	<i>moxifloxacin hcl soln</i> .....	35
<i>microgestin fe 1.5/30 tabs</i> .....	39	<i>moxifloxacin hcl tabs</i> .....	9
<i>microgestin fe 1/20 tabs</i> .....	39	<i>MOZOBIL SOLN</i> .....	21
<i>midazolam hcl (pf) soln</i> .....	29	<i>MULPLETA TABS</i> .....	21
<i>midazolam hcl soln</i> .....	29	<i>MULTAQ TABS</i> .....	23
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i> .....	20	<i>mupirocin calcium crea</i> .....	48
<i>MIEBO SOLN</i> .....	37	<i>mupirocin oint</i> .....	48
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<i>mifepristone tabs</i> .....	41	<i>MVASI SOLN 400mg/16ml, 100mg/4ml</i> .....	16
<i>miglustat caps</i> .....	35	<i>MYALEPT SOLR</i> .....	45
<i>millipred tabs</i> .....	38	<i>MYCAPSSA CPDR</i> .....	41
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<i>mycophenolate mofetil tabs</i> .....	44
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<i>nadolol tabs 20mg, 40mg, 80mg</i> .....	22
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<i>nafcillin sodium solr injection</i> .....	9
<i>nafcillin sodium solr intravenous</i> .....	9
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NAFRINSE DROPS SOLN.....	45
<i>naftifine hcl crea</i> .....	49
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<i>naloxone hcl liqd</i> .....	30
<i>naloxone hcl soct</i> .....	30
<i>naloxone hcl soln</i> .....	30
<i>naloxone hcl sosy</i> .....	30
<i>naltrexone hcl tabs</i> .....	30
<i>naproxen susp</i> .....	25
<i>naproxen tabs</i> .....	25
<i>naproxen tbec</i> .....	25
<i>naproxen-esomeprazole tbec 500-20mg</i> .	25
<i>naratriptan hcl tabs</i> .....	28
NARCAN LIQD.....	30
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<i>nateglinide tabs 60mg, 120mg</i> .....	40
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg.....	41
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<i>necon 0.5/35 (28) tabs</i> .....	39
<i>necon 7/7/7 tabs</i> .....	39
<i>nefazodone hcl tabs 50mg, 100mg, 150mg,</i> <i>200mg, 250mg</i> .....	32
<i>nelarabine soln</i> .....	16
<i>nembutal soln</i> .....	29
<i>neomycin sulfate tabs</i> .....	9
<i>neomycin-bacitracin zn-polymyx oint</i> .....	35
<i>neomycin-polymyxin b gu soln</i> .....	49
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<i>neomycin-polymyxin-dexameth susp</i> .....	36
<i>neomycin-polymyxin-gramicidin soln</i> .....	35
<i>neomycin-polymyxin-hc soln</i> .....	36

