Kaiser Permanente

2027 Comprehensive Formulary

(List of Covered Drugs) or Drug List

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

This formulary was updated on 09/21/2026. For more recent information or other questions, please contact the number for your Kaiser Permanente Medicare Advantage (HMO) Member Services at 1-888-775-7003 or 775-982-3112 (TTY 711), Monday – Friday, 7:00 a.m. – 8:00 p.m. and Saturday – Sunday, 8:00 a.m. – 8:00 p.m. or visit **kp.org/seniorrx**.

KAISER PERMANENTE®

H2960_RXFORM_2027_C
HPMS Approved Formulary File Submission 00027403

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 Medicare Advantage.

This document includes a Drug List (formulary) for our plan which is current as of September 21, 2026. For an updated Drug List (formulary), please visit our website at **kp.org/seniorrx** or contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Kaiser Permanente formulary?

In this document, we use the term Drug List and formulary to mean the same thing. 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. Kaiser Permanente will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your **Evidence of Coverage**.

Can the formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Kaiser Permanente may add or remove drugs on formulary during the year, move them to different cost-sharing, tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: **kp.org/seniorrx**

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

Immediate substitutions of certain new versions of brand name drugs and original biological products. We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

- If you are currently taking the brand-name drug or original biological product, we may not tell you in advance before we make an immediate 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 for you that drug that is being changed. For more information, see the section below titled "How do I request an exception to the Kaiser Permanente formulary?"
- Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

Drugs removed from the market. If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, the member may receive a 30-day supply of the drug and notice of the change.

- If we make other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will 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?"

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

Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 21, 2026. To get updated information about the drugs covered by our plan, please call us. Our contact information appears on the front and back cover pages.

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

How do I use the formulary?

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

Medical condition

The formulary begins on page 1. 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 1. 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 96. The index provides an alphabetical list of all of the drugs included in this document. Preferred generic and generic drugs, preferred brand-name and nonpreferred drugs, specialty-tier drugs, and vaccines are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription depending on state laws. Cost-sharing for preferred generic drugs may be different than for generic drugs. Please see your **Evidence of Coverage** for more information.

What are brand-name drugs?

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

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug, or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws may be substituted for the original biological

product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1 "The Drug List" tells which Part D drugs are covered.

What are specialty-tier drugs?

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

What are Part D vaccines?

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

Are there any restrictions on my coverage?

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

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

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that Kaiser Permanente will cover. For example, our plan provides two inhalers (36 grams) for a one-month supply per prescription for albuterol HFA (brand equivalent Ventolin HFA). This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, 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?" on page v 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 document, you should first check **kp.org/seniorrx** for the latest **Kaiser Permanente 2027 Comprehensive formulary** (updates to the formulary are posted monthly) or call our plan at the number listed on the front and back cover pages and confirm if your drug is covered.

If your Medicare Part D prescription drug is not on our **Kaiser Permanente 2027 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 below for information about how to request an exception.

How do I request an exception to the Kaiser Permanente formulary?

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

- You can ask us to cover a drug even if it is not on our **Kaiser Permanente 2027 Comprehensive formulary**. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- In accord with our tiering exception process, you can ask us to cover a Part D formulary drug at a lower cost-sharing level. If approved this would lower the amount you must pay for your drug. **Note:** Specialty tier (Tier 5) drugs are not eligible for a tier exception.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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 can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your network provider about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your network provider 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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a maximum of a 30-day supply of medication. If coverage is not approved 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. Our contact information, 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 day a week. TTY users should call **1-877-486-2048**. Or, visit **http://www.medicare.gov**.

Kaiser Permanente's formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index that begins on page 96.

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

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

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

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

Tier 3 – Preferred brand-name drugs (this tier includes some generic drugs)

Tier 4 – Nonpreferred drugs (this tier includes both generic and brand-name drugs)

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

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

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

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

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

PA = Prior authorization restriction that always applies. You (or your physician) are required to prior authorization from our plan before you fill your prescription for this drug. Without prior approval, we

may not cover this drug.

PA NSO = Prior authorization restriction for new starts only.

B/D = Prior authorization restriction for Part B vs. Part D determination. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL = Quantity limit restriction. Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.

ST = Step therapy restriction that always applies. Before our plan will provide coverage for this drug, you must first try other drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

ST NSO = Step therapy restriction for new starts only.

MO = Mail-order drugs. You may order prescription refills of certain medications through our mail-order service online at kp.org/nv or by phone or mobile app, which may lower your costs for a three-month supply. Please contact us at least 7 days before your refills run out. Generally, you should receive them within 7 days. If not, please contact the mail-order phone number at 1-855-705-3200 or the phone number on the prescription label for assistance. Not all drugs can be mailed; restrictions and limitations apply.

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

Comprehensive Member Formulary
Kaiser Nevada MAPD
Effective: 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
albendazole tabs 200mg	2	
ivermectin tabs 3mg	2	PA
praziquantel tabs 600mg	2	MO
ANTIBACTERIALS		
amikacin sulfate inj 1gm/4ml	2	
amikacin sulfate inj 500mg/2ml	2	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml	2	
amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 500mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 875mg; 125mg	2	
amoxicillin caps 250mg	2	
amoxicillin caps 500mg	2	
amoxicillin chew 125mg	2	
amoxicillin chew 250mg	2	
amoxicillin susr 125mg/5ml	2	
amoxicillin susr 200mg/5ml	2	
amoxicillin susr 250mg/5ml	2	
amoxicillin susr 400mg/5ml	2	
amoxicillin tabs 500mg	2	
amoxicillin tabs 875mg	2	
ampicillin sodium inj 10gm	2	
ampicillin sodium inj 1gm	2	
ampicillin sodium inj 250mg	2	
ampicillin sodium inj 2gm	2	
ampicillin sodium inj 2gm	2	
ampicillin sodium inj 500mg	2	
ampicillin-sulbactam inj 1gm; 0.5gm	2	
ampicillin-sulbactam inj 2gm; 1gm	2	
ampicillin/sulbactam inj 1gm; 0.5gm	2	
ampicillin/sulbactam inj 2gm; 1gm	2	
ampicillin caps 500mg	2	
ARIKAYCE SUSP 590MG/8.4ML	5	PA; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
azithromycin inj 500mg	2	
azithromycin susr 100mg/5ml	2	MO
azithromycin susr 200mg/5ml	2	MO
azithromycin tabs 250mg	2	MO
azithromycin tabs 250mg	2	MO
azithromycin tabs 500mg	2	MO
azithromycin tabs 600mg	2	MO
aztreonam inj 1gm	2	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
cefaclor caps 250mg	2	
cefaclor caps 500mg	2	
CEFACLOR SUSR 250MG/5ML	4	MO
cefadroxil caps 500mg	2	
cefazolin sodium inj 10gm	2	
cefazolin sodium inj 1gm	2	
cefazolin sodium inj 500mg	2	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml	2	
cefdinir susr 250mg/5ml	2	
cefepime/dextrose inj 2gm/50ml; 5%	2	
cefepime inj 1gm	2	
cefepime inj 2gm	2	
cefixime caps 400mg	2	
cefixime susr 100mg/5ml	2	
cefixime susr 200mg/5ml	2	
cefotaxime sodium inj 1gm	2	
cefotetan inj 1gm	2	
cefotetan inj 2gm	2	
cefoxitin sodium inj 10gm	2	
cefoxitin sodium inj 1gm	2	
cefoxitin sodium inj 2gm	2	
cefpodoxime proxetil susr 100mg/5ml	2	
cefpodoxime proxetil susr 50mg/5ml	2	
cefpodoxime proxetil tabs 100mg	2	
cefpodoxime proxetil tabs 200mg	2	
CEFTAROLINE FOSAMIL INJ 400MG	5	
ceftazidime inj 1gm	2	
ceftazidime inj 6gm	2	
ceftriaxone sodium inj 10gm	2	
ceftriaxone sodium inj 1gm	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium inj 250mg	2	
ceftriaxone sodium inj 2gm	2	
ceftriaxone sodium inj 500mg	2	
cefuroxime axetil tabs 250mg	2	
cefuroxime axetil tabs 500mg	2	
cefuroxime sodium inj 1.5gm	2	
cefuroxime sodium inj 750mg	2	
cephalexin caps 250mg	2	
cephalexin caps 500mg	2	
cephalexin susr 125mg/5ml	2	
cephalexin susr 250mg/5ml	2	
cephalexin tabs 500mg	2	
chloramphenicol sodium succinate inj 1gm	2	
ciprofloxacin hcl tabs 750mg	2	
ciprofloxacin hydrochloride tabs 250mg	2	
ciprofloxacin hydrochloride tabs 500mg	2	
ciprofloxacin hydrochloride tabs 750mg	2	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	2	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	2	
clarithromycin susr 125mg/5ml	2	
clarithromycin susr 250mg/5ml	2	
clarithromycin tabs 250mg	2	
clarithromycin tabs 500mg	2	
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg	2	
clindamycin hydrochloride caps 75mg	2	
clindamycin palmitate hydrochloride solr 75mg/5ml	2	
clindamycin phosphate/dextrose inj 300mg/50ml; 5%	2	
clindamycin phosphate/dextrose inj 600mg/50ml; 5%	2	
clindamycin phosphate/dextrose inj 900mg/50ml; 5%	2	
clindamycin phosphate inj 300mg/2ml	2	
clindamycin phosphate inj 600mg/4ml	2	
clindamycin phosphate inj 900mg/6ml	2	
COLISTIMETHATE SODIUM INJ 150MG	4	
DAPTOMYCIN INJ 350MG	4	
DAPTOMYCIN INJ 500MG	4	
demeclocycline hcl tabs 150mg	2	
demeclocycline hcl tabs 300mg	2	
dicloxacillin sodium caps 250mg	2	
dicloxacillin sodium caps 500mg	2	
DIFICID SUSR 40MG/ML	5	NDS
doxy 100 inj 100mg	2	
doxycycline hyclate caps 100mg	2	MO
doxycycline hyclate caps 50mg	2	MO
doxycycline hyclate inj 100mg	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tabs 100mg	2	MO
doxycycline hyclate tabs 20mg	2	MO
doxycycline monohydrate caps 50mg	2	MO
doxycycline monohydrate tabs 100mg	2	MO
doxycycline monohydrate tabs 50mg	2	MO
doxycycline susr 25mg/5ml	2	MO
e.e.s. 400 tabs 400mg	2	
ertapenem sodium inj 1gm	2	
erythromycin base tabs 250mg	2	
erythromycin base tabs 500mg	2	
erythromycin dr cpep 250mg	2	MO
erythromycin dr tbec 250mg	2	
ERYTHROMYCIN ETHYLSUCCINATE SUSR 200MG/5ML	4	
FETROJA INJ 1GM	5	NDS
FIDAXOMICIN TABS 200MG	5	NDS
gentamicin sulfate pediatric inj 10mg/ml	2	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%	2	
gentamicin sulfate inj 40mg/ml	2	
imipenem/cilastatin inj 250mg; 250mg	2	
imipenem/cilastatin inj 500mg; 500mg	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	2	
levofloxacin in d5w inj 5%; 250mg/50ml	2	
levofloxacin in d5w inj 5%; 500mg/100ml	2	
levofloxacin in d5w inj 5%; 750mg/150ml	2	
levofloxacin inj 25mg/ml	2	
levofloxacin soln 25mg/ml	2	
levofloxacin tabs 250mg	2	
levofloxacin tabs 500mg	2	
levofloxacin tabs 750mg	2	
linezolid inj 600mg/300ml	2	
linezolid susr 100mg/5ml	2	
linezolid tabs 600mg	2	NDS
meropenem inj 1gm	2	
meropenem inj 500mg	2	
minocycline hcl caps 75mg	2	MO
minocycline hcl tabs 100mg	2	MO
minocycline hydrochloride caps 100mg	2	MO
minocycline hydrochloride caps 50mg	2	MO
moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%	2	
moxifloxacin hydrochloride tabs 400mg	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
nafcillin sodium inj 10gm	2	
nafcillin sodium inj 1gm	2	
nafcillin sodium inj 2gm	2	
neomycin sulfate tabs 500mg	2	
NUZYRA TABS 150MG	5	NDS
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	3	
penicillin g potassium inj 20000000unit	2	
penicillin g sodium inj 5000000unit	2	
penicillin v potassium solr 125mg/5ml	2	
penicillin v potassium solr 250mg/5ml	2	
penicillin v potassium tabs 250mg	2	
penicillin v potassium tabs 500mg	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm	2	
piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm	2	
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	2	
piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm	2	
SEYSARA TABS 100MG	5	NDS
SIVEXTRO INJ 200MG	5	NDS
SIVEXTRO TABS 200MG	5	NDS
streptomycin sulfate inj 1gm	5	
sulfadiazine tabs 500mg	2	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	2	MO
sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml	2	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	2	MO
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	2	MO
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
tazicef inj 1gm	2	
tazicef inj 2gm	2	
tazicef inj 6gm	2	
TEFLARO INJ 600MG	5	
tetracycline hydrochloride caps 250mg	2	MO
tetracycline hydrochloride caps 500mg	2	MO
TIGECYCLINE INJ 50MG	4	
tobramycin sulfate inj 10mg/ml	2	
tobramycin sulfate inj 80mg/2ml	2	
vancomycin hcl inj 10gm	2	
vancomycin hydrochloride caps 125mg	2	
vancomycin hydrochloride caps 250mg	2	
vancomycin hydrochloride inj 1gm	2	
vancomycin hydrochloride inj 500mg	2	
vancomycin hydrochloride inj 5gm	2	
vancomycin hydrochloride solr 250mg/5ml	2	
XIFAXAN TABS 200MG	3	
XIFAXAN TABS 550MG	3	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
AMPHOTERICIN B LIPOSOME INJ 50MG	5	
amphotericin b inj 50mg	2	
CASPOFUNGIN ACETATE INJ 50MG	4	
CASPOFUNGIN ACETATE INJ 70MG	4	
CRESEMBA CAPS 186MG	5	NDS
CRESEMBA CAPS 74.5MG	5	NDS
fluconazole in sodium chloride inj 200mg/100ml; 0.9%	2	
fluconazole in sodium chloride inj 400mg/200ml; 0.9%	2	
fluconazole susr 10mg/ml	2	
fluconazole susr 40mg/ml	2	
fluconazole tabs 100mg	2	
fluconazole tabs 150mg	2	
fluconazole tabs 200mg	2	
fluconazole tabs 50mg	2	
flucytosine caps 250mg	2	
flucytosine caps 500mg	2	
griseofulvin microsize susp 125mg/5ml	2	
griseofulvin microsize tabs 500mg	2	
griseofulvin ultramicrosize tabs 125mg	2	
GRISEOFULVIN ULTRAMICROSIZE TABS 165MG	5	NDS
griseofulvin ultramicrosize tabs 250mg	2	
itraconazole caps 100mg	2	
itraconazole soln 10mg/ml	2	MO
ketoconazole tabs 200mg	2	
nystatin susp 100000unit/ml	2	
nystatin tabs 500000unit	2	
posaconazole dr tbec 100mg	2	MO
POSACONAZOLE SUSP 40MG/ML	5	NDS
terbinafine hcl tabs 250mg	2	
voriconazole inj 200mg	2	
voriconazole susr 40mg/ml	2	
voriconazole tabs 200mg	2	
voriconazole tabs 50mg	2	
ANTIMYCOBACTERIALS		
cycloserine caps 250mg	5	
dapsone tabs 100mg	2	MO
dapsone tabs 25mg	2	MO
ethambutol hydrochloride tabs 100mg	2	MO
ethambutol hydrochloride tabs 400mg	2	MO
isoniazid inj 100mg/ml	2	
isoniazid syrp 50mg/5ml	2	MO
isoniazid tabs 100mg	2	MO
isoniazid tabs 300mg	2	MO
PRETOMANID TABS 200MG	3	

Drug Name	Drug Tier	Requirements/Limits
PRIFTIN TABS 150MG	4	MO
pyrazinamide tabs 500mg	2	MO
rifabutin caps 150mg	2	MO
rifampin caps 150mg	2	MO
rifampin caps 300mg	2	MO
rifampin inj 600mg	2	
SIRTURO TABS 100MG	5	NDS
SIRTURO TABS 20MG	5	NDS
ANTIPROTOZOALS		
atovaquone/proguanil hcl tabs 62.5mg; 25mg	2	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	2	
atovaquone susp 750mg/5ml	2	NDS
chloroquine phosphate tabs 250mg	2	
chloroquine phosphate tabs 500mg	2	
COARTEM TABS 20MG; 120MG	3	
HUMATIN CAPS 250MG	5	NDS
hydroxychloroquine sulfate tabs 200mg	2	MO
IMPAVIDO CAPS 50MG	5	NDS
KRINTAFEL TABS 150MG	3	
mefloquine hydrochloride tabs 250mg	2	
metronidazole caps 375mg	2	
metronidazole inj 500mg/100ml	2	
metronidazole tabs 250mg	2	
metronidazole tabs 500mg	2	
NITAZOXANIDE TABS 500MG	5	
pentamidine isethionate inj 300mg	2	
pentamidine isethionate solr 300mg	2	B/D
primaquine phosphate tabs 26.3mg	2	
PYRIMETHAMINE TABS 25MG	5	
quinine sulfate caps 324mg	2	PA; NDS
tinidazole tabs 250mg	2	
ANTIVIRALS		
abacavir sulfate/lamivudine tabs 600mg; 300mg	2	MO
abacavir soln 20mg/ml	2	
abacavir tabs 300mg	2	MO
acyclovir sodium inj 50mg/ml	2	
acyclovir caps 200mg	2	MO
acyclovir susp 200mg/5ml	2	MO
acyclovir tabs 400mg	2	MO
acyclovir tabs 800mg	2	MO
adefovir dipivoxil tabs 10mg	2	NDS
APTIVUS CAPS 250MG	5	MO
atazanavir sulfate caps 300mg	2	MO
atazanavir caps 150mg	2	MO
atazanavir caps 200mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN 0.05MG/ML	3	MO
BIKTARVY TABS 30MG; 120MG; 15MG	5	
BIKTARVY TABS 50MG; 200MG; 25MG	5	
BIXLENVO TABS 75MG; 50MG	5	MO
CABENUVA INJ 400MG/2ML; 600MG/2ML	5	
CABENUVA INJ 600MG/3ML; 900MG/3ML	5	
cidofovir inj 75mg/ml	2	
CIMDUO TABS 300MG; 300MG	5	MO
darunavir tabs 600mg	2	MO
darunavir tabs 800mg	2	MO
DELSTRIGO TABS 100MG; 300MG; 300MG	5	MO
DESCOVY TABS 120MG; 15MG	5	MO
DESCOVY TABS 200MG; 25MG	5	MO
DOVATO TABS 50MG; 300MG	5	MO
EDURANT PED TBSO 2.5MG	5	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	2	MO
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABS 400MG; 300MG; 300MG	5	MO
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE TABS 600MG; 300MG; 300MG	5	MO
efavirenz tabs 600mg	2	MO
EMTRICITABINE/RILPIVIRINE/TENOFOVIR DISOPROXIL FUMARATE TABS 200MG; 25MG; 300MG	5	MO
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg	2	MO
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	2	MO
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	2	MO
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	2	MO
emtricitabine caps 200mg	2	MO
EMTRIVA SOLN 10MG/ML	3	MO
entecavir tabs 0.5mg	2	MO
entecavir tabs 1mg	2	MO
EPCLUSA PACK 150MG; 37.5MG	5	PA; NDS
EPCLUSA PACK 200MG; 50MG	5	PA; NDS
EPCLUSA TABS 200MG; 50MG	5	PA; NDS
EPCLUSA TABS 400MG; 100MG	5	PA; NDS
etravirine tabs 100mg	2	MO
etravirine tabs 200mg	2	MO
EVOTAZ TABS 300MG; 150MG	5	MO
famciclovir tabs 125mg	2	MO
famciclovir tabs 250mg	2	MO
famciclovir tabs 500mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
fosamprenavir calcium tabs 700mg	2	MO
ganciclovir inj 500mg	2	
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	MO
HARVONI PACK 33.75MG; 150MG	5	QL(30 EA per 30 days); PA; NDS
HARVONI PACK 45MG; 200MG	5	QL(30 EA per 30 days); PA; NDS
HARVONI TABS 45MG; 200MG	5	QL(30 EA per 30 days); PA; NDS
HARVONI TABS 90MG; 400MG	5	QL(30 EA per 30 days); PA; NDS
IDVYNSO TABS 100MG; 0.25MG	5	MO
INTELENCE TABS 25MG	3	MO
ISENTRESS HD TABS 600MG	5	MO
ISENTRESS CHEW 100MG	3	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS PACK 100MG	3	MO
ISENTRESS TABS 400MG	5	MO
JULUCA TABS 50MG; 25MG	5	MO
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	MO
lamivudine/zidovudine tabs 150mg; 300mg	2	MO
lamivudine soln 10mg/ml	2	MO
lamivudine tabs 100mg	2	MO
lamivudine tabs 150mg	2	MO
lamivudine tabs 300mg	2	MO
LEDIPASVIR/SOFOSBUVIR TABS 90MG; 400MG	5	QL(30 EA per 30 days); PA; NDS
LIVTENCITY TABS 200MG	5	NDS
lopinavir/ritonavir tabs 100mg; 25mg	2	MO
lopinavir/ritonavir tabs 200mg; 50mg	2	MO
maraviroc tabs 150mg	2	MO
maraviroc tabs 300mg	2	MO
MAVYRET PACK 50MG; 20MG	5	PA; NDS
MAVYRET TABS 100MG; 40MG	5	PA; NDS
nevirapine er tb24 400mg	2	MO
nevirapine susp 50mg/5ml	2	MO
nevirapine tabs 200mg	2	MO
NORVIR PACK 100MG	4	MO
ODEFSEY TABS 200MG; 25MG; 25MG	5	MO
oseltamivir phosphate caps 30mg	2	MO
oseltamivir phosphate caps 45mg	2	MO
oseltamivir phosphate caps 75mg	2	MO
oseltamivir phosphate susr 6mg/ml	2	MO
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 90 days); NDS
PAXLOVID 300MG; 100MG	3	QL(30 EA per 90 days); NDS
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 90 days); NDS
PEGASYS INJ 180MCG/0.5ML	5	NDS
PEGASYS INJ 180MCG/ML	5	NDS
PIFELTRO TABS 100MG	5	MO
PREVYMIS INJ 240MG/12ML	5	NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS INJ 480MG/24ML	5	NDS
PREVYMIS PACK 120MG	5	NDS
PREVYMIS TABS 240MG	5	NDS
PREVYMIS TABS 480MG	5	NDS
PREZCOBIX TABS 150MG; 675MG	5	MO
PREZCOBIX TABS 150MG; 800MG	5	MO
PREZISTA SUSP 100MG/ML	5	MO
PREZISTA TABS 150MG	5	MO
PREZISTA TABS 75MG	3	MO
RELENZA DISKHALER AEPB 5MG/BLISTER	3	MO
RETROVIR IV INFUSION INJ 10MG/ML	3	MO
REYATAZ PACK 50MG	5	MO
ribavirin caps 200mg	2	MO
ribavirin solr 6gm	2	
ribavirin tabs 200mg	2	MO
RILPIVIRINE HYDROCHLORIDE TABS 25MG	5	MO
rimantadine hydrochloride tabs 100mg	2	MO
ritonavir tabs 100mg	2	MO
RUKOBIA TB12 600MG	5	
SELZENTRY SOLN 20MG/ML	5	MO
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	PA; NDS
SOVALDI PACK 150MG	5	QL(30 EA per 30 days); PA; NDS
SOVALDI PACK 200MG	5	QL(30 EA per 30 days); PA; NDS
SOVALDI TABS 200MG	5	QL(30 EA per 30 days); PA; NDS
SOVALDI TABS 400MG	5	QL(30 EA per 30 days); PA; NDS
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	MO
SUNLENCA TABS 300MG	5	
SUNLENCA 300MG X 4 TABLETS	5	
SUNLENCA 300MG X 5 TABLETS	5	
SYMFI TABS 600MG; 300MG; 300MG	5	MO
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	MO
tenofovir disoproxil fumarate tabs 300mg	2	MO
TIVICAY PD TBSO 5MG	5	MO
TIVICAY TABS 50MG	5	MO
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	5	MO
TRIUMEQ TABS 600MG; 50MG; 300MG	5	MO
TYBOST TABS 150MG	3	MO
valacyclovir hydrochloride tabs 1gm	2	MO
valacyclovir hydrochloride tabs 500mg	2	MO
valganciclovir hydrochloride solr 50mg/ml	2	NDS
valganciclovir tabs 450mg	2	NDS
VEKLURY INJ 100MG	5	NDS
VEMLIDY TABS 25MG	5	
VIRACEPT TABS 250MG	5	MO
VIRACEPT TABS 625MG	5	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD 40MG/GM	5	MO
VIREAD TABS 150MG	5	MO
VIREAD TABS 200MG	5	MO
VIREAD TABS 250MG	5	MO
VOCABRIA TABS 30MG	5	MO
VOSEVI TABS 400MG; 100MG; 100MG	5	PA; NDS
zidovudine caps 100mg	2	MO
zidovudine syrp 50mg/5ml	2	MO
zidovudine tabs 300mg	2	MO
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine pack 3gm	2	
methenamine hippurate tabs 1gm	2	
nitrofurantoin macrocrystals caps 100mg	2	
nitrofurantoin macrocrystals caps 25mg	2	
nitrofurantoin macrocrystals caps 50mg	2	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
nitrofurantoin susp 25mg/5ml	2	
NITROFURANTOIN SUSP 50MG/5ML	5	NDS
ORLYNVAH TABS 500MG; 500MG	5	NDS
trimethoprim tabs 100mg	2	MO
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
cyproheptadine hcl syrp 2mg/5ml	2	
cyproheptadine hydrochloride tabs 4mg	2	
diphenhydramine hydrochloride inj 50mg/ml	2	
LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5MG/5ML	4	MO
LEVOCETIRIZINE DIHYDROCHLORIDE TABS 5MG	4	MO
promethazine hydrochloride plain soln 6.25mg/5ml	2	
promethazine hydrochloride soln 6.25mg/5ml	2	
promethazine hydrochloride tabs 12.5mg	2	
promethazine hydrochloride tabs 25mg	2	
promethazine hydrochloride tabs 50mg	2	
promethegan supp 12.5mg	2	
promethegan supp 25mg	2	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250mg	2	
ABIRATERONE ACETATE TABS 500MG	5	NDS
ABRAXANE INJ 900MG; 100MG	3	
adriamycin inj 50mg	2	
AKEEGA TABS 500MG; 100MG	5	PA NSO; NDS
AKEEGA TABS 500MG; 50MG	5	PA NSO; NDS
ALECENSA CAPS 150MG	5	PA NSO; NDS
ALUNBRIG TABS 180MG	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 30MG	5	PA NSO; NDS
ALUNBRIG TABS 90MG	5	PA NSO; NDS
ALUNBRIG TBPK 0	5	PA NSO; NDS
anastrozole tabs 1mg	1	
ARSENIC TRIOXIDE INJ 12MG/6ML	5	NDS
ASPARLAS INJ 3750UNIT/5ML	5	NDS
AUGTYRO CAPS 160MG	5	PA NSO; NDS
AUGTYRO CAPS 40MG	5	PA NSO; NDS
AVASTIN INJ 100MG/4ML	5	
AVASTIN INJ 400MG/16ML	5	
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA NSO; NDS
AYVAKIT TABS 100MG	5	PA NSO; NDS
AYVAKIT TABS 200MG	5	PA NSO; NDS
AYVAKIT TABS 25MG	5	PA NSO; NDS
AYVAKIT TABS 300MG	5	PA NSO; NDS
AYVAKIT TABS 50MG	5	PA NSO; NDS
azacitidine inj 100mg	2	
BALVERSA TABS 3MG	5	NDS
BALVERSA TABS 4MG	5	NDS
BALVERSA TABS 5MG	5	NDS
BCG VACCINE INJ 50MG	3	
BENDAMUSTINE HYDROCHLORIDE INJ 100MG	5	NDS
BESREMI PEN INJ 500MCG/0.5ML	5	NDS
BESREMI INJ 500MCG/ML	5	NDS
bexarotene caps 75mg	2	PA NSO
bicalutamide tabs 50mg	2	
bleomycin sulfate inj 15unit	2	
bleomycin sulfate inj 30unit	2	
BLINCYTO INJ 35MCG	5	NDS
bortezomib inj 3.5mg	2	
BOSULIF CAPS 100MG	5	PA NSO; NDS
BOSULIF CAPS 50MG	5	PA NSO; NDS
BOSULIF TABS 100MG	5	PA NSO; NDS
BOSULIF TABS 500MG	5	PA NSO; NDS
BOSUTINIB TABS 100MG	5	PA NSO; NDS
BOSUTINIB TABS 400MG	5	PA NSO; NDS
BOSUTINIB TABS 500MG	5	PA NSO; NDS
BRAFTOVI CAPS 75MG	5	PA NSO; NDS
BRUKINSA CAPS 80MG	5	PA NSO; NDS
BRUKINSA TABS 160MG	5	PA NSO; NDS
CABOMETYX TABS 20MG	5	PA NSO; NDS
CABOMETYX TABS 40MG	5	PA NSO; NDS
CABOMETYX TABS 60MG	5	PA NSO; NDS
CALQUENCE TABS 100MG	5	NDS
CAMCEVI INJ 42MG	4	

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100MG	5	NDS
CAPRELSA TABS 300MG	5	NDS
carboplatin inj 150mg/15ml	2	
carboplatin inj 450mg/45ml	2	
carboplatin inj 50mg/5ml	2	
carboplatin inj 600mg/60ml	2	
carmustine inj 100mg	2	
CAVHANZA TBDP 60MG	5	PA NSO; NDS
CAVHANZA TBDP 80MG	5	PA NSO; NDS
cisplatin inj 100mg/100ml	2	
cisplatin inj 200mg/200ml	2	
cisplatin inj 50mg/50ml	2	
cladribine inj 10mg/10ml	2	B/D
COMETRIQ KIT 0	5	PA NSO; NDS
COMETRIQ KIT 0	5	PA NSO; NDS
COMETRIQ KIT 20MG	5	PA NSO; NDS
COPIKTRA CAPS 15MG	5	PA NSO; NDS
COPIKTRA CAPS 25MG	5	PA NSO; NDS
COTELLIC TABS 20MG	5	PA NSO; NDS
cyclophosphamide caps 25mg	2	B/D
cyclophosphamide caps 50mg	2	B/D
cyclophosphamide inj 1gm	2	
cyclophosphamide inj 2gm	2	
cyclophosphamide inj 500mg	2	
CYRAMZA INJ 100MG/10ML	5	NDS
CYRAMZA INJ 500MG/50ML	5	NDS
cytarabine aqueous inj 20mg/ml	2	
cytarabine aqueous inj 20mg/ml	2	
cytarabine inj 100mg/ml	2	
cytarabine inj 100mg/ml	2	
cytarabine inj 20mg/ml	2	
cytarabine inj 20mg/ml	2	
dacarbazine inj 100mg	2	
dacarbazine inj 200mg	2	
DANZITEN TABS 71MG	5	PA NSO; NDS
DANZITEN TABS 95MG	5	PA NSO; NDS
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	5	NDS
DARZALEX INJ 100MG/5ML	5	NDS
DARZALEX INJ 400MG/20ML	5	NDS
dasatinib tabs 100mg	2	PA NSO
dasatinib tabs 140mg	2	PA NSO
dasatinib tabs 20mg	2	PA NSO
dasatinib tabs 50mg	2	PA NSO
dasatinib tabs 70mg	2	PA NSO

Drug Name	Drug Tier	Requirements/Limits
dasatinib tabs 80mg	2	PA NSO
daunorubicin hydrochloride inj 20mg/4ml	2	
DAURISMO TABS 100MG	5	NDS
DAURISMO TABS 25MG	5	NDS
decitabine inj 50mg	2	
docetaxel inj 80mg/4ml	2	
doxorubicin hcl inj 50mg	2	
doxorubicin hydrochloride liposomal inj 2mg/ml	2	
doxorubicin hydrochloride liposomal inj 2mg/ml	2	
doxorubicin hydrochloride inj 10mg	2	
doxorubicin hydrochloride inj 2mg/ml	2	
doxorubicin hydrochloride inj 2mg/ml	2	
DROXIA CAPS 200MG	4	
DROXIA CAPS 300MG	4	
DROXIA CAPS 400MG	4	
ELAHERE INJ 100MG/20ML	5	NDS
ELIGARD INJ 22.5MG	4	
ELIGARD INJ 30MG	4	
ELIGARD INJ 45MG	4	
ELIGARD INJ 7.5MG	4	
ELREXFIO INJ 44MG/1.1ML	5	NDS
ELREXFIO INJ 76MG/1.9ML	5	NDS
ENHERTU INJ 100MG	5	NDS
ENSACOVE CAPS 100MG	5	PA NSO; NDS
ENSACOVE CAPS 25MG	5	PA NSO; NDS
EPKINLY INJ 48MG/0.8ML	5	NDS
EPKINLY INJ 4MG/0.8ML	5	NDS
ERBITUX INJ 100MG/50ML	3	
ERBITUX INJ 200MG/100ML	3	
ERIBULIN MESYLATE INJ 1MG/2ML	5	NDS
ERIVEDGE CAPS 150MG	5	PA NSO; NDS
ERLEADA TABS 240MG	5	PA NSO; NDS
ERLEADA TABS 60MG	5	PA NSO; NDS
erlotinib hydrochloride tabs 100mg	2	PA NSO
erlotinib hydrochloride tabs 150mg	2	PA NSO
erlotinib hydrochloride tabs 25mg	2	PA NSO
etoposide inj 100mg/5ml	2	
etoposide inj 1gm/50ml	2	
etoposide inj 500mg/25ml	2	
EULEXIN CAPS 125MG	5	NDS
everolimus tabs 10mg	2	PA NSO
everolimus tabs 2.5mg	2	PA NSO
everolimus tabs 5mg	2	PA NSO
everolimus tabs 7.5mg	2	PA NSO
EVEROLIMUS TBSO 2MG	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
EVEROLIMUS TBSO 3MG	5	PA NSO; NDS
EVEROLIMUS TBSO 5MG	5	PA NSO; NDS
exemestane tabs 25mg	2	
FENSOLVI INJ 45MG	5	
FIRMAGON INJ 120MG/VIAL	5	NDS
FIRMAGON INJ 80MG	4	
fludarabine phosphate inj 50mg	2	
fluorouracil inj 1gm/20ml	2	
fluorouracil inj 2.5gm/50ml	2	
fluorouracil inj 500mg/10ml	2	
fluorouracil inj 5gm/100ml	2	
FOTIVDA CAPS 0.89MG	5	NDS
FOTIVDA CAPS 1.34MG	5	NDS
FRUZAQLA CAPS 1MG	5	NDS
FRUZAQLA CAPS 5MG	5	NDS
FULVESTRANT INJ 250MG/5ML	4	
GAVRETO CAPS 100MG	5	PA NSO; NDS
GAZYVA INJ 1000MG/40ML	5	NDS
GEFITINIB TABS 250MG	5	PA NSO; NDS
gemcitabine hcl inj 200mg	2	
GILOTRIF TABS 20MG	5	PA NSO; NDS
GILOTRIF TABS 30MG	5	PA NSO; NDS
GILOTRIF TABS 40MG	5	PA NSO; NDS
GOMEKLI CAPS 1MG	5	PA NSO; NDS
GOMEKLI CAPS 2MG	5	PA NSO; NDS
GOMEKLI TBSO 1MG	5	PA NSO; NDS
HERCEPTIN HYLECTA INJ 10000UNIT/5ML; 600MG/5ML	5	NDS
HERCESSI INJ 150MG	5	NDS
HERCESSI INJ 420MG	5	NDS
HERNEXEOS TABS 60MG	5	NDS
hydroxyurea caps 500mg	2	
HYRNUO TABS 10MG	5	PA NSO; NDS
IBRANCE CAPS 100MG	5	PA NSO; NDS
IBRANCE CAPS 125MG	5	PA NSO; NDS
IBRANCE CAPS 75MG	5	PA NSO; NDS
IBRANCE TABS 100MG	5	PA NSO; NDS
IBRANCE TABS 125MG	5	PA NSO; NDS
IBRANCE TABS 75MG	5	PA NSO; NDS
IBTROZI CAPS 200MG	5	PA NSO; NDS
ICLUSIG TABS 10MG	5	PA NSO; NDS
ICLUSIG TABS 15MG	5	PA NSO; NDS
ICLUSIG TABS 30MG	5	PA NSO; NDS
ICLUSIG TABS 45MG	5	PA NSO; NDS
IDHIFA TABS 100MG	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50MG	5	PA NSO; NDS
ifosfamide inj 1gm	2	
imatinib mesylate tabs 100mg	2	PA NSO
imatinib mesylate tabs 400mg	2	PA NSO
IMBRUVICA CAPS 140MG	5	NDS
IMBRUVICA CAPS 70MG	5	NDS
IMBRUVICA SUSP 70MG/ML	5	NDS
IMBRUVICA TABS 140MG	5	NDS
IMBRUVICA TABS 280MG	5	NDS
IMBRUVICA TABS 420MG	5	NDS
IMKELDI SOLN 80MG/ML	5	PA NSO; NDS
INLEXZO INJ 225MG	5	
INLURIYO TABS 200MG	5	NDS
INLYTA TABS 1MG	5	PA NSO; NDS
INLYTA TABS 5MG	5	PA NSO; NDS
INQOVI TABS 100MG; 35MG	5	PA NSO; NDS
INREBIC CAPS 100MG	5	PA NSO; NDS
irinotecan hydrochloride inj 100mg/5ml	2	
irinotecan hydrochloride inj 100mg/5ml	2	
irinotecan hydrochloride inj 100mg/5ml	2	
irinotecan hydrochloride inj 40mg/2ml	2	
irinotecan hydrochloride inj 40mg/2ml	2	
irinotecan inj 500mg/25ml	2	
ITOVEBI TABS 3MG	5	PA NSO; NDS
ITOVEBI TABS 9MG	5	PA NSO; NDS
IWILFIN TABS 192MG	5	NDS
IXEMPRA KIT INJ 45MG	5	NDS
JAKAFI TABS 10MG	5	PA NSO; NDS
JAKAFI TABS 15MG	5	PA NSO; NDS
JAKAFI TABS 20MG	5	PA NSO; NDS
JAKAFI TABS 25MG	5	PA NSO; NDS
JAKAFI TABS 5MG	5	PA NSO; NDS
JAYPIRCA TABS 100MG	5	NDS
JAYPIRCA TABS 50MG	5	NDS
JIDEYTRO TABS 100MG	5	PA NSO; NDS
JIDEYTRO TABS 25MG	5	PA NSO; NDS
JYLAMVO SOLN 2MG/ML	4	
KADCYLA INJ 100MG	5	NDS
KADCYLA INJ 160MG	5	NDS
KEYTRUDA QLEX INJ 4800UNIT/2.4ML; 395MG/2.4ML	5	NDS
KEYTRUDA QLEX INJ 9600UNIT/4.8ML; 790MG/4.8ML	5	
KEYTRUDA INJ 100MG/4ML	5	NDS
KISQALI 200MG DOSE	5	PA NSO; NDS
KISQALI 400MG DOSE	5	PA NSO; NDS
KISQALI 600MG DOSE	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
KOMZIFTI CAPS 200MG	5	PA NSO; NDS
KOSELUGO CAPS 10MG	5	NDS
KOSELUGO CAPS 25MG	5	NDS
KOSELUGO CPSP 5MG	5	NDS
KOSELUGO CPSP 7.5MG	5	NDS
KRAZATI TABS 200MG	5	PA NSO; NDS
KYPROLIS INJ 10MG	5	NDS
KYPROLIS INJ 30MG	5	NDS
KYPROLIS INJ 60MG	5	NDS
LAPATINIB DITOSYLATE TABS 250MG	5	PA NSO; NDS
LAZCLUZE TABS 240MG	5	PA NSO; NDS
LAZCLUZE TABS 80MG	5	PA NSO; NDS
LENALIDOMIDE CAPS 10MG	5	PA NSO; NDS
LENALIDOMIDE CAPS 15MG	5	PA NSO; NDS
LENALIDOMIDE CAPS 2.5MG	5	PA NSO; NDS
LENALIDOMIDE CAPS 20MG	5	PA NSO; NDS
LENALIDOMIDE CAPS 25MG	5	PA NSO; NDS
LENALIDOMIDE CAPS 5MG	5	PA NSO; NDS
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA NSO; NDS
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA NSO; NDS
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA NSO; NDS
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA NSO; NDS
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA NSO; NDS
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA NSO; NDS
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA NSO; NDS
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA NSO; NDS
letrozole tabs 2.5mg	2	
LEUKERAN TABS 2MG	5	NDS
leuprolide acetate inj 1mg/0.2ml	2	
LIBTAYO INJ 350MG/7ML	5	NDS
LIFYORLI CPPK 0	5	NDS
LIFYORLI CPPK 0	5	NDS
LIFYORLI CPPK 0	5	NDS
LIFYORLI CPPK 0	5	NDS
LIFYORLI CPPK 0	5	NDS
LIFYORLI CPPK 0	5	NDS
LOMUSTINE CAPS 100MG	5	PA NSO
lomustine caps 10mg	2	PA NSO
lomustine caps 40mg	2	PA NSO
LONSURF TABS 6.14MG; 15MG	5	PA NSO; NDS
LONSURF TABS 8.19MG; 20MG	5	PA NSO; NDS
LORBRENA TABS 100MG	5	PA NSO; NDS
LORBRENA TABS 25MG	5	PA NSO; NDS
LUMAKRAS TABS 120MG	5	PA NSO; NDS
LUMAKRAS TABS 240MG	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 320MG	5	PA NSO; NDS
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	
LUPRON DEPOT (1-MONTH) INJ 7.5MG	4	
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	
LUPRON DEPOT (3-MONTH) INJ 22.5MG	4	
LUPRON DEPOT (4-MONTH) INJ 30MG	4	
LUPRON DEPOT (6-MONTH) INJ 45MG	4	
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	
LUPRON DEPOT-PED (6-MONTH) INJ 45MG	5	
LYNPARZA TABS 100MG	5	PA NSO; NDS
LYNPARZA TABS 150MG	5	PA NSO; NDS
LYSODREN TABS 500MG	5	NDS
LYTGOBI TBPK 4MG	5	NDS
LYTGOBI TBPK 4MG	5	NDS
LYTGOBI TBPK 4MG	5	NDS
MATULANE CAPS 50MG	5	PA NSO; NDS
megestrol acetate susp 40mg/ml	2	
megestrol acetate tabs 20mg	2	
megestrol acetate tabs 40mg	2	
MEKINIST SOLR 0.05MG/ML	5	PA NSO; NDS
MEKINIST TABS 0.5MG	5	PA NSO; NDS
MEKINIST TABS 2MG	5	PA NSO; NDS
MEKTOVI TABS 15MG	5	PA NSO; NDS
melphalan hydrochloride inj 50mg	2	
MERCAPTOPURINE SUSP 2000MG/100ML	5	NDS
mercaptopurine tabs 50mg	2	
methotrexate sodium inj 1gm/40ml	2	
methotrexate sodium inj 1gm	2	
methotrexate sodium inj 250mg/10ml	2	
methotrexate sodium inj 250mg/10ml	2	
methotrexate sodium inj 50mg/2ml	2	
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
mitomycin inj 20mg	2	
mitomycin inj 40mg	2	
mitomycin inj 5mg	2	
mitoxantrone hydrochloride inj 20mg/10ml	2	
mitoxantrone hydrochloride inj 25mg/12.5ml	2	
mitoxantrone hydrochloride inj 30mg/15ml	2	
MODEYSO CAPS 125MG	5	NDS
mutamycin inj 40mg	2	