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NEULASTA ONPRO PSKT.....	21
NEULASTA SOSY.....	21
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NEUPOGEN SOSY 300mcg/0.5ml, 480mcg/0.8ml.....	21
<i>nevirapine er tb24 100mg, 400mg</i> .....	12
<i>nevirapine susp</i> .....	12
<i>nevirapine tabs</i> .....	12
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<i>niacin er (antihyperlipidemic) tbc 500mg</i> ..	22
<i>niacor tabs</i> .....	22
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NICOTROL INHA.....	19
<i>nifedipine caps 10mg, 20mg</i> .....	23
<i>nifedipine er osmotic release tb24 30mg,</i> <i>60mg, 90mg</i> .....	23
<i>nifedipine er tb24 30mg, 60mg, 90mg</i> .....	23
<i>nikki tabs</i> .....	39
<i>nilutamide tabs</i> .....	16
<i>nimodipine caps</i> .....	23
NINLARO CAPS 2.3mg, 3mg, 4mg.....	16
<i>nitazoxanide tabs</i> .....	11
<i>nitisinone caps 2mg, 5mg, 10mg</i> .....	45
<i>nitro-bid oint</i> .....	24
NITRO-DUR PT24 0.3mg/hr, 0.8mg/hr ....	24
<i>nitrofurantoin macrocrystal caps</i> .....	13
<i>nitrofurantoin monohyd macro caps</i> .....	13
<i>nitrofurantoin susp</i> .....	13
NITROFURANTOIN SUSP 50mg/5ml.....	13
<i>nitroglycerin pt24 0.1mg/hr, 0.2mg/hr,</i> <i>0.4mg/hr, 0.6mg/hr</i> .....	24
<i>nitroglycerin soln</i> .....	24
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i> ....	24
<i>nitropress soln</i> .....	23
<i>nitroprusside sodium soln</i> .....	23
NITYR TABS 2mg, 5mg, 10mg.....	45
NIVESTYM SOLN 480mcg/1.6ml, 300mcg/ml.....	21
NIVESTYM SOSY 300mcg/0.5ml, 480mcg/0.8ml.....	21
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NORDITROPIN FLEXPPO SOPN	
5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	41
<i>norepinephrine bitartrate soln</i>	20
<i>norethin ace-eth estrad-fe chew</i>	39
<i>norethindrone acetate tabs</i>	41
<i>norethindrone tabs</i>	39
NORPACE CR CP12 100mg, 150mg	23
<i>nortrel 0.5/35 (28) tabs</i>	39
<i>nortrel 1/35 (21) tabs</i>	39
<i>nortrel 1/35 (28) tabs</i>	39
<i>nortrel 7/7/7 tabs</i>	39
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>	32
<i>nortriptyline hcl soln</i>	32
NORVIR CAPS	12
NORVIR PACK	12
NORVIR SOLN	12
NOURIANZ TABS 20mg, 40mg	29
NOXAFIL PACK	10
NPLATE SOLR	21
NUBEQA TABS	16
NUCALA SOAJ	46
NUCALA SOLR	46
NUCALA SOSY 40mg/0.4ml, 100mg/ml	46
NUCYNTA ER TB12 200mg, 250mg	25
NUCYNTA TABS	25
NUDEXTA CAPS	29
NULIBRY SOLR	45
NULOJIX SOLR	44
NUPLAZID CAPS	32
NUPLAZID TABS	32
NURTEC TBDP	28
NUTRILIPID EMUL INTRAVENOUS	33
NUTROPIN AQ NUSPIN 10 SOPN	41
NUZYRA SOLR	9
NUZYRA TABS	9
<i>nylia 1/35 tabs</i>	39
NYMALIZE SOLN 60mg/20ml, 6mg/ml	23
<i>nystatin crea</i>	49
<i>nystatin oint</i>	49
<i>nystatin powd</i>	49
<i>nystatin susp</i>	10
<i>nystatin tabs</i>	10
<i>nystatin-triamcinolone crea</i>	50
<i>nystatin-triamcinolone oint</i>	50
<i>nystop powd</i>	49
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OCALIVA TABS 5mg, 10mg	38
<i>ocella tabs</i>	39
OCREVUS SOLN	29
OCTAGAM SOLN INTRAVENOUS	
1gm/20ml	47
<i>octreotide acetate soln 500mcg/ml, 1000mcg/ml</i>	41
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	41
ODACTRA SUBL	45
ODEFSEY TABS	12
ODOMZO CAPS	17
OFEV CAPS 100mg, 150mg	46
<i>ofloxacin soln</i>	35
<i>ogestrel tabs</i>	39
OGIVRI SOLR	17
OJJAARA TABS 100mg, 150mg, 200mg	17
<i>olanzapine solr</i>	32
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	32
<i>olanzapine tbdp 5mg, 10mg, 15mg, 20mg</i>	32
<i>olanzapine-fluoxetine hcl caps</i>	32
<i>olopatadine hcl soln 0.1%</i>	36
OLPRUVA (2 GM DOSE) THPK	33
OLPRUVA (3 GM DOSE) THPK	33
OLPRUVA (4 GM DOSE) THPK	33
OLPRUVA (5 GM DOSE) THPK	33
OLPRUVA (6 GM DOSE) THPK	33
OLPRUVA (6.67 GM DOSE) THPK	33
OLUMIANT TABS 1mg, 2mg	43
<i>omega-3-acid ethyl esters caps</i>	22
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	37
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml	41
OMNITROPE SOLR	41
<i>ondansetron hcl soln</i>	37
<i>ondansetron hcl sosy</i>	37
<i>ondansetron hcl tabs 4mg, 8mg</i>	37
<i>ondansetron tbdp 4mg, 8mg</i>	37
ONIVYDE INJ	17
ONPATTRO SOLN	45
ONTRUZANT SOLR 150mg, 420mg	17
ONUREG TABS 200mg, 300mg	17
OPDIVO SOLN 100mg/10ml, 120mg/12ml, 240mg/24ml, 40mg/4ml	17
OPDUALAG SOLN	17



PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml .....	35	<i>penicillin g procaine susp</i> .....	9
<i>pamidronate disodium soln</i> .....	42	<i>penicillin g sodium solr injection</i> .....	10
<i>pamidronate disodium solr</i> .....	42	<i>penicillin v potassium solr</i> .....	10
PANRETIN GEL .....	50	<i>penicillin v potassium tabs</i> .....	10
PANTOPRAZOLE SODIUM SOLR .....	37	PENTACEL SUSR .....	48
<i>pantoprazole sodium tbec 20mg, 40mg</i> ...	37	<i>pentamidine isethionate inh</i> .....	11
PANZYGA SOLN INTRAVENOUS		<i>pentamidine isethionate inj</i> .....	11
10gm/100ml, 1gm/10ml, 20gm/200ml, 2.5gm/25ml, 30gm/300ml, 5gm/50ml ...	47	PENTASA CPR 250mg, 500mg .....	37
<i>paraplatin soln</i> .....	17	<i>pentazocine-naloxone hcl tabs</i> .....	25
<i>paricalcitol caps 4mcg</i> .....	51	<i>pentoxifylline er tbc</i> .....	21
PARICALCITOL SOLN .....	51	PEPAXTO SOLR .....	17
<i>paramomycin sulfate caps</i> .....	11	<i>pepcid tabs 20mg</i> .....	37
<i>paroxetine hcl er tb24 12.5mg, 25mg, 37.5mg</i> .....	32	<i>percocet tabs 7.5-325mg, 10-325mg</i> .....	25
<i>paroxetine hcl susp</i> .....	32	PERJETA SOLN .....	17
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg</i> .....	32	<i>permethrin crea</i> .....	49
<i>paroxetine mesylate caps</i> .....	32	<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i> .....	32
<i>pazopanib hcl tabs</i> .....	17	<i>perphenazine-amitriptyline tabs</i> .....	32
PEDIARIX SUSY .....	48	PERSERIS PRSY 90mg, 120mg .....	32
PEDMARK SOLN .....	42	PEXEVA TABS 10mg, 20mg, 30mg, 40mg .....	32
PEDVAX HIB SUSP .....	48	PHEBURANE PLLT .....	33
<i>peg 3350/electrolytes solr</i> .....	37	<i>phenelzine sulfate tabs</i> .....	32
<i>peg 3350-kcl-na bicarb-nacl solr</i> .....	37	PHENOBARBITAL ELIX .....	29
<i>peg-3350/electrolytes solr</i> .....	37	PHENOBARBITAL SODIUM SOLN .....	29
PEGANONE TABS .....	27	PHENOBARBITAL TABS .....	29
PEGASYS PROCLICK SOAJ .....	12	<i>phenoxybenzamine hcl caps</i> .....	20
PEGASYS SOLN .....	12	<i>phenylephrine hcl (pressors) soln</i> .....	20
PEGASYS SOSY .....	12	PHENYLEPHRINE HCL SOLN .....	37
PEGINTRON KIT .....	12	<i>phenytek caps 200mg, 300mg</i> .....	27
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg .	17	<i>phenytoin chew</i> .....	27
PEMETREXED DISODIUM SOLN		<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i> .....	27
1gm/40ml, 100mg/4ml, 500mg/20ml, 850mg/34ml .....	17	<i>phenytoin sodium soln</i> .....	27
<i>pemetrexed disodium solr 100mg, 750mg, 1000mg</i> .....	17	<i>phenytoin susp</i> .....	27
<i>pemetrexed disodium solr 500mg</i> .....	17	PHESGO SOLN .....	17
PEMETREXED DITROMETHAMINE SOLR		PHOSLYRA SOLN .....	34
100mg, 500mg .....	17	PHOSPHOLINE IODIDE SOLR .....	36
PEMETREXED SOLN 1gm/40ml, 500mg/20ml, 100mg/4ml .....	17	PHYSIOLYTE SOLN .....	45
PEMFEXY SOLN .....	17	<i>physiosol irrigation soln</i> .....	45
<i>penicillamine caps</i> .....	38	PIFELTRO TABS .....	12
<i>penicillamine tabs</i> .....	38	<i>pilocarpine hcl soln 1%, 2%, 4%</i> .....	36
PENICILLIN G POT IN DEXTROSE SOLN		<i>pilocarpine hcl tabs 5mg</i> .....	19
INTRAVENOUS .....	9	<i>pimecrolimus crea</i> .....	51
<i>penicillin g potassium solr injection</i> .....	9	<i>pimozide tabs 1mg, 2mg</i> .....	32
		<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i> .	40
		<i>piperacillin sod-tazobactam so solr intravenous</i> .....	10
		PIQRAY (200 MG DAILY DOSE) TBPK...	17