Drug Name	Drug Tier	Requirements/Limits
mutamycin inj 5mg	2	
MVASI INJ 100MG/4ML	5	NDS
MVASI INJ 400MG/16ML	5	NDS
NELARABINE INJ 5MG/ML	5	NDS
NERLYNX TABS 40MG	5	PA NSO; NDS
NILOTINIB D-TARTRATE CAPS 150MG	5	PA NSO; NDS
NILOTINIB D-TARTRATE CAPS 200MG	5	PA NSO; NDS
NILOTINIB D-TARTRATE CAPS 50MG	5	PA NSO; NDS
NILOTINIB HYDROCHLORIDE CAPS 150MG	5	PA NSO; NDS
NILOTINIB HYDROCHLORIDE CAPS 200MG	5	PA NSO; NDS
NILOTINIB HYDROCHLORIDE CAPS 50MG	5	PA NSO; NDS
nilutamide tabs 150mg	5	PA NSO
NINLARO CAPS 2.3MG	5	PA NSO; NDS
NINLARO CAPS 3MG	5	PA NSO; NDS
NINLARO CAPS 4MG	5	PA NSO; NDS
NUBEQA TABS 300MG	5	PA NSO; NDS
ODOMZO CAPS 200MG	5	PA NSO; NDS
OGSIVEO TABS 100MG	5	NDS
OGSIVEO TABS 150MG	5	NDS
OGSIVEO TABS 50MG	5	NDS
OJEMDA SUSR 25MG/ML	5	NDS
OJEMDA TABS 100MG	5	NDS
OJEMDA TABS 100MG	5	NDS
OJEMDA TABS 100MG	5	NDS
OJJAARA TABS 100MG	5	PA NSO; NDS
OJJAARA TABS 150MG	5	PA NSO; NDS
OJJAARA TABS 200MG	5	PA NSO; NDS
ONUREG TABS 200MG	5	PA NSO; NDS
ONUREG TABS 300MG	5	PA NSO; NDS
OPDIVO QVANTIG INJ 10000UNIT/5ML; 600MG/5ML	5	NDS
OPDIVO INJ 100MG/10ML	5	NDS
OPDIVO INJ 40MG/4ML	5	NDS
ORSERDU TABS 345MG	5	PA NSO; NDS
ORSERDU TABS 86MG	5	PA NSO; NDS
oxaliplatin inj 100mg/20ml	2	
oxaliplatin inj 50mg/10ml	2	
PACLITAXEL PROTEIN-BOUND PARTICLES INJ 900MG; 100MG	5	NDS
paclitaxel inj 150mg/25ml	2	
paclitaxel inj 300mg/50ml	2	
paclitaxel inj 30mg/5ml	2	
paclitaxel inj 6mg/ml	2	
PADCEV INJ 20MG	5	NDS
PADCEV INJ 30MG	5	NDS
PAZOPANIB HYDROCHLORIDE TABS 200MG	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PAZOPANIB HYDROCHLORIDE TABS 400MG	5	PA NSO; NDS
PEMAZYRE TABS 13.5MG	5	NDS
PEMAZYRE TABS 4.5MG	5	NDS
PEMAZYRE TABS 9MG	5	NDS
PEMETREXED INJ (BASE EQUIV) INJ 100MG/4ML	4	
PEMETREXED INJ (BASE EQUIV) INJ 1GM/40ML	4	
PEMETREXED INJ (BASE EQUIV) INJ 500MG/20ML	4	
PERJETA INJ 420MG/14ML	5	NDS
PHESGO INJ 2000UNIT/ML; 60MG/ML; 60MG/ML	5	NDS
PHESGO INJ 2000UNIT/ML; 80MG/ML; 40MG/ML	5	NDS
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA NSO; NDS
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA NSO; NDS
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA NSO; NDS
pomalidomide caps 1mg	2	PA NSO
pomalidomide caps 2mg	2	PA NSO
pomalidomide caps 3mg	2	PA NSO
pomalidomide caps 4mg	2	PA NSO
POMALYST CAPS 1MG	5	PA NSO; NDS
POMALYST CAPS 2MG	5	PA NSO; NDS
POMALYST CAPS 3MG	5	PA NSO; NDS
POMALYST CAPS 4MG	5	PA NSO; NDS
QINLOCK TABS 50MG	5	PA NSO; NDS
RASONQUE TABS 100MG	5	PA NSO; NDS
RASONQUE TABS 150MG	5	PA NSO; NDS
RETEVMO TABS 120MG	5	PA NSO; NDS
RETEVMO TABS 160MG	5	PA NSO; NDS
RETEVMO TABS 40MG	5	PA NSO; NDS
RETEVMO TABS 80MG	5	PA NSO; NDS
REVUFORJ TABS 110MG	5	PA NSO; NDS
REVUFORJ TABS 160MG	5	PA NSO; NDS
REVUFORJ TABS 25MG	5	PA NSO; NDS
REZLIDHIA CAPS 150MG	5	PA NSO; NDS
RIABNI INJ 100MG/10ML	3	
RIABNI INJ 500MG/50ML	3	
RITUXAN HYCELA INJ 23400UNT/11.7ML; 1400MG/11.7ML	5	
RITUXAN HYCELA INJ 26800UNT/13.4ML; 1600MG/13.4ML	5	
RITUXAN INJ 100MG/10ML	5	
RITUXAN INJ 500MG/50ML	5	
ROMVIMZA CAPS 14MG	5	PA NSO; NDS
ROMVIMZA CAPS 20MG	5	PA NSO; NDS
ROMVIMZA CAPS 30MG	5	PA NSO; NDS
ROZLYTREK CAPS 100MG	5	PA NSO
ROZLYTREK CAPS 200MG	5	PA NSO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK PACK 50MG	5	PA NSO
RUBRACA TABS 200MG	5	PA NSO; NDS
RUBRACA TABS 250MG	5	PA NSO; NDS
RUBRACA TABS 300MG	5	PA NSO; NDS
RYBREVANT FASPRO INJ 1600MG/10ML; 20000UNIT/10ML	5	NDS
RYBREVANT FASPRO INJ 2240MG/14ML; 28000UNIT/14ML	5	NDS
RYBREVANT FASPRO INJ 2400MG/15ML; 30000UNIT/15ML	5	NDS
RYBREVANT FASPRO INJ 3520MG/22ML; 44000UNIT/22ML	5	NDS
RYDAPT CAPS 25MG	5	PA NSO; NDS
RYLAZE INJ 10MG/0.5ML	5	NDS
SARCLISA ESCENA INJ 1400MG/10ML	5	NDS
SARCLISA INJ 100MG/5ML	5	NDS
SARCLISA INJ 500MG/25ML	5	NDS
SCEMBLIX TABS 100MG	5	PA NSO; NDS
SCEMBLIX TABS 20MG	5	PA NSO; NDS
SCEMBLIX TABS 40MG	5	PA NSO; NDS
SIKLOS TABS 1000MG	5	NDS
SOLTAMOX SOLN 10MG/5ML	5	
SORAFENIB TOSYLATE TABS 200MG	5	PA NSO; NDS
SORAFENIB TABS 200MG	5	PA NSO; NDS
STIVARGA TABS 40MG	5	PA NSO; NDS
sunitinib malate caps 12.5mg	2	PA NSO
sunitinib malate caps 25mg	2	PA NSO
SUNITINIB MALATE CAPS 37.5MG	5	PA NSO; NDS
SUNITINIB MALATE CAPS 50MG	5	PA NSO; NDS
SYLVANT INJ 100MG	5	NDS
SYLVANT INJ 400MG	5	NDS
TABLOID TABS 40MG	5	PA NSO; NDS
TABRECTA TABS 150MG	5	PA NSO; NDS
TABRECTA TABS 200MG	5	PA NSO; NDS
TAFINLAR CAPS 50MG	5	PA NSO; NDS
TAFINLAR CAPS 75MG	5	PA NSO; NDS
TAFINLAR TBSO 10MG	5	PA NSO; NDS
TAGRISSO TABS 40MG	5	PA NSO; NDS
TAGRISSO TABS 80MG	5	PA NSO; NDS
TALVEY INJ 3MG/1.5ML	5	NDS
TALVEY INJ 40MG/ML	5	NDS
TALZENNA CAPS 0.1MG	5	PA NSO; NDS
TALZENNA CAPS 0.25MG	5	PA NSO; NDS
TALZENNA CAPS 0.35MG	5	PA NSO; NDS
TALZENNA CAPS 0.5MG	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.75MG	5	PA NSO; NDS
TALZENNA CAPS 1MG	5	PA NSO; NDS
tamoxifen citrate tabs 10mg	2	
tamoxifen citrate tabs 20mg	2	
TECENTRIQ HYBREZA INJ 1875MG/15ML; 30000UNIT/15ML	5	NDS
TECENTRIQ INJ 1200MG/20ML	5	NDS
TECVAYLI INJ 153MG/1.7ML	5	NDS
TECVAYLI INJ 30MG/3ML	5	NDS
temsirolimus inj 25mg/ml	2	
TEPMETKO TABS 225MG	5	PA NSO; NDS
THALOMID CAPS 100MG	5	NDS
THALOMID CAPS 50MG	5	NDS
THIOTEPA INJ 15MG	5	NDS
TIBSOVO TABS 250MG	5	PA NSO; NDS
topotecan hcl inj 4mg	2	
TOREMIFENE CITRATE TABS 60MG	4	PA NSO; MO
TORPENZ TABS 10MG	5	PA NSO; NDS
TORPENZ TABS 2.5MG	5	PA NSO; NDS
TORPENZ TABS 5MG	5	PA NSO; NDS
TORPENZ TABS 7.5MG	5	PA NSO; NDS
tretinoin caps 10mg	5	NDS
trexall tabs 10mg	2	
trexall tabs 15mg	2	
trexall tabs 5mg	2	
trexall tabs 7.5mg	2	
TRUQAP TABS 200MG	5	PA NSO; NDS
TRUQAP TBPK 160MG	5	PA NSO; NDS
TRUQAP TBPK 200MG	5	PA NSO; NDS
TUKYSA TABS 150MG	5	PA NSO; NDS
TUKYSA TABS 50MG	5	PA NSO; NDS
TURALIO CAPS 125MG	5	NDS
UNITUXIN INJ 17.5MG/5ML	5	NDS
VABRINTY INJ 22.5MG	5	
VABRINTY INJ 30MG	5	
VABRINTY INJ 45MG	5	
VANFLYTA TABS 17.7MG	5	NDS
VANFLYTA TABS 26.5MG	5	NDS
VENCLEXTA STARTING PACK TBPK 0	5	PA NSO; NDS
VENCLEXTA TABS 100MG	5	PA NSO; NDS
VENCLEXTA TABS 10MG	4	PA NSO; NDS
VENCLEXTA TABS 50MG	5	PA NSO; NDS
VEPPANU TABS 100MG	5	PA NSO; NDS
VEPPANU TABS 200MG	5	PA NSO; NDS
VERZENIO TABS 100MG	5	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 150MG	5	PA NSO; NDS
VERZENIO TABS 200MG	5	PA NSO; NDS
VERZENIO TABS 50MG	5	PA NSO; NDS
vinblastine sulfate inj 1mg/ml	2	
vincristine sulfate inj 1mg/ml	2	B/D
vinorelbine tartrate inj 10mg/ml	2	
vinorelbine tartrate inj 50mg/5ml	2	
VITRAKVI CAPS 100MG	5	PA NSO; NDS
VITRAKVI CAPS 25MG	5	PA NSO; NDS
VITRAKVI SOLN 20MG/ML	5	PA NSO; NDS
VONJO CAPS 100MG	5	PA NSO; NDS
VORANIGO TABS 10MG	5	PA NSO; NDS
VORANIGO TABS 40MG	5	PA NSO; NDS
VYXEOS INJ 100MG; 44MG	5	NDS
WELIREG TABS 40MG	5	NDS
XALKORI CAPS 200MG	5	PA NSO; NDS
XALKORI CAPS 250MG	5	PA NSO; NDS
XALKORI CPSP 150MG	5	PA NSO; NDS
XALKORI CPSP 20MG	5	PA NSO; NDS
XALKORI CPSP 50MG	5	PA NSO; NDS
XATMEP SOLN 2.5MG/ML	4	
XOSPATA TABS 40MG	5	PA NSO; NDS
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA NSO; NDS
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA NSO; NDS
XPOVIO TBPK 10MG	5	PA NSO; NDS
XPOVIO TBPK 40MG	5	PA NSO; NDS
XPOVIO TBPK 40MG	5	PA NSO; NDS
XPOVIO TBPK 50MG	5	PA NSO; NDS
XPOVIO TBPK 60MG	5	PA NSO; NDS
XPOVIO TBPK 80MG	5	PA NSO; NDS
XROMI SOLN 100MG/ML	4	PA NSO; MO
XTANDI CAPS 40MG	5	PA NSO; NDS
XTANDI TABS 40MG	5	PA NSO; NDS
XTANDI TABS 80MG	5	PA NSO; NDS
YERVOY INJ 200MG/40ML	5	NDS
YERVOY INJ 50MG/10ML	5	NDS
YONDELIS INJ 1MG	5	NDS
YONSA TABS 125MG	5	NDS
ZEJULA TABS 100MG	5	PA NSO; NDS
ZEJULA TABS 200MG	5	PA NSO; NDS
ZEJULA TABS 300MG	5	PA NSO; NDS
ZELBORAF TABS 240MG	5	PA NSO; NDS
ZENBEXUS CAPS 0.75MG	5	PA NSO; NDS
ZENBEXUS CAPS 1MG	5	PA NSO; NDS
ZOLINZA CAPS 100MG	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100MG	5	PA NSO; NDS
ZYDELIG TABS 150MG	5	PA NSO; NDS
ZYKADIA TABS 150MG	5	PA NSO; NDS
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
atropine sulfate inj 1mg/10ml	2	
atropine sulfate inj 8mg/20ml	2	
chlordiazepoxide hydrochloride/clidinium bromide caps 5mg; 2.5mg	2	
dicyclomine hcl soln 10mg/5ml	2	MO
dicyclomine hydrochloride caps 10mg	2	MO
dicyclomine hydrochloride inj 10mg/ml	2	
dicyclomine hydrochloride tabs 20mg	2	MO
DICYCLOMINE HYDROCHLORIDE TABS 40MG	5	NDS
glycopyrrolate +rfid inj 0.2mg/ml	2	
glycopyrrolate inj 0.2mg/ml	2	
glycopyrrolate inj 0.4mg/2ml	2	
glycopyrrolate inj 1mg/5ml	2	
glycopyrrolate soln 1mg/5ml	2	MO
glycopyrrolate tabs 1.5mg	2	
glycopyrrolate tabs 1mg	2	MO
glycopyrrolate tabs 2mg	2	MO
IPRATROPIUM BROMIDE HFA AERS 17MCG/ACT	4	MO
ipratropium bromide soln 0.02%	1	B/D; MO
ipratropium bromide soln 0.03%	2	MO
ipratropium bromide soln 0.06%	2	MO
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	4	MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	MO
YUPELRI NEBU 175MCG/3ML	5	B/D; NDS
AUTONOMIC DRUGS, MISCELLANEOUS		
bupropion hydrochloride er (sr) tb12 150mg	2	MO
NICOTROL NS SOLN 10MG/ML	4	MO
varenicline starting month tbpk 0	2	MO
varenicline tartrate continuing month tabs 1mg	2	MO
varenicline tartrate tabs 0.5mg	2	MO
varenicline tartrate tabs 1mg	2	MO
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride tabs 10mg	2	MO
bethanechol chloride tabs 25mg	2	MO
bethanechol chloride tabs 50mg	2	MO
bethanechol chloride tabs 5mg	2	MO
donepezil hcl tabs 10mg	1	MO
donepezil hcl tbdp 10mg	2	MO
donepezil hcl tbdp 5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride tabs 5mg	1	MO
galantamine hydrobromide er cp24 16mg	2	MO
galantamine hydrobromide er cp24 24mg	2	MO
galantamine hydrobromide er cp24 8mg	2	MO
galantamine hydrobromide soln 4mg/ml	2	MO
galantamine hydrobromide tabs 12mg	2	MO
galantamine hydrobromide tabs 4mg	2	MO
galantamine hydrobromide tabs 8mg	2	MO
pilocarpine hydrochloride tabs 5mg	2	MO
pyridostigmine bromide er tbcr 180mg	2	MO
PYRIDOSTIGMINE BROMIDE SOLN 60MG/5ML	4	MO
pyridostigmine bromide tabs 60mg	2	MO
REGONOL INJ 10MG/2ML	3	
rivastigmine tartrate caps 1.5mg	2	MO
rivastigmine tartrate caps 3mg	2	MO
rivastigmine tartrate caps 4.5mg	2	MO
rivastigmine tartrate caps 6mg	2	MO
SKELETAL MUSCLE RELAXANTS		
BACLOFEN SOLN 10MG/5ML	4	
BACLOFEN SUSP 25MG/5ML	4	
baclofen tabs 10mg	2	MO
baclofen tabs 20mg	2	MO
baclofen tabs 5mg	2	MO
cyclobenzaprine hydrochloride tabs 10mg	2	PA
cyclobenzaprine hydrochloride tabs 5mg	2	PA
dantrolene sodium caps 100mg	2	
dantrolene sodium caps 25mg	2	
dantrolene sodium caps 50mg	2	
METAXALONE TABS 640MG	5	NDS
methocarbamol tabs 500mg	2	PA
methocarbamol tabs 750mg	2	PA
succinylcholine chloride inj 200mg/10ml	2	
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride tabs 4mg	2	
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
alfuzosin hcl er tb24 10mg	2	MO
dihydroergotamine mesylate inj 1mg/ml	2	
dihydroergotamine mesylate soln 4mg/ml	2	
ERGOMAR SUBL 2MG	4	
PHENOXYBENZAMINE HYDROCHLORIDE CAPS 10MG	5	NDS
silodosin caps 4mg	2	MO
silodosin caps 8mg	2	MO
tamsulosin hydrochloride caps 0.4mg	1	MO
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
albuterol sulfate hfa aers 108mcg/act (8.5gm)	2	QL(17 GM per 30 days); MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate hfa aers 108mcg/act (18gm)	2	QL(36 GM per 30 days); MO
albuterol sulfate hfa aers 108mcg/act (6.7gm)	2	QL(13.4 GM per 30 days); MO
albuterol sulfate nebu 0.083%	2	B/D; MO
albuterol sulfate nebu 0.63mg/3ml	2	B/D; MO
albuterol sulfate nebu 1.25mg/3ml	2	B/D; MO
albuterol sulfate nebu 2.5mg/0.5ml	2	B/D; MO
albuterol sulfate syrp 2mg/5ml	2	MO
albuterol sulfate tabs 2mg	2	MO
albuterol sulfate tabs 4mg	2	MO
ARFORMOTEROL TARTRATE NEBU 15MCG/2ML	4	B/D; MO
auvi-q inj 0.15mg/0.15ml	2	
auvi-q inj 0.1mg/0.1ml	2	
auvi-q inj 0.3mg/0.3ml	2	
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	4	MO
dobutamine hcl/d5w inj 5%; 1mg/ml	2	
dobutamine hcl inj 12.5mg/ml	2	
dobutamine hydrochloride/dextrose 5% inj 5%; 1mg/ml	2	
dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml	2	
dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml	2	
dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml	2	
dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml	2	
dopamine hydrochloride inj 40mg/ml	2	
dopamine/d5w inj 5%; 3.2mg/ml	2	
DROXIDOPA CAPS 100MG	4	PA
DROXIDOPA CAPS 200MG	4	PA
DROXIDOPA CAPS 300MG	4	PA
epinephrine inj 0.3mg/0.3ml	2	
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	B/D; MO
midodrine hydrochloride tabs 10mg	2	MO
midodrine hydrochloride tabs 2.5mg	2	MO
midodrine hydrochloride tabs 5mg	2	MO
norepinephrine bitartrate inj 1mg/ml	2	
SEREVENT DISKUS AEPB 50MCG/DOSE	4	MO
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	MO
terbutaline sulfate inj 1mg/ml	2	
terbutaline sulfate tabs 2.5mg	2	MO
terbutaline sulfate tabs 5mg	2	MO
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
COAGULANTS AND ANTICOAGULANTS		
aminocaproic acid inj 250mg/ml	2	
aminocaproic acid soln 0.25gm/ml	2	MO
aminocaproic acid tabs 1000mg	2	MO
aminocaproic acid tabs 500mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
anagrelide hydrochloride caps 0.5mg	2	MO
anagrelide hydrochloride caps 1mg	2	MO
argatroban inj 250mg/2.5ml	2	
aspirin/dipyridamole er cp12 25mg; 200mg	2	MO
cilostazol tabs 100mg	2	MO
cilostazol tabs 50mg	2	MO
clopidogrel tabs 75mg	1	MO
dabigatran etexilate caps 110mg	2	MO
dabigatran etexilate caps 150mg	2	MO
dabigatran etexilate caps 75mg	2	MO
ELIQUIS STARTER PACK TBPK 5MG	3	
ELIQUIS CPSP 0.15MG	3	MO
ELIQUIS TABS 2.5MG	3	MO
ELIQUIS TABS 5MG	3	MO
ELIQUIS TBSO 0.5MG	3	MO
ELIQUIS TBSO 0.5MG	3	MO
ELIQUIS TBSO 0.5MG	3	MO
enoxaparin sodium inj 100mg/ml	2	
enoxaparin sodium inj 120mg/0.8ml	2	
enoxaparin sodium inj 150mg/ml	2	
enoxaparin sodium inj 300mg/3ml	2	
enoxaparin sodium inj 30mg/0.3ml	2	
enoxaparin sodium inj 40mg/0.4ml	2	
enoxaparin sodium inj 60mg/0.6ml	2	
enoxaparin sodium inj 80mg/0.8ml	2	
FONDAPARINUX SODIUM INJ 10MG/0.8ML	4	
FONDAPARINUX SODIUM INJ 2.5MG/0.5ML	4	
FONDAPARINUX SODIUM INJ 5MG/0.4ML	4	
FONDAPARINUX SODIUM INJ 7.5MG/0.6ML	4	
heparin sodium +rfid inj 1000unit/ml	2	
heparin sodium/d5w inj 5%; 100unit/ml	2	
heparin sodium/d5w inj 5%; 25000unit/500ml	2	
heparin sodium/d5w inj 5%; 40unit/ml	2	
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%	2	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%	2	
heparin sodium inj 10000unit/ml	2	
heparin sodium inj 1000unit/ml	2	
heparin sodium inj 1000unit/ml	2	
heparin sodium inj 20000unit/ml	2	
heparin sodium inj 5000unit/0.5ml	2	
heparin sodium inj 5000unit/ml	2	
pentoxifylline er tbcr 400mg	2	MO
prasugrel hydrochloride tabs 10mg	2	MO
prasugrel hydrochloride tabs 5mg	2	MO
rivaroxaban susr 1mg/ml	2	MO
rivaroxaban tabs 2.5mg	2	MO
ticagrelor tabs 60mg	2	MO
ticagrelor tabs 90mg	2	MO
tranexamic acid inj 1000mg/10ml	2	
tranexamic acid tabs 650mg	2	QL(30 EA per 30 days); MO
warfarin sodium tabs 10mg	1	MO
warfarin sodium tabs 1mg	1	MO
warfarin sodium tabs 2.5mg	1	MO
warfarin sodium tabs 2mg	1	MO
warfarin sodium tabs 3mg	1	MO
warfarin sodium tabs 4mg	1	MO
warfarin sodium tabs 5mg	1	MO
warfarin sodium tabs 6mg	1	MO
warfarin sodium tabs 7.5mg	1	
XARELTO STARTER PACK TBPK 0	3	MO
XARELTO TABS 10MG	3	MO
XARELTO TABS 15MG	3	MO
XARELTO TABS 20MG	3	MO
HEMATOPOIETIC AGENTS		
ALVAIZ TABS 18MG	3	PA NSO; MO
ALVAIZ TABS 36MG	3	PA NSO; MO
ALVAIZ TABS 54MG	3	PA NSO; MO
ALVAIZ TABS 9MG	3	PA NSO; MO
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	NDS
ARANESP ALBUMIN FREE INJ 100MCG/ML	5	NDS
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	NDS
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	NDS
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	
ARANESP ALBUMIN FREE INJ 60MCG/ML	4	
CABLIVI INJ 11MG	5	NDS
DOPTELET TABS 20MG	5	PA NSO; NDS
DOPTELET TABS 20MG	5	PA NSO; NDS
DOPTELET TABS 20MG	5	PA NSO; NDS
ELTROMBOPAG OLAMINE PACK 12.5MG	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ELTROMBOPAG OLAMINE PACK 25MG	5	PA NSO; NDS
eltrombopag olamine tabs 12.5mg	2	PA NSO; MO
eltrombopag olamine tabs 25mg	2	PA NSO; MO
eltrombopag olamine tabs 50mg	2	PA NSO; MO
eltrombopag olamine tabs 75mg	2	PA NSO; MO
FILKRI INJ 300MCG/0.5ML	3	
FILKRI INJ 480MCG/0.8ML	3	
FULPHILA INJ 6MG/0.6ML	5	NDS
LEUKINE INJ 250MCG	5	NDS
NIVESTYM INJ 300MCG/0.5ML	5	NDS
NIVESTYM INJ 300MCG/ML	5	NDS
NIVESTYM INJ 480MCG/0.8ML	5	NDS
NIVESTYM INJ 480MCG/1.6ML	5	NDS
PLERIXAFOR INJ 24MG/1.2ML	5	NDS
PROCRIT INJ 10000UNIT/ML	3	
PROCRIT INJ 20000UNIT/ML	3	
PROCRIT INJ 2000UNIT/ML	3	
PROCRIT INJ 3000UNIT/ML	3	
PROCRIT INJ 40000UNIT/ML	5	NDS
PROCRIT INJ 4000UNIT/ML	3	
RETACRIT INJ 20000UNIT/ML	4	NDS
RYZNEUTA INJ 20MG/ML	5	NDS
TAVALISSE TABS 100MG	5	PA NSO; NDS
TAVALISSE TABS 150MG	5	PA NSO; NDS
ZARXIO INJ 300MCG/0.5ML	5	NDS
ZARXIO INJ 480MCG/0.8ML	5	NDS
CARDIOVASCULAR DRUGS		
A-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate tabs 1mg	1	MO
doxazosin mesylate tabs 2mg	1	MO
doxazosin mesylate tabs 4mg	1	MO
doxazosin mesylate tabs 8mg	1	MO
METYROSINE CAPS 250MG	5	NDS
prazosin hydrochloride caps 1mg	2	MO
prazosin hydrochloride caps 2mg	2	MO
prazosin hydrochloride caps 5mg	2	MO
terazosin hcl caps 10mg	1	MO
terazosin hcl caps 1mg	1	MO
terazosin hcl caps 5mg	1	MO
terazosin hydrochloride caps 2mg	1	MO
ANTILIPEMIC AGENTS		
atorvastatin calcium tabs 10mg	1	MO
atorvastatin calcium tabs 20mg	1	MO
atorvastatin calcium tabs 40mg	1	MO
atorvastatin calcium tabs 80mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light pack 4gm	2	MO
cholestyramine light powd 4gm/dose	2	MO
cholestyramine pack 4gm	2	MO
cholestyramine powd 4gm/dose	2	MO
colesevelam hydrochloride tabs 625mg	2	MO
colestipol hydrochloride gran 5gm	2	MO
colestipol hydrochloride pack 5gm	2	MO
colestipol hydrochloride tabs 1gm	2	MO
ezetimibe tabs 10mg	1	MO
fenofibrate tabs 160mg	2	MO
fenofibrate tabs 54mg	2	MO
gemfibrozil tabs 600mg	2	MO
icosapent ethyl caps 0.5gm	2	PA; MO
icosapent ethyl caps 1gm	2	PA; MO
lovastatin tabs 10mg	1	MO
lovastatin tabs 20mg	1	MO
lovastatin tabs 40mg	1	MO
NEXLETOL TABS 180MG	4	PA; MO
NEXLIZET TABS 180MG; 10MG	4	PA; MO
niacin er tbcr 500mg	2	MO
niacor tabs 500mg	2	MO
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	2	MO
pravastatin sodium tabs 10mg	1	MO
pravastatin sodium tabs 20mg	1	MO
pravastatin sodium tabs 40mg	1	MO
pravastatin sodium tabs 80mg	1	MO
prevalite pack 4gm	2	MO
prevalite powd 4gm/dose	2	MO
REPATHA SURECLICK INJ 140MG/ML	4	PA
rosuvastatin calcium tabs 10mg	1	MO
rosuvastatin calcium tabs 20mg	1	MO
rosuvastatin calcium tabs 40mg	1	MO
rosuvastatin calcium tabs 5mg	1	MO
simvastatin tabs 10mg	1	MO
simvastatin tabs 20mg	1	MO
simvastatin tabs 40mg	1	MO
simvastatin tabs 5mg	1	MO
simvastatin tabs 80mg	1	MO
TRYNGOLZA INJ 80MG/0.8ML	5	NDS
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hydrochloride caps 200mg	2	MO
acebutolol hydrochloride caps 400mg	2	MO
atenolol/chlorthalidone tabs 100mg; 25mg	1	MO
atenolol/chlorthalidone tabs 50mg; 25mg	1	MO
atenolol tabs 100mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
atenolol tabs 25mg	1	MO
atenolol tabs 50mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg	2	MO
bisoprolol fumarate tabs 10mg	1	MO
bisoprolol fumarate tabs 5mg	1	MO
carvedilol tabs 12.5mg	1	MO
carvedilol tabs 25mg	1	MO
carvedilol tabs 3.125mg	1	MO
carvedilol tabs 6.25mg	1	MO
esmolol hcl inj 100mg/10ml	2	
esmolol hydrochloride in sodium chloride inj 2500mg/250ml; 5.9mg/ml	2	
esmolol hydrochloride/sodium chloride inj 10mg/ml; 5.9mg/ml	2	
labetalol hydrochloride inj 5mg/ml	2	
labetalol hydrochloride tabs 100mg	2	MO
labetalol hydrochloride tabs 200mg	2	MO
labetalol hydrochloride tabs 300mg	2	MO
metoprolol succinate er tb24 100mg	1	MO
metoprolol succinate er tb24 200mg	1	MO
metoprolol succinate er tb24 25mg	1	MO
metoprolol succinate er tb24 50mg	1	MO
metoprolol tartrate inj 5mg/5ml	2	
metoprolol tartrate tabs 100mg	1	MO
metoprolol tartrate tabs 25mg	1	MO
metoprolol tartrate tabs 50mg	1	MO
nadolol tabs 20mg	2	MO
nadolol tabs 40mg	2	MO
nadolol tabs 80mg	2	MO
nebivolol hydrochloride tabs 10mg	2	MO
nebivolol hydrochloride tabs 2.5mg	2	MO
nebivolol hydrochloride tabs 20mg	2	MO
nebivolol hydrochloride tabs 5mg	2	MO
propranolol hcl inj 1mg/ml	2	
propranolol hcl soln 40mg/5ml	2	MO
propranolol hcl tabs 40mg	1	MO
propranolol hydrochloride er cp24 120mg	2	MO
propranolol hydrochloride er cp24 160mg	2	MO
propranolol hydrochloride er cp24 60mg	2	MO
propranolol hydrochloride er cp24 80mg	2	MO
propranolol hydrochloride soln 20mg/5ml	2	MO
propranolol hydrochloride tabs 10mg	1	MO
propranolol hydrochloride tabs 20mg	1	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
propranolol hydrochloride tabs 60mg	1	MO
propranolol hydrochloride tabs 80mg	1	MO
sotalol hcl tabs 120mg	2	MO
sotalol hcl tabs 160mg	2	MO
sotalol hcl tabs 240mg	2	MO
sotalol hydrochloride (af) tabs 120mg	2	MO
sotalol hydrochloride (af) tabs 160mg	2	MO
sotalol hydrochloride (af) tabs 80mg	2	MO
sotalol hydrochloride tabs 80mg	2	MO
timolol maleate tabs 10mg	2	MO
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg	1	MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg	1	MO
amlodipine besylate tabs 10mg	1	MO
amlodipine besylate tabs 2.5mg	1	MO
amlodipine besylate tabs 5mg	1	MO
cartia xt cp24 120mg	2	MO
cartia xt cp24 180mg	2	MO
cartia xt cp24 240mg	2	MO
cartia xt cp24 300mg	2	MO
dilt-xr cp24 120mg	2	MO
dilt-xr cp24 180mg	2	MO
dilt-xr cp24 240mg	2	MO
diltiazem hcl er cp12 120mg	2	MO
diltiazem hcl er cp12 60mg	2	MO
diltiazem hcl er cp12 90mg	2	MO
diltiazem hcl inj 50mg/10ml	2	
diltiazem hcl tabs 30mg	2	MO
diltiazem hcl tabs 60mg	2	MO
diltiazem hydrochloride er cp24 120mg	2	MO
diltiazem hydrochloride er cp24 120mg	2	MO
diltiazem hydrochloride er cp24 180mg	2	MO
diltiazem hydrochloride er cp24 180mg	2	MO
diltiazem hydrochloride er cp24 240mg	2	MO
diltiazem hydrochloride er cp24 240mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er cp24 300mg	2	MO
diltiazem hydrochloride er cp24 360mg	2	MO
diltiazem hydrochloride er cp24 360mg	2	MO
diltiazem hydrochloride inj 125mg/25ml	2	
diltiazem hydrochloride inj 25mg/5ml	2	
diltiazem hydrochloride tabs 120mg	2	MO
diltiazem hydrochloride tabs 90mg	2	MO
felodipine er tb24 10mg	2	MO
felodipine er tb24 2.5mg	2	MO
felodipine er tb24 5mg	2	MO
nicardipine hydrochloride inj 2.5mg/ml	2	
nicardipine hydrochloride inj 2.5mg/ml	2	
nifedipine er tb24 30mg	2	MO
nifedipine er tb24 (osmotic release) tb24 30mg	2	MO
nifedipine er tb24 60mg	2	MO
nifedipine er tb24 (osmotic release) tb24 60mg	2	MO
nifedipine er tb24 90mg	2	MO
nifedipine er tb24 (osmotic release) tb24 90mg	2	MO
nifedipine caps 10mg	2	MO
nifedipine caps 20mg	2	MO
nimodipine caps 30mg	2	MO
NIMODIPINE SOLN 60MG/20ML	5	NDS
verapamil hcl er tbcr 120mg	2	MO
verapamil hydrochloride er tbcr 180mg	2	MO
verapamil hydrochloride er tbcr 240mg	2	MO
verapamil hydrochloride inj 2.5mg/ml	2	
verapamil hydrochloride tabs 120mg	1	MO
verapamil hydrochloride tabs 40mg	1	MO
verapamil hydrochloride tabs 80mg	1	MO
CARDIAC DRUGS		
adenosine inj 12mg/4ml	2	
adenosine inj 6mg/2ml	2	
amiodarone hydrochloride inj 450mg/9ml	2	
amiodarone hydrochloride inj 50mg/ml	2	
amiodarone hydrochloride inj 900mg/18ml	2	
amiodarone hydrochloride tabs 100mg	2	MO
amiodarone hydrochloride tabs 200mg	1	MO
amiodarone hydrochloride tabs 400mg	2	MO
ATTRUBY TBPK 356MG	5	PA; NDS
CORLANOR SOLN 5MG/5ML	4	MO
digoxin inj 0.25mg/ml	2	
digoxin soln 0.05mg/ml	2	
digoxin tabs 125mcg	2	MO
digoxin tabs 250mcg	2	MO
disopyramide phosphate caps 100mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
disopyramide phosphate caps 150mg	2	MO
dofetilide caps 125mcg	2	MO
dofetilide caps 250mcg	2	MO
dofetilide caps 500mcg	2	MO
flecainide acetate tabs 100mg	2	MO
flecainide acetate tabs 150mg	2	MO
flecainide acetate tabs 50mg	2	MO
ibutilide fumarate inj 1mg/10ml	2	
IVABRADINE HYDROCHLORIDE TABS 5MG	4	MO
IVABRADINE HYDROCHLORIDE TABS 7.5MG	4	MO
LANOXIN PEDIATRIC INJ 0.1MG/ML	3	
lidocaine hcl in d5w inj 5%; 4mg/ml	2	
lidocaine hcl inj 100mg/5ml	2	
lidocaine hcl inj 50mg/5ml	2	
mexiletine hydrochloride caps 150mg	2	MO
mexiletine hydrochloride caps 200mg	2	MO
mexiletine hydrochloride caps 250mg	2	MO
milrinone lactate in dextrose inj 5%; 20mg/100ml	2	
milrinone lactate in dextrose inj 5%; 20mg/100ml	2	
milrinone lactate in dextrose inj 5%; 40mg/200ml	2	
milrinone lactate in dextrose inj 5%; 40mg/200ml	2	
milrinone lactate inj 10mg/10ml	2	
MULTAQ TABS 400MG	4	
NORPACE CR CP12 100MG	3	MO
NORPACE CR CP12 150MG	3	MO
procainamide hydrochloride inj 100mg/ml	2	
procainamide hydrochloride inj 500mg/ml	2	
propafenone hydrochloride tabs 150mg	2	MO
propafenone hydrochloride tabs 225mg	2	MO
propafenone hydrochloride tabs 300mg	2	MO
quinidine gluconate cr tbcr 324mg	2	MO
quinidine sulfate tabs 200mg	2	MO
quinidine sulfate tabs 300mg	2	MO
RANOLAZINE ER TB12 1000MG	4	MO
RANOLAZINE ER TB12 500MG	4	MO
VYNDAMAX CAPS 61MG	5	PA; NDS
HYPOTENSIVE AGENTS		
clonidine hydrochloride tabs 0.1mg	1	MO
clonidine hydrochloride tabs 0.2mg	1	MO
clonidine hydrochloride tabs 0.3mg	1	MO
clonidine ptwk 0.1mg/24hr	2	MO
clonidine ptwk 0.2mg/24hr	2	MO
clonidine ptwk 0.3mg/24hr	2	MO
guanfacine hydrochloride tabs 1mg	2	MO
guanfacine hydrochloride tabs 2mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
hydralazine hydrochloride inj 20mg/ml	2	
hydralazine hydrochloride tabs 100mg	1	MO
hydralazine hydrochloride tabs 10mg	1	MO
hydralazine hydrochloride tabs 25mg	1	MO
hydralazine hydrochloride tabs 50mg	1	MO
minoxidil tabs 10mg	2	MO
minoxidil tabs 2.5mg	2	MO
sodium nitroprusside inj 25mg/ml	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
aliskiren tabs 150mg	2	MO
aliskiren tabs 300mg	2	MO
benazepril hydrochloride tabs 10mg	1	MO
benazepril hydrochloride tabs 20mg	1	MO
benazepril hydrochloride tabs 40mg	1	MO
benazepril hydrochloride tabs 5mg	1	MO
candesartan cilexetil tabs 16mg	2	MO
candesartan cilexetil tabs 32mg	2	MO
candesartan cilexetil tabs 4mg	2	MO
candesartan cilexetil tabs 8mg	2	MO
captopril tabs 100mg	2	MO
captopril tabs 12.5mg	2	MO
captopril tabs 25mg	2	MO
captopril tabs 50mg	2	MO
enalapril maleate tabs 10mg	1	MO
enalapril maleate tabs 2.5mg	1	MO
enalapril maleate tabs 20mg	1	MO
enalapril maleate tabs 5mg	1	MO
enalaprilat inj 1.25mg/ml	2	
eplerenone tabs 25mg	2	MO
eplerenone tabs 50mg	2	MO
irbesartan tabs 150mg	1	MO
irbesartan tabs 300mg	1	MO
irbesartan tabs 75mg	1	MO
KERENDIA TABS 10MG	4	MO
KERENDIA TABS 20MG	4	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	1	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	1	MO
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	1	MO
lisinopril tabs 10mg	1	MO
lisinopril tabs 2.5mg	1	MO
lisinopril tabs 20mg	1	MO
lisinopril tabs 30mg	1	MO
lisinopril tabs 40mg	1	MO
lisinopril tabs 5mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg	1	MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg	1	MO
losartan potassium/hydrochlorothiazide tabs 25mg; 100mg	1	MO
losartan potassium tabs 100mg	1	MO
losartan potassium tabs 25mg	1	MO
losartan potassium tabs 50mg	1	MO
ramipril caps 1.25mg	2	MO
ramipril caps 10mg	2	MO
ramipril caps 2.5mg	2	MO
ramipril caps 5mg	2	MO
sacubitril/valsartan tabs 24mg; 26mg	2	MO
sacubitril/valsartan tabs 49mg; 51mg	2	MO
sacubitril/valsartan tabs 97mg; 103mg	2	MO
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	MO
spironolactone tabs 100mg	1	MO
spironolactone tabs 25mg	1	MO
spironolactone tabs 50mg	1	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg	1	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 320mg	1	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	MO
valsartan/hydrochlorothiazide tabs 25mg; 160mg	1	MO
valsartan/hydrochlorothiazide tabs 25mg; 320mg	1	MO
valsartan tabs 160mg	1	MO
valsartan tabs 320mg	1	MO
valsartan tabs 40mg	1	MO
valsartan tabs 80mg	1	MO
VASODILATING AGENTS		
dipyridamole tabs 25mg	2	MO
dipyridamole tabs 50mg	2	MO
dipyridamole tabs 75mg	2	MO
isosorbide dinitrate tabs 10mg	2	MO
isosorbide dinitrate tabs 20mg	2	MO
isosorbide dinitrate tabs 30mg	2	MO
isosorbide dinitrate tabs 5mg	2	MO
isosorbide mononitrate er tb24 120mg	1	MO
isosorbide mononitrate er tb24 30mg	1	MO
isosorbide mononitrate er tb24 60mg	1	MO
isosorbide mononitrate tabs 10mg	2	MO
isosorbide mononitrate tabs 20mg	2	MO
nitro-bid oint 2%	2	MO
NITRO-DUR PT24 0.3MG/HR	5	MO
NITRO-DUR PT24 0.8MG/HR	5	MO
nitroglycerin transdermal pt24 0.1mg/hr	2	MO
nitroglycerin transdermal pt24 0.2mg/hr	2	MO
nitroglycerin transdermal pt24 0.4mg/hr	2	MO