PIQRAY (250 MG DAILY DOSE) TBPk ..	17	PRADAXA CAPS 110mg .....	21
PIQRAY (300 MG DAILY DOSE) TBPk ..	17	PRADAXA CAPS 75mg, 150mg .....	21
<i>pirfenidone caps 267mg</i> .....	46	PRADAXA PACK 20mg, 30mg, 40mg,	
<i>pirfenidone tabs 267mg, 801mg</i> .....	46	50mg, 110mg, 150mg.....	21
<i>pirfenidone tabs 534mg</i> .....	46	<i>pralatrexate soln 40mg/2ml, 20mg/ml</i> .....	17
<i>piroxicam caps</i> .....	25	<i>pramipexole dihydrochloride tabs 0.125mg,</i>	
PLASMA-LYTE 148 SOLN INTRAVENOUS		0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg...	28
.....	34	<i>prasugrel hcl tabs 5mg, 10mg</i> .....	21
PLASMA-LYTE A SOLN INTRAVENOUS	34	<i>pravastatin sodium tabs 10mg, 20mg,</i>	
PLEGRIDY SOPN .....	29	40mg, 80mg .....	22
PLEGRIDY SOSY .....	29	<i>praziquantel tabs</i> .....	8
PLEGRIDY STARTER PACK SOPN .....	29	<i>prazosin hcl caps 1mg, 2mg, 5mg</i> .....	21
PLEGRIDY STARTER PACK SOSY .....	30	PRED MILD SUSP .....	36
<i>plenamine soln intravenous</i> .....	33	PRED-G S.O.P. OINT .....	36
<i>plerixafor soln</i> .....	21	PRED-G SUSP .....	36
<i>podofilox soln</i> .....	51	<i>prednicarbate crea</i> .....	50
POKONZA PACK .....	34	<i>prednisolone acetate susp</i> .....	36
POLIVY SOLR 30mg, 140mg .....	17	<i>prednisolone sodium phosphate soln</i> .36, 38	
<i>polocaine soln</i> .....	45	<i>prednisolone sodium phosphate soln</i>	
<i>polocaine-mpf soln</i> .....	45	15mg/5ml .....	38
<i>polymyxin b-trimethoprim soln</i> .....	35	<i>prednisolone sodium phosphate soln 6.7 (5</i>	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	17	base)mg/5ml.....	38
POMBILITI SOLR .....	35	<i>prednisolone sodium phosphate tbdp 10mg</i>	
PONVORY STARTER PACK TBPk .....	30	.....	38
PONVORY TABS .....	30	<i>prednisolone soln</i> .....	36, 38
<i>portia-28 tabs</i> .....	39	<i>prednisolone tabs</i> .....	38
PORTRAZZA SOLN .....	17	<i>prednisone intensol conc</i> .....	38
<i>posaconazole susp</i> .....	10	<i>prednisone soln</i> .....	38
<i>posaconazole tbec</i> .....	10	<i>prednisone tabs 1mg, 2.5mg, 5mg, 10mg,</i>	
POT & SOD CIT-CIT AC SOLN.....	33	20mg, 50mg .....	38
POTASSIUM ACETATE SOLN .....	34	<i>prednisone tbpk</i> .....	38
<i>potassium chloride crys er tbc 10meq,</i>		<i>pregabalin caps 25mg, 50mg, 75mg,</i>	
20meq.....	35	100mg, 150mg, 200mg, 225mg, 300mg	
<i>potassium chloride er cpcr 8meq, 10meq</i> 35		.....	27
POTASSIUM CHLORIDE ER TBCR 8meq,		<i>pregabalin soln</i> .....	27
10meq, 20meq.....	35	PREHEVBRIO SUSP.....	48
<i>potassium chloride in nacl soln intravenous</i>		PREMARIN SOLR .....	40
20-0.9 meq/l-%, 40-0.9 meq/l-% .....	35	<i>premasol soln intravenous</i> .....	33
<i>potassium chloride pack</i> .....	35	PRENATAL TABS.....	51
<i>potassium chloride soln 10%, 20%</i> .....	35	PRETOMANID TABS.....	11
POTASSIUM CHLORIDE SOLN		<i>prevalite pack</i> .....	22
INTRAVENOUS 2meq/ml, 10meq/100ml,		<i>prevalite powd</i> .....	22
20meq/100ml, 40meq/100ml.....	35	PREVYMIS SOLN 240mg/12ml,	
<i>potassium citrate er tbc 15meq, 540mg,</i>		480mg/24ml.....	12
1080mg.....	33	PREVYMIS TABS 240mg, 480mg .....	12
<i>potassium cl in dextrose 5% soln</i>		PREZCOBIX TABS .....	12
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<i>potassium phosphates(66 meq k) soln</i> ....	35	PREZISTA TABS 75mg, 150mg .....	12
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<i>proctozone-hc crea</i> .....	50
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PROMACTA TABS 12.5mg, 25mg, 50mg, 75mg.....	21
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<i>promethazine hcl syrp</i> .....	13
<i>promethazine hcl tabs</i> .....	13
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<i>propafenone hcl tabs 150mg, 225mg, 300mg</i> .....	23
<i>propantheline bromide tabs</i> .....	19
<i>proparacaine hcl soln</i> .....	37
<i>propranolol hcl er cp24 60mg, 80mg, 120mg, 160mg</i> .....	22
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml</i> .....	22
<i>propranolol hcl tabs 10mg, 20mg, 40mg, 60mg, 80mg</i> .....	22
<i>propylthiouracil tabs</i> .....	42
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<i>pyridostigmine bromide er tbc</i> .....	19
<i>pyridostigmine bromide soln</i> .....	19
<i>pyridostigmine bromide tabs 60mg</i> .....	19