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin transdermal pt24 0.6mg/hr	2	MO
nitroglycerin inj 5mg/ml	2	
nitroglycerin soln 0.4mg/spray	2	MO
nitroglycerin subl 0.3mg	2	MO
nitroglycerin subl 0.4mg	2	MO
nitroglycerin subl 0.6mg	2	MO
sildenafil citrate susr 10mg/ml	2	PA
sildenafil citrate tabs 20mg	2	PA; MO
tadalafil tabs 2.5mg	2	QL(30 EA per 30 days); PA
tadalafil tabs 20mg	2	PA
tadalafil tabs 5mg	2	QL(30 EA per 30 days); PA
VERQUVO TABS 10MG	4	MO
CENTRAL NERVOUS SYSTEM AGENTS		
ALCOHOL DETERRENTS		
acamprosate calcium dr tbec 333mg	2	MO
DISULFIRAM TABS 250MG	4	MO
DISULFIRAM TABS 500MG	4	MO
ANALGESICS AND ANTIPYRETICS		
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	2	QL(5000 ML per 30 days); NDS
acetaminophen/codeine tabs 300mg; 15mg	2	QL(360 EA per 30 days); NDS
acetaminophen/codeine tabs 300mg; 30mg	2	QL(360 EA per 30 days); NDS
acetaminophen/codeine tabs 300mg; 60mg	2	QL(180 EA per 30 days); NDS
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	
butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg	2	
celecoxib caps 100mg	2	
celecoxib caps 200mg	2	
celecoxib caps 400mg	2	
celecoxib caps 50mg	2	
codeine sulfate tabs 15mg	2	QL(180 EA per 30 days); NDS
codeine sulfate tabs 30mg	2	QL(180 EA per 30 days); NDS
codeine sulfate tabs 60mg	2	QL(180 EA per 30 days); NDS
diclofenac sodium dr tbec 25mg	2	
diclofenac sodium dr tbec 50mg	2	
diclofenac sodium dr tbec 75mg	2	
diflunisal tabs 500mg	2	
DOLOBID TABS 375MG	5	NDS
endocet tabs 325mg; 5mg	2	QL(360 EA per 30 days); NDS
endocet tabs 325mg; 7.5mg	2	QL(360 EA per 30 days); NDS
etodolac caps 200mg	2	
etodolac caps 300mg	2	
etodolac tabs 400mg	2	
etodolac tabs 500mg	2	
fentanyl citrate inj 1000mcg/20ml	2	NDS
fentanyl citrate inj 2500mcg/50ml	2	NDS
fentanyl pt72 100mcg/hr	2	QL(20 EA per 30 days); NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
fentanyl pt72 12mcg/hr	2	QL(15 EA per 30 days); NDS
fentanyl pt72 25mcg/hr	2	QL(15 EA per 30 days); NDS
fentanyl pt72 50mcg/hr	2	QL(15 EA per 30 days); NDS
fentanyl pt72 75mcg/hr	2	QL(15 EA per 30 days); NDS
hydrocodone bitartrate/acetaminophen soln 300mg/15ml; 10mg/15ml	2	QL(2700 ML per 30 days); NDS
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	2	QL(2700 ML per 30 days); NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg	2	QL(360 EA per 30 days); NDS
hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg	2	QL(360 EA per 30 days); NDS
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	QL(360 EA per 30 days); NDS
hydromorphone hcl liqd 1mg/ml	2	QL(1200 ML per 30 days); NDS
hydromorphone hcl tabs 2mg	2	QL(180 EA per 30 days); NDS
hydromorphone hcl tabs 4mg	2	QL(180 EA per 30 days); NDS
hydromorphone hcl tabs 8mg	2	QL(240 EA per 30 days); NDS
ibuprofen lysine inj 10mg/ml	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg	2	
ibuprofen tabs 600mg	2	
ibuprofen tabs 800mg	2	
ibu tabs 400mg	2	
ibu tabs 600mg	2	
ibu tabs 800mg	2	
indocin supp 50mg	5	NDS
indomethacin er cpcr 75mg	2	
indomethacin caps 25mg	2	
indomethacin caps 50mg	2	
indomethacin inj 1mg	2	
ketoprofen caps 50mg	2	
ketorolac tromethamine +rfid inj 30mg/ml	2	
ketorolac tromethamine inj 15mg/ml	2	
ketorolac tromethamine inj 30mg/ml	2	
ketorolac tromethamine inj 60mg/2ml	2	
LEVORPHANOL TARTRATE TABS 2MG	4	QL(180 EA per 30 days); NDS
LEVORPHANOL TARTRATE TABS 3MG	5	QL(60 EA per 30 days); NDS
meclofenamate sodium caps 100mg	2	
meclofenamate sodium caps 50mg	2	
mefenamic acid caps 250mg	2	
meloxicam tabs 15mg	1	
meloxicam tabs 7.5mg	1	
methadone hcl soln 5mg/5ml	2	QL(900 ML per 30 days); NDS
methadone hcl tabs 10mg	2	QL(180 EA per 30 days); NDS
methadone hcl tabs 5mg	2	QL(360 EA per 30 days); NDS
methadone hydrochloride intensol conc 10mg/ml	2	QL(900 ML per 30 days); NDS
methadone hydrochloride conc 10mg/ml	2	QL(900 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er tbcr 100mg	2	QL(120 EA per 30 days); NDS
morphine sulfate er tbcr 15mg	2	QL(120 EA per 30 days); NDS
morphine sulfate er tbcr 200mg	2	QL(180 EA per 30 days); NDS
morphine sulfate er tbcr 30mg	2	QL(120 EA per 30 days); NDS
morphine sulfate er tbcr 60mg	2	QL(120 EA per 30 days); NDS
morphine sulfate soln 100mg/5ml	2	QL(200 ML per 30 days); NDS
morphine sulfate soln 10mg/5ml	2	QL(700 ML per 30 days); NDS
morphine sulfate soln 20mg/5ml	2	QL(300 ML per 30 days); NDS
morphine sulfate tabs 15mg	2	QL(180 EA per 30 days); NDS
morphine sulfate tabs 30mg	2	QL(180 EA per 30 days); NDS
nabumetone tabs 500mg	2	
nabumetone tabs 750mg	2	
nalbuphine hydrochloride inj 10mg/ml	2	NDS
nalbuphine hydrochloride inj 20mg/ml	2	NDS
naproxen dr tbec 375mg	2	
naproxen susp 125mg/5ml	2	
naproxen tabs 250mg	2	
naproxen tabs 375mg	2	
naproxen tabs 500mg	2	
oxycodone hydrochloride conc 100mg/5ml	2	QL(180 ML per 30 days); NDS
oxycodone hydrochloride soln 5mg/5ml	2	QL(1300 ML per 30 days); NDS
oxycodone hydrochloride tabs 10mg	2	QL(360 EA per 30 days); NDS
oxycodone hydrochloride tabs 15mg	2	QL(360 EA per 30 days); NDS
oxycodone hydrochloride tabs 20mg	2	QL(360 EA per 30 days); NDS
oxycodone hydrochloride tabs 30mg	2	QL(360 EA per 30 days); NDS
oxycodone hydrochloride tabs 5mg	2	QL(360 EA per 30 days); NDS
oxycodone/acetaminophen tabs 325mg; 10mg	2	QL(360 EA per 30 days); NDS
oxycodone/acetaminophen tabs 325mg; 5mg	2	QL(360 EA per 30 days); NDS
oxycodone/acetaminophen tabs 325mg; 7.5mg	2	QL(360 EA per 30 days); NDS
piroxicam caps 10mg	2	
piroxicam caps 20mg	2	
salsalate tabs 500mg	2	
salsalate tabs 750mg	2	
sulindac tabs 150mg	2	
sulindac tabs 200mg	2	
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	QL(240 EA per 30 days); NDS
TRAMADOL HYDROCHLORIDE SOLN 5MG/ML	4	QL(2400 ML per 30 days); NDS
tramadol hydrochloride tabs 50mg	2	QL(240 EA per 30 days); NDS
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg	2	NDS
amphetamine/dextroamphetamine capsule extended release 24 hour 10mg	2	NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine capsule extended release 24 hour 15mg	2	NDS
amphetamine/dextroamphetamine capsule extended release 24 hour 20mg	2	NDS
amphetamine/dextroamphetamine capsule extended release 24 hour 25mg	2	NDS
amphetamine/dextroamphetamine capsule extended release 24 hour 30mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 5mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 7.5mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 10mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 12.5mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 15mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 20mg	2	NDS
amphetamine/dextroamphetamine tablet immediate release 30mg	2	NDS
armodafinil tabs 150mg	2	PA
armodafinil tabs 200mg	2	PA
armodafinil tabs 250mg	2	PA
armodafinil tabs 50mg	2	PA
caffeine citrate inj 60mg/3ml	2	
caffeine citrate soln 20mg/ml	2	
caffeine citrate soln 60mg/3ml	2	
dexmethylphenidate hcl tabs 10mg	2	NDS
dexmethylphenidate hcl tabs 5mg	2	NDS
dexmethylphenidate hydrochloride er cp24 10mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 15mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 20mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 25mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 30mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 35mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 40mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride er cp24 5mg	2	QL(30 EA per 30 days); NDS
dexmethylphenidate hydrochloride tabs 2.5mg	2	NDS
dextroamphetamine sulfate er cp24 10mg	2	NDS
dextroamphetamine sulfate er cp24 15mg	2	NDS
dextroamphetamine sulfate er cp24 5mg	2	NDS
dextroamphetamine sulfate tabs 10mg	2	NDS
dextroamphetamine sulfate tabs 5mg	2	NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
LISDEXAMFETAMINE DIMESYLATE CAPS 10MG	4	QL(30 EA per 30 days); NDS
LISDEXAMFETAMINE DIMESYLATE CAPS 20MG	4	QL(30 EA per 30 days); NDS
LISDEXAMFETAMINE DIMESYLATE CAPS 30MG	4	QL(30 EA per 30 days); NDS
LISDEXAMFETAMINE DIMESYLATE CAPS 40MG	4	QL(30 EA per 30 days); NDS
LISDEXAMFETAMINE DIMESYLATE CAPS 50MG	4	QL(30 EA per 30 days); NDS
LISDEXAMFETAMINE DIMESYLATE CAPS 60MG	4	QL(30 EA per 30 days); NDS
LISDEXAMFETAMINE DIMESYLATE CAPS 70MG	4	QL(30 EA per 30 days); NDS
methylphenidate hydrochloride er (cd) cpcr 10mg	2	NDS
methylphenidate hydrochloride er (cd) cpcr 20mg	2	NDS
methylphenidate hydrochloride er (cd) cpcr 30mg	2	NDS
methylphenidate hydrochloride er (cd) cpcr 40mg	2	NDS
methylphenidate hydrochloride er (cd) cpcr 50mg	2	NDS
methylphenidate hydrochloride er (cd) cpcr 60mg	2	NDS
methylphenidate hydrochloride er (osm) tbcr 18mg	2	NDS
methylphenidate hydrochloride er (osm) tbcr 27mg	2	NDS
methylphenidate hydrochloride er (osm) tbcr 36mg	2	NDS
methylphenidate hydrochloride er (osm) tbcr 54mg	2	NDS
methylphenidate hydrochloride er (xr) cp24 10mg	2	QL(30 EA per 30 days); NDS
methylphenidate hydrochloride er (xr) cp24 15mg	2	QL(30 EA per 30 days); NDS
methylphenidate hydrochloride er (xr) cp24 20mg	2	QL(90 EA per 30 days); NDS
methylphenidate hydrochloride er (xr) cp24 30mg	2	QL(60 EA per 30 days); NDS
methylphenidate hydrochloride er (xr) cp24 40mg	2	QL(30 EA per 30 days); NDS
methylphenidate hydrochloride er (xr) cp24 50mg	2	QL(30 EA per 30 days); NDS
methylphenidate hydrochloride er (xr) cp24 60mg	2	QL(30 EA per 30 days); NDS
methylphenidate hydrochloride er tbcr 10mg	2	QL(60 EA per 30 days); NDS
methylphenidate hydrochloride er tbcr 20mg	2	QL(90 EA per 30 days); NDS
methylphenidate hydrochloride chew 2.5mg	2	NDS
methylphenidate hydrochloride soln 5mg/5ml	2	NDS
methylphenidate hydrochloride tabs 10mg	2	NDS
methylphenidate hydrochloride tabs 20mg	2	NDS
methylphenidate hydrochloride tabs 5mg	2	NDS
modafinil tabs 100mg	2	PA; NDS
modafinil tabs 200mg	2	PA; NDS
SUNOSI TABS 150MG	4	PA; MO
SUNOSI TABS 75MG	5	PA; NDS
VYKAT XR TB24 150MG	5	NDS
VYKAT XR TB24 25MG	5	NDS
VYKAT XR TB24 75MG	5	NDS
ANTICONVULSANTS		
BRIVARACETAM SOLN 10MG/ML	4	MO
BRIVARACETAM TABS 100MG	4	MO
BRIVARACETAM TABS 10MG	4	MO
BRIVARACETAM TABS 25MG	4	MO
BRIVARACETAM TABS 50MG	4	MO
BRIVARACETAM TABS 75MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
carbamazepine er cp12 100mg	2	MO
carbamazepine er cp12 200mg	2	MO
carbamazepine er cp12 300mg	2	MO
carbamazepine er tb12 100mg	2	MO
carbamazepine er tb12 200mg	2	MO
carbamazepine er tb12 400mg	2	MO
carbamazepine chew 100mg	2	MO
CARBAMAZEPINE CHEW 200MG	4	MO
carbamazepine susp 100mg/5ml	2	MO
carbamazepine tabs 200mg	2	MO
CELONTIN CAPS 300MG	3	MO
clobazam susp 2.5mg/ml	2	MO
clobazam tabs 10mg	2	MO
clobazam tabs 20mg	2	MO
clonazepam odt tbdp 0.125mg	2	NDS
clonazepam odt tbdp 0.25mg	2	NDS
clonazepam odt tbdp 0.5mg	2	NDS
clonazepam odt tbdp 1mg	2	NDS
clonazepam odt tbdp 2mg	2	NDS
clonazepam tabs 0.5mg	2	NDS
clonazepam tabs 1mg	2	NDS
clonazepam tabs 2mg	2	NDS
DIACOMIT CAPS 250MG	5	NDS
DIACOMIT CAPS 500MG	5	NDS
DIACOMIT PACK 250MG	5	NDS
DIACOMIT PACK 500MG	5	NDS
diazepam gel 10mg	2	NDS
diazepam gel 2.5mg	2	NDS
diazepam gel 20mg	2	NDS
dilantin infatabs chew 50mg	2	MO
dilantin caps 100mg	2	MO
dilantin caps 30mg	2	MO
divalproex sodium dr csdr 125mg	2	MO
divalproex sodium dr tbec 125mg	2	MO
divalproex sodium dr tbec 250mg	2	MO
divalproex sodium dr tbec 500mg	2	MO
divalproex sodium er tb24 250mg	2	MO
divalproex sodium er tb24 500mg	2	MO
ELEPSIA XR TB24 1000MG	5	NDS
ELEPSIA XR TB24 1500MG	5	NDS
EPIDIOLEX SOLN 100MG/ML	5	PA NSO
ESLICARBAZEPINE ACETATE TABS 200MG	4	MO
ESLICARBAZEPINE ACETATE TABS 400MG	4	MO
ESLICARBAZEPINE ACETATE TABS 600MG	4	MO
ESLICARBAZEPINE ACETATE TABS 800MG	4	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ethosuximide caps 250mg	2	MO
ethosuximide soln 250mg/5ml	2	MO
FELBAMATE SUSP 600MG/5ML	4	MO
felbamate tabs 400mg	2	MO
felbamate tabs 600mg	2	MO
FINTEPLA SOLN 2.2MG/ML	5	NDS
fosphenytoin sodium inj 100mg pe/2ml	2	
fosphenytoin sodium inj 500mg pe/10ml	2	
FYCOMPA SUSP 0.5MG/ML	5	PA NSO
gabapentin caps 100mg	2	MO
gabapentin caps 300mg	2	MO
gabapentin caps 400mg	2	MO
gabapentin soln 250mg/5ml	2	MO
gabapentin tabs 600mg	2	MO
gabapentin tabs 800mg	2	MO
GABARONE TABS 100MG	5	NDS
GABARONE TABS 400MG	5	NDS
LACOSAMIDE INJ 200MG/20ML	4	
LACOSAMIDE SOLN 10MG/ML	4	
lacosamide tabs 100mg	2	MO
lacosamide tabs 150mg	2	MO
lacosamide tabs 200mg	2	MO
lacosamide tabs 50mg	2	MO
lamotrigine er tb24 100mg	2	MO
lamotrigine er tb24 200mg	2	MO
lamotrigine er tb24 250mg	2	MO
lamotrigine er tb24 25mg	2	MO
lamotrigine er tb24 300mg	2	MO
lamotrigine er tb24 50mg	2	MO
lamotrigine odt tbdp 100mg	2	MO
lamotrigine odt tbdp 200mg	2	MO
lamotrigine odt tbdp 25mg	2	MO
lamotrigine odt tbdp 50mg	2	MO
lamotrigine starter kit/blue kit 25mg	2	MO
lamotrigine starter kit/green kit 0	2	MO
lamotrigine starter kit/orange kit 0	2	MO
lamotrigine titration kit 0	2	MO
lamotrigine chew 25mg	2	MO
lamotrigine chew 5mg	2	MO
lamotrigine tabs 100mg	2	MO
lamotrigine tabs 150mg	2	MO
lamotrigine tabs 200mg	2	MO
lamotrigine tabs 25mg	2	MO
levetiracetam er tb24 500mg	2	MO
levetiracetam er tb24 750mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml	2	
levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml	2	
levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml	2	
levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml	2	
levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml	2	
levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml	2	
levetiracetam inj 500mg/5ml	2	
levetiracetam soln 100mg/ml	2	MO
levetiracetam tabs 1000mg	2	MO
levetiracetam tabs 250mg	2	MO
levetiracetam tabs 500mg	2	MO
levetiracetam tabs 750mg	2	MO
LEVETIRACETAM TB3D 250MG	4	MO
LEVETIRACETAM TB3D 500MG	4	MO
magnesium sulfate inj 50%	2	
magnesium sulfate inj 50%	2	
methsuximide caps 300mg	2	MO
MIDAZOLAM HYDROCHLORIDE INJ 10MG/0.7ML	4	NDS
NAYZILAM SOLN 5MG/0.1ML	4	NDS
oxcarbazepine susp 300mg/5ml	2	MO
oxcarbazepine tabs 150mg	2	MO
oxcarbazepine tabs 300mg	2	MO
oxcarbazepine tabs 600mg	2	MO
PERAMPANEL SUSP 0.5MG/ML	5	PA NSO
PERAMPANEL TABS 10MG	4	PA NSO; MO
PERAMPANEL TABS 12MG	4	PA NSO; MO
PERAMPANEL TABS 2MG	4	PA NSO
PERAMPANEL TABS 4MG	4	PA NSO; MO
PERAMPANEL TABS 6MG	4	PA NSO; MO
PERAMPANEL TABS 8MG	4	PA NSO; MO
phenytek caps 200mg	2	MO
phenytek caps 300mg	2	MO
phenytoin sodium extended caps 100mg	2	MO
phenytoin sodium extended caps 200mg	2	MO
phenytoin sodium extended caps 300mg	2	MO
phenytoin sodium inj 50mg/ml	2	
phenytoin chew 50mg	2	MO
phenytoin susp 125mg/5ml	2	MO
pregabalin caps 100mg	2	QL(90 EA per 30 days); MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
pregabalin caps 150mg	2	QL(90 EA per 30 days); MO
pregabalin caps 200mg	2	QL(90 EA per 30 days); MO
pregabalin caps 225mg	2	QL(90 EA per 30 days); MO
pregabalin caps 25mg	2	QL(90 EA per 30 days); MO
pregabalin caps 300mg	2	QL(90 EA per 30 days); MO
pregabalin caps 50mg	2	QL(90 EA per 30 days); MO
pregabalin caps 75mg	2	QL(90 EA per 30 days); MO
pregabalin soln 20mg/ml	2	QL(900 ML per 30 days); MO
PRIMIDONE TABS 125MG	4	MO
primidone tabs 250mg	2	MO
primidone tabs 50mg	2	MO
roweepra tabs 500mg	2	MO
RUFINAMIDE SUSP 40MG/ML	4	
RUFINAMIDE TABS 200MG	4	
RUFINAMIDE TABS 400MG	4	
subvenite starter kit/blue kit 25mg	2	MO
subvenite starter kit/green kit 0	2	MO
subvenite starter kit/orange kit 0	2	MO
SUBVENITE SUSP 10MG/ML	4	MO
subvenite tabs 100mg	2	MO
subvenite tabs 150mg	2	MO
subvenite tabs 200mg	2	MO
subvenite tabs 25mg	2	MO
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	5	
TIAGABINE HYDROCHLORIDE TABS 12MG	4	MO
TIAGABINE HYDROCHLORIDE TABS 16MG	4	MO
TIAGABINE HYDROCHLORIDE TABS 2MG	4	MO
TIAGABINE HYDROCHLORIDE TABS 4MG	4	MO
topiramate cpsp 15mg	2	MO
topiramate cpsp 25mg	2	MO
TOPIRAMATE SOLN 25MG/ML	4	MO
topiramate tabs 100mg	2	MO
topiramate tabs 200mg	2	MO
topiramate tabs 25mg	2	MO
topiramate tabs 50mg	2	MO
valproate sodium inj 100mg/ml	2	
valproate sodium inj 100mg/ml	2	
valproic acid caps 250mg	2	MO
valproic acid soln 250mg/5ml	2	MO
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	3	
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	3	
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	3	
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	3	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VIGABATRIN PACK 500MG	5	NDS
VIGABATRIN TABS 500MG	5	NDS
VIGADRONE TABS 500MG	5	NDS
VIGAFYDE SOLN 100MG/ML	5	NDS
XCOPRI TABS 100MG	5	PA NSO
XCOPRI TABS 150MG	5	PA NSO
XCOPRI TABS 200MG	5	PA NSO
XCOPRI TABS 25MG	5	PA NSO
XCOPRI TABS 50MG	5	PA NSO
XCOPRI 12.5MG; 25MG (TITRATION PACK)	4	PA NSO
XCOPRI 150MG; 200 MG (TITRATION PACK)	5	PA NSO
XCOPRI 150MG; 200 MG (350MG DAILY DOSE)	5	PA NSO
XCOPRI 50MG; 100 MG (TITRATION PACK)	5	PA NSO
XCOPRI 100MG; 150 MG (250MG DAILY DOSE)	5	PA NSO
ZONISADE SUSP 100MG/5ML	4	MO
zonisamide caps 100mg	2	MO
zonisamide caps 25mg	2	MO
zonisamide caps 50mg	2	MO
ZTALMY SUSP 50MG/ML	5	NDS
ANTIMIGRAINE AGENTS		
AJOVY INJ 225MG/1.5ML	4	PA
AJOVY INJ 225MG/1.5ML	4	PA
eletriptan hydrobromide tabs 20mg	2	
eletriptan hydrobromide tabs 40mg	2	
ergotamine tartrate/caffeine tabs 100mg; 1mg	2	
naratriptan hcl tabs 1mg	2	
naratriptan hcl tabs 2.5mg	2	
NURTEC TBDP 75MG	5	QL(16 EA per 30 days); PA; NDS
QULIPTA TABS 10MG	5	PA; NDS
QULIPTA TABS 30MG	5	PA; NDS
QULIPTA TABS 60MG	5	PA; NDS
rizatriptan benzoate odt tbdp 10mg	2	
rizatriptan benzoate odt tbdp 5mg	2	
rizatriptan benzoate tabs 10mg	2	
rizatriptan benzoate tabs 5mg	2	
sumatriptan succinate inj 6mg/0.5ml	2	
sumatriptan succinate inj 6mg/0.5ml	2	
sumatriptan succinate tabs 100mg	2	
sumatriptan succinate tabs 25mg	2	
sumatriptan succinate tabs 50mg	2	
sumatriptan soln 20mg/act	2	
sumatriptan soln 5mg/act	2	
UBRELVY TABS 100MG	3	PA
UBRELVY TABS 50MG	3	PA
ZAVZPRET SOLN 10MG/ACT	5	PA; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan odt tbdp 2.5mg	2	
zolmitriptan odt tbdp 5mg	2	
zolmitriptan tabs 2.5mg	2	
zolmitriptan tabs 5mg	2	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100mg	2	MO
amantadine hcl soln 50mg/5ml	2	MO
amantadine hydrochloride tabs 100mg	2	MO
APOMORPHINE HYDROCHLORIDE INJ 30MG/3ML	5	NDS
benztropine mesylate inj 1mg/ml	2	
benztropine mesylate tabs 0.5mg	2	MO
benztropine mesylate tabs 1mg	2	MO
benztropine mesylate tabs 2mg	2	MO
bromocriptine mesylate caps 5mg	2	MO
bromocriptine mesylate tabs 2.5mg	2	MO
cabergoline tabs 0.5mg	2	MO
carbidopa/levodopa er tbcr 25mg; 100mg	2	MO
carbidopa/levodopa er tbcr 50mg; 200mg	2	MO
carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg	2	MO
carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg	2	MO
carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg	2	MO
carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg	2	MO
carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg	2	MO
carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg	2	MO
carbidopa/levodopa tabs 10mg; 100mg	2	MO
carbidopa/levodopa tabs 25mg; 100mg	2	MO
carbidopa/levodopa tabs 25mg; 250mg	2	MO
carbidopa tabs 25mg	2	MO
EMSAM PT24 12MG/24HR	5	NDS
EMSAM PT24 6MG/24HR	5	NDS
EMSAM PT24 9MG/24HR	5	NDS
entacapone tabs 200mg	2	MO
INBRIJA CAPS 42MG	5	NDS
pramipexole dihydrochloride tabs 0.125mg	2	MO
pramipexole dihydrochloride tabs 0.25mg	2	MO
pramipexole dihydrochloride tabs 0.5mg	2	MO
pramipexole dihydrochloride tabs 0.75mg	2	MO
pramipexole dihydrochloride tabs 1.5mg	2	MO
pramipexole dihydrochloride tabs 1mg	2	MO
rasagiline mesylate tabs 0.5mg	2	MO
rasagiline mesylate tabs 1mg	2	MO
ropinirole er tb24 12mg	2	MO
ropinirole er tb24 2mg	2	MO
ropinirole er tb24 4mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ropinirole er tb24 6mg	2	MO
ropinirole er tb24 8mg	2	MO
ropinirole hcl tabs 0.5mg	2	MO
ropinirole hcl tabs 1mg	2	MO
ropinirole hcl tabs 2mg	2	MO
ropinirole hcl tabs 4mg	2	MO
ropinirole hcl tabs 5mg	2	MO
ropinirole hydrochloride tabs 0.25mg	2	MO
ropinirole hydrochloride tabs 3mg	2	MO
selegiline hcl caps 5mg	2	MO
selegiline hcl tabs 5mg	2	MO
tolcapone tabs 100mg	5	MO
trihexyphenidyl hydrochloride soln 0.4mg/ml	2	MO
trihexyphenidyl hydrochloride tabs 2mg	2	MO
trihexyphenidyl hydrochloride tabs 5mg	2	MO
ZELAPAR TBDP 1.25MG	5	MO
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25mg	2	NDS
alprazolam tabs 0.5mg	2	NDS
alprazolam tabs 1mg	2	NDS
alprazolam tabs 2mg	2	NDS
BUCAPSOL CAPS 10MG	5	NDS
BUCAPSOL CAPS 15MG	5	NDS
BUCAPSOL CAPS 7.5MG	5	NDS
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg	1	
buspirone hydrochloride tabs 30mg	1	
buspirone hydrochloride tabs 5mg	1	
buspirone hydrochloride tabs 7.5mg	1	
chlordiazepoxide hcl caps 10mg	2	NDS
chlordiazepoxide hcl caps 5mg	2	NDS
chlordiazepoxide hydrochloride caps 25mg	2	NDS
clorazepate dipotassium tabs 15mg	2	NDS
clorazepate dipotassium tabs 3.75mg	2	NDS
clorazepate dipotassium tabs 7.5mg	2	NDS
diazepam intensol conc 5mg/ml	2	NDS
diazepam inj 5mg/ml	2	NDS
diazepam soln 5mg/5ml	2	NDS
diazepam tabs 10mg	2	NDS
diazepam tabs 2mg	2	NDS
diazepam tabs 5mg	2	NDS
droperidol inj 2.5mg/ml	2	
eszopiclone tabs 1mg	2	QL(30 EA per 30 days); NDS
eszopiclone tabs 2mg	2	QL(30 EA per 30 days); NDS
eszopiclone tabs 3mg	2	QL(30 EA per 30 days); NDS

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl tabs 50mg	2	
hydroxyzine hydrochloride inj 25mg/ml	2	
hydroxyzine hydrochloride inj 50mg/ml	2	
hydroxyzine hydrochloride syrp 10mg/5ml	2	
hydroxyzine hydrochloride tabs 10mg	2	
hydroxyzine hydrochloride tabs 25mg	2	
hydroxyzine pamoate caps 100mg	2	
hydroxyzine pamoate caps 25mg	2	
hydroxyzine pamoate caps 50mg	2	
IGALMI FILM 120MCG	4	NDS
lorazepam intensol conc 2mg/ml	2	NDS
lorazepam inj 2mg/ml	2	NDS
lorazepam inj 4mg/ml	2	NDS
lorazepam tabs 0.5mg	2	NDS
lorazepam tabs 1mg	2	NDS
lorazepam tabs 2mg	2	NDS
midazolam hcl inj 10mg/2ml	2	
midazolam hcl inj 5mg/ml	2	
midazolam hcl inj 5mg/ml	2	
midazolam hydrochloride +rfid inj 2mg/2ml	2	
midazolam hydrochloride inj 10mg/2ml	2	
midazolam hydrochloride inj 25mg/5ml	2	
midazolam hydrochloride inj 2mg/2ml	2	
midazolam hydrochloride inj 2mg/2ml	2	
oxazepam caps 10mg	2	NDS
oxazepam caps 15mg	2	NDS
oxazepam caps 30mg	2	NDS
phenobarbital sodium inj 130mg/ml	2	
phenobarbital sodium inj 65mg/ml	2	
phenobarbital elix 20mg/5ml	2	
phenobarbital tabs 100mg	2	
phenobarbital tabs 15mg	2	
phenobarbital tabs 16.2mg	2	
phenobarbital tabs 30mg	2	
phenobarbital tabs 32.4mg	2	
phenobarbital tabs 60mg	2	
phenobarbital tabs 64.8mg	2	
phenobarbital tabs 97.2mg	2	
TASIMELTEON CAPS 20MG	5	PA; NDS
temazepam caps 15mg	2	NDS
temazepam caps 30mg	2	NDS
temazepam caps 7.5mg	2	NDS
triazolam tabs 0.125mg	2	NDS
triazolam tabs 0.25mg	2	NDS
zaleplon caps 10mg	2	QL(30 EA per 30 days); NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
zaleplon caps 5mg	2	QL(30 EA per 30 days); NDS
zolpidem tartrate tabs 10mg	2	QL(30 EA per 30 days); NDS
zolpidem tartrate tabs 5mg	2	QL(30 EA per 30 days); NDS
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
atomoxetine caps 100mg	2	MO
atomoxetine caps 10mg	2	MO
atomoxetine caps 18mg	2	MO
atomoxetine caps 25mg	2	MO
atomoxetine caps 40mg	2	MO
atomoxetine caps 60mg	2	MO
atomoxetine caps 80mg	2	MO
AUSTEDO XR PATIENT TITRATION KIT 12MG; 18MG; 24MG; 30MG	5	PA; NDS
AUSTEDO XR TB24 12MG	5	PA; NDS
AUSTEDO XR TB24 18MG	5	PA; NDS
AUSTEDO XR TB24 24MG	5	PA; NDS
AUSTEDO XR TB24 30MG	5	PA; NDS
AUSTEDO XR TB24 36MG	5	PA; NDS
AUSTEDO XR TB24 42MG	5	PA; NDS
AUSTEDO XR TB24 48MG	5	PA; NDS
AUSTEDO XR TB24 6MG	5	PA; NDS
AUSTEDO TABS 12MG	5	PA; NDS
AUSTEDO TABS 6MG	5	PA; NDS
AUSTEDO TABS 9MG	5	PA; NDS
DAYBUE SOLN 200MG/ML	5	PA; NDS
flumazenil inj 0.5mg/5ml	2	
flumazenil inj 1mg/10ml	2	
guanfacine hydrochloride er tb24 1mg	2	MO
guanfacine hydrochloride er tb24 2mg	2	MO
guanfacine hydrochloride er tb24 3mg	2	MO
guanfacine hydrochloride er tb24 4mg	2	MO
INGREZZA CAPS 40MG	5	PA; NDS
INGREZZA CAPS 60MG	5	PA; NDS
INGREZZA CAPS 80MG	5	PA; NDS
INGREZZA CPPK 0	5	PA; NDS
memantine hcl titration pak tabs 0	2	MO
memantine hydrochloride soln 2mg/ml	2	MO
memantine hydrochloride tabs 10mg	2	MO
memantine hydrochloride tabs 5mg	2	MO
NOURIANZ TABS 20MG	5	NDS
NOURIANZ TABS 40MG	5	NDS
NUEDEXTA CAPS 20MG; 10MG	5	PA; NDS
QALSODY INJ 100MG/15ML	5	PA; NDS
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	PA; NDS
RADICAVA ORS SUSP 105MG/5ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
riluzole tabs 50mg	2	MO
SODIUM OXYBATE SOLN 500MG/ML	5	PA; NDS
TETRABENAZINE TABS 12.5MG	4	MO
TETRABENAZINE TABS 25MG	4	MO
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA; NDS
AVONEX INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA; NDS
BETASERON INJ 0.3MG	5	QL(14 EA per 28 days); NDS
dalfampridine er tb12 10mg	2	PA; MO
dimethyl fumarate starterpack cdpk 0	2	QL(60 EA per 30 days); MO
dimethyl fumarate cpdr 120mg	2	QL(14 EA per 7 days); MO
dimethyl fumarate cpdr 240mg	2	QL(60 EA per 30 days); MO
fingolimod hydrochloride caps 0.5mg	2	QL(30 EA per 30 days); MO
glatiramer acetate inj 20mg/ml	2	MO
glatiramer acetate inj 40mg/ml	2	MO
GLATOPA INJ 20MG/ML	4	MO
GLATOPA INJ 40MG/ML	4	MO
OCREVUS ZUNOVO INJ 23000UNIT/23ML; 920MG/23ML	5	
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL(12 ML per 28 days); PA; NDS
REBIF REBIDOSE INJ 22MCG/0.5ML	5	QL(12 ML per 28 days); PA; NDS
REBIF REBIDOSE INJ 44MCG/0.5ML	5	QL(12 ML per 28 days); PA; NDS
REBIF TITRATION PACK INJ 0	5	QL(12 ML per 28 days); PA; NDS
TERIFLUNOMIDE TABS 14MG	4	MO
TERIFLUNOMIDE TABS 7MG	4	MO
OPIATE ANTAGONISTS		
BELBUCA FILM 150MCG	4	QL(60 EA per 30 days); NDS
BELBUCA FILM 300MCG	4	QL(60 EA per 30 days); NDS
BELBUCA FILM 450MCG	4	QL(60 EA per 30 days); NDS
BELBUCA FILM 600MCG	4	QL(60 EA per 30 days); NDS
BELBUCA FILM 750MCG	5	QL(60 EA per 30 days); NDS
BELBUCA FILM 75MCG	4	QL(60 EA per 30 days); NDS
BELBUCA FILM 900MCG	5	QL(60 EA per 30 days); NDS
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	2	NDS
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	2	NDS
buprenorphine hcl subl 2mg	2	NDS
buprenorphine hcl subl 8mg	2	NDS
buprenorphine ptwk 10mcg/hr	2	QL(4 EA per 28 days); NDS
buprenorphine ptwk 15mcg/hr	2	QL(4 EA per 28 days); NDS
buprenorphine ptwk 20mcg/hr	2	QL(4 EA per 28 days); NDS
buprenorphine ptwk 5mcg/hr	2	QL(4 EA per 28 days); NDS
buprenorphine ptwk 7.5mcg/hr	2	QL(4 EA per 28 days); NDS
KLOXXADO LIQD 8MG/0.1ML	4	
LOFEXIDINE HYDROCHLORIDE TABS 0.18MG	5	PA; NDS
naloxone hcl inj 4mg/10ml	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
naloxone hydrochloride inj 0.4mg/ml	2	
naloxone hydrochloride inj 0.4mg/ml	2	
naloxone hydrochloride inj 2mg/2ml	2	
naltrexone hydrochloride tabs 50mg	2	
VIVITROL INJ 380MG	5	NDS
PSYCHOTHERAPEUTIC AGENTS		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	5	
ABILIFY ASIMTUFII INJ 960MG/3.2ML	5	
ABILIFY MAINTENA INJ 300MG	5	NDS
ABILIFY MAINTENA INJ 300MG	5	NDS
ABILIFY MAINTENA INJ 400MG	5	NDS
ABILIFY MAINTENA INJ 400MG	5	NDS
amitriptyline hydrochloride tabs 100mg	2	PA NSO; MO
amitriptyline hydrochloride tabs 10mg	2	PA NSO; MO
amitriptyline hydrochloride tabs 150mg	2	PA NSO; MO
amitriptyline hydrochloride tabs 25mg	2	PA NSO; MO
amitriptyline hydrochloride tabs 50mg	2	PA NSO; MO
amitriptyline hydrochloride tabs 75mg	2	PA NSO; MO
amoxapine tabs 100mg	2	PA NSO; MO
amoxapine tabs 150mg	2	PA NSO; MO
amoxapine tabs 25mg	2	PA NSO; MO
amoxapine tabs 50mg	2	PA NSO; MO
APLENZIN TB24 348MG	5	MO
APLENZIN TB24 522MG	5	MO
ARIPIPRAZOLE ODT TBDP 10MG	4	MO
ARIPIPRAZOLE ODT TBDP 15MG	4	MO
aripiprazole soln 1mg/ml	2	MO
aripiprazole tabs 10mg	2	MO
aripiprazole tabs 15mg	2	MO
aripiprazole tabs 20mg	2	MO
aripiprazole tabs 2mg	2	MO
aripiprazole tabs 30mg	2	MO
aripiprazole tabs 5mg	2	MO
ARISTADA INITIO INJ 675MG/2.4ML	5	NDS
ARISTADA INJ 1064MG/3.9ML	5	NDS
ARISTADA INJ 441MG/1.6ML	5	NDS
ARISTADA INJ 662MG/2.4ML	5	NDS
ARISTADA INJ 882MG/3.2ML	5	NDS
asenapine maleate sl subl 10mg	2	PA NSO; MO
asenapine maleate sl subl 2.5mg	2	PA NSO; MO
asenapine maleate sl subl 5mg	2	PA NSO; MO
AUVELITY TITRATION PACK TEPK 0; 0	5	NDS
AUVELITY TBCR 105MG; 45MG	5	NDS
bupropion hydrochloride er (sr) tb12 100mg	2	MO
bupropion hydrochloride er (sr) tb12 150mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride er (sr) tb12 200mg	2	MO
bupropion hydrochloride er (xl) tb24 150mg	2	MO
bupropion hydrochloride er (xl) tb24 300mg	2	MO
bupropion hydrochloride er (xl) tb24 450mg	2	MO
bupropion hydrochloride tabs 100mg	2	MO
bupropion hydrochloride tabs 75mg	2	MO
BYSANTI TITRATION PACK A TBPK 0	4	PA NSO
BYSANTI TITRATION PACK B TBPK 0	4	PA NSO
BYSANTI TITRATION PACK C TBPK 0	4	PA NSO
BYSANTI TABS 10MG	5	PA NSO; NDS
BYSANTI TABS 12MG	5	PA NSO; NDS
BYSANTI TABS 1MG	5	PA NSO; NDS
BYSANTI TABS 2MG	5	PA NSO; NDS
BYSANTI TABS 4MG	5	PA NSO; NDS
BYSANTI TABS 6MG	5	PA NSO; NDS
BYSANTI TABS 8MG	5	PA NSO; NDS
CAPLYTA CAPS 10.5MG	5	PA NSO; NDS
CAPLYTA CAPS 21MG	5	PA NSO; NDS
CAPLYTA CAPS 42MG	5	PA NSO; NDS
chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg	2	
chlordiazepoxide/amitriptyline tabs 25mg; 10mg	2	
chlorpromazine hcl inj 25mg/ml	2	
chlorpromazine hcl inj 50mg/2ml	2	
CHLORPROMAZINE HYDROCHLORIDE CONC 100MG/ML	4	MO
CHLORPROMAZINE HYDROCHLORIDE CONC 30MG/ML	4	MO
chlorpromazine hydrochloride tabs 100mg	2	MO
chlorpromazine hydrochloride tabs 10mg	2	MO
chlorpromazine hydrochloride tabs 200mg	2	MO
chlorpromazine hydrochloride tabs 25mg	2	MO
chlorpromazine hydrochloride tabs 50mg	2	MO
CITALOPRAM HYDROBROMIDE CAPS 30MG	4	MO
citalopram hydrobromide soln 10mg/5ml	2	MO
citalopram hydrobromide tabs 10mg	1	MO
citalopram hydrobromide tabs 20mg	1	MO
citalopram hydrobromide tabs 40mg	1	MO
clomipramine hydrochloride caps 25mg	2	PA NSO; MO
clomipramine hydrochloride caps 50mg	2	PA NSO; MO
clomipramine hydrochloride caps 75mg	2	PA NSO; MO
clozapine odt tbdp 100mg	2	NDS
clozapine odt tbdp 12.5mg	2	NDS
clozapine odt tbdp 150mg	2	NDS
clozapine odt tbdp 200mg	2	NDS
clozapine odt tbdp 25mg	2	NDS

Drug Name	Drug Tier	Requirements/Limits
clozapine tabs 100mg	2	NDS
clozapine tabs 200mg	2	NDS
clozapine tabs 25mg	2	NDS
clozapine tabs 50mg	2	NDS
COBENFY STARTER PACK CPPK 20MG; 0	5	NDS
COBENFY CAPS 20MG; 100MG	5	NDS
COBENFY CAPS 20MG; 50MG	5	NDS
COBENFY CAPS 30MG; 125MG	5	NDS
compro supp 25mg	2	MO
desipramine hydrochloride tabs 100mg	2	PA NSO; MO
desipramine hydrochloride tabs 10mg	2	PA NSO; MO
desipramine hydrochloride tabs 150mg	2	PA NSO; MO
desipramine hydrochloride tabs 25mg	2	PA NSO; MO
desipramine hydrochloride tabs 50mg	2	PA NSO; MO
desipramine hydrochloride tabs 75mg	2	PA NSO; MO
desvenlafaxine er tb24 100mg	2	MO
desvenlafaxine er tb24 25mg	2	MO
desvenlafaxine er tb24 50mg	2	MO
doxepin hcl caps 75mg	2	MO
doxepin hcl conc 10mg/ml	2	MO
doxepin hydrochloride caps 100mg	2	MO
doxepin hydrochloride caps 10mg	2	MO
doxepin hydrochloride caps 150mg	2	MO
doxepin hydrochloride caps 25mg	2	MO
doxepin hydrochloride caps 50mg	2	MO
doxepin hydrochloride tabs 3mg	2	MO
doxepin hydrochloride tabs 6mg	2	MO
DRIZALMA SPRINKLE CSDR 20MG	4	
DRIZALMA SPRINKLE CSDR 30MG	4	
DRIZALMA SPRINKLE CSDR 40MG	4	
DRIZALMA SPRINKLE CSDR 60MG	4	
duloxetine hydrochloride dr cpep 20mg	2	MO
duloxetine hydrochloride dr cpep 30mg	2	MO
DULOXETINE HYDROCHLORIDE DR CPEP 40MG	4	MO
duloxetine hydrochloride dr cpep 60mg	2	MO
escitalopram oxalate soln 5mg/5ml	2	MO
escitalopram oxalate tabs 10mg	1	MO
escitalopram oxalate tabs 20mg	1	MO
escitalopram oxalate tabs 5mg	1	MO
EXXUA TITRATION PACK TB24 18.2MG	5	NDS
EXXUA TB24 18.2MG	5	NDS
EXXUA TB24 36.3MG	5	NDS
EXXUA TB24 54.5MG	5	NDS
EXXUA TB24 72.6MG	5	NDS
FANAPT TITRATION PACK A TABS 0	4	PA NSO; MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK B TABS 0	4	PA NSO; MO
FANAPT TITRATION PACK C TABS 0	4	PA NSO; MO
FANAPT TABS 10MG	5	PA NSO; NDS
FANAPT TABS 12MG	5	PA NSO; NDS
FANAPT TABS 1MG	5	PA NSO; NDS
FANAPT TABS 2MG	5	PA NSO; NDS
FANAPT TABS 4MG	5	PA NSO; NDS
FANAPT TABS 6MG	5	PA NSO; NDS
FANAPT TABS 8MG	5	PA NSO; NDS
FETZIMA TITRATION PACK C4PK 0	4	MO
FETZIMA CP24 120MG	4	MO
FETZIMA CP24 20MG	4	MO
FETZIMA CP24 40MG	4	MO
FETZIMA CP24 80MG	4	MO
fluoxetine dr cpdr 90mg	2	MO
fluoxetine hydrochloride caps 10mg	1	MO
fluoxetine hydrochloride caps 20mg	1	MO
fluoxetine hydrochloride caps 40mg	1	MO
fluoxetine hydrochloride soln 20mg/5ml	2	MO
fluoxetine hydrochloride tabs 10mg	2	MO
fluoxetine hydrochloride tabs 10mg	2	MO
fluoxetine hydrochloride tabs 20mg	2	MO
fluoxetine hydrochloride tabs 20mg	2	MO
fluoxetine hydrochloride tabs 60mg	2	MO
fluphenazine decanoate inj 25mg/ml	2	
fluphenazine hcl conc 5mg/ml	2	MO
fluphenazine hydrochloride elix 2.5mg/5ml	2	MO
fluphenazine hydrochloride inj 2.5mg/ml	2	
fluphenazine hydrochloride tabs 10mg	2	MO
fluphenazine hydrochloride tabs 1mg	2	MO
fluphenazine hydrochloride tabs 2.5mg	2	MO
fluphenazine hydrochloride tabs 5mg	2	MO
fluvoxamine maleate er cp24 100mg	2	MO
fluvoxamine maleate er cp24 150mg	2	MO
fluvoxamine maleate tabs 100mg	2	MO
fluvoxamine maleate tabs 25mg	2	MO
fluvoxamine maleate tabs 50mg	2	MO
haloperidol decanoate inj 100mg/ml	2	
haloperidol decanoate inj 100mg/ml	2	
haloperidol decanoate inj 50mg/ml	2	
haloperidol decanoate inj 50mg/ml	2	
haloperidol lactate inj 5mg/ml	2	
haloperidol conc 2mg/ml	2	MO
haloperidol tabs 0.5mg	2	MO
haloperidol tabs 10mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
haloperidol tabs 1mg	2	MO
haloperidol tabs 20mg	2	MO
haloperidol tabs 2mg	2	MO
haloperidol tabs 5mg	2	MO
imipramine hcl tabs 25mg	2	PA NSO; MO
imipramine hcl tabs 50mg	2	PA NSO; MO
imipramine hydrochloride tabs 10mg	2	PA NSO; MO
imipramine pamoate caps 100mg	2	PA NSO; MO
imipramine pamoate caps 125mg	2	PA NSO; MO
imipramine pamoate caps 150mg	2	PA NSO; MO
imipramine pamoate caps 75mg	2	PA NSO; MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	
INVEGA HAFYERA INJ 1560MG/5ML	5	
INVEGA SUSTENNA INJ 117MG/0.75ML	5	NDS
INVEGA SUSTENNA INJ 156MG/ML	5	NDS
INVEGA SUSTENNA INJ 234MG/1.5ML	5	NDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	NDS
INVEGA TRINZA INJ 273MG/0.88ML	5	NDS
INVEGA TRINZA INJ 410MG/1.32ML	5	NDS
INVEGA TRINZA INJ 546MG/1.75ML	5	NDS
INVEGA TRINZA INJ 819MG/2.63ML	5	NDS
lithium carbonate er tbcr 300mg	2	MO
lithium carbonate er tbcr 450mg	2	MO
lithium carbonate caps 150mg	2	MO
lithium carbonate caps 300mg	2	MO
lithium carbonate caps 600mg	2	MO
lithium carbonate tabs 300mg	2	MO
LITHIUM SOLN 8MEQ/5ML	4	MO
loxapine succinate caps 25mg	2	MO
loxapine succinate caps 50mg	2	MO
loxapine succinate caps 5mg	2	MO
loxapine caps 10mg	2	MO
loxapine caps 25mg	2	MO
loxapine caps 50mg	2	MO
loxapine caps 5mg	2	MO
lurasidone hydrochloride tabs 120mg	2	MO
lurasidone hydrochloride tabs 20mg	2	MO
lurasidone hydrochloride tabs 40mg	2	MO
lurasidone hydrochloride tabs 60mg	2	MO
lurasidone hydrochloride tabs 80mg	2	MO
LYBALVI TABS 10MG; 10MG	5	NDS
LYBALVI TABS 15MG; 10MG	5	NDS
LYBALVI TABS 20MG; 10MG	5	NDS
LYBALVI TABS 5MG; 10MG	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MARPLAN TABS 10MG	4	MO
mirtazapine odt tbdp 15mg	2	MO
mirtazapine odt tbdp 30mg	2	MO
mirtazapine odt tbdp 45mg	2	MO
mirtazapine tabs 15mg	2	MO
mirtazapine tabs 30mg	2	MO
mirtazapine tabs 45mg	2	MO
mirtazapine tabs 7.5mg	2	MO
molindone hydrochloride tabs 10mg	2	MO
molindone hydrochloride tabs 25mg	2	MO
molindone hydrochloride tabs 5mg	2	MO
nefazodone hydrochloride tabs 100mg	2	MO
nefazodone hydrochloride tabs 150mg	2	MO
nefazodone hydrochloride tabs 200mg	2	MO
nefazodone hydrochloride tabs 250mg	2	MO
nefazodone hydrochloride tabs 50mg	2	MO
nortriptyline hcl caps 25mg	2	PA NSO; MO
nortriptyline hcl caps 75mg	2	PA NSO; MO
nortriptyline hcl soln 10mg/5ml	2	PA NSO; MO
nortriptyline hydrochloride caps 10mg	2	PA NSO; MO
nortriptyline hydrochloride caps 50mg	2	PA NSO; MO
NUPLAZID CAPS 34MG	5	PA NSO; NDS
NUPLAZID TABS 10MG	5	PA NSO; NDS
olanzapine odt tbdp 10mg	2	MO
olanzapine odt tbdp 15mg	2	MO
olanzapine odt tbdp 20mg	2	MO
olanzapine odt tbdp 5mg	2	MO
olanzapine/fluoxetine caps 25mg; 12mg	2	MO
olanzapine/fluoxetine caps 25mg; 3mg	2	MO
olanzapine/fluoxetine caps 25mg; 6mg	2	MO
olanzapine/fluoxetine caps 50mg; 12mg	2	MO
olanzapine/fluoxetine caps 50mg; 6mg	2	MO
olanzapine inj 10mg	2	
olanzapine tabs 10mg	2	MO
olanzapine tabs 15mg	2	MO
olanzapine tabs 2.5mg	2	MO
olanzapine tabs 20mg	2	MO
olanzapine tabs 5mg	2	MO
olanzapine tabs 7.5mg	2	MO
OPIPZA FILM 10MG	5	NDS
OPIPZA FILM 2MG	5	NDS
OPIPZA FILM 5MG	5	NDS
paliperidone er tb24 1.5mg	2	MO
paliperidone er tb24 3mg	2	MO
paliperidone er tb24 6mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
paliperidone er tb24 9mg	2	MO
paroxetine hcl er tb24 12.5mg	2	PA NSO; MO
paroxetine hcl er tb24 25mg	2	PA NSO; MO
paroxetine hcl er tb24 37.5mg	2	PA NSO; MO
paroxetine hcl tabs 30mg	1	PA NSO; MO
paroxetine hcl tabs 40mg	1	PA NSO; MO
PAROXETINE HYDROCHLORIDE SUSP 10MG/5ML	4	PA NSO; MO
paroxetine hydrochloride tabs 10mg	1	PA NSO; MO
paroxetine hydrochloride tabs 20mg	1	PA NSO; MO
paroxetine caps 7.5mg	2	MO
perphenazine/amitriptyline tabs 10mg; 2mg	2	MO
perphenazine/amitriptyline tabs 10mg; 4mg	2	MO
perphenazine/amitriptyline tabs 25mg; 2mg	2	MO
perphenazine/amitriptyline tabs 25mg; 4mg	2	MO
perphenazine/amitriptyline tabs 50mg; 4mg	2	MO
perphenazine tabs 16mg	2	MO
perphenazine tabs 2mg	2	MO
perphenazine tabs 4mg	2	MO
perphenazine tabs 8mg	2	MO
PERSERIS INJ 120MG	5	NDS
PERSERIS INJ 90MG	5	NDS
phenelzine sulfate tabs 15mg	2	MO
pimozide tabs 1mg	2	MO
pimozide tabs 2mg	2	MO
prochlorperazine edisylate inj 10mg/2ml	2	
prochlorperazine maleate tabs 10mg	2	
prochlorperazine maleate tabs 5mg	2	
prochlorperazine supp 25mg	2	MO
protriptyline hcl tabs 10mg	2	PA NSO; MO
protriptyline hcl tabs 5mg	2	PA NSO; MO
quetiapine fumarate er tb24 150mg	2	MO
quetiapine fumarate er tb24 200mg	2	MO
quetiapine fumarate er tb24 300mg	2	MO
quetiapine fumarate er tb24 400mg	2	MO
quetiapine fumarate er tb24 50mg	2	MO
quetiapine fumarate tabs 100mg	2	MO
quetiapine fumarate tabs 150mg	2	MO
quetiapine fumarate tabs 200mg	2	MO
quetiapine fumarate tabs 25mg	2	MO
quetiapine fumarate tabs 300mg	2	MO
quetiapine fumarate tabs 400mg	2	MO
quetiapine fumarate tabs 50mg	2	MO
RALDESY SOLN 10MG/ML	4	MO
REXULTI TABS 0.25MG	5	PA NSO; NDS
REXULTI TABS 0.5MG	5	PA NSO; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 1MG	5	PA NSO; NDS
REXULTI TABS 2MG	5	PA NSO; NDS
REXULTI TABS 3MG	5	PA NSO; NDS
REXULTI TABS 4MG	5	PA NSO; NDS
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG	5	NDS
RISPERDAL CONSTA INJ 50MG	5	NDS
RISPERIDONE ER INJ 12.5MG	4	
RISPERIDONE ER INJ 25MG	4	
RISPERIDONE ER INJ 37.5MG	5	NDS
RISPERIDONE ER INJ 50MG	5	NDS
RISPERIDONE ODT TBDP 0.25MG	4	MO
RISPERIDONE ODT TBDP 0.5MG	4	MO
RISPERIDONE ODT TBDP 1MG	4	MO
RISPERIDONE ODT TBDP 2MG	4	MO
RISPERIDONE ODT TBDP 3MG	4	MO
RISPERIDONE ODT TBDP 4MG	4	MO
risperidone soln 1mg/ml	2	MO
risperidone tabs 0.25mg	2	MO
risperidone tabs 0.5mg	2	MO
risperidone tabs 1mg	2	MO
risperidone tabs 2mg	2	MO
risperidone tabs 3mg	2	MO
risperidone tabs 4mg	2	MO
RYKINDO INJ 25MG	5	NDS
RYKINDO INJ 37.5MG	5	NDS
RYKINDO INJ 50MG	5	NDS
SECUADO PT24 3.8MG/24HR	5	PA NSO; NDS
SECUADO PT24 5.7MG/24HR	5	PA NSO; NDS
SECUADO PT24 7.6MG/24HR	5	PA NSO; NDS
sertraline hcl conc 20mg/ml	2	MO
sertraline hcl tabs 50mg	1	MO
SERTRALINE HYDROCHLORIDE CAPS 150MG	4	MO
SERTRALINE HYDROCHLORIDE CAPS 200MG	4	MO
sertraline hydrochloride tabs 100mg	1	MO
sertraline hydrochloride tabs 25mg	1	MO
thioridazine hydrochloride tabs 100mg	2	MO
thioridazine hydrochloride tabs 10mg	2	MO
thioridazine hydrochloride tabs 25mg	2	MO
thioridazine hydrochloride tabs 50mg	2	MO
thiothixene caps 10mg	2	MO
thiothixene caps 1mg	2	MO
thiothixene caps 2mg	2	MO
thiothixene caps 5mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
tranylcypromine sulfate tabs 10mg	2	MO
trazodone hydrochloride tabs 100mg	1	MO
trazodone hydrochloride tabs 150mg	1	MO
trazodone hydrochloride tabs 300mg	2	MO
trazodone hydrochloride tabs 50mg	1	MO
trifluoperazine hcl tabs 10mg	2	MO
trifluoperazine hcl tabs 2mg	2	MO
trifluoperazine hcl tabs 5mg	2	MO
trifluoperazine hydrochloride tabs 1mg	2	MO
trimipramine maleate caps 100mg	2	PA NSO; MO
trimipramine maleate caps 25mg	2	PA NSO; MO
trimipramine maleate caps 50mg	2	PA NSO; MO
TRINTELLIX TABS 10MG	4	PA NSO; MO
TRINTELLIX TABS 20MG	4	PA NSO; MO
TRINTELLIX TABS 5MG	4	PA NSO; MO
UZEDY INJ 100MG/0.28ML	5	
UZEDY INJ 125MG/0.35ML	5	
UZEDY INJ 150MG/0.42ML	5	
UZEDY INJ 200MG/0.56ML	5	
UZEDY INJ 250MG/0.7ML	5	
UZEDY INJ 50MG/0.14ML	5	
UZEDY INJ 75MG/0.21ML	5	
VENLAFAXINE BESYLATE ER TB24 112.5MG	4	MO
venlafaxine hydrochloride er cp24 150mg	2	MO
venlafaxine hydrochloride er cp24 37.5mg	2	MO
venlafaxine hydrochloride er cp24 75mg	2	MO
VENLAFAXINE HYDROCHLORIDE ER TB24 150MG	4	MO
VENLAFAXINE HYDROCHLORIDE ER TB24 225MG	4	MO
VENLAFAXINE HYDROCHLORIDE ER TB24 37.5MG	4	MO
VENLAFAXINE HYDROCHLORIDE ER TB24 75MG	4	MO
venlafaxine hydrochloride tabs 100mg	2	MO
venlafaxine hydrochloride tabs 25mg	2	MO
venlafaxine hydrochloride tabs 37.5mg	2	MO
venlafaxine hydrochloride tabs 50mg	2	MO
venlafaxine hydrochloride tabs 75mg	2	MO
VERSACLOZ SUSP 50MG/ML	5	
VILAZODONE HYDROCHLORIDE TABS 10MG	4	PA NSO; MO
VILAZODONE HYDROCHLORIDE TABS 20MG	4	PA NSO; MO
VILAZODONE HYDROCHLORIDE TABS 40MG	4	PA NSO; MO
VRAYLAR CAPS 0.5MG	3	MO
VRAYLAR CAPS 0.75MG	3	MO
VRAYLAR CAPS 1.5MG	3	MO
VRAYLAR CAPS 3MG	3	MO
VRAYLAR CAPS 4.5MG	3	MO
VRAYLAR CAPS 6MG	3	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl caps 20mg	2	MO
ziprasidone hcl caps 40mg	2	MO
ziprasidone hcl caps 60mg	2	MO
ziprasidone hcl caps 80mg	2	MO
ziprasidone mesylate inj 20mg	2	
ZURZUVAE CAPS 20MG	5	PA NSO; NDS
ZURZUVAE CAPS 25MG	5	PA NSO; NDS
ZURZUVAE CAPS 30MG	5	PA NSO; NDS
ZYPREXA RELPREVV INJ 210MG	4	
DIABETIC SUPPLIES		
DIABETIC SUPPLIES		
alcohol prep pads pads 70%	2	MO
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc	2	MO
bd insulin syringe safetyglide/1ml/29g x 1/2" misc	2	MO
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc	2	MO
bd insulin syringe ultra-fine/1ml/31g x 8mm misc	2	MO
bd pen needle/original/ultra-fine/29g x 12.7mm misc	2	MO
curity gauze pads 2"x2" 12 ply pads	2	MO
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AND ALKALINIZING AGENTS		
potassium citrate er tbcr 1080mg	2	MO
potassium citrate er tbcr 15meq	2	MO
potassium citrate er tbcr 540mg	2	MO
sodium bicarbonate inj 4.2%	2	
sodium bicarbonate inj 8.4%	2	
AMMONIA DETOXICANTS		
CARGLUMIC ACID TBSO 200MG	5	NDS
enulose soln 10gm/15ml	2	MO
generlac soln 10gm/15ml	2	MO
lactulose soln 10gm/15ml	2	MO
lactulose soln 10gm/15ml	2	MO
LITHOSTAT TABS 250MG	4	MO
sodium phenylbutyrate powd 3gm/tsp	5	NDS
sodium phenylbutyrate tabs 500mg	5	NDS
CALORIC AGENTS		
dextrose 10% inj 10%	2	
dextrose 5% inj 5%	2	
dextrose 50% inj 50%	2	
dextrose 70% inj 70%	2	
glucose (dextrose) 50% inj 50%	2	
glucose (dextrose) 70% inj 70%	2	
intralipid inj 20gm/100ml	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	2	
premasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	2	
travasol inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 500mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	2	
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	
DIURETICS		
amiloride hcl tabs 5mg	2	MO
amiloride/hydrochlorothiazide tabs 5mg; 50mg	1	MO
bumetanide tabs 0.5mg	2	MO
bumetanide tabs 1mg	2	MO
bumetanide tabs 2mg	2	MO
chlorthalidone tabs 25mg	2	MO
chlorthalidone tabs 50mg	2	MO
ETHACRYNIC ACID TABS 25MG	4	MO
furosemide inj 10mg/ml	2	
furosemide soln 10mg/ml	1	MO
furosemide soln 40mg/5ml	2	MO
furosemide tabs 20mg	1	MO
furosemide tabs 40mg	1	MO
furosemide tabs 80mg	1	MO
hydrochlorothiazide caps 12.5mg	2	MO
hydrochlorothiazide tabs 12.5mg	1	MO
hydrochlorothiazide tabs 25mg	1	MO
hydrochlorothiazide tabs 50mg	1	MO
indapamide tabs 1.25mg	1	MO
indapamide tabs 2.5mg	1	MO
mannitol inj 20%	2	
mannitol inj 25%	2	

Drug Name	Drug Tier	Requirements/Limits
metolazone tabs 10mg	2	MO
metolazone tabs 2.5mg	2	MO
metolazone tabs 5mg	2	MO
osmitrol viaflex inj 20%	2	
TOLVAPTAN TABS 15MG	5	NDS
TOLVAPTAN TABS 15MG	5	NDS
TOLVAPTAN TABS 30MG	5	NDS
TOLVAPTAN TABS 30MG	5	NDS
torsemide tabs 100mg	2	MO
torsemide tabs 10mg	2	MO
torsemide tabs 20mg	2	MO
torsemide tabs 5mg	2	MO
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tabs 50mg; 75mg	1	MO
triamterene caps 100mg	2	MO
triamterene caps 50mg	2	MO
ION-REMOVING AGENTS		
FERRIC CITRATE TABS 210MG	4	MO
LANTHANUM CARBONATE CHEW 1000MG	4	MO
LANTHANUM CARBONATE CHEW 500MG	4	MO
LANTHANUM CARBONATE CHEW 750MG	4	MO
LOKELMA PACK 10GM	4	MO
LOKELMA PACK 5GM	4	MO
sevelamer carbonate pack 0.8gm	2	MO
sevelamer carbonate pack 2.4gm	2	MO
sevelamer carbonate tabs 800mg	2	MO
sodium polystyrene sulfonate powd 0	2	MO
VELPHORO CHEW 500MG	5	NDS
XPHOZAH TABS 20MG	5	PA; NDS
XPHOZAH TABS 30MG	5	PA; NDS
REPLACEMENT PREPARATIONS		
calcium acetate caps 667mg	2	MO
calcium acetate tabs 667mg	2	MO
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJ 10%; 0.45%	3	
dextrose 2.5%/sodium chloride 0.45% inj 2.5%; 0.45%	2	
dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	2	
dextrose 5%/sodium chloride 0.2% inj 5%; 0.2%	2	
dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%	2	
dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%	2	
kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%	2	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	2	
klor-con 10 tbcr 10meq	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
klor-con 8 tbcr 8meq	2	MO
lactated ringers/dextrose 5% inj 20mg/100ml; 5%; 30mg/100ml; 600mg/100ml; 310mg/100ml	2	
lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
magnesium sulfate in d5w inj 5%; 1gm/100ml	2	
magnesium sulfate in d5w inj 5%; 1gm/100ml	2	
potassium acetate inj 2meq/ml	2	
potassium chloride er cpcr 10meq	2	MO
potassium chloride er cpcr 8meq	2	MO
potassium chloride er tbcr 10meq	2	MO
potassium chloride er tbcr 10meq	2	MO
potassium chloride er tbcr 20meq	2	MO
potassium chloride er tbcr 20meq	2	MO
potassium chloride er tbcr 8meq	2	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	3	
potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%	2	
potassium chloride/dextrose inj 5%; 20meq/l	2	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	2	
potassium chloride/sodium chloride inj 40meq/l; 0.9%	2	
potassium chloride/sodium chloride inj 40meq/l; 0.9%	2	
potassium chloride inj 10meq/100ml	2	
potassium chloride inj 20meq/100ml	2	
potassium chloride inj 2meq/ml	2	
potassium chloride inj 2meq/ml	2	
potassium chloride pack 20meq	2	MO
potassium chloride soln 10%	2	MO
potassium chloride soln 20%	2	MO
potassium phosphate inj 236mg/ml; 224mg/ml	2	
potassium phosphates inj 236mg/ml; 224mg/ml	2	
ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	2	
sodium chloride 0.45% inj 0.45%	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
sodium chloride inj 0.9%	2	
sodium chloride inj 0.9%	2	
sodium chloride inj 3%	2	
sodium chloride inj 4meq/ml	2	
sodium chloride inj 5%	2	
sodium phosphate inj 142mg/ml; 276mg/ml	2	
sodium phosphates inj 142mg/ml; 276mg/ml	2	
URICOSURIC AGENTS		
probenecid/colchicine tabs 0.5mg; 500mg	2	MO
probenecid tabs 500mg	2	MO
ENZYMES		
ENZYMES		
ALDURAZYME INJ 2.9MG/5ML	5	NDS
CERDELGA CAPS 84MG	5	NDS
CEREZYME INJ 400UNIT	5	NDS
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	MO
ELAPRASE INJ 6MG/3ML	5	NDS
ELELYSO INJ 200UNIT	5	NDS
ELITEK INJ 1.5MG	5	NDS
FABRAZYME INJ 35MG	5	NDS
FABRAZYME INJ 5MG	5	NDS
HARLIKU TABS 2MG	5	NDS
LUMIZYME INJ 50MG	5	NDS
MIGLUSTAT CAPS 100MG	5	NDS
NAGLAZYME INJ 1MG/ML	5	NDS
PALYNZIQ INJ 10MG/0.5ML	5	PA; NDS
PALYNZIQ INJ 2.5MG/0.5ML	5	PA; NDS
PALYNZIQ INJ 20MG/ML	5	PA; NDS
PULMOZYME SOLN 2.5MG/2.5ML	5	B/D; NDS
REVCOVI INJ 2.4MG/1.5ML	5	NDS
STRENSIQ INJ 18MG/0.45ML	5	PA; NDS
STRENSIQ INJ 28MG/0.7ML	5	PA; NDS
STRENSIQ INJ 40MG/ML	5	PA; NDS
STRENSIQ INJ 80MG/0.8ML	5	PA; NDS
VIMIZIM INJ 5MG/5ML	5	NDS
YARGESA CAPS 100MG	5	NDS
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	5	NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	MO
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	MO
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
bacitracin oint 500unit/gm	2	
chlorhexidine gluconate soln 0.12%	1	
CILOXAN OINT 0.3%	3	
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	2	
gentamicin sulfate soln 0.3%	2	
moxifloxacin hydrochloride soln 0.5%	2	
NATACYN SUSP 5%	3	
neomycin/polymyxin/bacitracin oint 400unit/gm; 5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	2	
ofloxacin soln 0.3%	2	
ofloxacin soln 0.3%	2	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	2	
sulfacetamide sodium soln 10%	2	
tobramycin soln 0.3%	2	
TOBREX OINT 0.3%	3	
trifluridine soln 1%	2	
XDEMVY SOLN 0.25%	5	
ANTI-INFLAMMATORY AGENTS		
bromfenac soln 0.09%	2	
CEQUA SOLN 0.09%	3	
ciprofloxacin/dexamethasone susp 0.3%; 0.1%	2	MO
cyclosporine emul 0.05%	2	MO
dexamethasone sodium phosphate soln 0.1%	2	MO
diclofenac sodium soln 0.1%	2	MO
DIFLUPREDNATE EMUL 0.05%	4	MO
fluocinolone acetonide oil 0.01%	2	MO
fluorometholone susp 0.1%	2	MO
flurbiprofen sodium soln 0.03%	2	MO
fluticasone propionate susp 50mcg/act	2	MO
FML FORTE SUSP 0.25%	3	MO
hydrocortisone/acetic acid soln 2%; 1%	2	MO
ketorolac tromethamine soln 0.4%	2	MO
ketorolac tromethamine soln 0.5%	2	MO
mometasone furoate susp 50mcg/act	2	MO

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	2	MO
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	MO
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	MO
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	2	MO
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	2	MO
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	2	MO
PRED MILD SUSP 0.12%	3	MO
prednisolone acetate susp 1%	2	MO
prednisolone sodium phosphate soln 1%	2	MO
RETISERT IMPL 0.59MG	5	
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	MO
TOBRADEX OINT 0.1%; 0.3%	3	MO
TOBRAMYCIN/DEXAMETHASONE SUSP 0.1%; 0.3%	4	MO
VERKAZIA EMUL 0.1%	5	NDS
ANTIALLERGIC AGENTS		
AZELASTINE HCL SOLN 0.05%	4	
azelastine hydrochloride soln 0.1%	2	MO
cromolyn sodium soln 4%	2	MO
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500mg	2	MO
acetazolamide sodium inj 500mg	2	
acetazolamide tabs 125mg	2	MO
acetazolamide tabs 250mg	2	MO
betaxolol hcl soln 0.5%	2	MO
bimatoprost soln 0.03%	2	MO
brimonidine tartrate soln 0.2%	1	MO
dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml	1	MO
dorzolamide hydrochloride soln 2%	2	MO
latanoprost soln 0.005%	1	MO
levobunolol hcl soln 0.5%	2	MO
methazolamide tabs 25mg	2	MO
methazolamide tabs 50mg	2	MO
PHOSPHOLINE IODIDE SOLR 0.125%	3	MO
pilocarpine hydrochloride soln 1%	2	MO
pilocarpine hydrochloride soln 2%	2	MO
pilocarpine hydrochloride soln 4%	2	MO
timolol maleate soln 0.25%	1	MO
timolol maleate soln 0.5%	1	MO
travoprost soln 0.004%	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
EENT DRUGS, MISCELLANEOUS		
acetic acid soln 2%	2	MO
apraclonidine soln 0.5%	2	MO
atropine sulfate soln 1%	2	MO
BYOOVIZ SOLN 0.5MG/0.05ML	5	NDS
CYSTARAN SOLN 0.44%	5	PA
EYLEA SOLN 2MG/0.05ML	5	
EYLEA SOSY 2MG/0.05ML	5	
LUCENTIS SOSY 0.3MG/0.05ML	5	NDS
LUCENTIS SOSY 0.5MG/0.05ML	5	NDS
MIEBO SOLN 1.338GM/ML	4	
PAVBLU SOLN 2MG/0.05ML	5	
PAVBLU SOSY 2MG/0.05ML	5	
phenylephrine hydrochloride soln 10%	2	
phenylephrine hydrochloride soln 2.5%	2	
LOCAL ANESTHETICS		
lidocaine hcl soln 4%	2	
lidocaine viscous soln 2%	2	MO
proparacaine hcl soln 0.5%	2	MO
tetracaine hcl soln 0.5%	2	
tetracaine hydrochloride soln 0.5%	2	
GASTROINTESTINAL DRUGS		
ANTI-INFLAMMATORY AGENTS		
ALOSETRON HYDROCHLORIDE TABS 0.5MG	4	MO
ALOSETRON HYDROCHLORIDE TABS 1MG	4	MO
balsalazide disodium caps 750mg	2	MO
DIPENTUM CAPS 250MG	5	NDS
mesalamine dr tbec 1.2gm	2	MO
mesalamine er cpcr 500mg	2	MO
mesalamine enem 4gm	2	MO
mesalamine supp 1000mg	2	MO
PENTASA CPCR 250MG	3	MO
PENTASA CPCR 500MG	3	MO
ANTIDIARRHEA AGENTS		
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	2	
diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml	2	
XERMELO TABS 250MG	5	NDS
ANTIEMETICS		
aprepitant caps 125mg	2	B/D; NDS
aprepitant caps 40mg	2	B/D; NDS
aprepitant caps 80mg	2	B/D; NDS
aprepitant cppk 0	2	B/D; NDS
dronabinol caps 10mg	2	B/D
dronabinol caps 2.5mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
dronabinol caps 5mg	2	B/D
fosaprepitant dimeglumine inj 150mg	2	
granisetron hydrochloride tabs 1mg	2	B/D
meclizine hydrochloride tabs 25mg	2	
ondansetron hcl soln 4mg/5ml	2	B/D
ondansetron hydrochloride +rfid inj 4mg/2ml	2	
ondansetron hydrochloride inj 40mg/20ml	2	
ondansetron hydrochloride inj 4mg/2ml	2	
ondansetron hydrochloride tabs 4mg	2	B/D
ondansetron hydrochloride tabs 8mg	2	B/D
ondansetron odt tbdp 4mg	2	B/D
ondansetron odt tbdp 8mg	2	B/D
SCOPOLAMINE PT72 1MG/3DAYS	4	MO
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE HYDROCHLO CAPS 140MG; 125MG; 125MG	4	
cimetidine hydrochloride soln 300mg/5ml	2	MO
famotidine premixed inj 0.4mg/ml; 0.9%	2	
famotidine inj 20mg/2ml	2	
famotidine inj 40mg/4ml	2	
famotidine susr 40mg/5ml	2	MO
famotidine tabs 20mg	2	MO
famotidine tabs 40mg	2	MO
misoprostol tabs 100mcg	2	MO
misoprostol tabs 200mcg	2	MO
omeprazole dr cpdr 10mg	1	MO
omeprazole cpdr 20mg	1	MO
omeprazole cpdr 40mg	1	MO
pantoprazole sodium inj 40mg	2	
pantoprazole sodium tbec 20mg	1	MO
pantoprazole sodium tbec 40mg	1	MO
SUCRALFATE SUSP 1GM/10ML	4	MO
sucralfate tabs 1gm	2	MO
TALICIA CPDR 250MG; 10MG; 12.5MG	4	
CATHARTICS AND LAXATIVES		
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	MO
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	MO
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	MO
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	MO
sodium sulfate/potassium sulfate/magnesium sulfate 17.5gm/177ml; 3.13gm/177ml; 1.6gm/177ml	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
sodium sulfate/potassium sulfate/magnesium sulfate 17.5gm/177ml; 3.13gm/177ml; 1.6gm/177ml	2	
GI DRUGS, MISCELLANEOUS		
ENTYVIO PEN INJ 108MG/0.68ML	5	PA; NDS
ENTYVIO INJ 300MG	5	NDS
GATTEX INJ 5MG	5	PA; NDS
IQIRVO TABS 80MG	5	NDS
LINZESS CAPS 145MCG	3	PA; MO
LINZESS CAPS 290MCG	3	PA; MO
LINZESS CAPS 72MCG	3	PA; MO
LIVDELZI CAPS 10MG	5	NDS
LIVMARLI TABS 10MG	5	NDS
LIVMARLI TABS 15MG	5	NDS
LIVMARLI TABS 20MG	5	NDS
LIVMARLI TABS 30MG	5	NDS
lubiprostone caps 24mcg	2	MO
lubiprostone caps 8mcg	2	MO
metoclopramide hcl soln 5mg/5ml	2	MO
metoclopramide hydrochloride +rfid inj 5mg/ml	2	
metoclopramide hydrochloride inj 5mg/ml	2	
metoclopramide hydrochloride tabs 10mg	1	MO
metoclopramide hydrochloride tabs 5mg	1	MO
MOVANTIK TABS 25MG	4	MO
prucalopride tabs 1mg	2	MO
prucalopride tabs 2mg	2	MO
RELISTOR INJ 12MG/0.6ML	5	NDS
RELISTOR INJ 12MG/0.6ML	5	NDS
REZDIFFRA TABS 100MG	5	PA; NDS
REZDIFFRA TABS 60MG	5	PA; NDS
REZDIFFRA TABS 80MG	5	PA; NDS
SKYRIZI INJ 180MG/1.2ML	5	PA
SKYRIZI INJ 360MG/2.4ML	5	PA
TRULANCE TABS 3MG	3	PA
ursodiol caps 300mg	2	MO
ursodiol tabs 250mg	2	MO
ursodiol tabs 500mg	2	MO
VELSIPITY TABS 2MG	5	NDS
VIBERZI TABS 100MG	5	NDS
VIBERZI TABS 75MG	5	NDS
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100MG	5	
DEFERASIROX PACK 180MG	4	
DEFERASIROX PACK 360MG	5	NDS
DEFERASIROX PACK 90MG	4	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
deferasirox tabs 180mg	2	
deferasirox tabs 360mg	2	
deferasirox tabs 90mg	2	
deferasirox tbso 125mg	2	
deferasirox tbso 250mg	2	
deferasirox tbso 500mg	2	
DEFERIPRONE TABS 1000MG	5	NDS
DEFERIPRONE TABS 500MG	5	NDS
deferoxamine mesylate inj 500mg	2	
penicillamine caps 250mg	2	
TRIENTINE HYDROCHLORIDE CAPS 250MG	4	
TRIENTINE HYDROCHLORIDE CAPS 500MG	5	NDS
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml	2	
BUDESONIDE ER TB24 9MG	4	
budesonide cpep 3mg	2	MO
cortisone acetate tabs 25mg	2	MO
DEFLAZACORT SUSP 22.75MG/ML	5	PA; NDS
DEFLAZACORT TABS 18MG	5	PA; NDS
DEFLAZACORT TABS 30MG	5	PA; NDS
DEFLAZACORT TABS 36MG	5	PA; NDS
DEFLAZACORT TABS 6MG	5	PA; NDS
dexamethasone intensol conc 1mg/ml	2	MO
dexamethasone sodium phosphate inj 10mg/ml	2	
dexamethasone sodium phosphate inj 20mg/5ml	2	
dexamethasone sodium phosphate inj 4mg/ml	2	
dexamethasone elix 0.5mg/5ml	2	MO
dexamethasone soln 0.5mg/5ml	2	
dexamethasone tabs 0.5mg	2	MO
dexamethasone tabs 0.75mg	2	MO
dexamethasone tabs 1.5mg	2	MO
dexamethasone tabs 1mg	2	MO
dexamethasone tabs 2mg	2	MO
dexamethasone tabs 4mg	2	MO
dexamethasone tabs 6mg	2	MO
fludrocortisone acetate tabs 0.1mg	2	MO
hydrocortisone tabs 10mg	2	MO
hydrocortisone tabs 20mg	2	MO
hydrocortisone tabs 5mg	2	MO
JAYTHARI TABS 18MG	5	PA; NDS
JAYTHARI TABS 30MG	5	PA; NDS
JAYTHARI TABS 36MG	5	PA; NDS
JAYTHARI TABS 6MG	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
KENALOG-10 INJ 10MG/ML	3	
KHINDIVI SOLN 1MG/ML	5	NDS
MEDROL TABS 2MG	3	MO
methylprednisolone acetate inj 40mg/ml	2	
methylprednisolone acetate inj 80mg/ml	2	
methylprednisolone dose pack tbpk 4mg	2	MO
methylprednisolone sodium succinate inj 1000mg	2	
methylprednisolone sodium succinate inj 125mg	2	
methylprednisolone sodiumsuccinate inj 40mg	2	
methylprednisolone tabs 16mg	2	MO
methylprednisolone tabs 32mg	2	MO
methylprednisolone tabs 4mg	2	MO
methylprednisolone tabs 8mg	2	MO
prednisolone sodium phosphate soln 15mg/5ml	2	
prednisolone sodium phosphate soln 5mg/5ml	2	MO
prednisolone soln 15mg/5ml	2	MO
PREDNISOLONE TABS 5MG	4	MO
prednisone intensol conc 5mg/ml	2	MO
prednisone soln 5mg/5ml	2	MO
prednisone tabs 10mg	1	MO
prednisone tabs 1mg	1	MO
prednisone tabs 2.5mg	1	MO
prednisone tabs 20mg	1	MO
prednisone tabs 50mg	1	MO
prednisone tabs 5mg	1	MO
prednisone tbpk 10mg	2	
prednisone tbpk 10mg	2	
prednisone tbpk 5mg	2	
prednisone tbpk 5mg	2	
SOLU-CORTEF INJ 1000MG	3	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
TARPEYO CPDR 4MG	5	PA; NDS
triamcinolone acetonide inj 40mg/ml	2	
ANDROGENS		
danazol caps 100mg	2	MO
danazol caps 200mg	2	MO
danazol caps 50mg	2	MO
depo-testosterone inj 100mg/ml	2	MO
depo-testosterone inj 200mg/ml	2	MO
METHITEST TABS 10MG	5	NDS
METHYLTESTOSTERONE CAPS 10MG	5	NDS
testosterone cypionate inj 100mg/ml	2	MO
testosterone cypionate inj 200mg/ml	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
testosterone cypionate inj 200mg/ml	2	MO
testosterone enanthate inj 200mg/ml	2	MO
testosterone pump gel 1.62%	2	MO
testosterone pump gel 12.5mg/act	2	MO
testosterone gel 25mg/2.5gm	2	MO
testosterone gel 50mg/5gm	2	MO
CONTRACEPTIVES		
apri tabs 0.15mg; 30mcg	2	MO
aranelle tabs 0; 0	2	MO
aviane tabs 20mcg; 0.1mg	2	MO
balziva tabs 35mcg; 0.4mg	2	MO
cryselle tabs 30mcg; 0.3mg	2	MO
drospirenone/ethinyl estradiol tabs 3mg; 0.02mg	2	MO
drospirenone/ethinyl estradiol tabs 3mg; 0.03mg	2	MO
eluryng ring 0.015mg/24hr; 0.12mg/24hr	2	MO
junel 1.5/30 tabs 30mcg; 1.5mg	2	MO
junel 1/20 tabs 20mcg; 1mg	2	MO
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	MO
junel fe 1/20 tabs 20mcg; 75mg; 1mg	2	MO
junel fe 24 tabs 20mcg; 75mg; 1mg	2	MO
kelnor 1/35 tabs 35mcg; 1mg	2	MO
MIRENA IUD 21MCG/DAY	3	MO
NEXPLANON INJ 68MG	3	MO
nikki tabs 3mg; 0.02mg	2	MO
nora-be tabs 0.35mg	2	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg	2	MO
norethindrone tabs 0.35mg	2	MO
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	2	MO
nortrel 1/35 tabs 35mcg; 1mg	2	MO
nortrel 1/35 tabs 35mcg; 1mg	2	MO
nortrel 7/7/7 tabs 35mcg; 0	2	MO
portia-28 tabs 0.03mg; 0.15mg	2	MO
reclipsen tabs 0.15mg; 0.03mg	2	MO
sprintec 28 tabs 35mcg; 0.25mg	2	MO
tri-lo-sprintec tabs 0; 0	2	MO
tri-sprintec tabs 0; 0	2	MO
xulane ptwk 35mcg/24hr; 150mcg/24hr	2	MO
DIABETIC AGENTS		
acarbose tabs 100mg	2	MO
acarbose tabs 25mg	2	MO
acarbose tabs 50mg	2	MO
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
dapagliflozin tabs 10mg	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
dapagliflozin tabs 5mg	2	MO
DIAZOXIDE SUSP 50MG/ML	4	
FARXIGA TABS 10MG	3	MO
FARXIGA TABS 5MG	3	MO
glimepiride tabs 1mg	1	ST; MO
glimepiride tabs 2mg	1	ST; MO
glimepiride tabs 4mg	1	ST; MO
glipizide er tb24 10mg	1	MO
glipizide er tb24 2.5mg	1	MO
glipizide er tb24 5mg	1	MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	1	MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg	1	MO
glipizide/metformin hydrochloride tabs 5mg; 500mg	1	MO
glipizide tabs 10mg	1	MO
glipizide tabs 5mg	1	MO
glucagon emergency kit for low blood sugar inj 1mg	2	
glyburide tabs 1.25mg	2	ST; MO
glyburide tabs 2.5mg	2	ST; MO
glyburide tabs 5mg	2	ST; MO
HUMALOG CARTRIDGE INJ 100UNIT/ML	4	MO
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	MO
HUMULIN N INJ 100UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	MO
HUMULIN R INJ 100UNIT/ML	3	MO
INSULIN GLARGINE-YFGN SOLN INJ 100UNIT/ML	2	MO
INSULIN GLARGINE-YFGN SOPN INJ 100UNIT/ML	2	MO
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	4	MO
INSULIN LISPRO INJ 100UNIT/ML	3	MO
JANUMET XR TB24 1000MG; 100MG	3	MO
JANUMET XR TB24 1000MG; 50MG	3	MO
JANUMET XR TB24 500MG; 50MG	3	MO
JANUMET TABS 1000MG; 50MG	3	MO
JANUMET TABS 500MG; 50MG	3	MO
JANUVIA TABS 100MG	3	MO
JANUVIA TABS 25MG	3	MO
JANUVIA TABS 50MG	3	MO
JARDIANCE TABS 10MG	3	MO
JARDIANCE TABS 25MG	3	MO
kirsty inj 100unit/ml	2	MO
kirsty inj 100unit/ml	2	MO
KORLYM TABS 300MG	5	QL(120 EA per 30 days); PA; NDS
liraglutide inj 6mg/ml	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
metformin hydrochloride er tb24 500mg	1	MO
metformin hydrochloride er tb24 750mg	1	MO
metformin hydrochloride tabs 1000mg	1	MO
metformin hydrochloride tabs 500mg	1	MO
metformin hydrochloride tabs 850mg	1	MO
MIFEPRISTONE TABS 300MG	5	QL(120 EA per 30 days); PA; NDS
nateglinide tabs 120mg	2	MO
nateglinide tabs 60mg	2	MO
NOVOLIN R FLEXPEN INJ 100UNIT/ML	4	MO
OZEMPIC INJ 2MG/3ML	3	PA; MO
OZEMPIC INJ 4MG/3ML	3	PA; MO
OZEMPIC INJ 8MG/3ML	3	PA; MO
OZEMPIC TABS 1.5MG	3	PA; MO
OZEMPIC TABS 4MG	3	PA; MO
OZEMPIC TABS 9MG	3	PA; MO
pioglitazone hcl tabs 45mg	1	MO
pioglitazone hydrochloride tabs 15mg	1	MO
pioglitazone hydrochloride tabs 30mg	1	MO
repaglinide tabs 0.5mg	2	MO
repaglinide tabs 1mg	2	MO
repaglinide tabs 2mg	2	MO
RYBELSUS TABS 14MG	3	PA; MO
RYBELSUS TABS 3MG	3	PA
RYBELSUS TABS 7MG	3	PA; MO
SITAGLIPTIN TABS 100MG	3	MO
SITAGLIPTIN TABS 25MG	3	MO
SITAGLIPTIN TABS 50MG	3	MO
TRADJENTA TABS 5MG	3	MO
WEGOVY INJ 0.25MG/0.5ML	3	PA
WEGOVY INJ 0.5MG/0.5ML	3	PA
WEGOVY INJ 1.7MG/0.75ML	3	PA; MO
WEGOVY INJ 1MG/0.5ML	3	PA
WEGOVY INJ 2.4MG/0.75ML	3	PA; MO
WEGOVY TABS 1.5MG	3	PA
WEGOVY TABS 25MG	3	PA; MO
WEGOVY TABS 4MG	3	PA
WEGOVY TABS 9MG	3	PA
ESTROGENS AND ANTIESTROGENS		
climara ptwk 0.025mg/24hr	2	MO
climara ptwk 0.05mg/24hr	2	MO
climara ptwk 0.06mg/24hr	2	MO
climara ptwk 0.075mg/24hr	2	MO
climara ptwk 0.1mg/24hr	2	MO
climara ptwk 37.5mcg/24hr	2	MO
depo-estradiol inj 5mg/ml	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
dotti pttw 0.025mg/24hr	2	MO
dotti pttw 0.0375mg/24hr	2	MO
dotti pttw 0.05mg/24hr	2	MO
dotti pttw 0.075mg/24hr	2	MO
dotti pttw 0.1mg/24hr	2	MO
estrace crea 0.1mg/gm	2	MO
estradiol valerate inj 20mg/ml	2	
estradiol valerate inj 40mg/ml	2	
estradiol crea 0.1mg/gm	2	MO
estradiol gel 0.25mg/0.25gm	2	MO
estradiol gel 0.5mg/0.5gm	2	MO
estradiol gel 0.75mg/0.75gm	2	MO
estradiol gel 1.25mg/1.25gm	2	MO
estradiol gel 1mg/gm	2	MO
estradiol pttw 0.025mg/24hr	2	MO
estradiol pttw 0.0375mg/24hr	2	MO
estradiol pttw 0.05mg/24hr	2	MO
estradiol pttw 0.075mg/24hr	2	MO
estradiol pttw 0.1mg/24hr	2	MO
estradiol tabs 0.5mg	1	MO
estradiol tabs 1mg	1	MO
estradiol tabs 2mg	1	MO
estradiol tabs 10mcg	2	MO
ESTRING RING 7.5MCG/24HR	4	MO
jinteli tabs 5mcg; 1mg	2	MO
PREMARIN INJ 25MG	3	
raloxifene hydrochloride tabs 60mg	2	MO
yuvafem tabs 10mcg	2	MO
GONADOTROPINS		
CHORIONIC GONADOTROPIN INJ 10000UNIT	3	PA
ORGOVYX TABS 120MG	5	PA NSO; NDS
ORILISSA TABS 150MG	5	NDS
ORILISSA TABS 200MG	5	NDS
OXYTOCICS		
methergine tabs 0.2mg	2	
methylergonovine maleate inj 0.2mg/ml	2	
methylergonovine maleate tabs 0.2mg	2	
mifeprex tabs 200mg	2	
mifepristone tabs 200mg	2	
oxytocin inj 10unit/ml	2	
PARATHYROID		
CALCITONIN SALMON INJ 200UNIT/ML	5	NDS
calcitonin-salmon soln 200unit/act	2	MO
cinacalcet hydrochloride tabs 30mg	2	
cinacalcet hydrochloride tabs 60mg	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
cinacalcet hydrochloride tabs 90mg	2	
FORTEO INJ 560MCG/2.24ML	3	MO
TERIPARATIDE INJ 560MCG/2.24ML	5	NDS
PITUITARY		
CORTROPHIN INJ 40UNIT/0.5ML	5	PA; NDS
CORTROPHIN INJ 80UNIT/ML	5	PA; NDS
CORTROPHIN INJ 80UNIT/ML	5	PA; NDS
CRENESSITY CAPS 100MG	5	PA; NDS
CRENESSITY CAPS 25MG	5	PA; NDS
CRENESSITY CAPS 50MG	5	PA; NDS
CRENESSITY SOLN 50MG/ML	5	PA; NDS
desmopressin acetate inj 4mcg/ml	2	
desmopressin acetate soln 0.01%	2	MO
desmopressin acetate soln 0.01%	2	
desmopressin acetate tabs 0.1mg	2	MO
desmopressin acetate tabs 0.2mg	2	MO
SYNAREL SOLN 2MG/ML	5	MO
PROGESTINS		
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	MO
ENDOMETRIN INST 100MG	4	PA
gallifrey tabs 5mg	2	MO
medroxyprogesterone acetate inj (vial) inj 150mg/ml	2	
medroxyprogesterone acetate inj (syringe) inj 150mg/ml	2	
medroxyprogesterone acetate tabs 10mg	2	MO
medroxyprogesterone acetate tabs 2.5mg	2	MO
medroxyprogesterone acetate tabs 5mg	2	MO
norethindrone acetate tabs 5mg	2	MO
progesterone caps 100mg	2	MO
progesterone caps 200mg	2	MO
progesterone inj 50mg/ml	2	
PROGESTERONE INST 100MG	4	PA
SOMATOTROPIN AGONISTS AND ANTAGONISTS		
EGRIFTA SV INJ 2MG	5	NDS
EGRIFTA WR INJ 11.6MG	5	NDS
INCRELEX INJ 40MG/4ML	5	NDS
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	NDS
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	5	PA; NDS
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	5	PA; NDS
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	5	PA; NDS
octreotide acetate inj 1000mcg/ml	2	
octreotide acetate inj 100mcg/ml	2	
OCTREOTIDE ACETATE INJ 10MG	5	NDS
octreotide acetate inj 200mcg/ml	2	
OCTREOTIDE ACETATE INJ 20MG	5	NDS
OCTREOTIDE ACETATE INJ 30MG	5	NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 500mcg/ml	2	
octreotide acetate inj 50mcg/ml	2	
omnitrope inj 10mg/1.5ml	2	PA
omnitrope inj 5.8mg	2	PA
omnitrope inj 5mg/1.5ml	2	PA
SANDOSTATIN LAR DEPOT INJ 10MG	5	NDS
SANDOSTATIN LAR DEPOT INJ 20MG	5	NDS
SANDOSTATIN LAR DEPOT INJ 30MG	5	NDS
SIGNIFOR LAR INJ 10MG	5	NDS
SIGNIFOR LAR INJ 20MG	5	NDS
SIGNIFOR LAR INJ 30MG	5	NDS
SIGNIFOR LAR INJ 40MG	5	NDS
SIGNIFOR LAR INJ 60MG	5	NDS
SIGNIFOR INJ 0.3MG/ML	5	QL(60 ML per 30 days); NDS
SIGNIFOR INJ 0.6MG/ML	5	QL(60 ML per 30 days); NDS
SIGNIFOR INJ 0.9MG/ML	5	QL(60 ML per 30 days); NDS
SOMAVERT INJ 10MG	5	NDS
SOMAVERT INJ 15MG	5	NDS
SOMAVERT INJ 20MG	5	NDS
SOMAVERT INJ 25MG	5	NDS
SOMAVERT INJ 30MG	5	NDS
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium inj 500mcg	2	
levothyroxine sodium tabs 100mcg	1	MO
levothyroxine sodium tabs 112mcg	1	MO
levothyroxine sodium tabs 125mcg	1	MO
levothyroxine sodium tabs 137mcg	1	MO
levothyroxine sodium tabs 150mcg	1	MO
levothyroxine sodium tabs 175mcg	1	MO
levothyroxine sodium tabs 200mcg	1	MO
levothyroxine sodium tabs 25mcg	1	MO
levothyroxine sodium tabs 300mcg	1	MO
levothyroxine sodium tabs 50mcg	1	MO
levothyroxine sodium tabs 75mcg	1	MO
levothyroxine sodium tabs 88mcg	1	MO
liothyronine sodium tabs 25mcg	2	MO
liothyronine sodium tabs 50mcg	2	MO
liothyronine sodium tabs 5mcg	2	MO
methimazole tabs 10mg	1	MO
methimazole tabs 5mg	1	MO
propylthiouracil tabs 50mg	2	MO
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA REDUCTASE INHIBITORS		
dutasteride caps 0.5mg	2	MO
finasteride tabs 5mg	1	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ANTIDOTES		
acetylcysteine inj 200mg/ml	2	
acetylcysteine soln 10%	2	B/D; MO
acetylcysteine soln 20%	2	B/D; MO
leucovorin calcium inj 100mg	2	
leucovorin calcium inj 350mg	2	
leucovorin calcium inj 50mg	2	
leucovorin calcium tabs 10mg	2	MO
leucovorin calcium tabs 25mg	2	MO
leucovorin calcium tabs 5mg	2	MO
VORAXAZE INJ 1000UNIT	5	NDS
ANTIGOUT AGENTS		
allopurinol tabs 100mg	1	MO
allopurinol tabs 300mg	1	MO
colchicine tabs 0.6mg	2	MO
febuxostat tabs 40mg	2	MO
febuxostat tabs 80mg	2	MO
BONE RESORPTION INHIBITORS		
alendronate sodium tabs 10mg	1	MO
alendronate sodium tabs 35mg	1	MO
alendronate sodium tabs 70mg	1	MO
BOMYNTRA INJ 120MG/1.7ML	5	PA; NDS
BOMYNTRA INJ 120MG/1.7ML	5	PA; NDS
OSENVELT INJ 120MG/1.7ML	5	PA; NDS
pamidronate disodium inj 90mg/10ml	2	
risedronate sodium tabs 35mg	2	MO
risedronate sodium tabs 35mg	2	MO
risedronate sodium tabs 35mg	2	MO
WYOST INJ 120MG/1.7ML	5	PA; NDS
zoledronic acid inj 4mg/5ml	2	
zoledronic acid inj 5mg/100ml	2	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
AMJEVITA INJ 10MG/0.2ML	3	MO
AMJEVITA INJ 20MG/0.2ML	3	MO
AMJEVITA INJ 40MG/0.4ML	3	MO
AMJEVITA INJ 40MG/0.4ML	3	MO
AMJEVITA INJ 80MG/0.8ML	3	MO
AVTOZMA INJ 162MG/0.9ML	5	PA; NDS
AVTOZMA INJ 162MG/0.9ML	5	PA; NDS
AVTOZMA INJ 200MG/10ML	5	PA; NDS
AVTOZMA INJ 400MG/20ML	5	PA; NDS
AVTOZMA INJ 80MG/4ML	5	PA; NDS
CIBINQO TABS 100MG	5	PA; NDS
ENBREL MINI INJ 50MG/ML	5	PA; NDS
ENBREL SURECLICK INJ 50MG/ML	5	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG/0.5ML	5	PA; NDS
ENBREL INJ 25MG/0.5ML	5	PA; NDS
ENBREL INJ 50MG/ML	5	PA; NDS
INFLECTRA INJ 100MG	5	
INFLIXIMAB INJ 100MG	5	
KINERET INJ 100MG/0.67ML	5	PA; NDS
leflunomide tabs 10mg	2	MO
leflunomide tabs 20mg	2	MO
OLUMIANT TABS 1MG	5	PA; NDS
OLUMIANT TABS 2MG	5	PA; NDS
ORENCIA CLICKJECT INJ 125MG/ML	5	PA; NDS
ORENCIA INJ 125MG/ML	5	PA; NDS
ORENCIA INJ 250MG	5	PA; NDS
ORENCIA INJ 50MG/0.4ML	5	PA; NDS
ORENCIA INJ 87.5MG/0.7ML	5	PA; NDS
OTEZLA XR TB24 75MG	5	PA; NDS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TBPK 0	5	PA; NDS
OTEZLA TABS 20MG	5	PA; NDS
OTEZLA TABS 30MG	5	PA; NDS
OTEZLA TBPK 10MG; 20MG	5	PA; NDS
OTEZLA TBPK 10MG; 20MG; 30MG	5	PA; NDS
RASUVO INJ 10MG/0.2ML	3	
RASUVO INJ 12.5MG/0.25ML	3	
RASUVO INJ 15MG/0.3ML	3	
RASUVO INJ 17.5MG/0.35ML	3	
RASUVO INJ 20MG/0.4ML	3	
RASUVO INJ 22.5MG/0.45ML	3	
RASUVO INJ 25MG/0.5ML	3	
RASUVO INJ 30MG/0.6ML	3	
RASUVO INJ 7.5MG/0.15ML	3	
RINVOQ LQ SOLN 1MG/ML	5	PA; NDS
RINVOQ TB24 15MG	5	PA; NDS
RINVOQ TB24 30MG	5	PA; NDS
RINVOQ TB24 45MG	5	PA; NDS
tofacitinib citrate er tb24 11mg	2	MO
TOFACITINIB CITRATE ER TB24 22MG	5	NDS
TOFACITINIB CITRATE SOLN 1MG/ML	5	MO
tofacitinib citrate tabs 10mg	2	MO
tofacitinib citrate tabs 5mg	2	MO
TYENNE INJ 162MG/0.9ML	5	PA; NDS
TYENNE INJ 162MG/0.9ML	5	PA; NDS
ZYMFENTRA 2-PEN INJ 120MG/ML	5	NDS
ZYMFENTRA 2-SYRINGE INJ 120MG/ML	5	NDS
IMMUNE SUPPRESSANTS		