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PYRUKYND TABS 5mg, 20mg, 50mg .....	45
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<i>spironolactone tabs 25mg, 50mg, 100mg</i>	24	<i>sulfamethoxazole-trimethoprim tabs</i> .....	10
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SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg .....	17	<i>sumatriptan succinate refill soct</i> .....	28
<i>sps susp</i> .....	34	<i>sumatriptan succinate soaj</i> .....	28
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<i>tizanidine hcl tabs .....</i>	20	<i>tretinoin caps.....</i>	18
TOBI PODHALER CAPS.....	46	<i>tretinoin crea 0.025%, 0.05%, 0.1% .....</i>	50
TOBRADEX OINT .....	36	<i>tretinoin gel 0.01%, 0.025% .....</i>	50
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	46	<i>trexall tabs.....</i>	18
<i>tobramycin soln .....</i>	35	<i>triamcinolone acetonide aers .....</i>	50
<i>tobramycin sulfate soln injection 80mg/2ml,</i>		<i>triamcinolone acetonide crea 0.025%,</i>	
<i>10mg/ml.....</i>	10	<i>0.1%, 0.5%.....</i>	50
<i>tobramycin-dexamethasone susp .....</i>	36	<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	
TOBREX OINT .....	35	.....	50
<i>tofranil tabs 10mg, 25mg, 50mg .....</i>	32	<i>triamcinolone acetonide oint 0.025%, 0.1%,</i>	
<i>tolbutamide tabs .....</i>	40	<i>0.5%.....</i>	50
<i>tolcapone tabs .....</i>	28	<i>triamcinolone acetonide pste.....</i>	50
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<i>tolterodine tartrate tabs.....</i>	51	<i>triamterene-hctz tabs .....</i>	34
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<i>150mg, 200mg.....</i>	27	<i>trientine hcl caps 250mg, 500mg .....</i>	38
<i>topiramate tabs 25mg, 50mg, 100mg,</i>		<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg,</i>	
<i>200mg.....</i>	27	<i>10mg .....</i>	32
<i>toposar soln.....</i>	18	<i>trifluridine soln.....</i>	35
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<i>tramadol hcl er tb24 100mg .....</i>	25	<i>100mg .....</i>	32
<i>tramadol hcl soln .....</i>	25	TRINTELLIX TABS 5mg, 10mg, 20mg.....	32
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<i>tramadol-acetaminophen tabs .....</i>	25	<i>tri-sprintec tabs .....</i>	39
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# Notice of Nondiscrimination

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

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

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

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



## Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

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

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - ◆ Qualified sign language interpreters
  - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
  - ◆ Qualified interpreters
  - ◆ Information written in other languages

If you need these services, call our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

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

### How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination grievance in the following ways:

- **By phone:** Call Member Services at **1 800-464-4000 (TTY 711)** 24 hours a day, 7 days a week (except closed holidays)
- **By mail:** Call us at **1 800-464-4000 (TTY 711)** and ask to have a form sent to you
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at [kp.org/facilities](http://kp.org/facilities) for addresses)
- **Online:** Use the online form on our website at [kp.org](http://kp.org)

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

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

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

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

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

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

Complaint forms are available at: [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- **Online:** Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

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

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

- **By phone:** Call **1-800-368-1019** (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

- **Online:** Visit the Office of Civil Rights Complaint Portal at:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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



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

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

**Arabic:** نازن ارقدم خدمتكم لترجم لي فورى لم يخلى ذل ال لجة عن أى سأل عنى فقلت فبقيلاصحة أو جدول الأوية لعيننا. لك حصول سيقوم شخص يات حدث ل عوية (TTY 711) **1-800-443-0815** فغى نترج فورى، ليس ل عي كس و ل ل تص البن ا فغى ب من اعنتك. هذه خدمة مخلية

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

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

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

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

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-443-0815 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

# Language Assistance Services

**English:** Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. You can also request auxiliary aids and devices at our facilities. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

**Arabic:** خدمات لترجمة الفيديو وتمفير ذلك مجاناً في مدار الساعة لتغلة أيام الاسبوع والجنك طب خدمة لترجمة الفيديو أو لترجمة وتطابق اللغتك أو لصيغ أخرى لمفكك فيضاً طب من اعدادات جنرفية وأج زمني موقنن! ما فيكسوى التحصاليق في اللقم **1-800-464-4000** في مدار الساعة لغلة أيام الاسبوع (مفق أيام لعطلت) لست خدمي خدمة لمتلف للصي يرجي التحصاليق في اللقم **711**).