Drug Name	Drug Tier	Requirements/Limits
azathioprine tabs 100mg	2	B/D; MO
azathioprine tabs 50mg	2	B/D; MO
azathioprine tabs 75mg	2	B/D; MO
BENLYSTA INJ 200MG/ML	5	
BENLYSTA INJ 200MG/ML	5	
cyclosporine modified caps 100mg	2	B/D; MO
cyclosporine modified caps 25mg	2	B/D; MO
cyclosporine modified caps 50mg	2	B/D; MO
cyclosporine modified soln 100mg/ml	2	B/D; MO
cyclosporine caps 100mg	2	B/D; MO
cyclosporine caps 25mg	2	B/D; MO
ENVARSUS XR TB24 0.75MG	4	B/D; MO
ENVARSUS XR TB24 1MG	4	B/D; MO
ENVARSUS XR TB24 4MG	5	B/D; MO
EVEROLIMUS TABS 0.25MG	4	B/D
EVEROLIMUS TABS 0.5MG	4	B/D
EVEROLIMUS TABS 0.75MG	4	B/D
EVEROLIMUS TABS 1MG	5	B/D
gengraf caps 100mg	2	B/D; MO
gengraf caps 25mg	2	B/D; MO
mycophenolate mofetil caps 250mg	2	B/D; MO
mycophenolate mofetil susr 200mg/ml	2	B/D; MO
mycophenolate mofetil tabs 500mg	2	B/D; MO
mycophenolic acid dr tbec 180mg	2	B/D; MO
mycophenolic acid dr tbec 360mg	2	B/D; MO
PROGRAF INJ 5MG/ML	3	MO
PROGRAF PACK 0.2MG	4	B/D
PROGRAF PACK 1MG	4	B/D
sirolimus soln 1mg/ml	2	B/D; MO
sirolimus tabs 0.5mg	2	B/D; MO
sirolimus tabs 1mg	2	B/D; MO
SIROLIMUS TABS 2MG	4	B/D; MO
tacrolimus caps 0.5mg	2	B/D; MO
tacrolimus caps 1mg	2	B/D; MO
tacrolimus caps 5mg	2	B/D; MO
MISCELLANEOUS THERAPEUTIC AGENTS		
acetic acid 0.25% soln 0.25%	2	
ACTIMMUNE INJ 100MCG/0.5ML	5	
AMVUTTRA INJ 25MG/0.5ML	5	PA
ANDEMBRY INJ 200MG/1.2ML	5	NDS
AQNEURSA PACK 1GM	5	NDS
ARCALYST INJ 220MG	5	PA; NDS
argyle sterile water 100ml soln 0	2	
bupivacaine hydrochloride/dextrose spinal inj 0.75%; 8.25%	2	
bupivacaine hydrochloride/dextrose spinal inj 0.75%; 8.25%	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
bupivacaine hydrochloride inj 0.25%	2	
bupivacaine hydrochloride inj 0.5%	2	
bupivacaine hydrochloride inj 0.5%	2	
bupivacaine hydrochloride inj 0.75%	2	
bupivacaine spinal inj 0.75%; 8.25%	2	
bupivacaine/epinephrine inj 0.25%; 1:200000	2	
bupivacaine/epinephrine inj 0.25%; 1:200000	2	
bupivacaine/epinephrine inj 0.5%; 1:200000	2	
bupivacaine/epinephrine inj 0.5%; 1:200000	2	
chloroprocaine hydrochloride inj 2%	2	
CYSTADANE POWD 0	4	MO
CYSTAGON CAPS 150MG	3	NDS
CYSTAGON CAPS 50MG	3	NDS
dexrazoxane hydrochloride inj 250mg	2	
dexrazoxane hydrochloride inj 500mg	2	
dexrazoxane inj 250mg	2	
dexrazoxane inj 500mg	2	
DUVYZAT SUSP 8.86MG/ML	5	PA; NDS
EKTERLY TABS 300MG	5	NDS
ELMIRON CAPS 100MG	5	
ENDARI PACK 5GM	5	PA; NDS
EVRYSDI SOLR 0.75MG/ML	5	PA; NDS
EVRYSDI TABS 5MG	5	PA; NDS
FILSPARI TABS 200MG	5	PA; NDS
FILSPARI TABS 400MG	5	PA; NDS
FIRDAPSE TABS 10MG	5	PA; NDS
fluoride chew 0.25mg	2	MO
fluoride chew 0.5mg	2	MO
fluoride chew 1mg	2	MO
GIVLAARI INJ 189MG/ML	5	PA; NDS
GRASTEK SUBL 2800BAU	3	MO
HAEGARDA INJ 2000UNIT	5	NDS
HAEGARDA INJ 3000UNIT	5	NDS
icatibant acetate inj 30mg/3ml	2	
KESIMPTA INJ 20MG/0.4ML	5	PA; NDS
lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
levocarnitine soln 1gm/10ml	2	MO
levocarnitine tabs 330mg	2	MO
lidocaine hcl inj 0.5%	2	
lidocaine hcl inj 0.5%	2	
lidocaine hcl inj 4%	2	
lidocaine hydrochloride/epinephrine inj 1:100000; 2%	2	
lidocaine hydrochloride inj 1%	2	
lidocaine hydrochloride inj 1%	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
lidocaine hydrochloride inj 1%	2	
lidocaine hydrochloride inj 2%	2	
lidocaine hydrochloride inj 2%	2	
lidocaine/epinephrine inj 1:100000; 1%	2	
lidocaine/epinephrine inj 1:100000; 2%	2	
lidocaine/epinephrine inj 1:200000; 0.5%	2	
lidocaine/epinephrine inj 1:200000; 1.5%	2	
lidocaine/epinephrine inj 1:200000; 2%	2	
mesna inj 100mg/ml	2	
mesna tabs 400mg	2	
MIPLYFFA CAPS 124MG	5	PA; NDS
MIPLYFFA CAPS 47MG	5	PA; NDS
MIPLYFFA CAPS 62MG	5	PA; NDS
MIPLYFFA CAPS 93MG	5	PA; NDS
ODACTRA SUBL 0; 0	4	
PALFORZIA INITIAL DOSE ESCALATION CSPK 0	5	NDS
PALFORZIA LEVEL 10 CSPK 0	5	NDS
PALFORZIA LEVEL 11 (MAINTENANCE) PACK 300MG	5	NDS
PALFORZIA LEVEL 11 (TITRATION) PACK 300MG	5	NDS
PALFORZIA LEVEL 1 CSPK 1MG	5	NDS
PALFORZIA LEVEL 2 CSPK 1MG	5	NDS
PALFORZIA LEVEL 3 CSPK 0	5	NDS
PALFORZIA LEVEL 4 CSPK 20MG	5	NDS
PALFORZIA LEVEL 5 CSPK 20MG	5	NDS
PALFORZIA LEVEL 6 CSPK 20MG	5	NDS
PALFORZIA LEVEL 7 CSPK 0	5	NDS
PALFORZIA LEVEL 8 CSPK 0	5	NDS
PALFORZIA LEVEL 9 CSPK 100MG	5	NDS
polocaine-mpf inj 1%	2	
polocaine-mpf inj 2%	2	
PYRUKYND TAPER PACK TBPK 0	5	NDS
PYRUKYND TAPER PACK TBPK 0	5	NDS
PYRUKYND TAPER PACK TBPK 5MG	5	NDS
PYRUKYND TABS 20MG	5	NDS
PYRUKYND TABS 50MG	5	NDS
PYRUKYND TABS 5MG	5	NDS
REZUROCK TABS 200MG	5	PA; NDS
RIDAURA CAPS 3MG	5	MO
RIMSO-50 INJ 50%	3	
SAJAZIR INJ 30MG/3ML	5	NDS
SAPROPTERIN DIHYDROCHLORIDE PACK 100MG	4	MO
SAPROPTERIN DIHYDROCHLORIDE PACK 500MG	5	NDS
SAPROPTERIN DIHYDROCHLORIDE TABS 100MG	5	NDS
sensorcaine-mpf/epinephrine inj 0.25%; 1:200000	2	
sensorcaine-mpf/epinephrine inj 0.5%; 1:200000	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
sensorcaine-mpf inj 0.25%	2	
sensorcaine-mpf inj 0.5%	2	
sensorcaine-mpf inj 0.75%	2	
sensorcaine/epinephrine inj 0.25%; 1:200000	2	
sensorcaine/epinephrine inj 0.5%; 1:200000	2	
sensorcaine inj 0.5%	2	
SEPHIENCE PACK 1000MG	5	NDS
SEPHIENCE PACK 250MG	5	NDS
SKYCLARYS CAPS 50MG	5	PA; NDS
sodium chloride 0.9% soln 0.9%	2	MO
sodium fluoride chew 0.25mg	2	MO
sodium fluoride chew 0.5mg	2	MO
sodium fluoride chew 1mg	2	MO
sodium fluoride soln 0.5mg/ml	2	MO
sterile water for irrigation soln 0	2	
sterile water for irrigation soln 0	2	
sterile water for irrigation soln 0	2	
TAKHZYRO INJ 150MG/ML	5	NDS
TAKHZYRO INJ 300MG/2ML	5	NDS
TAKHZYRO INJ 300MG/2ML	5	NDS
TAVNEOS CAPS 10MG	5	PA; NDS
THIOLA TABS 100MG	5	NDS
THYROGEN INJ 0.9MG	5	PA; NDS
TIOPRONIN DR TBEC 100MG	5	NDS
TIOPRONIN DR TBEC 300MG	5	NDS
TIOPRONIN TABS 100MG	5	NDS
ULTOMIRIS INJ 1100MG/11ML	5	
ULTOMIRIS INJ 300MG/3ML	5	
VENXXIVA TBEC 100MG	5	NDS
VENXXIVA TBEC 300MG	5	NDS
VIJOICE PACK 50MG	5	NDS
VIJOICE TBPK 125MG	5	NDS
VIJOICE TBPK 50MG	5	NDS
VOWST CAPS 0	5	PA; NDS
VUMERITY CPDR 231MG	5	PA; NDS
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	NDS
VYVGART HYTRULO INJ 180MG/ML; 2000UNIT/ML	5	NDS
VYVGART INJ 400MG/20ML	5	NDS
XEOMIN INJ 200UNIT	5	PA; NDS
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
BRINSUPRI TABS 10MG	5	NDS
BRINSUPRI TABS 25MG	5	NDS
cromolyn sodium conc 100mg/5ml	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
CROMOLYN SODIUM NEBU 20MG/2ML	3	B/D; MO
DUPIXENT INJ 200MG/1.14ML	5	PA; NDS
DUPIXENT INJ 200MG/1.14ML	5	PA; NDS
DUPIXENT INJ 300MG/2ML	5	PA; NDS
DUPIXENT INJ 300MG/2ML	5	PA; NDS
FASENRA PEN INJ 30MG/ML	5	PA; NDS
FASENRA INJ 30MG/ML	5	PA
montelukast sodium chew 4mg	1	MO
montelukast sodium chew 5mg	1	MO
montelukast sodium pack 4mg	2	MO
montelukast sodium tabs 10mg	1	MO
NUCALA INJ 100MG/ML	5	PA; NDS
NUCALA INJ 100MG/ML	5	PA; NDS
NUCALA INJ 40MG/0.4ML	5	PA; NDS
ZILEUTON ER TB12 600MG	4	PA; MO
CYSTIC FIBROSIS		
ALYFTREK TABS 125MG; 50MG; 10MG	5	PA; NDS
ALYFTREK TABS 50MG; 20MG; 4MG	5	PA; NDS
CAYSTON SOLR 75MG	5	PA; NDS
KALYDECO PACK 13.4MG	5	QL(60 EA per 30 days); PA; NDS
KALYDECO PACK 25MG	5	QL(60 EA per 30 days); PA; NDS
KALYDECO PACK 5.8MG	5	QL(60 EA per 30 days); PA; NDS
KALYDECO PACK 50MG	5	QL(60 EA per 30 days); PA; NDS
KALYDECO PACK 75MG	5	QL(60 EA per 30 days); PA; NDS
KALYDECO TABS 150MG	5	QL(60 EA per 30 days); PA; NDS
ORKAMBI PACK 125MG; 100MG	5	QL(120 EA per 30 days); PA; NDS
ORKAMBI PACK 188MG; 150MG	5	QL(120 EA per 30 days); PA; NDS
ORKAMBI PACK 94MG; 75MG	5	QL(120 EA per 30 days); PA; NDS
ORKAMBI TABS 125MG; 100MG	5	QL(120 EA per 30 days); PA; NDS
ORKAMBI TABS 125MG; 200MG	5	QL(120 EA per 30 days); PA; NDS
SYMDEKO TBPK 150MG; 100MG	5	PA; NDS
SYMDEKO TBPK 75MG; 50MG	5	PA; NDS
TOBI PODHALER CAPS 28MG	5	PA
tobramycin nebu 300mg/5ml	5	PA
TRIKAFTA TBPK 100MG; 0; 50MG	5	PA; NDS
TRIKAFTA TBPK 50MG; 0; 25MG	5	PA; NDS
TRIKAFTA THPK 100MG; 0; 50MG	5	PA; NDS
TRIKAFTA THPK 80MG; 0; 40MG	5	PA; NDS
PULMONARY FIBROSIS		
NINTEDANIB ESYLATE CAPS 100MG	4	PA; MO
NINTEDANIB ESYLATE CAPS 150MG	4	PA; MO
OFEV CAPS 100MG	5	PA; NDS
OFEV CAPS 150MG	5	PA; NDS
pirfenidone tabs 267mg	2	PA; MO
pirfenidone tabs 534mg	2	PA; MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
pirfenidone tabs 801mg	2	PA; MO
RESPIRATORY AGENTS, MISCELLANEOUS		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	4	MO
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	MO
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	4	MO
ALVESCO AERS 160MCG/ACT	3	MO
ALVESCO AERS 80MCG/ACT	3	MO
ASMANEX HFA AERO 100MCG/ACT	4	MO
ASMANEX HFA AERO 200MCG/ACT	4	MO
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	3	MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	3	MO
breyna aero 160mcg/act; 4.5mcg/act	2	
breyna aero 80mcg/act; 4.5mcg/act	2	
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	4	MO
budesonide susp 0.25mg/2ml	2	B/D; MO
budesonide susp 0.5mg/2ml	2	B/D; MO
BUDESONIDE SUSP 1MG/2ML	4	B/D; MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	MO
FLUTICASONE PROPIONATE HFA AERO 220MCG/ACT	4	MO
GLASSIA INJ 1000MG/50ML	5	B/D
OHTUVAYRE SUSP 3MG/2.5ML	5	B/D; NDS
PULMICORT FLEXHALER AEPB 180MCG/ACT	4	MO
ROFLUMILAST TABS 250MCG	4	MO
ROFLUMILAST TABS 500MCG	4	MO
TEZSPIRE INJ 210MG/1.91ML	5	PA; NDS
TEZSPIRE INJ 210MG/1.91ML	5	PA; NDS
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	3	MO
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	MO
WINREVAIR INJ 0	5	NDS
WINREVAIR INJ 0	5	NDS
WINREVAIR INJ 45MG	5	NDS
WINREVAIR INJ 60MG	5	NDS
wixela inhub aepb 100mcg/act; 50mcg/act	2	
wixela inhub aepb 250mcg/act; 50mcg/act	2	
wixela inhub aepb 500mcg/act; 50mcg/act	2	
XOLAIR INJ 150MG/ML	5	PA; NDS
XOLAIR INJ 150MG/ML	5	PA; NDS
XOLAIR INJ 150MG	5	PA; NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 300MG/2ML	5	PA; NDS
XOLAIR INJ 300MG/2ML	5	PA; NDS
XOLAIR INJ 75MG/0.5ML	5	PA; NDS
XOLAIR INJ 75MG/0.5ML	5	PA; NDS
VASODILATING AGENTS		
ADEMPAS TABS 0.5MG	5	PA; NDS
ADEMPAS TABS 1.5MG	5	PA; NDS
ADEMPAS TABS 1MG	5	PA; NDS
ADEMPAS TABS 2.5MG	5	PA; NDS
ADEMPAS TABS 2MG	5	PA; NDS
ambrisentan tabs 10mg	2	
ambrisentan tabs 5mg	2	
bosentan tabs 125mg	2	
bosentan tabs 62.5mg	2	
BOSENTAN TBSO 32MG	5	NDS
OPSYNVI TABS 10MG; 20MG	5	PA; NDS
OPSYNVI TABS 10MG; 40MG	5	PA; NDS
TREPROSTINIL INJ 100MG/20ML	5	B/D; NDS
TREPROSTINIL INJ 20MG/20ML	5	B/D; NDS
TREPROSTINIL INJ 50MG/20ML	5	B/D; NDS
TYVASO DPI MAINTENANCE KIT POWD 16MCG	5	NDS
TYVASO DPI MAINTENANCE KIT POWD 32MCG	5	NDS
TYVASO DPI MAINTENANCE KIT POWD 48MCG	5	NDS
TYVASO DPI MAINTENANCE KIT POWD 64MCG	5	NDS
TYVASO DPI TITRATION KIT POWD 0	5	NDS
TYVASO REFILL KIT SOLN 0.6MG/ML	5	B/D
TYVASO STARTER KIT SOLN 0.6MG/ML	5	B/D
UPTRAVI TITRATION PACK TBPK 0	5	QL(200 EA per 30 days); PA; NDS
UPTRAVI TABS 1000MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1200MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1400MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 1600MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 200MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 400MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 600MCG	5	QL(60 EA per 30 days); PA; NDS
UPTRAVI TABS 800MCG	5	QL(60 EA per 30 days); PA; NDS
YUTREPIA CAPS 106MCG	5	NDS
YUTREPIA CAPS 26.5MCG	5	NDS
YUTREPIA CAPS 53MCG	5	NDS
YUTREPIA CAPS 79.5MCG	5	NDS
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
GAMASTAN INJ 0	3	
GAMMAGARD LIQUID ERC INJ 10GM/100ML	5	B/D
GAMMAGARD LIQUID ERC INJ 5GM/50ML	5	B/D

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	B/D
GAMMAKED INJ 1GM/10ML	5	
GAMUNEX-C INJ 1GM/10ML	5	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	5	NDS
HYQVIA INJ 2.5GM/25ML; 200UNT/1.25ML	5	NDS
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	5	NDS
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	5	NDS
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	5	NDS
NABI-HB INJ 312UNIT/ML	3	
TOXOIDS		
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
TENIVAC INJ 2LFU; 5LFU	6	
TENIVAC INJ 2LFU; 5LFU	6	
VACCINES		
ABRYSVO INJ 120MCG/0.5ML	6	
ACTHIB INJ 0	6	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	6	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	6	
AREXVY INJ 120MCG/0.5ML	6	
BEXSERO INJ 0.5ML	6	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	6	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
ENGERIX-B INJ 10MCG/0.5ML	6	B/D
ENGERIX-B INJ 20MCG/ML	6	B/D
ENGERIX-B INJ 20MCG/ML	6	B/D
GARDASIL 9 INJ 0.5ML	6	
GARDASIL 9 INJ 0.5ML	6	
HAVRIX INJ 1440UNIT/ML	6	
HAVRIX INJ 720ELU/0.5ML	6	
HEPLISAV-B INJ 20MCG/0.5ML	6	B/D
HIBERIX INJ 10MCG	6	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	6	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	6	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
IPOL INACTIVATED IPV INJ 0	6	
IXIARO INJ 0	6	
JYNNEOS INJ 0.5ML	6	
M-M-R II INJ 0; 0; 0	6	
MENQUADFI INJ 0.5ML	6	
MENVEO INJ 0	6	
MRESVIA INJ 50MCG/0.5ML	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAXHIB INJ 7.5MCG/0.5ML	6	
PENBRAYA INJ 0; 0	6	
PENMENVY INJ 0; 0	6	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	6	
PRIORIX INJ 0; 0; 0	6	
PROQUAD INJ 0; 0; 0; 0	6	
RABAVERT INJ 0	6	B/D
RECOMBIVAX HB INJ 10MCG/ML	6	B/D
RECOMBIVAX HB INJ 10MCG/ML	6	B/D
RECOMBIVAX HB INJ 40MCG/ML	6	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	6	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	6	B/D
ROTARIX SUSP 0	6	
ROTATEQ SOLN 0	6	
SHINGRIX INJ 50MCG/0.5ML	6	
SHINGRIX INJ 50MCG/0.5ML	6	
TICOVAC INJ 1.2MCG/0.25ML	6	
TICOVAC INJ 2.4MCG/0.5ML	6	
TRUMENBA INJ 0.5ML	6	
TWINRIX INJ 720ELU/ML; 20MCG/ML	6	
TYPHIM VI INJ 25MCG/0.5ML	6	
VAQTA INJ 25UNIT/0.5ML	6	
VAQTA INJ 25UNIT/0.5ML	6	
VAQTA INJ 50UNIT/ML	6	
VAQTA INJ 50UNIT/ML	6	
VARIVAX INJ 1350PFU/0.5ML	6	
VAXCHORA SUSR 0	6	
VIMKUNYA INJ 40MCG/0.8ML	6	
VIVOTIF CPDR 0	6	
YF-VAX INJ 0	6	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
BENZOYL PEROXIDE GEL 6.5%	5	NDS
ciclopirox nail lacquer soln 8%	2	
ciclopirox olamine crea 0.77%	2	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ciclopirox gel 0.77%	2	
clindamycin phosphate gel (once-daily) gel 1%	2	MO
clindamycin phosphate gel (twice-daily) gel 1%	2	MO
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	2	MO
clindamycin phosphate crea 2%	2	
clindamycin phosphate lotn 1%	2	MO
clindamycin phosphate soln 1%	2	MO
clindamycin phosphate swab 1%	2	MO
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	
CLOTRIMAZOLE CREA 1%	4	
clotrimazole troc 10mg	2	
EMROSI CP24 40MG	5	NDS
erythromycin/benzoyl peroxide gel 5%; 3%	2	MO
erythromycin gel 2%	2	MO
erythromycin soln 2%	2	MO
gentamicin sulfate crea 0.1%	2	
gentamicin sulfate oint 0.1%	2	
ketoconazole crea 2%	2	
ketoconazole sham 2%	2	
malathion lotn 0.5%	2	
metronidazole vaginal gel 0.75%	2	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%	2	
metronidazole lotn 0.75%	2	
mupirocin crea 2%	2	
mupirocin oint 2%	2	
neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml	2	
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	
nystop powd 100000unit/gm	2	
permethrin crea 5%	2	
selenium sulfide lotn 2.5%	2	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
sulfacetamide sodium lotn 10%	2	MO
SULFAMYLON CREA 85MG/GM	3	
terconazole crea 0.4%	2	
terconazole supp 80mg	2	
ZELSUVMI GEL 10.3%	5	NDS
ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)		
alclometasone dipropionate crea 0.05%	2	MO
alclometasone dipropionate oint 0.05%	2	MO
ANZUPGO CREA 20MG/GM	5	NDS

Drug Name	Drug Tier	Requirements/Limits
BENZOLYL PEROXIDE FORTE- HC LOTN 7.5%; 1%	5	NDS
betamethasone dipropionate augmented crea 0.05%	2	MO
betamethasone dipropionate augmented gel 0.05%	2	MO
betamethasone dipropionate augmented lotn 0.05%	2	MO
betamethasone dipropionate augmented oint 0.05%	2	MO
betamethasone dipropionate crea 0.05%	2	MO
betamethasone dipropionate lotn 0.05%	2	MO
betamethasone dipropionate oint 0.05%	2	MO
betamethasone valerate crea 0.1%	2	MO
betamethasone valerate foam 0.12%	2	MO
betamethasone valerate lotn 0.1%	2	MO
betamethasone valerate oint 0.1%	2	MO
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSP 0.064%; 0.005%	4	
clobetasol propionate e crea 0.05%	2	MO
clobetasol propionate crea 0.05%	2	
clobetasol propionate foam 0.05%	2	MO
clobetasol propionate gel 0.05%	2	MO
clobetasol propionate liqd 0.05%	2	MO
clobetasol propionate lotn 0.05%	2	MO
clobetasol propionate oint 0.05%	2	MO
clobetasol propionate sham 0.05%	2	MO
clobetasol propionate soln 0.05%	2	MO
CORDRAN TAPE 4MCG/SQCM	4	MO
desonide crea 0.05%	2	MO
desonide lotn 0.05%	2	MO
desonide oint 0.05%	2	MO
desoximetasone crea 0.25%	2	MO
desoximetasone oint 0.25%	2	MO
DICLOFENAC SODIUM GEL 3%	4	MO
DICLOFENAC SODIUM SOLN 1.5%	4	MO
DIFLORASONE DIACETATE OINT 0.05%	4	MO
EBGLYSS INJ 250MG/2ML	5	PA; NDS
EBGLYSS INJ 250MG/2ML	5	PA; NDS
ENSTILAR FOAM 0.064%; 0.005%	5	NDS
fluocinolone acetonide body oil 0.01%	2	
fluocinolone acetonide scalp oil 0.01%	2	MO
fluocinolone acetonide topical oil 0.01%	2	
fluocinolone acetonide crea 0.01%	2	MO
fluocinolone acetonide crea 0.025%	2	MO
fluocinolone acetonide oint 0.025%	2	MO
fluocinolone acetonide soln 0.01%	2	MO
fluocinonide emulsified base crea 0.05%	2	MO
fluocinonide crea 0.05%	2	
fluocinonide gel 0.05%	2	MO

Drug Name	Drug Tier	Requirements/Limits
fluocinonide oint 0.05%	2	MO
fluocinonide soln 0.05%	2	MO
fluticasone propionate crea 0.05%	2	MO
fluticasone propionate oint 0.005%	2	MO
halobetasol propionate crea 0.05%	2	MO
HALOBETASOL PROPIONATE FOAM 0.05%	4	
halobetasol propionate oint 0.05%	2	MO
hydrocortisone butyrate crea 0.1%	2	MO
hydrocortisone butyrate oint 0.1%	2	MO
hydrocortisone butyrate soln 0.1%	2	MO
hydrocortisone valerate crea 0.2%	2	MO
hydrocortisone valerate oint 0.2%	2	MO
hydrocortisone crea 2.5%	2	MO
hydrocortisone crea 2.5%	2	MO
hydrocortisone enem 100mg/60ml	2	MO
hydrocortisone lotn 2.5%	2	MO
hydrocortisone oint 1%	2	MO
hydrocortisone oint 2.5%	2	MO
mometasone furoate crea 0.1%	2	MO
mometasone furoate oint 0.1%	2	MO
mometasone furoate soln 0.1%	2	MO
NEMLUVIO INJ 30MG	5	PA; NDS
nystatin/triamcinolone acetonide crea 100000unit/gm; 1mg/gm	2	MO
nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%	2	MO
proctozone-hc crea 2.5%	2	MO
RADIAURA CREA 0.5%; 3%	5	NDS
triamcinolone acetonide dental paste pste 0.1%	2	MO
triamcinolone acetonide aers 0.147mg/gm	2	MO
triamcinolone acetonide crea 0.025%	2	MO
triamcinolone acetonide crea 0.1%	2	MO
triamcinolone acetonide crea 0.5%	2	MO
triamcinolone acetonide lotn 0.025%	2	MO
triamcinolone acetonide lotn 0.1%	2	MO
triamcinolone acetonide oint 0.025%	2	MO
triamcinolone acetonide oint 0.1%	2	MO
triamcinolone acetonide oint 0.5%	2	MO
ANTIPRURITICS AND LOCAL ANESTHETICS		
glydo prsy 2%	2	MO
hydrocortisone acetate/pramoxine crea 1%; 1%	2	MO
lidocaine hcl jelly prsy 2%	2	MO
lidocaine hcl prsy 2%	2	MO
lidocaine hydrochloride soln 4%	2	
lidocaine/prilocaine crea 2.5%; 2.5%	2	MO
lidocaine oint 5%	2	MO

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
lidocaine ptch 5%	2	PA; MO
lidocan ptch 5%	2	PA; MO
proctofoam hc foam 1%; 1%	2	
CELL STIMULANTS AND PROLIFERANTS		
BEXAROTENE GEL 1%	5	PA NSO; NDS
PANRETIN GEL 0.1%	5	NDS
retin-a crea 0.025%	2	MO
retin-a crea 0.05%	2	MO
retin-a crea 0.1%	2	MO
retin-a gel 0.01%	2	MO
retin-a gel 0.025%	2	MO
tretinoin crea 0.025%	2	MO
tretinoin crea 0.05%	2	MO
tretinoin crea 0.1%	2	MO
tretinoin gel 0.01%	2	MO
tretinoin gel 0.025%	2	MO
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
acitretin caps 10mg	2	
acitretin caps 17.5mg	2	
acitretin caps 25mg	2	
adapalene/benzoyl peroxide gel 0.1%; 2.5%	2	MO
ADAPALENE/BENZOYL PEROXIDE PADS 0.1%; 2.5%	5	NDS
adapalene gel 0.3%	2	MO
ADAPALENE SOLN 0.1%	5	NDS
ADBRY INJ 150MG/ML	5	PA; NDS
ADBRY INJ 300MG/2ML	5	PA; NDS
ammonium lactate crea 12%	2	MO
azelaic acid gel 15%	2	MO
BIMZELX INJ 160MG/ML	5	PA
BIMZELX INJ 160MG/ML	5	PA
BIMZELX INJ 320MG/2ML	5	PA
BIMZELX INJ 320MG/2ML	5	PA
calcipotriene crea 0.005%	2	MO
calcipotriene oint 0.005%	2	MO
calcipotriene soln 0.005%	2	MO
calcitriol oint 3mcg/gm	2	MO
claravis caps 10mg	2	NDS
claravis caps 20mg	2	NDS
claravis caps 30mg	2	NDS
claravis caps 40mg	2	NDS
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA
COSENTYX UNOREADY INJ 300MG/2ML	5	PA
COSENTYX INJ 150MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 150MG/ML	5	PA
COSENTYX INJ 75MG/0.5ML	5	PA
FLUOROURACIL CREA 0.5%	5	
fluorouracil crea 5%	2	MO
fluorouracil soln 2%	2	MO
fluorouracil soln 5%	2	MO
imiquimod crea 5%	2	MO
isotretinoin caps 20mg	2	NDS
isotretinoin caps 30mg	2	NDS
isotretinoin caps 40mg	2	NDS
KLISYRI OINT 1%	5	NDS
LEQSELVI TABS 8MG	5	PA; NDS
LITFULO CAPS 50MG	5	PA; NDS
methoxsalen caps 10mg	5	MO
NITROGLYCERIN OINT 0.4%	4	MO
OPZELURA CREA 1.5%	5	NDS
PIMECROLIMUS CREA 1%	4	MO
podofilox soln 0.5%	2	MO
salicylic acid sham 6%	2	
SANTYL OINT 250UNIT/GM	3	MO
SILIQ INJ 210MG/1.5ML	5	PA; NDS
SKYRIZI PEN INJ 150MG/ML	5	PA
SKYRIZI INJ 150MG/ML	5	PA
SKYRIZI INJ 55MG/0.37ML	5	PA
tacrolimus oint 0.03%	2	MO
tacrolimus oint 0.1%	2	MO
TALTZ INJ 20MG/0.25ML	5	PA; NDS
TALTZ INJ 40MG/0.5ML	5	PA; NDS
TALTZ INJ 80MG/ML	5	PA; NDS
TALTZ INJ 80MG/ML	5	PA; NDS
TAZAROTENE CREA 0.05%	4	MO
tazarotene crea 0.1%	2	MO
TAZAROTENE GEL 0.05%	4	MO
TAZAROTENE GEL 0.1%	4	MO
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML	5	PA; NDS
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 200MG/20ML	5	PA; NDS
TREMFYA INJ 200MG/2ML	5	PA; NDS
TREMFYA INJ 200MG/2ML	5	PA; NDS
VALCHLOR GEL 0.016%	5	NDS
VTAMA CREA 1%	5	PA; NDS
YESINTEK INJ 130MG/26ML	3	
YESINTEK INJ 45MG/0.5ML	3	

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 45MG/0.5ML	3	
YESINTEK INJ 90MG/ML	3	
SMOOTH MUSCLE RELAXANTS		
SMOOTH MUSCLE RELAXANTS		
aminophylline inj 25mg/ml	2	
darifenacin hydrobromide er tb24 15mg	2	MO
darifenacin hydrobromide er tb24 7.5mg	2	MO
elixophyllin elix 80mg/15ml	2	
flavoxate hcl tabs 100mg	2	MO
MIRABEGRON ER TB24 25MG	4	MO
MIRABEGRON ER TB24 50MG	4	MO
oxybutynin chloride er tb24 10mg	2	MO
oxybutynin chloride er tb24 15mg	2	MO
oxybutynin chloride er tb24 5mg	2	MO
oxybutynin chloride soln 5mg/5ml	2	MO
oxybutynin chloride tabs 5mg	2	MO
solifenacin succinate tabs 10mg	2	MO
solifenacin succinate tabs 5mg	2	MO
theo-24 cp24 300mg	2	MO
theophylline er tb12 100mg	2	MO
theophylline er tb12 200mg	2	MO
theophylline er tb12 300mg	2	MO
theophylline er tb12 450mg	2	MO
theophylline er tb24 400mg	2	MO
theophylline er tb24 600mg	2	MO
theophylline elix 80mg/15ml	2	
theophylline soln 80mg/15ml	2	MO
tolterodine tartrate tabs 1mg	2	MO
tolterodine tartrate tabs 2mg	2	MO
trospium chloride tabs 20mg	2	MO
VITAMINS		
VITAMINS		
calcitriol caps 0.25mcg	2	MO
calcitriol caps 0.5mcg	2	MO
calcitriol soln 1mcg/ml	2	MO
PRENATAL TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	4	MO
RAYALDEE CPCR 30MCG	5	NDS

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Index of Drugs

Drug Name	Page #
abacavir	7
abacavir sulfate/lamivudine	7
ABILIFY ASIMTUFII	52
ABILIFY MAINTENA	52
abiraterone acetate	11
ABRAXANE	11
ABRYSVO	88
acamprosate calcium dr	37
acarbose	73
acebutolol hydrochloride	30
acetaminophen/codeine	37
acetazolamide	67
acetazolamide er	67
acetazolamide sodium	67
acetic acid	68
acetic acid 0.25%	81
acetylcysteine	79
acitretin	93
ACTHIB	88
ACTIMMUNE	81
acyclovir	7
acyclovir sodium	7
ADACEL	88
adapalene	93
adapalene/benzoyl peroxide	93
ADBRY	93
adefovir dipivoxil	7
ADEMPAS	87
adenosine	33
adriamycin	11
ADVAIR HFA	86
AJOVY	46
AKEEGA	11
albendazole	1
albuterol sulfate	26
albuterol sulfate hfa aers	25
alclometasone dipropionate	90
alcohol prep pads	61
ALDURAZYME	65
ALECENSA	11
alendronate sodium	79
alfuzosin hcl er	25
aliskiren	35
allopurinol	79
ALOSETRON HYDROCHLORIDE	68
alprazolam	48
ALUNBRIG	11
ALVAIZ	28
ALVESCO	86
ALYFTREK	85
amantadine hcl	47
amantadine hydrochloride	47
ambrisentan	87
amikacin sulfate	1
amiloride hcl	62
amiloride/hydrochlorothiazide	62
aminocaproic acid	26
aminophylline	95
amiodarone hydrochloride	33
amitriptyline hydrochloride	52
AMJEVITA	79
amlodipine besylate	32
amlodipine besylate/benazepril hydrochloride	32
ammonium lactate	93
amoxapine	52
amoxicillin	1
amoxicillin/clavulanate potassium	1
amphetamine/dextroamphetamine capsule extended release 24 hour	39
amphotericin b	6
AMPHOTERICIN B LIPOSOME	6
ampicillin	1
ampicillin sodium	1
ampicillin/sulbactam	1
ampicillin-sulbactam	1
AMVUTTRA	81
anagrelide hydrochloride	27
anastrozole	12
ANDEMBRY	81
ANZUPGO	90
APLENZIN	52
APOMORPHINE HYDROCHLORIDE	47
apraclonidine	68
aprepitant	68
apri	73
APTIVUS	7
AQNEURSA	81
aranelle	73
ARANESP ALBUMIN FREE	28

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
ARCALYST	81
AREXVY	88
ARFORMOTEROL TARTRATE	26
argatroban	27
argyle sterile water 100ml	81
ARIKAYCE	1
aripiprazole	52
ARIPIPRAZOLE ODT	52
ARISTADA	52
ARISTADA INITIO	52
armodafinil	40
ARSENIC TRIOXIDE	12
asenapine maleate sl	52
ASMANEX HFA	86
ASPARLAS	12
aspirin/dipyridamole er	27
atazanavir	7
atazanavir sulfate	7
atenolol	30
atenolol/chlorthalidone	30
atomoxetine	50
atorvastatin calcium	29
atovaquone	7
atovaquone/proguanil hcl	7
atovaquone/proguanil hydrochloride	7
atropine sulfate	24
atropine sulfate	68
ATTRUBY	33
AUGMENTIN	2
AUGTYRO	12
AUSTEDO	50
AUSTEDO XR	50
AUSTEDO XR PATIENT TITRATION KIT	50
AUVELITY	52
AUVELITY TITRATION PACK	52
auvi-q	26
AVASTIN	12
aviane	73
AVMAPKI FAKZYNJA CO-PACK	12
AVONEX	51
AVONEX PEN	51
AVTOZMA	79
AYVAKIT	12
azacitidine	12
azathioprine	81
azelaic acid	93
AZELASTINE HCL	67
azelastine hydrochloride	67
azithromycin	2
aztreonam	2
bacitracin	66
bacitracin/polymyxin b	66
BACLOFEN	25
balsalazide disodium	68
BALVERSA	12
balziva	73
BAQSIMI ONE PACK	73
BAQSIMI TWO PACK	73
BARACLUDE	8
BCG VACCINE	12
bd insulin syringe safetyglide/1ml/29g x 1/2"	61
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	61
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	61
bd insulin syringe ultra-fine/1ml/31g x 8mm	61
bd pen needle/original/ultra-fine/29g x 12.7mm	61
BELBUCA	51
benazepril hydrochloride	35
BENDAMUSTINE HYDROCHLORIDE	12
BENLYSTA	81
BENZOLYL PEROXIDE FORTE- HC	91
BENZOYL PEROXIDE	89
benztropine mesylate	47
BESREMI	12
BESREMI PEN	12
betamethasone dipropionate	91
betamethasone dipropionate augmented	91
betamethasone sodium phosphate/betamethasone acetate	71
betamethasone valerate	91
BETASERON	51
betaxolol hcl	67
bethanechol chloride	24
bexarotene	12
BEXAROTENE	93
BEXSERO	88
bicalutamide	12
BICILLIN C-R	2
BICILLIN L-A	2
BIKTARVY	8

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
bimatoprost	67
BIMZELX	93
BISMUTH SUBCITRATE POT/METRONIDAZOLE/TETRACYCLINE HYDROCHLO	69
bisoprolol fumarate	31
bisoprolol fumarate/hydrochlorothiazide	31
BIXLENVO	8
bleomycin sulfate	12
BLINCYTO	12
BOMYNTRA	79
BOOSTRIX	88
bortezomib	12
bosentan	87
BOSULIF	12
BOSUTINIB	12
BRAFTOVI	12
BREO ELLIPTA	86
breyna	86
BREZTRI AEROSPHERE	86
brimonidine tartrate	67
BRINSUPRI	84
BRIVARACETAM	41
bromfenac	66
bromocriptine mesylate	47
BRUKINSA	12
BUCAPSOL	48
budesonide	71
budesonide	86
BUDESONIDE ER	71
bumetanide	62
bupivacaine hydrochloride	82
bupivacaine hydrochloride/dextrose spinal	81
bupivacaine spinal	82
bupivacaine/epinephrine	82
buprenorphine	51
buprenorphine hcl	51
buprenorphine hcl/naloxone hcl	51
bupropion hydrochloride	53
bupropion hydrochloride er (sr)	24
bupropion hydrochloride er (sr)	52
bupropion hydrochloride er (xl)	53
buspirone hcl	48
buspirone hydrochloride	48
butalbital/acetaminophen/caffeine	37
butalbital/aspirin/caffeine	37
BYOOVIZ	68
BYSANTI	53
BYSANTI TITRATION PACK A	53
BYSANTI TITRATION PACK B	53
BYSANTI TITRATION PACK C	53
CABENUVA	8
cabergoline	47
CABLIVI	28
CABOMETYX	12
caffeine citrate	40
calcipotriene	93
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	91
CALCITONIN SALMON	76
calcitonin-salmon	76
calcitriol	93
calcitriol	95
calcium acetate	63
CALQUENCE	12
CAMCEVI	12
candesartan cilexetil	35
CAPLYTA	53
CAPRELSA	13
captopril	35
carbamazepine	42
carbamazepine er	42
carbidopa	47
carbidopa/levodopa	47
carbidopa/levodopa er	47
carbidopa/levodopa/entacapone	47
carboplatin	13
CARGLUMIC ACID	61
carmustine	13
cartia xt	32
carvedilol	31
CASPOFUNGIN ACETATE	6
CAVHANZA	13
CAYSTON	85
cefaclor	2
cefadroxil	2
cefazolin sodium	2
cefdinir	2
cefepime	2
cefepime/dextrose	2
cefixime	2
cefotaxime sodium	2

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
cefotetan	2
cefoxitin sodium	2
cefpodoxime proxetil	2
CEFTAROLINE FOSAMIL	2
ceftazidime	2
ceftriaxone sodium	2
cefuroxime axetil	3
cefuroxime sodium	3
celecoxib	37
CELONTIN	42
cephalexin	3
CEQUA	66
CERDELGA	65
CEREZYME	65
CHEMET	70
chloramphenicol sodium succinate	3
chlordiazepoxide hcl	48
chlordiazepoxide hydrochloride	48
chlordiazepoxide hydrochloride/clidinium bromide	24
chlordiazepoxide/amitriptyline	53
chlorhexidine gluconate	66
chloroprocaine hydrochloride	82
chloroquine phosphate	7
chlorpromazine hcl	53
CHLORPROMAZINE HYDROCHLORIDE	53
chlorthalidone	62
cholestyramine	30
cholestyramine light	30
CHORIONIC GONADOTROPIN	76
CIBINQO	79
ciclopirox	90
ciclopirox nail lacquer	89
ciclopirox olamine	89
cidofovir	8
cilostazol	27
CILOXAN	66
CIMDUO	8
cimetidine hydrochloride	69
cinacalcet hydrochloride	76
ciprofloxacin hcl	3
ciprofloxacin hydrochloride	3
ciprofloxacin hydrochloride	66
ciprofloxacin i.v.-in d5w	3
ciprofloxacin/dexamethasone	66
cisplatin	13
CITALOPRAM HYDROBROMIDE	53
cladribine	13
claravis	93
clarithromycin	3
climara	75
clindamycin hcl	3
clindamycin hydrochloride	3
clindamycin palmitate hydrochloride	3
clindamycin phosphate	3
clindamycin phosphate	90
clindamycin phosphate gel (Once-Daily)	90
clindamycin phosphate gel (Twice-Daily)	90
clindamycin phosphate/benzoyl peroxide	90
clindamycin phosphate/dextrose	3
clobazam	42
clobetasol propionate	91
clobetasol propionate e	91
clomipramine hydrochloride	53
clonazepam	42
clonazepam odt	42
clonidine	34
clonidine hydrochloride	34
clopidogrel	27
clorazepate dipotassium	48
CLOTRIMAZOLE	90
clotrimazole/betamethasone dipropionate	90
clozapine	54
clozapine odt	53
COARTEM	7
COBENFY	54
COBENFY STARTER PACK	54
codeine sulfate	37
colchicine	79
colesevelam hydrochloride	30
colestipol hydrochloride	30
COLISTIMETHATE SODIUM	3
COMBIVENT RESPIMAT	26
COMETRIQ	13
compro	54
COPIKTRA	13
CORDRAN	91
CORLANOR	33
cortisone acetate	71
CORTROPHIN	77
COSENTYX	93
COSENTYX SENSOREADY PEN	93

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
COSENTYX UNOREADY	93
COTELLIC	13
CRENESSITY	77
CREON	65
CRESEMBA	6
cromolyn sodium	67
cromolyn sodium	84
cryselle	73
curity gauze pads 2"x2" 12 ply	61
cyclobenzaprine hydrochloride	25
cyclophosphamide	13
cycloserine	6
cyclosporine	66
cyclosporine	81
cyclosporine modified	81
cyproheptadine hcl	11
cyproheptadine hydrochloride	11
CYRAMZA	13
CYSTADANE	82
CYSTAGON	82
CYSTARAN	68
cytarabine	13
cytarabine aqueous	13
dabigatran etexilate	27
dacarbazine	13
dalfampridine er	51
danazol	72
dantrolene sodium	25
DANZITEN	13
dapagliflozin	73
dapsone	6
DAPTACEL	88
DAPTOMYCIN	3
darifenacin hydrobromide er	95
darunavir	8
DARZALEX	13
DARZALEX FASPRO	13
dasatinib	13
daunorubicin hydrochloride	14
DAURISMO	14
DAYBUE	50
decitabine	14
DEFERASIROX	70
DEFERIPRONE	71
deferoxamine mesylate	71
DEFLAZACORT	71
DELSTRIGO	8
demeclocycline hcl	3
depo-estradiol	75
DEPO-SUBQ PROVERA 104	77
depo-testosterone	72
DESCOVY	8
desipramine hydrochloride	54
desmopressin acetate	77
desonide	91
desoximetasone	91
desvenlafaxine er	54
dexamethasone	71
dexamethasone intensol	71
dexamethasone sodium phosphate	66
dexamethasone sodium phosphate	71
dexmethylphenidate hcl	40
dexmethylphenidate hydrochloride	40
dexmethylphenidate hydrochloride er	40
dexrazoxane	82
dexrazoxane hydrochloride	82
dextroamphetamine sulfate	40
dextroamphetamine sulfate er	40
dextrose 10%	61
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	63
dextrose 2.5%/sodium chloride 0.45%	63
dextrose 5%	61
dextrose 5%/lactated ringers	63
dextrose 5%/sodium chloride 0.2%	63
dextrose 5%/sodium chloride 0.45%	63
dextrose 5%/sodium chloride 0.9%	63
dextrose 50%	61
dextrose 70%	61
DIACOMIT	42
diazepam	42
diazepam	48
diazepam intensol	48
DIAZOXIDE	74
diclofenac sodium	66
DICLOFENAC SODIUM	91
diclofenac sodium dr	37
dicloxacillin sodium	3
dicyclomine hcl	24
dicyclomine hydrochloride	24
DIFICID	3
DIFLORASONE DIACETATE	91

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
diflunisal	37
DIFLUPREDNATE	66
digoxin	33
dihydroergotamine mesylate	25
dilantin	42
dilantin infatabs	42
diltiazem hcl	32
diltiazem hcl er	32
diltiazem hydrochloride	33
diltiazem hydrochloride er	32
dilt-xr	32
dimethyl fumarate	51
dimethyl fumarate starterpack	51
DIPENTUM	68
diphenhydramine hydrochloride	11
diphenoxylate hydrochloride/atropine sulfate	68
diphenoxylate/atropine	68
dipyridamole	36
disopyramide phosphate	33
DISULFIRAM	37
divalproex sodium dr	42
divalproex sodium er	42
dobutamine hcl	26
dobutamine hcl/d5w	26
dobutamine hydrochloride/dextrose 5%	26
docetaxel	14
dofetilide	34
DOLOBID	37
donepezil hcl	24
donepezil hydrochloride	25
dopamine hydrochloride	26
dopamine hydrochloride/dextrose	26
dopamine/d5w	26
DOPTELET	28
dorzolamide hcl/timolol maleate	67
dorzolamide hydrochloride	67
dotti	76
DOVATO	8
doxazosin mesylate	29
doxepin hcl	54
doxepin hydrochloride	54
doxorubicin hcl	14
doxorubicin hydrochloride	14
doxorubicin hydrochloride liposomal	14
doxy 100	3
doxycycline	4
doxycycline hyclate	3
doxycycline monohydrate	4
DRIZALMA SPRINKLE	54
dronabinol	68
droperidol	48
drospirenone/ethinyl estradiol	73
DROXIA	14
DROXIDOPA	26
duloxetine hydrochloride dr	54
DUPIXENT	85
dutasteride	78
DUVYZAT	82
e.e.s. 400	4
EBGLYSS	91
EDURANT PED	8
efavirenz	8
efavirenz/emtricitabine/tenofovir disoproxil fumarate	8
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE	8
EGRIFTA SV	77
EGRIFTA WR	77
EKTERLY	82
ELAHERE	14
ELAPRASE	65
ELELYSO	65
ELEPSIA XR	42
eletriptan hydrobromide	46
ELIGARD	14
ELIQUIS	27
ELIQUIS STARTER PACK	27
ELITEK	65
elixophyllin	95
ELMIRON	82
ELREXFIO	14
ELTROMBOPAG OLAMINE	28
eluryng	73
EMROSI	90
EMSAM	47
emtricitabine	8
EMTRICITABINE/RILPIVIRINE/TENOFOVIR DISOPROXIL FUMARATE	8
emtricitabine/tenofovir disoproxil	8
emtricitabine/tenofovir disoproxil fumarate	8
EMTRIVA	8
enalapril maleate	35

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
enalaprilat	35
ENBREL	80
ENBREL MINI	79
ENBREL SURECLICK	79
ENDARI	82
endocet	37
ENDOMETRIN	77
ENGERIX-B	88
ENHERTU	14
enoxaparin sodium	27
ENSACOVE	14
ENSTILAR	91
entacapone	47
entecavir	8
ENTYVIO	70
ENTYVIO PEN	70
enulose	61
ENVARSUS XR	81
EPCLUSA	8
EPIDIOLEX	42
epinephrine	26
EPKINLY	14
eplerenone	35
ERBITUX	14
ERGOMAR	25
ergotamine tartrate/caffeine	46
ERIBULIN MESYLATE	14
ERIVEDGE	14
ERLEADA	14
erlotinib hydrochloride	14
ertapenem sodium	4
erythromycin	66
erythromycin	90
erythromycin base	4
erythromycin dr	4
ERYTHROMYCIN ETHYLSUCCINATE	4
erythromycin/benzoyl peroxide	90
escitalopram oxalate	54
ESLICARBAZEPINE ACETATE	42
esmolol hcl	31
esmolol hydrochloride in sodium chloride	31
esmolol hydrochloride/sodium chloride	31
estrace	76
estradiol	76
estradiol valerate	76
ESTRING	76
eszopiclone	48
ETHACRYNIC ACID	62
ethambutol hydrochloride	6
ethosuximide	43
etodolac	37
etoposide	14
etravirine	8
EULEXIN	14
everolimus	14
EVEROLIMUS	81
EVOTAZ	8
EVRYSDI	82
exemestane	15
EXXUA	54
EXXUA TITRATION PACK	54
EYLEA	68
ezetimibe	30
FABRAZYME	65
famciclovir	8
famotidine	69
famotidine premixed	69
FANAPT	55
FANAPT TITRATION PACK A	54
FANAPT TITRATION PACK B	55
FANAPT TITRATION PACK C	55
FARXIGA	74
FASENRA	85
FASENRA PEN	85
febuxostat	79
FELBAMATE	43
felodipine er	33
fenofibrate	30
FENSOLVI	15
fentanyl	37
fentanyl citrate	37
FERRIC CITRATE	63
FETROJA	4
FETZIMA	55
FETZIMA TITRATION PACK	55
FIDAXOMICIN	4
FILKRI	29
FILSPARI	82
finasteride	78
fingolimod hydrochloride	51
FINTEPLA	43
FIRDAPSE	82

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
FIRMAGON	15
flavoxate hcl	95
flecainide acetate	34
fluconazole	6
fluconazole in sodium chloride	6
flucytosine	6
fludarabine phosphate	15
fludrocortisone acetate	71
flumazenil	50
fluocinolone acetonide	66
fluocinolone acetonide	91
fluocinolone acetonide body	91
fluocinolone acetonide scalp	91
fluocinolone acetonide topical	91
fluocinonide	91
fluocinonide emulsified base	91
fluoride	82
fluorometholone	66
fluorouracil	15
FLUOROURACIL	94
fluoxetine dr	55
fluoxetine hydrochloride	55
fluphenazine decanoate	55
fluphenazine hcl	55
fluphenazine hydrochloride	55
flurbiprofen sodium	66
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	86
fluticasone propionate	66
fluticasone propionate	92
FLUTICASONE PROPIONATE HFA	86
fluvoxamine maleate	55
fluvoxamine maleate er	55
FML FORTE	66
FONDAPARINUX SODIUM	27
FORTEO	77
fosamprenavir calcium	9
fosaprepitant dimeglumine	69
fosfomycin tromethamine	11
fosphenytoin sodium	43
FOTIVDA	15
FRUZAQLA	15
FULPHILA	29
FULVESTRANT	15
furosemide	62
FYCOMPA	43
gabapentin	43
GABARONE	43
galantamine hydrobromide	25
galantamine hydrobromide er	25
gallifrey	77
GAMASTAN	87
GAMMAGARD LIQUID	88
GAMMAGARD LIQUID ERC	87
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	88
GAMMAKED	88
GAMUNEX-C	88
ganciclovir	9
GARDASIL 9	88
gatifloxacin	66
GATTEX	70
gavilyte-c	69
gavilyte-g	69
GAVRETO	15
GAZYVA	15
GEFITINIB	15
gemcitabine hcl	15
gemfibrozil	30
generlac	61
gengraf	81
gentamicin sulfate	4
gentamicin sulfate	66
gentamicin sulfate	90
gentamicin sulfate pediatric	4
gentamicin sulfate/0.9% sodium chloride	4
GENVOYA	9
GILOTRIF	15
GIVLAARI	82
GLASSIA	86
glatiramer acetate	51
GLATOPA	51
glimepiride	74
glipizide	74
glipizide er	74
glipizide/metformin hydrochloride	74
glucagon emergency kit for low blood sugar	74
glucose (dextrose) 50%	61
glucose (dextrose) 70%	61
glyburide	74
glycopyrrolate	24
glycopyrrolate +rfid	24

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
glydo	92
GOMEKLI	15
granisetron hydrochloride	69
GRASTEK	82
griseofulvin microsize	6
griseofulvin ultramicrosize	6
guanfacine hydrochloride	34
guanfacine hydrochloride er	50
HAEGARDA	82
halobetasol propionate	92
haloperidol	55
haloperidol decanoate	55
haloperidol lactate	55
HARLIKU	65
HARVONI	9
HAVRIX	88
heparin sodium	28
heparin sodium +rfid	27
heparin sodium/d5w	27
heparin sodium/sodium chloride 0.9%	27
heparin sodium/sodium chloride 0.9% premix	27
HEPLISAV-B	88
HERCEPTIN HYLECTA	15
HERCESSI	15
HERNEXEOS	15
HIBERIX	88
HUMALOG CARTRIDGE	74
HUMATIN	7
HUMULIN 70/30	74
HUMULIN 70/30 KWIKPEN	74
HUMULIN N	74
HUMULIN N KWIKPEN	74
HUMULIN R	74
HUMULIN R U-500 (CONCENTRATED)	74
HUMULIN R U-500 KWIKPEN	74
hydralazine hydrochloride	35
hydrochlorothiazide	62
hydrocodone bitartrate/acetaminophen	38
hydrocodone/acetaminophen	38
hydrocortisone	71
hydrocortisone	92
hydrocortisone acetate/pramoxine	92
hydrocortisone butyrate	92
hydrocortisone valerate	92
hydrocortisone/acetic acid	66
hydromorphone hcl	38
hydroxychloroquine sulfate	7
hydroxyurea	15
hydroxyzine hcl	49
hydroxyzine hydrochloride	49
hydroxyzine pamoate	49
HYQVIA	88
HYRNUO	15
IBRANCE	15
IBTROZI	15
ibu	38
ibuprofen	38
ibuprofen lysine	38
ibutilide fumarate	34
icatibant acetate	82
ICLUSIG	15
icosapent ethyl	30
IDHIFA	15
IDVYNSO	9
ifosfamide	16
IGALMI	49
imatinib mesylate	16
IMBRUVICA	16
imipenem/cilastatin	4
imipramine hcl	56
imipramine hydrochloride	56
imipramine pamoate	56
imiquimod	94
IMKELDI	16
IMOVAX RABIES (H.D.C.V.)	88
IMPAVIDO	7
INBRIJA	47
INCRELEX	77
indapamide	62
indocin	38
indomethacin	38
indomethacin er	38
INFANRIX	88
INFLECTRA	80
INFLIXIMAB	80
INGREZZA	50
INLEXZO	16
INLURIYO	16
INLYTA	16
INQOVI	16
INREBIC	16
INSULIN GLARGINE-YFGN SOLN	74

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
INSULIN LISPRO	74
INSULIN LISPRO KWIKPEN	74
INTELENCE	9
intralipid	61
INVEGA HAFYERA	56
INVEGA SUSTENNA	56
INVEGA TRINZA	56
IPOL INACTIVATED IPV	89
ipratropium bromide	24
IPRATROPIUM BROMIDE HFA	24
ipratropium bromide/albuterol sulfate	26
IQIRVO	70
irbesartan	35
irinotecan	16
irinotecan hydrochloride	16
ISENTRESS	9
ISENTRESS HD	9
isoniazid	6
isosorbide dinitrate	36
isosorbide mononitrate	36
isosorbide mononitrate er	36
isotonic gentamicin	4
isotretinoin	94
ITOVEBI	16
itraconazole	6
IVABRADINE HYDROCHLORIDE	34
ivermectin	1
IWILFIN	16
IXEMPRA KIT	16
IXIARO	89
JAKAFI	16
JANUMET	74
JANUMET XR	74
JANUVIA	74
JARDIANCE	74
JAYPIRCA	16
JAYTHARI	71
JIDEYTRO	16
jinteli	76
JULUCA	9
junel 1.5/30	73
junel 1/20	73
junel fe 1.5/30	73
junel fe 1/20	73
junel fe 24	73
JYLAMVO	16
JYNNEOS	89
KADCYLA	16
KALETRA	9
KALYDECO	85
kcl 0.15%/d5w/nacl 0.2%	63
kcl 0.3%/d5w/nacl 0.9%	63
kelnor 1/35	73
KENALOG-10	72
KERENDIA	35
KESIMPTA	82
ketoconazole	6
ketoconazole	90
ketoprofen	38
ketorolac tromethamine	38
ketorolac tromethamine	66
ketorolac tromethamine +rfid	38
KEYTRUDA	16
KEYTRUDA QLEX	16
KHINDIVI	72
KINERET	80
KINRIX	88
kirsty	74
KISQALI	16
KLISYRI	94
klor-con 10	63
klor-con 8	64
KLOXXADO	51
KOMZIFTI	17
KORLYM	74
KOSELUGO	17
KRAZATI	17
KRINTAFEL	7
KYPROLIS	17
labetalol hydrochloride	31
LACOSAMIDE	43
lactated ringers	64
lactated ringers irrigation	82
lactated ringers/dextrose 5%	64
lactulose	61
lamivudine	9
lamivudine/zidovudine	9
lamotrigine	43
lamotrigine er	43
lamotrigine odt	43
lamotrigine starter kit/blue	43
lamotrigine starter kit/green	43

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
lamotrigine starter kit/orange	43
lamotrigine titration	43
LANOXIN PEDIATRIC	34
LANREOTIDE ACETATE	77
LANTHANUM CARBONATE	63
LAPATINIB DITOSYLATE	17
latanoprost	67
LAZCLUZE	17
LEDIPASVIR/SOFOSBUVIR	9
leflunomide	80
LENALIDOMIDE	17
LENVIMA 10 MG DAILY DOSE	17
LENVIMA 12MG DAILY DOSE	17
LENVIMA 14 MG DAILY DOSE	17
LENVIMA 18 MG DAILY DOSE	17
LENVIMA 20 MG DAILY DOSE	17
LENVIMA 24 MG DAILY DOSE	17
LENVIMA 4 MG DAILY DOSE	17
LENVIMA 8 MG DAILY DOSE	17
LEQSELVI	94
letrozole	17
leucovorin calcium	79
LEUKERAN	17
LEUKINE	29
leuprolide acetate	17
levetiracetam	44
levetiracetam er	43
levetiracetam/sodium chloride	44
levobunolol hcl	67
levocarnitine	82
LEVOCETIRIZINE DIHYDROCHLORIDE	11
levofloxacin	4
levofloxacin in d5w	4
LEVORPHANOL TARTRATE	38
levothyroxine sodium	78
LIBTAYO	17
lidocaine	92
lidocaine hcl	34
lidocaine hcl	68
lidocaine hcl	82
lidocaine hcl	92
lidocaine hcl in d5w	34
lidocaine hcl jelly	92
lidocaine hydrochloride	82
lidocaine hydrochloride	92
lidocaine hydrochloride/epinephrine	82
lidocaine viscous	68
lidocaine/epinephrine	83
lidocaine/prilocaine	92
lidocan	93
LIFYORLI	17
linezolid	4
LINZESS	70
liothyronine sodium	78
liraglutide	74
LISDEXAMFETAMINE DIMESYLATE	41
lisinopril	35
lisinopril/hydrochlorothiazide	35
LITFULO	94
LITHIUM	56
lithium carbonate	56
lithium carbonate er	56
LITHOSTAT	61
LIVDELZI	70
LIVMARLI	70
LIVTENCITY	9
LOFEXIDINE HYDROCHLORIDE	51
LOKELMA	63
LOMUSTINE	17
LONSURF	17
lopinavir/ritonavir	9
lorazepam	49
lorazepam intensol	49
LORBRENA	17
losartan potassium	36
losartan potassium/hydrochlorothiazide	36
lovastatin	30
loxapine	56
loxapine succinate	56
lubiprostone	70
LUCENTIS	68
LUMAKRAS	17
LUMIZYME	65
LUPRON DEPOT (1-MONTH)	18
LUPRON DEPOT (3-MONTH)	18
LUPRON DEPOT (4-MONTH)	18
LUPRON DEPOT (6-MONTH)	18
LUPRON DEPOT-PED (1-MONTH)	18
LUPRON DEPOT-PED (3-MONTH)	18
LUPRON DEPOT-PED (6-MONTH)	18
lurasidone hydrochloride	56
LYBALVI	56

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
LYNPARZA	18
LYSODREN	18
LYTGOBI	18
magnesium sulfate	44
magnesium sulfate in d5w	64
malathion	90
mannitol	62
maraviroc	9
MARPLAN	57
MATULANE	18
MAVYRET	9
meclizine hydrochloride	69
meclofenamate sodium	38
MEDROL	72
medroxyprogesterone acetate inj (vial)	77
mefenamic acid	38
mefloquine hydrochloride	7
megestrol acetate	18
MEKINIST	18
MEKTOVI	18
meloxicam	38
melphalan hydrochloride	18
memantine hcl titration pak	50
memantine hydrochloride	50
MENQUADFI	89
MENVEO	89
MERCAPTOPURINE	18
meropenem	4
mesalamine	68
mesalamine dr	68
mesalamine er	68
mesna	83
METAXALONE	25
metformin hydrochloride	75
metformin hydrochloride er	75
methadone hcl	38
methadone hydrochloride	38
methadone hydrochloride intensol	38
methazolamide	67
methenamine hippurate	11
methergine	76
methimazole	78
METHITEST	72
methocarbamol	25
methotrexate	18
methotrexate sodium	18
methoxsalen	94
methsuximide	44
methylergonovine maleate	76
methylphenidate hydrochloride	41
methylphenidate hydrochloride er	41
methylphenidate hydrochloride er (cd)	41
methylphenidate hydrochloride er (osm)	41
methylphenidate hydrochloride er (xr)	41
methylprednisolone	72
methylprednisolone acetate	72
methylprednisolone dose pack	72
methylprednisolone sodium succinate	72
methylprednisolone sodiumsuccinate	72
METHYLTESTOSTERONE	72
metoclopramide hcl	70
metoclopramide hydrochloride	70
metoclopramide hydrochloride +rfid	70
metolazone	63
metoprolol succinate er	31
metoprolol tartrate	31
metronidazole	7
metronidazole	90
metronidazole vaginal	90
METYROSINE	29
mexiletine hydrochloride	34
midazolam hcl	49
MIDAZOLAM HYDROCHLORIDE	44
midazolam hydrochloride	49
midazolam hydrochloride +rfid	49
midodrine hydrochloride	26
MIEBO	68
mifeprex	76
MIFEPRISTONE	75
mifepristone	76
MIGLUSTAT	65
milrinone lactate	34
milrinone lactate in dextrose	34
minocycline hcl	4
minocycline hydrochloride	4
minoxidil	35
MIPLYFFA	83
MIRABEGRON ER	95
MIRENA	73
mirtazapine	57
mirtazapine odt	57
misoprostol	69

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
mitomycin	18
mitoxantrone hydrochloride	18
M-M-R II	89
modafinil	41
MODEYSO	18
molindone hydrochloride	57
mometasone furoate	66
mometasone furoate	92
montelukast sodium	85
morphine sulfate	39
morphine sulfate er	39
MOVANTIK	70
moxifloxacin hydrochloride/sodium hydrochloride	4
moxifloxacin hydrochloride	4
moxifloxacin hydrochloride	66
MRESVIA	89
MULTAQ	34
mupirocin	90
mutamycin	18
MVASI	19
mycophenolate mofetil	81
mycophenolic acid dr	81
NABI-HB	88
nabumetone	39
nadolol	31
nafcillin sodium	5
NAGLAZYME	65
nalbuphine hydrochloride	39
naloxone hcl	51
naloxone hydrochloride	52
naltrexone hydrochloride	52
naproxen	39
naproxen dr	39
naratriptan hcl	46
NATACYN	66
nateglinide	75
NAYZILAM	44
nebivolol hydrochloride	31
nefazodone hydrochloride	57
NELARABINE	19
NEMLUVIO	92
neomycin sulfate	5
neomycin/polymyxin b sulfates	90
neomycin/polymyxin/bacitracin	66
neomycin/polymyxin/bacitracin/hydrocortison e	67
neomycin/polymyxin/dexamethasone	67
neomycin/polymyxin/gramicidin	66
neomycin/polymyxin/hc	67
neomycin/polymyxin/hydrocortisone	67
NERLYNX	19
nevirapine	9
nevirapine er	9
NEXLETOL	30
NEXLIZET	30
NEXPLANON	73
niacin er	30
niacor	30
nicardipine hydrochloride	33
NICOTROL NS	24
nifedipine	33
nifedipine er	33
nikki	73
NILOTINIB D-TARTRATE	19
NILOTINIB HYDROCHLORIDE	19
nilutamide	19
nimodipine	33
NINLARO	19
NINTEDANIB ESYLATE	85
NITAZOXANIDE	7
nitro-bid	36
NITRO-DUR	36
nitrofurantoin	11
nitrofurantoin macrocrystals	11
nitrofurantoin monohydrate/macrocrystals	11
nitroglycerin	37
NITROGLYCERIN	94
nitroglycerin transdermal	36
NIVESTYM	29
nora-be	73
NORDITROPIN FLEXPRO	77
norepinephrine bitartrate	26
norethindrone	73
norethindrone acetate	77
norethindrone acetate/ethinyl estradiol/ferrous fumarate	73
NORPACE CR	34
nortrel 0.5/35 (28)	73
nortrel 1/35	73
nortrel 7/7/7	73

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
nortriptyline hcl	57
nortriptyline hydrochloride	57
NORVIR	9
NOURIANZ	50
NOVOLIN R FLEXPEN	75
NUBEQA	19
NUCALA	85
NUEDEXTA	50
NUPLAZID	57
NURTEC	46
NUZYRA	5
nystatin	6
nystatin	90
nystatin/triamcinolone acetonide	92
nystop	90
OCREVUS ZUNOVO	51
octreotide acetate	77
ODACTRA	83
ODEFSEY	9
ODOMZO	19
OFEV	85
ofloxacin	66
OGSIVEO	19
OHTUVAYRE	86
OJEMDA	19
OJJAARA	19
olanzapine	57
olanzapine odt	57
olanzapine/fluoxetine	57
OLUMIANT	80
omega-3-acid ethyl esters	30
omeprazole	69
omeprazole dr	69
omnitrope	78
ondansetron hcl	69
ondansetron hydrochloride	69
ondansetron hydrochloride +rfid	69
ondansetron odt	69
ONUREG	19
OPDIVO	19
OPDIVO QVANTIG	19
OPIPZA	57
OPSYNVI	87
OPZELURA	94
ORENCIA	80
ORENCIA CLICKJECT	80
ORGOVYX	76
ORILISSA	76
ORKAMBI	85
ORLYNVAH	11
ORSERDU	19
oseltamivir phosphate	9
OSENVELT	79
osmitrol viaflex	63
OTEZLA	80
OTEZLA XR	80
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	80
OXACILLIN SODIUM	5
oxaliplatin	19
oxazepam	49
oxcarbazepine	44
oxybutynin chloride	95
oxybutynin chloride er	95
oxycodone hydrochloride	39
oxycodone/acetaminophen	39
oxytocin	76
OZEMPIC	75
paclitaxel	19
PACLITAXEL PROTEIN-BOUND PARTICLES	19
PADCEV	19
PALFORZIA INITIAL DOSE ESCALATION	83
PALFORZIA LEVEL 1	83
PALFORZIA LEVEL 10	83
PALFORZIA LEVEL 11 (MAINTENANCE)	83
PALFORZIA LEVEL 11 (TITRATION)	83
PALFORZIA LEVEL 2	83
PALFORZIA LEVEL 3	83
PALFORZIA LEVEL 4	83
PALFORZIA LEVEL 5	83
PALFORZIA LEVEL 6	83
PALFORZIA LEVEL 7	83
PALFORZIA LEVEL 8	83
PALFORZIA LEVEL 9	83
paliperidone er	57
PALYNZIQ	65
pamidronate disodium	79
PANRETIN	93
pantoprazole sodium	69
paroxetine	58