**Armenian:** Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Դուք նաև կարող եք խնդրել օժանդակ օգնություններ և սարքեր մեր հաստատություններում: Պարզապես զանգահարեք մեզ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ, շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

**Chinese:** 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。您還可以在我們的場所內申請使用輔助工具和設備。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

**Farsi:** خدمت اتوبانی در 24 ساعتی بان روز و 7 روز هفتا بدون اخذ هزینه در سطحی ارشدم الملت. شما میتونی برای خدمت ترجمه شفاهی، ترجمه مدارک و زبان شما و یا به صورت های دیگر در اینجاست کنید. شما هم میتونید واری کمکه های ضعیف و وسایل کمکی برای محقق امت خود در خواست کنید. تلف است در 24 ساعت شبان روز و 7 روز هفته (به عنوان ایوزهای تعطیلی) با ما به شماره **1-800-464-4000** تماس بگیرید یا دکلوبران شنوا (TTY) با شماره **711** تماس بگیرید.

**Hindi:** बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। आप हमारे सुविधा-स्थलों में सहायक साधनों और उपकरणों के लिए भी अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

**Hmong:** Muaj kev pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv peb tej tsev hauj lwm. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

**Japanese:** 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。補助サービスや当施設の機器についてもご相談いただけます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

**Khmer:** ជំនួយភាសា គឺឥតគិតថ្លៃថ្លៃដល់អ្នកឡើយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែឯកសារដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY សារលេខ 711។

**Korean:** 요일 및 시간에 관계없이 언어지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 또한 저희 시설에서 보조기구 및 기기를 요청하실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자번호 **711**.

**Laotian:** ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ທ່ານສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ອຸປະກອນຕ່າງໆໃນສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ພາຍໃຈແກ່ໂທຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

**Mien:** Mbenc nzoih liouh wang-henh tengx nzie faan waac bun muangx maiv zuqc cuotv zinh nyaanh meih, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. Meih se haih tov heuc tengx lorx faan waac mienh tengx faan waac bun muangx, dorh nyungc horng haa-sic mingh faan benx meih nyei waac, a'fai liouh ginv longc benx haaix hoc sou-guv daan yaac duqv. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Kungx douc waac mingh lorx taux yie mbuo yiem njiec naaiv **1-800-464-4000**, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. (hnoi-gec se guon gorn zangc oc). TTY nyei mienh nor douc waac lorx **711**.

**Navajo:** Doo bik'é asiníłáágóó saad bee ata' hane' bee áká e'elyeed nich'í' áą'át'é, t'áá áłahjí' jįigo dóó t'ée'go áádóó tsosts'įjí áą'át'é. Ata' hane' yídííkił, naaltsoos t'áá Diné bizaad bee bik'í' ashchíigo, éi doodago hane' bee didííts'íłígíí yídííkił. Hane' bee bik'í' di'díítíłígíí dóó bee hane' didííts'íłígíí bína'ídíłkiłgo yídííkił. Kojí hodiilnih **1-800-464-4000**, t'áá áłahjí', jįigo dóó t'ée'go áádóó tsosts'įjí áą'át'é. (Dahodíłzingóne' doo nida'anish dago éi da'deelkaal). TTY chodayoof'ínígíí kojí dahalne' **711**.

**Punjabi:** ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸੁਵਿਧਾਵਾਂ ਵਿੱਚ ਵੀ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਉਪਕਰਣਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹਾਂ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

**Russian:** Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Мы также можем помочь вам с вспомогательными средствами и альтернативными форматами. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

**Spanish:** Tenemos disponible asistencia en su idioma sin ningún costo para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. También puede solicitar recursos para discapacidades en nuestros centros de atención. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (excepto los días festivos). Los usuarios de TTY, deben llamar al **711**.