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
paroxetine hcl	58
paroxetine hcl er	58
PAROXETINE HYDROCHLORIDE	58
PAVBLU	68
PAXLOVID	9
PAZOPANIB HYDROCHLORIDE	19
PEDIARIX	89
PEDVAXHIB	89
peg-3350/electrolytes	69
peg-3350/nacl/na bicarbonate/kcl	69
PEGASYS	9
PEMAZYRE	20
PEMETREXED INJ (BASE EQUIV)	20
PENBRAYA	89
penicillamine	71
penicillin g potassium	5
penicillin g sodium	5
penicillin v potassium	5
PENMENVY	89
PENTACEL	89
pentamidine isethionate	7
PENTASA	68
pentoxifylline er	28
PERAMPANEL	44
PERJETA	20
permethrin	90
perphenazine	58
perphenazine/amitriptyline	58
PERSERIS	58
phenelzine sulfate	58
phenobarbital	49
phenobarbital sodium	49
PHENOXYBENZAMINE HYDROCHLORIDE	25
phenylephrine hydrochloride	68
phenytek	44
phenytoin	44
phenytoin sodium	44
phenytoin sodium extended	44
PHESGO	20
PHOSPHOLINE IODIDE	67
PIFELTRO	9
pilocarpine hydrochloride	25
pilocarpine hydrochloride	67
PIMECROLIMUS	94
pimozide	58
pioglitazone hcl	75
pioglitazone hydrochloride	75
piperacillin sodium/tazobactam sodium	5
PIQRAY 200MG DAILY DOSE	20
PIQRAY 250MG DAILY DOSE	20
PIQRAY 300MG DAILY DOSE	20
pirfenidone	85
piroxicam	39
plenamine	62
PLERIXAFOR	29
podofilox	94
polocaine-mpf	83
polymyxin b sulfate/trimethoprim sulfate	66
pomalidomide	20
POMALYST	20
portia-28	73
POSACONAZOLE	6
posaconazole dr	6
potassium acetate	64
potassium chloride	64
potassium chloride er	64
potassium chloride/dextrose	64
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	64
potassium chloride/dextrose/sodium chloride	64
potassium chloride/sodium chloride	64
potassium citrate er	61
potassium phosphate	64
potassium phosphates	64
pramipexole dihydrochloride	47
prasugrel hydrochloride	28
pravastatin sodium	30
praziquantel	1
prazosin hydrochloride	29
PRED MILD	67
prednisolone	72
prednisolone acetate	67
prednisolone sodium phosphate	67
prednisolone sodium phosphate	72
prednisone	72
prednisone intensol	72
pregabalin	44
PREMARIN	76
premasol	62
PRENATAL	95

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
PRETOMANID	6
prevalite	30
PREVYMIS	9
PREZCOBIX	10
PREZISTA	10
PRIFTIN	7
primaquine phosphate	7
PRIMIDONE	45
PRIORIX	89
probenecid	65
probenecid/colchicine	65
procainamide hydrochloride	34
prochlorperazine	58
prochlorperazine edisylate	58
prochlorperazine maleate	58
PROCRIT	29
proctofoam hc	93
proctozone-hc	92
progesterone	77
PROGRAF	81
promethazine hydrochloride	11
promethazine hydrochloride plain	11
promethegan	11
propafenone hydrochloride	34
proparacaine hcl	68
propranolol hcl	31
propranolol hydrochloride	31
propranolol hydrochloride er	31
propylthiouracil	78
PROQUAD	89
protriptyline hcl	58
prucalopride	70
PULMICORT FLEXHALER	86
PULMOZYME	65
pyrazinamide	7
PYRIDOSTIGMINE BROMIDE	25
pyridostigmine bromide er	25
PYRIMETHAMINE	7
PYRUKYND	83
PYRUKYND TAPER PACK	83
QALSODY	50
QINLOCK	20
QUADRACEL	88
quetiapine fumarate	58
quetiapine fumarate er	58
quinidine gluconate cr	34
quinidine sulfate	34
quinine sulfate	7
QULIPTA	46
RABAVERT	89
RADIAURA	92
RADICAVA ORS	50
RADICAVA ORS STARTER KIT	50
RALDESY	58
raloxifene hydrochloride	76
ramipril	36
RANOLAZINE ER	34
rasagiline mesylate	47
RASONQUE	20
RASUVO	80
RAYALDEE	95
REBIF REBIDOSE	51
REBIF REBIDOSE TITRATION PACK	51
REBIF TITRATION PACK	51
reclipsen	73
RECOMBIVAX HB	89
REGONOL	25
RELENZA DISKHALER	10
RELISTOR	70
repaglinide	75
REPATHA SURECLICK	30
RETACRIT	29
RETEVMO	20
retin-a	93
RETISERT	67
RETROVIR IV INFUSION	10
REVCOVI	65
REVUFORJ	20
REXULTI	58
REYATAZ	10
REZDIFFRA	70
REZLIDHIA	20
REZUROCK	83
RIABNI	20
ribavirin	10
RIDAURA	83
rifabutin	7
rifampin	7
RILPIVIRINE HYDROCHLORIDE	10
riluzole	51
rimantadine hydrochloride	10
RIMSO-50	83

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
ringers injection	64
RINVOQ	80
RINVOQ LQ	80
risedronate sodium	79
RISPERDAL CONSTA	59
risperidone	59
RISPERIDONE ER	59
RISPERIDONE ODT	59
ritonavir	10
RITUXAN	20
RITUXAN HYCELA	20
rivaroxaban	28
rivastigmine tartrate	25
rizatriptan benzoate	46
rizatriptan benzoate odt	46
ROFLUMILAST	86
ROMVIMZA	20
ropinirole er	47
ropinirole hcl	48
ropinirole hydrochloride	48
rosuvastatin calcium	30
ROTARIX	89
ROTATEQ	89
roweepra	45
ROZLYTREK	20
RUBRACA	21
RUFINAMIDE	45
RUKOBIA	10
RYBELSUS	75
RYBREVANT FASPRO	21
RYDAPT	21
RYKINDO	59
RYLAZE	21
RYZNEUTA	29
sacubitril/valsartan	36
SAJAZIR	83
salicylic acid	94
salsalate	39
SANDOSTATIN LAR DEPOT	78
SANTYL	94
SAPROPTERIN DIHYDROCHLORIDE	83
SARCLISA	21
SARCLISA ESCENA	21
SCEMBLIX	21
SCOPOLAMINE	69
SECUADO	59
selegiline hcl	48
selenium sulfide	90
SELZENTRY	10
sensorcaine	84
sensorcaine/epinephrine	84
sensorcaine-mpf	84
sensorcaine-mpf/epinephrine	83
SEPHIENCE	84
SEREVENT DISKUS	26
sertraline hcl	59
SERTRALINE HYDROCHLORIDE	59
sevelamer carbonate	63
SEYSARA	5
SHINGRIX	89
SIGNIFOR	78
SIGNIFOR LAR	78
SIKLOS	21
sildenafil citrate	37
SILIQ	94
silodosin	25
silver sulfadiazine	90
simvastatin	30
sirolimus	81
SIRTURO	7
SITAGLIPTIN	75
SIVEXTRO	5
SKYCLARYS	84
SKYRIZI	70
SKYRIZI	94
SKYRIZI PEN	94
sodium bicarbonate	61
sodium chloride	65
sodium chloride 0.45%	64
sodium chloride 0.9%	84
sodium fluoride	84
sodium nitroprusside	35
SODIUM OXYBATE	51
sodium phenylbutyrate	61
sodium phosphate	65
sodium phosphates	65
sodium polystyrene sulfonate	63
sodium sulfate/potassium sulfate/magnesium sulfate	69
SOFOSBUVIR/VELPATASVIR	10
solifenacin succinate	95
SOLTAMOX	21

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
SOLU-CORTEF	72
SOMAVERT	78
SORAFENIB	21
SORAFENIB TOSYLATE	21
sotalol hcl	32
sotalol hydrochloride	32
sotalol hydrochloride (af)	32
SOVALDI	10
SPIRIVA RESPIMAT	24
spironolactone	36
spironolactone/hydrochlorothiazide	36
sprintec 28	73
ssd	90
sterile water for irrigation	84
STIOLTO RESPIMAT	24
STIVARGA	21
STRENSIQ	65
streptomycin sulfate	5
STRIBILD	10
STRIVERDI RESPIMAT	26
SUBVENITE	45
subvenite starter kit/blue	45
subvenite starter kit/green	45
subvenite starter kit/orange	45
succinylcholine chloride	25
SUCRALFATE	69
sulfacetamide sodium	66
sulfacetamide sodium	90
sulfacetamide sodium/prednisolone sodium phosphate	67
sulfadiazine	5
sulfamethoxazole/trimethoprim	5
sulfamethoxazole/trimethoprim ds	5
SULFAMYLON	90
sulfasalazine	5
sulindac	39
sumatriptan	46
sumatriptan succinate	46
sunitinib malate	21
SUNLENCA	10
SUNOSI	41
SYLVANT	21
SYMDEKO	85
SYMFI	10
SYMPAZAN	45
SYMTUZA	10
SYNAREL	77
TABLOID	21
TABRECTA	21
tacrolimus	81
tacrolimus	94
tadalafil	37
TAFINLAR	21
TAGRISSO	21
TAKHZYRO	84
TALICIA	69
TALTZ	94
TALVEY	21
TALZENNA	21
tamoxifen citrate	22
tamsulosin hydrochloride	25
TARPEYO	72
TASIMELTEON	49
TAVALISSE	29
TAVNEOS	84
TAZAROTENE	94
tazicef	5
TECENTRIQ	22
TECENTRIQ HYBREZA	22
TECVAYLI	22
TEFLARO	5
temazepam	49
temsirolimus	22
TENIVAC	88
tenofovir disoproxil fumarate	10
TEPMETKO	22
terazosin hcl	29
terazosin hydrochloride	29
terbinafine hcl	6
terbutaline sulfate	26
terconazole	90
TERIFLUNOMIDE	51
TERIPARATIDE	77
testosterone	73
testosterone cypionate	72
testosterone enanthate	73
testosterone pump	73
TETRABENAZINE	51
tetracaine hcl	68
tetracaine hydrochloride	68
tetracycline hydrochloride	5
TEZSPIRE	86

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
THALOMID	22
theo-24	95
theophylline	95
theophylline er	95
THIOLA	84
thioridazine hydrochloride	59
THIOTEPA	22
thiothixene	59
THYROGEN	84
TIAGABINE HYDROCHLORIDE	45
TIBSOVO	22
ticagrelor	28
TICOVAC	89
TIGECYCLINE	5
timolol maleate	32
timolol maleate	67
tinidazole	7
TIOPRONIN	84
TIOPRONIN DR	84
TIVICAY	10
TIVICAY PD	10
tizanidine hcl	25
tizanidine hydrochloride	25
TOBI PODHALER	85
TOBRADEX	67
tobramycin	66
tobramycin	85
tobramycin sulfate	5
TOBRAMYCIN/DEXAMETHASONE	67
TOBREX	66
TOFACITINIB CITRATE	80
tofacitinib citrate er	80
tolcapone	48
tolterodine tartrate	95
TOLVAPTAN	63
topiramate	45
topotecan hcl	22
TOREMIFENE CITRATE	22
TORPENZ	22
torsemide	63
TRADJENTA	75
TRAMADOL HYDROCHLORIDE	39
tramadol hydrochloride/acetaminophen	39
tranexamic acid	28
tranylcypromine sulfate	60
travasol	62
travoprost	67
trazodone hydrochloride	60
TRELEGY ELLIPTA	86
TREMFYA	94
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	94
TREPROSTINIL	87
tretinoin	22
tretinoin	93
trexall	22
triamcinolone acetonide	72
triamcinolone acetonide	92
triamcinolone acetonide dental paste	92
triamterene	63
triamterene/hydrochlorothiazide	63
triazolam	49
TRIENTINE HYDROCHLORIDE	71
trifluoperazine hcl	60
trifluoperazine hydrochloride	60
trifluridine	66
trihexyphenidyl hydrochloride	48
TRIKAFTA	85
tri-lo-sprintec	73
trimethoprim	11
trimipramine maleate	60
TRINTELLIX	60
tri-sprintec	73
TRIUMEQ	10
TRIUMEQ PD	10
TROPHAMINE	62
trospium chloride	95
TRULANCE	70
TRUMENBA	89
TRUQAP	22
TRYNGOLZA	30
TUKYSA	22
TURALIO	22
TWINRIX	89
TYBOST	10
TYENNE	80
TYPHIM VI	89
TYVASO DPI MAINTENANCE KIT	87
TYVASO DPI TITRATION KIT	87
TYVASO REFILL KIT	87
TYVASO STARTER KIT	87

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
UBRELVY	46
ULTOMIRIS	84
UNITUXIN	22
UPTRAVI	87
UPTRAVI TITRATION PACK	87
ursodiol	70
UZEDY	60
VABRINTY	22
valacyclovir hydrochloride	10
VALCHLOR	94
valganciclovir	10
valganciclovir hydrochloride	10
valproate sodium	45
valproic acid	45
valsartan	36
valsartan/hydrochlorothiazide	36
VALTOCO 10 MG DOSE	45
VALTOCO 15 MG DOSE	45
VALTOCO 20 MG DOSE	45
VALTOCO 5 MG DOSE	45
vancomycin hcl	5
vancomycin hydrochloride	5
VANFLYTA	22
VAQTA	89
varenicline starting month	24
varenicline tartrate	24
varenicline tartrate continuing month	24
VARIVAX	89
VAXCHORA	89
VEKLURY	10
VELPHORO	63
VELSIPITY	70
VEMLIDY	10
VENCLEXTA	22
VENCLEXTA STARTING PACK	22
VENLAFAXINE BESYLATE ER	60
venlafaxine hydrochloride	60
venlafaxine hydrochloride er	60
VENXXIVA	84
VEPPANU	22
verapamil hcl er	33
verapamil hydrochloride	33
verapamil hydrochloride er	33
VERKAZIA	67
VERQUVO	37
VERSACLOZ	60
VERZENIO	22
VIBERZI	70
VIGABATRIN	46
VIGADRONE	46
VIGAFYDE	46
VIJOICE	84
VILAZODONE HYDROCHLORIDE	60
VIMIZIM	65
VIMKUNYA	89
vinblastine sulfate	23
vincristine sulfate	23
vinorelbine tartrate	23
VIRACEPT	10
VIREAD	11
VITRAKVI	23
VIVITROL	52
VIVOTIF	89
VOCABRIA	11
VONJO	23
VORANIGO	23
VORAXAZE	79
voriconazole	6
VOSEVI	11
VOWST	84
VRAYLAR	60
VTAMA	94
VUMERITY	84
VYKAT XR	41
VYNDAMAX	34
VYVGART	84
VYVGART HYTRULO	84
VYXEOS	23
warfarin sodium	28
WEGOVY	75
WELIREG	23
WINREVAIR	86
wixela inhub	86
WYOST	79
XALKORI	23
XARELTO	28
XARELTO STARTER PACK	28
XATMEP	23
XCOPRI	46
XDEMVY	66
XEOMIN	84
XERMELO	68

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Page #
XIFAXAN	5
XOLAIR	86
XOSPATA	23
XPHOZAH	63
XPOVIO	23
XPOVIO 60 MG TWICE WEEKLY	23
XPOVIO 80 MG TWICE WEEKLY	23
XROMI	23
XTANDI	23
xulane	73
YARGESA	65
YERVOY	23
YESINTEK	94
YF-VAX	89
YONDELIS	23
YONSA	23
YUPELRI	24
YUTREPIA	87
yuvafem	76
zaleplon	49
ZARXIO	29
ZAVZPRET	46
ZEJULA	23
ZELAPAR	48
ZELBORAF	23
ZELSUVMI	90
ZENBEXUS	23
ZENPEP	65
zidovudine	11
ZILEUTON ER	85
ziprasidone hcl	61
ziprasidone mesylate	61
zoledronic acid	79
ZOLINZA	23
zolmitriptan	47
zolmitriptan odt	47
zolpidem tartrate	50
ZONISADE	46
zonisamide	46
ZTALMY	46
ZURZUVAE	61
ZYDELIG	24
ZYKADIA	24
ZYMFENTRA 2-PEN	80
ZYMFENTRA 2-SYRINGE	80
ZYPREXA RELPREVV	61

Last Updated: 09/21/2026

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

This formulary was updated on 09/21/2026. For more recent information or other questions, please contact Kaiser Permanente Medicare Advantage Member Services at 1-888-775-7003 or 775-982-3112 (TTY 711), Monday – Friday, 7:00 a.m. – 8:00 p.m. and Saturday – Sunday, 8:00 a.m. – 8:00 p.m. or visit **kp.org/seniorrx**.

Kaiser Permanente

2027 Pharmacy Directory

This pharmacy directory was updated on **10/08/2026**. For more recent information or other questions, please contact Kaiser Permanente Member Services at **1-888-775-7003** or, for TTY users, **711**, seven days a week, 8 a.m. to 8 p.m., or visit **kp.org/ seniorrx**.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at **kp.org/directory**. You may also call Member Services at **1-888-775-7003**, TTY/TDD users should call **711** for updated information.

Also, please call our Member Services, to request the following:

- *Preferred language other than English and/or alternate format.*
- *Make or change a standing request for preferred language and/or format.*

Introduction

This booklet provides a list of our plan's network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the **Evidence of Coverage** and Kaiser Permanente's formulary.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to plan enrollees. In most cases, your prescriptions are covered under our plan only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your **Evidence of Coverage**.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. This list is current as of 10/08/2026. For the most current list, please contact us. Our contact information appears on the front and back cover pages.

You can go to all the pharmacies on this list, but your costs for some drugs may be less at pharmacies in this list that offer preferred cost-sharing. We have marked these pharmacies with a **"P"** to distinguish them from other pharmacies in our network that offer standard cost- sharing.

You can get prescription drugs shipped to your home through our network mail order delivery program. For more information, please contact us or see the mail order section of this pharmacy directory.

We also list pharmacies that are in our network but are outside the Nevada area, the area in which you live. You may also fill your prescriptions at these pharmacies. For more information, please see the section in this directory on Network Pharmacies outside the Nevada area or contact Member Services.

Kaiser Permanente's pharmacy network includes limited lower-cost, preferred pharmacies in Washoe County in Nevada. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call **1-888-775-7003** (TTY **711**), seven days a week, 8 a.m. to 8 p.m., or consult the online pharmacy directory at **kp.org/directory**.

If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact us.

Kaiser Permanente's Network Pharmacies

Our pharmacy directory is organized by the type of pharmacy (retail, including chain pharmacies, mail order, home infusion, long-term care, Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies, network pharmacies outside the Nevada area, specialty pharmacies, and transplant network pharmacies outside the Nevada area). Our pharmacies are then listed alphabetically by service area and facility.