**Tagalog:** May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Maaari ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

**Thai:** มีบริการช่วยเหลือด้านภาษาฟรีตลอด 24 ชั่วโมง  
7 วันต่อสัปดาห์ คุณสามารถขอใช้บริการสาม  
แปลเอกสารเป็นภาษาของคุณ หรือในรูปแบบอื่นได้  
คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการ  
ให้ความช่วยเหลือของเรา โดยโทรหาเราที่ **1-800-464-4000**  
ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ (ยกเว้นวันหยุดราชการ)  
ผู้ใช้ TTY ให้โทร **711**

**Ukrainian:** Послуги перекладача надаються  
безкоштовно, цілодобово, 7 днів на тиждень. Ви  
можете зробити запит на послуги усного  
перекладача, отримання матеріалів у перекладі  
мовою, якою володієте, або в альтернативних  
форматах. Також ви можете зробити запит на  
отримання допоміжних засобів і пристроїв у  
закладах нашої мережі компаній. Просто  
зателефонуйте нам за номером **1-800-464-4000**.  
Ми працюємо цілодобово, 7 днів на тиждень  
(крім святкових днів). Номер для користувачів  
телетайпа: **711**.

**Vietnamese:** Dịch vụ thông dịch được cung cấp miễn  
phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý  
vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch  
ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình  
thức khác. Quý vị cũng có thể yêu cầu các phương tiện  
trợ giúp và thiết bị hỗ trợ tại các cơ sở của chúng tôi.  
Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**,  
24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ).  
Người dùng TTY xin gọi **711**.

# Notice of Nondiscrimination

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan 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 **1-800-632-9700** (TTY **711**).

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

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



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-476-2167 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-476-2167 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-476-2167 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-476-2167 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-476-2167 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-476-2167 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-476-2167 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-476-2167 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-476-2167 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-476-2167 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** ناز ان تقدم خدمتكم لترجم لغوري لمخيل لبل لجة عن أيبل ولتقت لمخيل لاصحة أو جدول الودي لعين الل صل ول  
س يقومش خص ولتحدث **1-800-476-2167 (TTY 711)** لغى نهرج فورى، لیس لعیكس ولتصل البن لغى  
بماعتك. هذه خدمة مخيل لة لغى

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-476-2167 (TTY 711)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-476-2167 (TTY 711)**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-476-2167 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-476-2167 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-476-2167 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-476-2167 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



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

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

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

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**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739 (TTY 711)**. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739 (TTY 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

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

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

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

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

**Laotian:**

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

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

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

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

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

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact the number for your Kaiser Permanente Region listed below, seven days a week, 8 a.m. to 8 p.m., or visit [kp.org/seniorrx](https://kp.org/seniorrx).

## **Kaiser Permanente Regions**

### **CALIFORNIA REGIONS**

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

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

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

### **California Medi-Cal Drug Coverage**

If you are covered by Medi-Cal and eligible for or enrolled in Medicare Part D, Medicare Part D pays first. Sometimes a drug covered by Medi-Cal may not be covered by Medicare Part D. If Medicare does not cover a drug that is covered by Medi-Cal, it may be covered under your Medi-Cal coverage. In Medi-Cal, most outpatient prescription drugs are covered by Medi-Cal Rx as a service through Fee-for-Service Medi-Cal. To learn more about Medi-Cal drug coverage, you can call Medi-Cal Rx Customer Service at **1-800-977-2273**, 24 hours a day, 7 days a week. TTY users can call **711**, Monday through Friday, 8 a.m. to 5 p.m. You can also visit the Medi-Cal Rx website at <https://www.medi-calrx.dhcs.ca.gov/home/>

### **COLORADO REGION**

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

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

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

### **HAWAII REGION**

Kaiser Foundation Health Plan, Inc.  
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Honolulu, HI 96813

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

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