Retail Pharmacies, including Chain Pharmacies

BATTLE MOUNTAIN

MILLS PHARMACY
990 BROYLES RANCH RD
BATTLE MOUNTAIN, NV89820
(775) 635-2323

BOULDER CITY

BOULDER CITY HOSPITAL
901 ADAMS BLVD
BOULDER CITY, NV89005
(702) 293-4111

CVS PHARMACY #08813
1017 NEVADA WAY
BOULDER CITY, NV89005
(702) 293-6705

SAV-ON PHARMACY #0093
1008 NEVADA WAY
BOULDER CITY, NV89005
(702) 293-7592

CALIENTE

SILVER STATE DRUG
800 NORTH SPRING STREET
CALIENTE, NV89008
(775) 726-3771

CARSON CITY

COMMUNITY HEALTH PHARMACY
3325 RESEARCH WAY
CARSON CITY, NV89706
(855) 888-7426

COSTCO PHARMACY #127
700 OLD CLEAR CREEK RD
CARSON CITY, NV89705
(775) 881-2502

CVS PHARMACY #08779
220 FAIRVIEW LANE
CARSON CITY, NV89701
(775) 887-1000

CVS PHARMACY #09842
1980 N CARSON ST
CARSON CITY, NV89701
(775) 882-2299

CVS PHARMACY #09981
3240 HIGHWAY 50 EAST
CARSON CITY, NV89701
(775) 883-7011

RALEY'S PHARMACY #114
3701 SOUTH CARSON STREET
CARSON CITY, NV89701
(775) 882-3116

SMITHS PHARMACY #356
599 EAST WILLIAMS ST
CARSON CITY, NV89701
(775) 885-9928

WALGREENS #04788
1465 E WILLIAM ST
CARSON CITY, NV89701
(775) 841-2790

WALMART PHARMACY 10-1648
3770 SOUTH HIGHWAY 395
CARSON CITY, NV89705
(775) 267-2461

WALMART PHARMACY 10-3408
3200 MARKET STREET
CARSON CITY, NV89706
(775) 883-6535

DAYTON

SMITHS PHARMACY #392
2200 HWY 50 E
DAYTON, NV89403
(775) 246-0920

ELKO

ALBERTSONS PHARMACY #0155
2582 IDAHO ST
ELKO, NV89801
(775) 218-3864

CVS PHARMACY #08801
550 W IDAHO ST
ELKO, NV89801
(775) 738-7177

GOLDEN HEALTH PHARMACY
1993 ERRECART BLVD
ELKO, NV89801
(888) 940-1049

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

NEVADA HEALTH CENTER PHARMACY - ELKO
762 14TH STREET
ELKO, NV89801
(775) 445-3410

SMITHS PHARMACY #388
1740 MOUNTAIN CITY HIGHWAY
ELKO, NV89801
(775) 777-1337

WAL-MART PHARMACY 10-2402
2944 MOUNTAIN CITY HWY
ELKO, NV89801
(775) 778-6783

ELY

ECONOMY DRUG
696 AULTMAN ST
ELY, NV89301
(775) 289-4929

RIDLEY'S PHARMACY #1154
1689 GREAT BASIN BLVD
ELY, NV89301
(775) 289-2671

WILLIAM BEE RIRIE RETAIL PHARMACY
1500 AVENUE H
ELY, NV89301
(775) 289-2338

EUREKA

ECONOMY DRUG - EUREKA
91 N MAIN ST
EUREKA, NV89316
(775) 237-7700

FALLON

CVS PHARMACY #09843
461 W WILLIAMS AVE
FALLON, NV89406
(775) 867-3700

SAFEWAY PHARMACY #1517
890 W WILLIAMS AVE
FALLON, NV89406
(775) 428-2340

WALGREENS #09581
2020 RENO HWY
FALLON, NV89406
(775) 428-6409

WALMART PHARMACY 10-2453
2333 RENO HIGHWAY
FALLON, NV89406
(775) 428-1710

FERNLEY

RALEY'S PHARMACY #122
1400 US HIGHWAY 95A N
FERNLEY, NV89408
(775) 575-5065

WALGREENS #12488
1280 HIGHWAY 95 A NORTH
FERNLEY, NV89408
(775) 835-6427

WALMART PHARMACY 10-4370
1550 EAST NEWLANDS DRIVE
FERNLEY, NV89408
(775) 575-6198

GARDNERVILLE

RALEY'S PHARMACY #109
1363 HIGHWAY 395 NORTH
GARDNERVILLE, NV89410
(775) 782-2226

SMITHS PHARMACY #389
1341 NORTH HIGHWAY 395
GARDNERVILLE, NV89410
(775) 782-0160

WALMART PHARMACY 10-5864
1511 GRANT AVE
GARDNERVILLE, NV89410
(775) 782-6393

GARNDERVILLE

WALGREENS #09864
1342 N HWY 395
GARNDERVILLE, NV89410
(775) 782-0537

HAWTHORNE

SAFEWAY PHARMACY #2255
HWY 95 AND ARMORY
HAWTHORNE, NV89415
(775) 945-3045

HENDERSON

COSTCO PHARMACY #1320
3411 SAINT ROSE PKWY
HENDERSON, NV89052
(702) 803-7054

COSTCO PHARMACY #673
791 MARKS ST
HENDERSON, NV89014
(702) 352-2030

CVS PHARMACY #00121
1402 E LAKE MEAD PKWY
HENDERSON, NV89015
(702) 558-5101

CVS PHARMACY #05286
21 W HORIZON RIDGE PARKWAY
HENDERSON, NV89012
(702) 566-5064

CVS PHARMACY #06717
60 N VALLE VERDE DRIVE
HENDERSON, NV89074
(702) 898-0036

CVS PHARMACY #08787
1551 W SUNSET BLVD
HENDERSON, NV89014
(702) 433-6536

CVS PHARMACY #08795
2662 W HORIZON RIDGE PKWY
HENDERSON, NV89052
(702) 616-9660

CVS PHARMACY #08822
2594 WIGWAM PKWY
HENDERSON, NV89074
(702) 260-0291

CVS PHARMACY #09548
2501 ANTHEM VILLAGE DR
HENDERSON, NV89052
(702) 990-4613

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

CVS PHARMACY #09770
2830 BICENTENNIAL PARKWAY
HENDERSON, NV89052
(702) 260-8419

CVS PHARMACY #16202
605 N STEPHANIE ST
HENDERSON, NV89014
(702) 451-0034

CVS PHARMACY #17465
350 W LAKE MEAD PKWY
HENDERSON, NV89015
(702) 216-1901

CVS PHARMACY #17578
695 S GREEN VALLEY PKWY
HENDERSON, NV89052
(702) 216-7101

DRUG PLUS PHARMACY
1590 W HORIZON RIDGE PKWY
HENDERSON, NV89012
(702) 834-8152

EVERGREENS DRUGS
10001 S EASTERN AVE
HENDERSON, NV89052
(702) 269-1354

GREEN VALLEY PHARMACY
2245 N . GREEN VALLEY PKWY
HENDERSON, NV89014
(702) 565-3374

HENDERSON PHARMACY
2410 W HORIZON RIDGE PKWY,
STE 100
HENDERSON, NV89052
(725) 238-4608

KABAFUSION NV
1951 RAMROD AVE STE 110
HENDERSON, NV89014
(702) 476-6996

LUX INFUSION 13
3041 W HORIZON RIDGE PKWY
STE 100
HENDERSON, NV89052
(702) 778-8880

PRECISION SPECIALTY RX
1490 W SUNSET RD STE 120
HENDERSON, NV89014
(702) 815-7779

RENEW CARE PHARMACY
129 W LAKE MEAD PKWY STE. D
20
HENDERSON, NV89015
(702) 476-9776

SAV-ON PHARMACY #0002
201 S STEPHANIE ST
HENDERSON, NV89012
(702) 407-0258

SAV-ON PHARMACY #3205
575 COLLEGE DR
HENDERSON, NV89015
(702) 568-0259

SAV-ON PHARMACY #3206
190 N BOULDER HWY
HENDERSON, NV89015
(702) 565-7805

SAV-ON PHARMACY #3207
2910 BICENTENNIAL PKWY
HENDERSON, NV89044
(702) 820-7595

SIENA PHARMACY
2865 SIENA HEIGHTS DR STE 111
HENDERSON, NV89052
(702) 476-9088

SMITH'S PHARMACY #303
560 N STEPHANIE ST
HENDERSON, NV89014
(702) 675-8843

SMITHS PHARMACY #331
845 E LAKE MEAD PKWY
HENDERSON, NV89011
(702) 268-2885

SMITHS PHARMACY #346
10616 SOUTH EASTERN AVENUE
HENDERSON, NV89052
(702) 614-8674

SMITHS PHARMACY #348
1000 N GREENVALLEY PKWY
HENDERSON, NV89074
(702) 260-0065

SMITHS PHARMACY #350
4600 EAST SUNSET BLVD
HENDERSON, NV89015
(702) 451-0468

SMITHS PHARMACY #381
830 SOUTH BOULDER HIGHWAY
HENDERSON, NV89015
(702) 565-6466

THE INFUSION PHARMACY
70 E HORIZON RIDGE PKWY
HENDERSON, NV89002
(702) 750-0475

VITALITY PHARMACY
3175 SAINT ROSE PKWY, STE
120
HENDERSON, NV89052
(702) 967-0500

VONS PHARMACY #1795
2511 ANTHEM VILLAGE DR
HENDERSON, NV89052
(702) 617-4526

VONS PHARMACY #2511
2667 WINDMILL PKWY
HENDERSON, NV89074
(702) 361-1157

VONS PHARMACY #2615
45 E HORIZON RIDGE PKWY
HENDERSON, NV89002
(702) 564-1425

WALGREENS #03871
1701 N GREEN VALLEY PKWY
HENDERSON, NV89074
(702) 897-5884

WALGREENS #05369
1500 S BOULDER HWY
HENDERSON, NV89015
(702) 567-5454

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

WALGREENS #05862
401 N ARROYO GRANDE BLVD
HENDERSON, NV89014
(702) 436-7106

WALGREENS #06424
1360 W HORIZON RIDGE PKWY
HENDERSON, NV89012
(702) 568-9459

WALGREENS #06545
11001 S EASTERN AVE
HENDERSON, NV89052
(702) 948-8355

WALGREENS #06615
601 S GREEN VALLEY PARKWAY
HENDERSON, NV89052
(702) 896-2956

WALGREENS #07164
101 E LAKE MEAD PKWY
HENDERSON, NV89015
(702) 566-9706

WALGREENS #7032
2451 HAMPTON RD
HENDERSON, NV89052
(702) 614-8292

WALMART PHARMACY 10-2050
300 EAST LAKE MEAD DRIVE
HENDERSON, NV89015
(702) 564-5776

WALMART PHARMACY 10-2838
540 MARKS STREET
HENDERSON, NV89014
(702) 547-4904

WALMART PHARMACY 10-3354
1401 AMERICAN PACIFIC DRIVE
HENDERSON, NV89074
(702) 564-2960

INCLINE VILLAGE

RALEY'S PHARMACY #113
930 TAHOE BLVD
INCLINE VILLAGE, NV89450
(775) 831-3111

VILLAGE PHARMACY
898 TANAGER ST
INCLINE VILLAGE, NV89451
(775) 831-1133

LAS VEGAS

986 PHARMACY #8021
4750 W SAHARA AVE
LAS VEGAS, NV89102
(702) 605-6665

986 PHARMACY #8026
8536 DEL WEBB BLVD
LAS VEGAS, NV89134
(702) 476-5888

986 SPECIALTY PHARMACY #2
321 N BUFFALO DR STE 120
LAS VEGAS, NV89145
(702) 909-4072

A1C PHARMACY
4601 W SAHARA AVE SUITE P
LAS VEGAS, NV89102
(702) 899-8097

ADVANCECARE LAS VEGAS
2080 E FLAMINGO RD
LAS VEGAS, NV89119
(702) 983-2243

AHF PHARMACY
3201 S MARYLAND PKWY STE 218
LAS VEGAS, NV89109
(702) 826-5310

ALL IN ONE PHARMACY
2080 E FLAMINGO RD STE 310
LAS VEGAS, NV89119
(702) 697-6501

ALTO PHARMACY
600 PILOT RD STE A
LAS VEGAS, NV89119
(800) 874-5881

ALWAYS YOUR PHARMACY
821 N LAMB BLVD STE 4
LAS VEGAS, NV89110
(702) 462-2205

APOTHECO PHARMACY CHOICE LAS VEGAS
7915 W SAHARA AVE STE 103
LAS VEGAS, NV89117
(702) 487-5207

ASPCARES
501 S RANCHO DR UNIT G # 46
LAS VEGAS, NV89106
(702) 912-4844

ATLAS PHARMACY & MEDICAL SUPPLY
3585 S MARYLAND PKWY STE J
LAS VEGAS, NV89169
(725) 205-3641

AZ CARE PHARMACY
7180 CASCADE VALLEY CT STE 280
LAS VEGAS, NV89128
(725) 710-9120

BELMONT PHARMACY
3050 E BONANZA RD STE 160
LAS VEGAS, NV89101
(702) 778-8087

BLISS PHARMACY
6496 MEDICAL CENTER ST STE 101
LAS VEGAS, NV89148
(702) 749-7404

BUDDYS PHARMACY
3035 S MARYLAND PKWY STE 120
LAS VEGAS, NV89109
(702) 891-0365

C&K PHARMACY LLC
6870 S RAINBOW BLVD STE 106
LAS VEGAS, NV89118
(702) 522-0844

CAPITAL CARE PHARMACY
5693 S JONES BLVD STE 119
LAS VEGAS, NV89118
(702) 844-8445

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

CENTERWELL PHARMACY, INC.
1000 S. RAINBOW BLVD
LAS VEGAS, NV89145
(702) 854-7812

CITY PHARMACY
1131 E TROPICANA AVE # A-1
LAS VEGAS, NV89119
(702) 816-4277

CITY PHARMACY 2
6170 W LAKE MEAD BLVD
LAS VEGAS, NV89108
(702) 912-1101

COSTCO PHARMACY #1709
6880 S BUFFALO DRIVE
LAS VEGAS, NV89113
(725) 332-8743

COSTCO PHARMACY #685
801 S PAVILION CTR DR
LAS VEGAS, NV89144
(702) 352-2055

COSTCO PHARMACY #737
6555 N DECATUR BLVD
LAS VEGAS, NV89131
(702) 415-2328

CURE 4 THE KIDS FOUNDATION PATIENT PHARMACY
1 BREAKTHROUGH WAY
LAS VEGAS, NV89135
(702) 862-1152

CVS PHARMACY #01507
2935 S. HOLLYWOOD BLVD
LAS VEGAS, NV89122
(702) 207-2367

CVS PHARMACY #02928
1825 EAST WARM SPRINGS RD
LAS VEGAS, NV89119
(702) 361-6581

CVS PHARMACY #02929
7190 W CRAIG RD
LAS VEGAS, NV89129
(702) 645-4382

CVS PHARMACY #02930
4595 E FLAMINGO RD
LAS VEGAS, NV89121
(702) 435-6974

CVS PHARMACY #02955
3290 S FORT APACHE RD
LAS VEGAS, NV89117
(702) 254-2598

CVS PHARMACY #02990
6391 W LAKE MEAD BLVD
LAS VEGAS, NV89108
(702) 631-7095

CVS PHARMACY #03210
3758 LAS VEGAS BLVD S
LAS VEGAS, NV89109
(702) 262-9284

CVS PHARMACY #05043
9695 S MARYLAND PARKWAY
LAS VEGAS, NV89123
(702) 896-1283

CVS PHARMACY #05068
9405 WEST RUSSELL RD
LAS VEGAS, NV89148
(702) 262-7854

CVS PHARMACY #05113
7295 S RAINBOW BLVD
LAS VEGAS, NV89118
(702) 270-0163

CVS PHARMACY #05792
2425 EAST DESERT INN RD
LAS VEGAS, NV89121
(702) 734-0258

CVS PHARMACY #05942
7285 SOUTH DURANGO DRIVE
LAS VEGAS, NV89113
(702) 407-2933

CVS PHARMACY #06867
4490 PARADISE RD
LAS VEGAS, NV89169
(702) 696-7126

CVS PHARMACY #08780
10400 WEST CHARLESTON BLVD
LAS VEGAS, NV89135
(702) 562-3169

CVS PHARMACY #08784
8116 S LAS VEGAS BLVD
LAS VEGAS, NV89123
(702) 407-7063

CVS PHARMACY #08790
3550 W SAHARA AVE
LAS VEGAS, NV89102
(702) 873-7171

CVS PHARMACY #08791
8580 W CHARLESTON BLVD
LAS VEGAS, NV89117
(702) 363-8868

CVS PHARMACY #08794
1600 N BUFFALO DRIVE
LAS VEGAS, NV89128
(702) 804-5511

CVS PHARMACY #08798
5985 W TROPICANA RD
LAS VEGAS, NV89103
(702) 252-0031

CVS PHARMACY #08800
6705 E LAKE MEAD BLVD
LAS VEGAS, NV89156
(702) 547-0220

CVS PHARMACY #08803
2855 S NELLIS BLVD
LAS VEGAS, NV89121
(702) 431-4193

CVS PHARMACY #08805
3810 E SUNSET RD
LAS VEGAS, NV89120
(702) 450-3299

CVS PHARMACY #08807
5681 BOULDER HIGHWAY
LAS VEGAS, NV89122
(702) 434-4933

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

CVS PHARMACY #08809
4014 S RAINBOW
LAS VEGAS, NV89103
(702) 873-5917

CVS PHARMACY #08814
2525 S BUFFALO DR
LAS VEGAS, NV89117
(702) 256-5521

CVS PHARMACY #08821
8320 W CHEYENNE AVE
LAS VEGAS, NV89129
(702) 658-1229

CVS PHARMACY #08824
4411 E BONANZA RD
LAS VEGAS, NV89110
(702) 452-5652

CVS PHARMACY #09965
9430 DEL WEBB BLVD
LAS VEGAS, NV89134
(702) 255-2554

CVS PHARMACY #09967
1950 VILLAGE CENTER CIRCLE
LAS VEGAS, NV89134
(702) 363-5292

CVS PHARMACY #10348
3645 LAS VEGAS BLVD S
LAS VEGAS, NV89109
(702) 474-4089

CVS PHARMACY #10861
8491 FARM RD
LAS VEGAS, NV89131
(702) 396-1713

CVS PHARMACY #16079
4001 S MARYLAND PKWY
LAS VEGAS, NV89119
(702) 732-1840

CVS PHARMACY #16273
3210 N TENAYA WAY
LAS VEGAS, NV89129
(702) 396-7840

CVS PHARMACY #16291
3550 S RAINBOW BLVD
LAS VEGAS, NV89103
(702) 252-4600

CVS PHARMACY #16531
9725 S EASTERN AVE
LAS VEGAS, NV89183
(702) 914-9715

CVS PHARMACY #16562
8750 W CHARLESTON BLVD
LAS VEGAS, NV89117
(702) 933-2315

CVS PHARMACY #16794
6480 SKY POINTE DR
LAS VEGAS, NV89131
(702) 656-4791

CVS PHARMACY #16854
4155 S GRAND CANYON DR
LAS VEGAS, NV89147
(702) 251-1450

CVS PHARMACY #17244
4100 BLUE DIAMOND RD
LAS VEGAS, NV89139
(702) 266-8050

CVS PHARMACY #17579
6371 N DECATUR BLVD
LAS VEGAS, NV89130
(702) 515-8541

DIAMOND SPECIALTY PHARMACY
4845 S FORT APACHE RD STE A
LAS VEGAS, NV89147
(702) 992-3668

DISTRICT PHARMACY
1807 W CHARLESTON BLVD STE 110
LAS VEGAS, NV89102
(702) 757-1599

DOLCRX
6820 W CHEYENNE AVE
LAS VEGAS, NV89108
(702) 436-5279

ENOVA CARE PHARMACY
5801 W CRAIG RD STE 110
LAS VEGAS, NV89130
(725) 251-2253

FAMILY CARE PHARMACY
5625 S RAINBOW BLVD STE F
LAS VEGAS, NV89118
(702) 457-2100

FIRST CLASS RX PHARMACY
3783 E DESERT INN RD
LAS VEGAS, NV89121
(702) 534-0325

FREMONT PUBLIC HEALTH CENTER PHARMACY
2830 E FREMONT ST
LAS VEGAS, NV89104
(702) 759-1845

GENOA HEALTHCARE, LLC
701 SHADOW LN
LAS VEGAS, NV89106
(725) 373-7606

GENOA HEALTHCARE, LLC
610 BELROSE STREET
LAS VEGAS, NV89107
(702) 444-3353

GENOA HEALTHCARE, LLC
6039 ELDORA AVE
LAS VEGAS, NV89146
(725) 279-2999

GENOA HEALTHCARE, LLC.
401 S MARYLAND PKWY
LAS VEGAS, NV89101
(725) 228-4851

GOODWILL PHARMACY INC.
2610 S. JONES BLVD. 3
LAS VEGAS, NV89146
(702) 213-3102

GREENBAY SPECIALTY PHARMACY
3483 S EASTERN AVE
LAS VEGAS, NV89169
(725) 254-3210

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

HEALTHY CHOICE PHARMACY
1850 E SERENE AVE STE 107
LAS VEGAS, NV89123
(702) 750-9955

ICARE PHARMACY
5595 SPRING MOUNTAIN RD #A
LAS VEGAS, NV89146
(702) 478-8551

JOSEPHINE PHARMACY
2013 E CHARLESTON BLVD
LAS VEGAS, NV89104
(702) 403-1118

KIM'S BETTER HEALTH PHARMACY, LLC.
6850 SPRING MOUNTAIN RD STE 103
LAS VEGAS, NV89146
(702) 749-7800

LAS VEGAS PHARMACY
5470 W SAHARA AVE STE B
LAS VEGAS, NV89146
(702) 220-3906

LIFECARE SPECIALTY PHARMACY
3050 E DESERT INN RD STE 124
LAS VEGAS, NV89121
(702) 697-2105

LIFEFIRST PHARMACY
2407 W CHARLESTON BLVD STE 110
LAS VEGAS, NV89102
(702) 646-5433

LV PHARMACY AND MEDICAL SUPPLIES
4503 WEST SAHARA AVE #170
LAS VEGAS, NV89102
(702) 866-7777

MAIL-MEDS CLINICAL PHARMACY
1820 E SAHARA AVE
LAS VEGAS, NV89104
(800) 939-2022

MONICOS PHARMACY LLC
2701 N TENAYA WAY STE 120
LAS VEGAS, NV89128
(702) 505-4898

NEVADA HEALTH CENTER PHARMACY - MLK
1799 MOUNT MARIAH DR
LAS VEGAS, NV89106
(702) 636-5454

NEVADA SPECIALTY PHARMACY
556 N. EASTERN AVE
LAS VEGAS, NV89101
(702) 356-8493

PHOENIX PHARMACY
6096 S FORT APACHE RD # 100
LAS VEGAS, NV89148
(702) 685-1233

PLUS ONE PHARMACY
6545 S FORT APACHE RD STE 140
LAS VEGAS, NV89148
(725) 204-1527

PRIME CARE PHARMACY
4445 S EASTERN AVE
LAS VEGAS, NV89119
(702) 745-3500

PROSOURCE PHARMACY
6530 S BUFFALO DR STE 110
LAS VEGAS, NV89113
(702) 444-2021

QHR PHARMACY
7512 WESTCLIFF DR
LAS VEGAS, NV89145
(702) 331-6796

QHR PHARMACY #3 LLC
3375 E RUSSELL RD # 1G
LAS VEGAS, NV89120
(702) 331-3414

QHR PHARMACY 1, LCC
765 N. NELLIS BLVD STE 7
LAS VEGAS, NV89110
(702) 331-6388

RIGHT DOSE PHARMACY
1235 E CHARLESTON BLVD
LAS VEGAS, NV89104
(702) 209-3640

ROSEMONT SPECIALTY PHARMACY
2435 FIRE MESA ST
LAS VEGAS, NV89128
(702) 508-6009

SAHARA PHARMACY
2585 S NELLIS BLVD STE 3
LAS VEGAS, NV89121
(702) 912-0080

SAINT MARY PHARMACY
4180 S RAINBOW BLVD #808
LAS VEGAS, NV89103
(702) 722-3707

SAMS PHARMACY 10-4974
2650 EAST CRAIG RD
LAS VEGAS, NV89030
(702) 399-2240

SAMS PHARMACY 10-4983
7100 WEST ARROYO CROSSING PARKWAY
LAS VEGAS, NV89113
(702) 260-9003

SAMS PHARMACY 10-6257
8080 WEST TROPICAL PKWY
LAS VEGAS, NV89149
(702) 515-7214

SAMS PHARMACY 10-6261
1910 EAST SERENE
LAS VEGAS, NV89123
(702) 614-3387

SAMS PHARMACY 10-6382
7175 SPRING MOUNTAIN ROAD
LAS VEGAS, NV89117
(702) 247-1129

SAMS PHARMACY 10-8177
5101 S PECOS ROAD
LAS VEGAS, NV89120
(702) 456-6171

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

SANTA MARIA PHARMACY
3827 E SUNSET RD STE L
LAS VEGAS, NV89120
(702) 474-0268

SAV-ON PHARMACY #0046
1001 S RAINBOW BLVD
LAS VEGAS, NV89145
(702) 877-2162

SAV-ON PHARMACY #0061
4850 W CRAIG RD
LAS VEGAS, NV89130
(702) 515-1466

SAV-ON PHARMACY #0090
7075 WEST ANN ROAD
LAS VEGAS, NV89130
(702) 395-6912

SAV-ON PHARMACY #0118
7151 W CRAIG RD
LAS VEGAS, NV89129
(702) 839-9256

SAV-ON PHARMACY #0276
7350 S RAINBOW BLVD
LAS VEGAS, NV89139
(702) 739-1508

SAV-ON PHARMACY #0332
4800 BLUE DIAMOND RD
LAS VEGAS, NV89139
(702) 260-4594

SAV-ON PHARMACY #0460
11720 W CHARLESTON BLVD
LAS VEGAS, NV89135
(702) 363-3306

SAV-ON PHARMACY #0662
2885 E DESERT INN RD
LAS VEGAS, NV89121
(702) 796-2952

SAV-ON PHARMACY #1059
5500 BOULDER HWY
LAS VEGAS, NV89122
(702) 435-7339

SAV-ON PHARMACY #2804
7975 BLUE DIAMOND RD
LAS VEGAS, NV89178
(702) 614-4331

SAV-ON PHARMACY #3016
10250 W CHARLESTON BLVD
LAS VEGAS, NV89135
(702) 838-7548

SAV-ON PHARMACY #3021
10140 W FLAMINGO RD
LAS VEGAS, NV89147
(702) 562-1832

SAV-ON PHARMACY #3333
1940 VILLAGE CENTER CIR
LAS VEGAS, NV89134
(702) 341-0821

SAV-ON PHARMACY #3489
6730 N HUALAPAI WAY
LAS VEGAS, NV89149
(702) 670-4960

SAV-ON PHARMACY #4004
4055 S DURANGO DR
LAS VEGAS, NV89147
(702) 869-9503

SAV-ON PHARMACY #4009
8410 FARM RD
LAS VEGAS, NV89131
(702) 658-6669

SAV-ON PHARMACY #4091
5881 E CHARLESTON BLVD
LAS VEGAS, NV89142
(702) 457-1503

SILVER STATE PHARMACY LLC
1591 N BUFFALO DR STE 140
LAS VEGAS, NV89128
(702) 463-3891

SISU HEALTHCARE SOLUTIONS, INC.
871 GRIER DR STE B2
LAS VEGAS, NV89119
(702) 577-1617

SMITH'S PHARMACY #304
4001 S DECATUR BLVD
LAS VEGAS, NV89103
(702) 248-6510

SMITH'S PHARMACY #305
3602 E BONANZA RD
LAS VEGAS, NV89110
(702) 438-1091

SMITH'S PHARMACY #315
8525 W WARM SPRINGS RD
LAS VEGAS, NV89113
(702) 505-4955

SMITH'S PHARMACY #318
4965 E SAHARA AVE
LAS VEGAS, NV89104
(702) 431-9135

SMITH'S PHARMACY #367
9710 SKYE CANYON PARK DR
LAS VEGAS, NV89166
(702) 410-8346

SMITHS PHARMACY #311
8050 SOUTH RAINBOW BLVD
LAS VEGAS, NV89139
(702) 294-7202

SMITHS PHARMACY #332
7130 N DURANGO DRIVE
LAS VEGAS, NV89149
(702) 647-2799

SMITHS PHARMACY #334
2255 EAST CENTENNIAL PARKWAY
LAS VEGAS, NV89081
(702) 633-6222

SMITHS PHARMACY #347
9851 W CHARLESTON BLVD
LAS VEGAS, NV89117
(702) 946-1204

SMITHS PHARMACY #349
10100 WEST TROPICANA AVENUE
LAS VEGAS, NV89147
(702) 220-7911

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

SMITHS PHARMACY #351
6130 W TROPICANA
LAS VEGAS, NV89103
(702) 871-6550

SMITHS PHARMACY #354
3850 FLAMINGO RD
LAS VEGAS, NV89121
(702) 451-5536

SMITHS PHARMACY #355
450 NORTH NELLIS
LAS VEGAS, NV89110
(702) 452-0224

SMITHS PHARMACY #358
2540 MARYLAND PARKWAY
LAS VEGAS, NV89109
(702) 791-0517

SMITHS PHARMACY #361
4700 WEST ANN ROAD
LAS VEGAS, NV89031
(702) 395-7510

SMITHS PHARMACY #364
10600 SOUTHERN HIGHLANDS PARKWAY
LAS VEGAS, NV89141
(702) 254-0823

SMITHS PHARMACY #366
55 S VALLE VERDE DRIVE
LAS VEGAS, NV89012
(702) 837-6117

SMITHS PHARMACY #370
3160 NORTH RAINBOW BLVD
LAS VEGAS, NV89108
(702) 658-3870

SMITHS PHARMACY #371
8555 WEST SAHARA AVE
LAS VEGAS, NV89117
(702) 341-8181

SMITHS PHARMACY #372
1421 N JONES BLVD
LAS VEGAS, NV89108
(702) 631-6745

SMITHS PHARMACY #376
2385 E WINDMILL
LAS VEGAS, NV89123
(702) 837-0821

SMITHS PHARMACY #377
850 SOUTH RANCHO DR
LAS VEGAS, NV89106
(702) 878-7414

SMITHS PHARMACY #385
2211 NORTH RAMPART
LAS VEGAS, NV89128
(702) 256-1984

SMITHS PHARMACY #394
9750 S MARYLAND PARKWAY
LAS VEGAS, NV89183
(702) 617-1074

SMITHS PHARMACY #396
9350 WEST FLAMINGO RD
LAS VEGAS, NV89147
(702) 240-7055

SMITHS PHARMACY #399
4840 W DESERT INN ROAD
LAS VEGAS, NV89102
(702) 248-1854

SOLUTIONS SPECIALTY PHARMACY
8579 S EASTERN AVE STE B
LAS VEGAS, NV89123
(702) 792-3777

SOUTHERN NEVADA HEALTH DISTRICT PHARMACY
280 S DECATUR BLVD
LAS VEGAS, NV89107
(702) 759-1135

SOUTHWEST PHARMACY
4550 E BONANZA RD UNIT C
LAS VEGAS, NV89110
(702) 929-2229

SOUTHWEST SPECIALTY PHARMACY
8170 S EASTERN AVE
LAS VEGAS, NV89123
(702) 929-2229

SPECIALTY CARE RX
801 S. RANCHO DR, STE D1-A
LAS VEGAS, NV89106
(844) 237-3377

STAYWELL PHARMACY
3950 E SUNSET RD STE 116
LAS VEGAS, NV89120
(702) 665-5785

SUNRISE MEDICAL PHARMACY
3131 LA CANADA ST #201
LAS VEGAS, NV89169
(702) 732-2334

THE CENTER COMMUNITY PHARMACY
921 LAS VEGAS BLVD S
LAS VEGAS, NV89101
(702) 755-2401

TMS PHARMACY LLC
580 E WINDMILL LN STE 135
LAS VEGAS, NV89123
(725) 204-9605

TRINITY PHARMACY
2797 S MARYLAND PKWY STE 28
LAS VEGAS, NV89109
(833) 419-2921

TRUE CARE PHARMACY
3525 S FORT APACHE RD STE 165
LAS VEGAS, NV89147
(702) 233-2010

UNIQUE CARE PHARMACY
4571 W FLAMINGO ROAD
LAS VEGAS, NV89103
(702) 522-9777

UNLV MEDICINE MOJAVE PHARMACY
4000 E CHARLESTON BLVD
LAS VEGAS, NV89104
(702) 968-4038

US PHARMACY
3871 S VALLEY VIEW BLVD STE 13
LAS VEGAS, NV89103
(702) 916-4622

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

VALUE PHARMACY
4921 W CRAIG RD
LAS VEGAS, NV89130
(702) 331-0449

VEGAS PHARMACY
8352 W WARM SPRINGS RD STE 330
LAS VEGAS, NV89113
(702) 410-5620

VEGAS SPECIALTY PHARMACY
3159 N RAINBOW BLVD
LAS VEGAS, NV89108
(702) 996-4455

VEGAS YOUN PHARMACY
6126 W FLAMINGO RD
LAS VEGAS, NV89103
(725) 251-3302

VESPER SPECIALTY PHARMACY
4225 S. EASTERN AVE. #16
LAS VEGAS, NV89119
(702) 333-4377

VONS PHARMACY #1963
1155 E TWAIN AVE
LAS VEGAS, NV89169
(702) 696-1481

VONS PHARMACY #2390
475 E WINDMILL LN
LAS VEGAS, NV89123
(702) 896-7414

VONS PHARMACY #2613
6450 SKY POINTE DR
LAS VEGAS, NV89131
(702) 515-1821

VONS PHARMACY #2614
7405 S DURANGO DR
LAS VEGAS, NV89113
(702) 407-2524

WALGREENS #02598
7685 S RAINBOW BLVD
LAS VEGAS, NV89139
(702) 614-3094

WALGREENS #03841
6101 W LAKE MEAD BLVD
LAS VEGAS, NV89108
(702) 648-2732

WALGREENS #03842
2389 E WINDMILL LANE
LAS VEGAS, NV89123
(702) 837-9531

WALGREENS #03843
2995 E FLAMINGO RD
LAS VEGAS, NV89121
(702) 737-6164

WALGREENS #03844
5011 E SAHARA AVE
LAS VEGAS, NV89142
(702) 432-5633

WALGREENS #03872
8633 W CHARLESTON BLVD
LAS VEGAS, NV89117
(702) 383-9660

WALGREENS #03873
6865 W TROPICANA AVE
LAS VEGAS, NV89103
(702) 871-1623

WALGREENS #03915
6401 W CHARLESTON BLVD
LAS VEGAS, NV89146
(702) 259-7002

WALGREENS #03922
7599 W LAKE MEAD BLVD
LAS VEGAS, NV89128
(702) 363-4622

WALGREENS #04086
4470 E BONANZA RD
LAS VEGAS, NV89110
(702) 531-8006

WALGREENS #04137
9415 DESERT INN RD
LAS VEGAS, NV89117
(702) 233-8935

WALGREENS #04197
8500 W CHEYENNE AVE
LAS VEGAS, NV89129
(702) 655-7258

WALGREENS #04242
9420 W LAKE MEAD BLVD
LAS VEGAS, NV89134
(702) 363-5247

WALGREENS #04755
3480 S JONES BLVD
LAS VEGAS, NV89146
(702) 871-1405

WALGREENS #04855
6001 W CHEYENNE AVE
LAS VEGAS, NV89108
(702) 396-0917

WALGREENS #04856
3400 BOULDER HWY
LAS VEGAS, NV89121
(702) 432-6940

WALGREENS #05014
7845 W FLAMINGO RD
LAS VEGAS, NV89147
(702) 871-1905

WALGREENS #05015
9305 S EASTERN AVE
LAS VEGAS, NV89123
(702) 914-9797

WALGREENS #05154
4905 W TROPICANA AVE
LAS VEGAS, NV89103
(702) 889-0922

WALGREENS #05311
1180 E FLAMINGO RD
LAS VEGAS, NV89119
(702) 836-9119

WALGREENS #05479
385 E SILVERADO RANCH BLVD
LAS VEGAS, NV89183
(702) 617-7895

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

WALGREENS #05570
6650 E LAKE MEAD BLVD
LAS VEGAS, NV89156
(702) 438-2744

WALGREENS #06167
3025 LAS VEGAS BLVD SOUTH
LAS VEGAS, NV89109
(702) 836-0820

WALGREENS #06227
451 S DECATUR BLVD
LAS VEGAS, NV89107
(702) 870-1626

WALGREENS #06310
6820 W ANN RD
LAS VEGAS, NV89130
(702) 645-4106

WALGREENS #06311
3808 E TROPICANA AVE
LAS VEGAS, NV89121
(702) 547-0830

WALGREENS #06425
900 N RANCHO DR
LAS VEGAS, NV89106
(702) 646-4651

WALGREENS #07450
4875 S FORT APACHE RD
LAS VEGAS, NV89147
(702) 873-5165

WALGREENS #07841
10510 SOUTHERN HIGHLANDS PKWY
LAS VEGAS, NV89141
(702) 260-1992

WALGREENS #07842
3339 LAS VEGAS BLVD SOUTH
LAS VEGAS, NV89109
(702) 369-8166

WALGREENS #07864
7755 N DURANGO DR
LAS VEGAS, NV89131
(702) 396-4728

WALGREENS #10215
8595 W WARM SPRINGS
LAS VEGAS, NV89113
(702) 262-6456

WALGREENS #10782
5610 CENTENNIAL CENTER BLVD
LAS VEGAS, NV89149
(702) 395-3282

WALGREENS #10783
6495 N DECATUR BLVD
LAS VEGAS, NV89131
(702) 395-4230

WALGREENS #10862
2421 E BONANZA RD
LAS VEGAS, NV89101
(702) 366-1556

WALGREENS #11206
8582 BLUE DIAMOND RD
LAS VEGAS, NV89178
(702) 260-0135

WALGREENS #11668
6390 BOULDER HWY
LAS VEGAS, NV89122
(702) 435-6263

WALGREENS #11766
4930 BLUE DIAMOND RD
LAS VEGAS, NV89139
(702) 260-9695

WALGREENS #11899
6485 S FORT APACHE RD
LAS VEGAS, NV89148
(702) 262-1247

WALGREENS #12271
2427 LAS VEGAS BLVD S
LAS VEGAS, NV89104
(702) 545-9494

WALGREENS #12539
6825 N DURANGO
LAS VEGAS, NV89149
(702) 260-8242

WALGREENS #12641
9300 W SAHARA AVE
LAS VEGAS, NV89117
(702) 228-2480

WALGREENS #13900
3717 LAS VEGAS BLVD S STE 100
LAS VEGAS, NV89109
(702) 262-0635

WALGREENS #15035
3150 N TENAYA WAY STE 170
LAS VEGAS, NV89128
(702) 256-2059

WALGREENS #21159
3821 W FLAMINGO RD
LAS VEGAS, NV89103
(702) 854-2178

WALGREENS SPECIALTY PHARMACY #15312
901 S RANCHO DR
LAS VEGAS, NV89106
(702) 471-7828

WALMART PHARMACY 10-1559
201 NORTH NELLIS BLVD
LAS VEGAS, NV89110
(702) 452-8118

WALMART PHARMACY 10-1560
6005 EASTERN AVE
LAS VEGAS, NV89121
(702) 451-0774

WALMART PHARMACY 10-1584
3615 SOUTH RAINBOW ROAD
LAS VEGAS, NV89103
(702) 367-6113

WALMART PHARMACY 10-1838
3041 NORTH RAINBOW BLVD
LAS VEGAS, NV89108
(702) 656-7331

WALMART PHARMACY 10-2483
6973 BLUE DIAMOND RD
LAS VEGAS, NV89178
(702) 408-3596

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

WALMART PHARMACY 10-2593
2310 E SERENE AVENUE
LAS VEGAS, NV89123
(702) 270-7837

WALMART PHARMACY 10-2884
8060 WEST TROPICAL PKWY
LAS VEGAS, NV89149
(702) 839-3625

WALMART PHARMACY 10-3350
5198 BOULDER HIGHWAY
LAS VEGAS, NV89122
(702) 434-1915

WALMART PHARMACY 10-3355
1400 SOUTH LAMB BLVD
LAS VEGAS, NV89104
(702) 431-5004

WALMART PHARMACY 10-3356
7445 SOUTH EASTERN AVE
LAS VEGAS, NV89123
(702) 407-5513

WALMART PHARMACY 10-3473
4505 WEST CHARLESTON BLVD
LAS VEGAS, NV89102
(702) 258-5075

WALMART PHARMACY 10-3655
10440 WEST CHEYENNE AVENUE
LAS VEGAS, NV89129
(702) 233-6085

WALMART PHARMACY 10-3788
6310 WEST CHARLESTON BLVD
LAS VEGAS, NV89146
(702) 870-7271

WALMART PHARMACY 10-4356
7200 ARROYO CROSSING PARKWAY
LAS VEGAS, NV89113
(702) 270-2523

WALMART PHARMACY 10-4557
3075 EAST TROPICANA
LAS VEGAS, NV89121
(702) 433-4834

WALMART PHARMACY 10-5070
5200 S FORT APACHE ROAD
LAS VEGAS, NV89148
(702) 367-1003

WALMART PHARMACY 10-5258
5850 WEST CRAIG ROAD
LAS VEGAS, NV89130
(702) 395-1240

WALMART PHARMACY 10-5259
6151 WEST LAKE MEAD BLVD
LAS VEGAS, NV89108
(702) 631-2040

WALMART PHARMACY 10-5269
490 EAST SILVERADO RANCH BLVD
LAS VEGAS, NV89123
(702) 263-4270

WALMART PHARMACY 10-5423
6570 EAST LAKE MEAD BLVD
LAS VEGAS, NV89156
(702) 437-2554

WEST CHEYENNE PHARMACY
3350 NOVAT ST STE 110
LAS VEGAS, NV89129
(702) 395-3004

LAUGHLIN

LAUGHLIN PHARMACY
3080 S NEEDLES HWY STE 1800
LAUGHLIN, NV89029
(702) 709-5300

LOVELOCK

LOVELOCK PHARMACY
325 11TH STREET
LOVELOCK, NV89419
(775) 273-1700

MESQUITE

CANYONLANDS HEALTHCARE - MESQUITE
210 N SANDHILL BLVD
MESQUITE, NV89027
(725) 225-1700

MESA RIDGE PHARMACY
340 FALCON RIDGE PKWY
MESQUITE, NV89027
(725) 253-0103

SMITHS PHARMACY #342
350 N SANDHILL BLVD
MESQUITE, NV89027
(702) 346-8656

WALGREENS #12646
329 N SANDHILL BLVD
MESQUITE, NV89027
(702) 346-1416

WALMART PHARMACY 10-3847
1120 WEST PIONEER BLVD
MESQUITE, NV89027
(702) 346-0408

N LAS VEGAS

CITY CENTRE PHARMACY
2290 MCDANIEL ST SUITE 1-A
N LAS VEGAS, NV89030
(702) 477-0311

CVS PHARMACY #00082
6432 LOSEE RD
N LAS VEGAS, NV89086
(702) 399-4776

WALGREENS #02590
6435 ALIANTE PKWY
N LAS VEGAS, NV89084
(702) 657-6508

WALMART PHARMACY 10-4339
5940 LOSEE ROAD
N LAS VEGAS, NV89081
(702) 639-9002

N. LAS VEGAS

WALMART PHARMACY 10-2592
1807 W. CRAIG RD
N. LAS VEGAS, NV89032
(702) 633-6532

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

NORTH LAS VEGAS

AARON PHARMACY INC
2465 REYNOLDS AVE STE 204
NORTH LAS VEGAS, NV89030
(775) 372-8344

AMAZON PHARMACY #051
5005 EAST NORTH BELT ROAD, SUITE 100
NORTH LAS VEGAS, NV89115
(855) 745-5725

COMMUNITY CARE PHARMACY
1820 E LAKE MEAD BLVD STE N
NORTH LAS VEGAS, NV89030
(702) 631-1100

CVS PHARMACY #02989
4755 W ANN RD
NORTH LAS VEGAS, NV89031
(702) 396-2857

CVS PHARMACY #04495
5545 CAMINO AL NORTE
NORTH LAS VEGAS, NV89031
(702) 649-2625

CVS PHARMACY #07251
7285 ALIANTE PARKWAY
NORTH LAS VEGAS, NV89084
(702) 642-0641

CVS PHARMACY #07252
3655 W CRAIG RD
NORTH LAS VEGAS, NV89032
(702) 638-1295

CVS PHARMACY #08804
1408 W CRAIG RD
NORTH LAS VEGAS, NV89032
(702) 642-2680

CVS PHARMACY #08808
2011 E LAKE MEAD BLVD
NORTH LAS VEGAS, NV89030
(702) 649-1991

CVS PHARMACY #17543
7090 N 5TH ST
NORTH LAS VEGAS, NV89084
(702) 216-4502

FAMILY MEDICAL PHARMACY
1825 CIVIC CENTER DR
NORTH LAS VEGAS, NV89030
(312) 545-3805

SAV-ON PHARMACY #4005
3010 W ANN RD
NORTH LAS VEGAS, NV89031
(702) 656-3425

SMITH'S PHARMACY #301
3013 W CRAIG RD
NORTH LAS VEGAS, NV89032
(702) 648-6340

SMITH'S PHARMACY #306
2255 LAS VEGAS BLVD N
NORTH LAS VEGAS, NV89030
(702) 642-8092

SMITH'S PHARMACY #338
6855 ALIANTE PKWY
NORTH LAS VEGAS, NV89084
(702) 642-6062

SMITHS PHARMACY #345
5564 CAMINO AL NORTE
NORTH LAS VEGAS, NV89031
(702) 399-3186

TANGO PHARMACY
4090 W CRAIG RD STE 101
NORTH LAS VEGAS, NV89032
(702) 636-2054

WALGREENS #03845
2280 N LAS VEGAS BLVD
NORTH LAS VEGAS, NV89030
(702) 649-1415

WALGREENS #04854
4771 W CRAIG RD
NORTH LAS VEGAS, NV89032
(702) 656-1221

WALGREENS #05619
3030 LAS VEGAS BLVD N
NORTH LAS VEGAS, NV89030
(702) 642-5318

WALGREENS #05814
1445 W CRAIG RD
NORTH LAS VEGAS, NV89032
(702) 649-3113

WALGREENS #10190
565 E CENTENNIAL PARKWAY
NORTH LAS VEGAS, NV89081
(702) 399-3405

WALMART PHARMACY 10-3351
6464 NORTH DECATUR BLVD
NORTH LAS VEGAS, NV89131
(702) 515-7181

WALMART PHARMACY 10-3728
3950 WEST LAKE MEAD BLVD
NORTH LAS VEGAS, NV89032
(702) 631-6806

WALMART PHARMACY 10-5306
5545 SIMMONS STREET
NORTH LAS VEGAS, NV89031
(702) 646-2650

OVERTON

LIN'S SUPERMARKETS INC
350 S MOAPA VALLEY BLVD
OVERTON, NV89040
(702) 397-2308

PAHRUMP

CENTERWELL PHARMACY, INC.
1397 SOUTH LOOP ROAD
PAHRUMP, NV89048
(775) 910-6000

CVS PHARMACY #08789
100 S NEVADA HWY 160
PAHRUMP, NV89048
(775) 727-5566

PAHRUMP CARE PHARMACY
1500 E NEVADA HIGHWAY 372
PAHRUMP, NV89048
(775) 727-3905

SMITHS PHARMACY #341
601 S HIGHWAY 160
PAHRUMP, NV89048
(775) 727-2404

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

WALGREENS #05646
770 S NEVADA HWY 160
PAHRUMP, NV89048
(775) 751-8399

WALMART PHARMACY 10-5101
300 SOUTH HIGHWAY 160
PAHRUMP, NV89048
(775) 537-1412

RENO

COMMUNITY HEALTH ALLIANCE
1055 S WELLS AVE
RENO, NV89502
(775) 336-3035

COMMUNITY HEALTH ALLIANCE NEIL ROAD PHARMACY
3915 NEIL RD
RENO, NV89502
(775) 870-4393

COSTCO PHARMACY #25
2200 HARVARD WAY
RENO, NV89502
(775) 689-2211

CVS PHARMACY #00157
2890 NORTHTOWNE LANE
RENO, NV89512
(775) 358-4238

CVS PHARMACY #06625
1081 STEAMBOAT PKWY
RENO, NV89521
(775) 852-2111

CVS PHARMACY #08793
285 E PLUMB LN
RENO, NV89502
(775) 786-1884

CVS PHARMACY #09168
1119 CALIFORNIA AVE
RENO, NV89509
(775) 323-0701

CVS PHARMACY #09191
5019 S MCCARRAN BLVD
RENO, NV89502
(775) 826-0884

CVS PHARMACY #09586
55 DAMONTE RANCH PKWY
RENO, NV89521
(775) 852-9304

CVS PHARMACY #09840
8005 S VIRGINIA ST
RENO, NV89511
(775) 853-7555

CVS PHARMACY #09841
1695 ROBB DR
RENO, NV89523
(775) 746-5600

CVS PHARMACY #09964
170 LEMMON DR
RENO, NV89506
(775) 677-4884

CVS PHARMACY #09974
3360 S MCCARRAN BLVD
RENO, NV89502
(775) 825-0557

CVS PHARMACY #16702
6845 SIERRA CENTER PKWY
RENO, NV89511
(775) 853-8916

INTEGRICARE RX
10605 DOUBLE R BLVD
RENO, NV89521
(775) 851-7788

NEVADA INFUSION
5401 LONGLEY LN
RENO, NV89511
(775) 453-0133

NORTHERN NEVADA HOPES
580 W 5TH ST
RENO, NV89503
(775) 348-1306

NORTHERN NEVADA HOPES
1905 E 4TH ST
RENO, NV89512
(775) 348-1303

RALEY'S PHARMACY #103
1441 MAYBERRY DRIVE
RENO, NV89509
(775) 786-3655

RALEY'S PHARMACY #105
1630 ROBB DRIVE
RENO, NV89523
(775) 746-6404

RALEY'S PHARMACY #108
18144 WEDGE PARKWAY
RENO, NV89511
(775) 850-8920

RALEY'S PHARMACY #115
1075 N HILL BLVD UNIT 270
RENO, NV89506
(775) 677-8750

RALEY'S PHARMACY #124
4788 CAUGHLIN PARKWAY
RENO, NV89509
(775) 828-2425

RENOWN PHARMACY
21 LOCUST ST
RENO, NV89502
(775) 982-5281
P

RENOWN PHARMACY
75 PRINGLE WAY STE 102
RENO, NV89502
(775) 982-7737
P

RENOWN PHARMACY
10105 DOUBLE R BLVD
RENO, NV89521
(775) 982-5364
P

SAFEWAY PHARMACY #0188
1031 STEAMBOAT PKWY
RENO, NV89521
(775) 332-0911

SAFEWAY PHARMACY #1210
5150 MAE ANNE AVE #300
RENO, NV89523
(775) 746-9010

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

SAMS PHARMACY 10-4768
4835 KIETZKE LANE
RENO, NV89509
(775) 829-7922

SMITHS PHARMACY #344
175 LEMMON DRIVE
RENO, NV89506
(775) 971-3320

SMITHS PHARMACY #378
750 SOUTH MEADOWS PARKWAY
RENO, NV89521
(775) 851-8060

WALGREENS #02658
10370 N MCCARRAN BLVD
RENO, NV89503
(775) 746-4809

WALGREENS #02662
12645 S VIRGINIA ST
RENO, NV89511
(775) 853-9887

WALGREENS #04789
3495 S VIRGINIA ST
RENO, NV89502
(775) 824-0802

WALGREENS #05295
750 N VIRGINIA ST
RENO, NV89501
(775) 337-8703

WALGREENS #11226
305 LEMMON DR
RENO, NV89506
(775) 677-6874

WALGREENS SPECIALTY PHARMACY #21237
300 S WELLS AVE STE 3
RENO, NV89502
(775) 437-9111

WALMART PHARMACY 10-2106
2425 E 2ND ST
RENO, NV89502
(775) 359-8777

WALMART PHARMACY 10-2189
4855 KIETZKE LANE
RENO, NV89502
(775) 829-1995

WALMART PHARMACY 10-3254
5260 WEST 7TH STREET
RENO, NV89523
(775) 624-2080

WALMART PHARMACY 10-3277
155 DAMONTE RANCH PKWY
RENO, NV89511
(775) 853-6406

WALMART PHARMACY 10-4239
250 VISTA KNOLL PKWY
RENO, NV89506
(775) 677-4602

SILVER SPRINGS

SILVER STAGE PHARMACY
1250 NEVADA AVE # 2
SILVER SPRINGS, NV89429
(775) 909-4855

SPARKS

COMMUNITY HEALTH ALLIANCE
2244 ODDIE BLVD
SPARKS, NV89431
(775) 997-7303

COSTCO PHARMACY #646
4810 GALLERIA PKWY
SPARKS, NV89436
(775) 356-4409

CVS PHARMACY #03948
2878 VISTA BLVD
SPARKS, NV89434
(775) 356-9708

CVS PHARMACY #04691
5151 SPARKS BLVD
SPARKS, NV89436
(775) 626-7445

CVS PHARMACY #08792
680 N MCCARRAN BLVD
SPARKS, NV89431
(775) 359-6808

CVS PHARMACY #17523
1550 E LINCOLN WAY
SPARKS, NV89434
(775) 332-1004

KAISER PERMANENTE ION PHARMACY
5070 ION DRIVE, SUITE 100
SPARKS, NV89436
(775) 800-2601
P

RALEY'S PHARMACY #102
2895 NORTH MCCARRAN BLVD
SPARKS, NV89431
(775) 353-8818

RALEY'S PHARMACY #110
2389 WINGFIELD HILLS ROAD
SPARKS, NV89436
(775) 626-7720

SAFEWAY PHARMACY #2656
2858 VISTA BLVD
SPARKS, NV89434
(775) 352-8475

SMITHS PHARMACY #357
1255 BARING BLVD
SPARKS, NV89434
(775) 359-6900

WALGREENS #02474
3000 VISTA BLVD
SPARKS, NV89436
(775) 359-7044

WALGREENS #09902
292 LOS ALTOS PKWY
SPARKS, NV89436
(775) 354-0104

WALGREENS #11227
2299 ODDIE BLVD
SPARKS, NV89431
(775) 358-4721

WALGREENS #12540
9705 PYRAMID WAY
SPARKS, NV89441
(775) 425-9400

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

WALMART PHARMACY 10-3729
5065 PYRAMID LAKE ROAD
SPARKS, NV89436
(775) 425-9331

SPRING CREEK

RIDLEY'S PHARMACY #1144
568 SPRING VALLEY CT
SPRING CREEK, NV89815
(775) 738-9248

SUN VALLEY

COMMUNITY HEALTH ALLIANCE SUN VALLEY PHARMACY
5055 SUN VALLEY BLVD
SUN VALLEY, NV89433
(775) 870-4301

CVS PHARMACY #09838
5485 SUN VALLEY BLVD
SUN VALLEY, NV89433
(775) 674-1544

VALLEY PHARMACY
5055 SUN VALLEY BLVD STE 210
SUN VALLEY, NV89433
(775) 200-0945

TONOPAH

RALEY'S PHARMACY #120
1201 S MAIN ST
TONOPAH, NV89049
(775) 482-6711

WENDOVER

SMITHS PHARMACY #390
1855 WEST WENDOVER BLVD
WENDOVER, NV89883
(775) 664-3197

WINNEMUCCA

HUMBOLDT GENERAL HOSPITAL
118 E HASKELL ST
WINNEMUCCA, NV89445
(775) 623-5222

RIDLEY'S PHARMACY #1135
1041 GRASS VALLEY RD
WINNEMUCCA, NV89445
(775) 623-2548

WALMART PHARMACY 10-2617
3010 POTATO ROAD
WINNEMUCCA, NV89445
(775) 625-3888

YERINGTON

RALEY'S PHARMACY #123
176 W GOLDFIELD AVE
YERINGTON, NV89447
(775) 463-1933

REX DRUG CO
24 N MAIN ST
YERINGTON, NV89447
(775) 463-2345

ZEPHYR COVE

SAFEWAY PHARMACY #1537
212 ELKS POINT ROAD
ZEPHYR COVE, NV89448
(775) 586-1088

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Mail-order Pharmacy

kp.org/refill

You can get prescription drugs shipped to your home through our network mail order delivery program. Not all drugs can be mailed; restrictions and limitations apply.

For refills of your mail order prescriptions, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. We will contact you prior to shipping each refill to make sure you are in need of more medication. You can cancel scheduled refills if you have enough of your medication or if your medication has changed. If you choose not to use the auto refill program, please contact us **5 days** before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time. To opt out of the automatic refill program, please contact us by phone at **1-855-705-3200** (TTY **711**), visit **kp.org/seniorrx**, or use the mobile app. To learn more about mail-order pharmacies, refer to **Chapter 5** of the Evidence of Coverage.

Typically, you should expect to receive your prescription drugs within 3 to 5 days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at **1-855-705-3200** (TTY **711**) or the number listed on the prescription label for assistance.

If you cannot wait for your prescription to arrive from our mail-order pharmacy, you may get an urgent supply by calling a Kaiser Permanente or affiliated network pharmacy listed in this Pharmacy Directory or at **kp.org/directory**.

Kaiser Permanente WA Mail Order Pharmacy
2921 Naches Ave SW
Renton, WA98057
(855) 937-5768
P

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Home Infusion Pharmacies

If you need more information, please contact Member Services.

HENDERSON

KABAFUSION NV
1951 RAMROD AVE STE 110
HENDERSON, NV89014
(702) 476-6996

LUX INFUSION 13
3041 W HORIZON RIDGE PKWY
STE 100
HENDERSON, NV89052
(702) 778-8880

THE INFUSION PHARMACY
70 E HORIZON RIDGE PKWY
HENDERSON, NV89002
(702) 750-0475

LAS VEGAS

BLISS PHARMACY
6496 MEDICAL CENTER ST STE
101
LAS VEGAS, NV89148
(702) 749-7404

CVS SPECIALTY
7251 S EASTERN AVE
LAS VEGAS, NV89119
(866) 833-3752

INGENIORX SPECIALTY
1451 CENTER CROSSING RD.
LAS VEGAS, NV89144
(702) 880-6500

LAS VEGAS NEUROLOGY CENTER
2010 WELLNESS WAY STE 308
LAS VEGAS, NV89106
(702) 432-2233

OPTION CARE
4708 W SAHARA AVE
LAS VEGAS, NV89102
(702) 258-0011

SISU HEALTHCARE SOLUTIONS, INC.
871 GRIER DR STE B2
LAS VEGAS, NV89119
(702) 577-1617

RENO

NEVADA INFUSION
5401 LONGLEY LN
RENO, NV89511
(775) 453-0133

OPTION CARE
7300 S VIRGINIA ST STE A
RENO, NV89511
(775) 828-8200

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Long-Term Care Pharmacies

Residents of a long-term care facility may access their prescription drugs covered under our plan through the facility's long-term care pharmacy or another network long-term care pharmacy.

If you need more information, please contact Member Services.

ELY

ECONOMY DRUG
696 AULTMAN ST
ELY, NV89301
(775) 289-4929

HENDERSON

ABACUS-RX PHARMACY
1516 W WARM SPRINGS RD
HENDERSON, NV89014
(702) 475-4297

DRUG PLUS PHARMACY
1590 W HORIZON RIDGE PKWY
HENDERSON, NV89012
(702) 834-8152

LUX INFUSION 13
3041 W HORIZON RIDGE PKWY
STE 100
HENDERSON, NV89052
(702) 778-8880

SIENA PHARMACY
2865 SIENA HEIGHTS DR STE 111
HENDERSON, NV89052
(702) 476-9088

THE INFUSION PHARMACY
70 E HORIZON RIDGE PKWY
HENDERSON, NV89002
(702) 750-0475

LAS VEGAS

986 PHARMACY #8017
321 N BUFFALO DR STE 110
LAS VEGAS, NV89145
(702) 818-8182

AHCS WELL CARE LAS VEGAS
3300 W CHARLESTON BLVD
LAS VEGAS, NV89102
(702) 553-2574

ASSIST CARE PHARMACY LLC
3045 E POST RD
LAS VEGAS, NV89120
(702) 889-8007

BUDDY'S PHARMACY
3035 S. MARYLAND PARKWAY
LAS VEGAS, NV89109
(702) 891-0365

CAPITAL CARE PHARMACY LTC
5693 S JONES BLVD STE 119
LAS VEGAS, NV89118
(702) 844-8445

CNS SCRIPS LLC
8580 DEAN MARTIN DRIVE STE
212-214
LAS VEGAS, NV89139
(702) 731-4800

CONSONUS PHARMACY SERVICES NEVADA
6351 N FORT APACHE RD
LAS VEGAS, NV89149
(702) 515-4180

ENOVA CARE PHARMACY
5801 W CRAIG RD STE 130
LAS VEGAS, NV89130
(702) 268-8701

GENOA HEALTHCARE, LLC
701 SHADOW LN
LAS VEGAS, NV89106
(725) 373-7606

GENOA HEALTHCARE, LLC
610 BELROSE STREET
LAS VEGAS, NV89107
(702) 444-3353

GENOA HEALTHCARE, LLC
6039 ELDORA AVE
LAS VEGAS, NV89146
(725) 279-2999

GENOA HEALTHCARE, LLC.
401 S MARYLAND PKWY
LAS VEGAS, NV89101
(725) 228-4851

OMNICARE OF LAS VEGAS
1525 E. SUNSET ROAD, SUITE 16
LAS VEGAS, NV89119
(702) 456-4229

PATIENT CARE PHARMACY
4101 WAGON TRAIL AVE
LAS VEGAS, NV89118
(702) 576-9545

SOUTHWEST MEDICAL PHARMACY & HOME MEDICAL EQUIPMENT
6720 PLACID ST
LAS VEGAS, NV89119
(702) 796-1016

STAYWELL PHARMACY
3950 E SUNSET RD STE 116
LAS VEGAS, NV89120
(702) 665-5785

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

MESQUITE

MESA RIDGE PHARMACY AND LTC
340 FALCON RIDGE PKWY STE 403
MESQUITE, NV89027
(725) 253-0103

NORTH LAS VEGAS

PHARMERICA
3825 W CHEYENNE AVE # 603
NORTH LAS VEGAS, NV89032
(800) 921-4700

RENO

AHCS WELL CARE RENO
275 S WELLS AVE
RENO, NV89502
(775) 313-0530

FLYING DIAMOND PHARMACY
6140 MAE ANNE AVE STE 1B
RENO, NV89523
(775) 787-1144

INTEGRICARE RX
10605 DOUBLE R BLVD
RENO, NV89521
(775) 851-7788

OMNICARE OF RENO
9475 DOUBLE R BLVD
RENO, NV89521
(775) 852-1940

PHARMERICA
4750 LONGLEY LANE
RENO, NV89502
(775) 825-6117

SIERRA SPECIALTY PHARMACY
9738 S VIRGINIA ST STE F
RENO, NV89511
(775) 853-3502

SPARKS

CNS RX DELIVERY
895 ROBERTA LN STE 103
SPARKS, NV89431
(775) 622-4304

SUN VALLEY

VALLEY PHARMACY
5055 SUN VALLEY BLVD STE 210
SUN VALLEY, NV89433
(775) 200-0945

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies through Kaiser Permanente's pharmacy network.

Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies).

If you need more information, please contact Member Services.

ELY

NEWE MEDICAL CLINIC
400-B NEWE VIEW
ELY, NV89301
(775) 289-2134

FALLON

FALLON TRIBAL HEALTH CENTER PHARMACY
1001 RIO VISTA DRIVE
FALLON, NV89406
(775) 423-3634

GARDNERVILLE

WASHOE TRIBAL HEALTH CLINIC
1559 WATASHEAMU DR
GARDNERVILLE, NV89460
(775) 265-8622

LAS VEGAS

LAS VEGAS PAIUTE TRIBE CLINIC
1257 PAIUTE CIRCLE
LAS VEGAS, NV89106
(702) 382-0784

NIXON

PYRAMID LAKE TRIBAL HEALTH CLINIC PHARMACY
705 HWY 446
NIXON, NV89424
(775) 574-1018

OWYHEE

OWYHEE COMMUNITY HEALTH FACILITY
1623 HOSPITAL LOOP ROAD
HWY 225
OWYHEE, NV89832
(775) 757-2415

RENO

RENO-SPARKS TRIBAL HEALTH CENTER PHARMACY
1715 KUENZLI STREET
RENO, NV89502
(775) 329-5162

YERINGTON

YERINGTON TRIBAL CLINIC PHARMACY
171 CAMPBELL LANE
YERINGTON, NV89447
(775) 783-0222

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Network Pharmacies outside the Nevada Area

We have network pharmacies outside of the service area where you can get your drugs covered as an enrollee of our plan.

National Specialty Pharmacy
4131 Geary Blvd
San Francisco, CA94118
(877) 404-5777

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Specialty Pharmacies

Some drugs that require special handling and dispensing (e.g., high-cost “specialty” medications that are usually self-injected and used to treat complex or rare conditions) can only be obtained at certain specialty pharmacies listed below.

LAS VEGAS

AHF PHARMACY
3201 S MARYLAND PKWY STE 218
LAS VEGAS, NV89109
(702) 826-5310

BLISS PHARMACY
6496 MEDICAL CENTER ST STE 101
LAS VEGAS, NV89148
(702) 749-7404

TRINITY PHARMACY
2797 S MARYLAND PKWY STE 28
LAS VEGAS, NV89109
(833) 419-2921

RENO

RENOWN PHARMACY
640 MAESTRO DR, SUITE 100
RENO, NV89511
(775) 982-5280
P

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

Transplant Network Pharmacies Outside the Nevada Area

We have network pharmacies outside of the service area where you can get your Medicare-covered transplant drugs and certain Part D medications as a member of our plan.

ARIZONA

PHOENIX

MAYO HOSPITAL OUTPATIENT PHARMACY
5777 E MAYO BLVD
PHOENIX, AZ85054
(480) 342-1500

SCOTTSDALE

MAYO PHARMACY SCOTTSDALE
13400 E SHEA BLVD
SCOTTSDALE, AZ85259
(480) 301-7077

ONCO360
15990 N GREENWAY HAYDEN LOOP STE D100
SCOTTSDALE, AZ85260
(877) 662-6633

CALIFORNIA

CORONA

ACCREDO HEALTH GROUP INC
2410 WARDLOW ROAD
CORONA, CA92878
(951) 737-2355

PLACENTIA

PLACENTIA LINDA PHARMACY INC
1233 E YORBA LINDA BLVD
PLACENTIA, CA92870
(714) 993-3345

COLORADO

AURORA

UNIVERSITY OF COLORADO HOSPITAL ATRIUM PHARMACY
12605 E 16TH
AURORA, CO80045
(720) 848-4083

DELAWARE

NEWARK

ACCREDO HEALTH GROUP INC
2051 OLD COOCHS BRIDGE RD STE 100
NEWARK, DE19702
(302) 395-8943

FLORIDA

JACKSONVILLE

MAYO PHARMACY
4500 SAN PABLO RD
JACKSONVILLE, FL32224
(904) 953-2021

ORLANDO

ACCREDO HEALTH GROUP INC
6272 LEE VISTA BLVD
ORLANDO, FL32822
(407) 852-4903

GEORGIA

DORAVILLE

SYNERGEN RX, LLC
3990 FLOWERS RD STE 530
DORAVILLE, GA30360
(404) 585-7517

SMYRNA

CURANT HEALTH GEORGIA LLC
200 TECHNOLOGY CT SE STE B
SMYRNA, GA30082
(866) 437-8040

INDIANA

INDIANAPOLIS

METHODIST RETAIL PHARMACY
1801 N SENATE BLVD
INDIANAPOLIS, IN46202
(317) 962-5606

UNIVERSITY RETAIL PHARMACY
550 N UNIVERSITY BLVD
INDIANAPOLIS, IN46202
(317) 944-3445

KANSAS

LENEXA

CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY
11162 RENNER BLVD
LENEXA, KS66219
(913) 748-3200

KENTUCKY

LOUISVILLE

ONCO360
13410 EASTPOINT CENTRE DR
LOUISVILLE, KY40223
(877) 662-6633

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

MINNESOTA

MINNEAPOLIS

FAIRVIEW RIVERSIDE PHARMACY
606 24TH AVE S
MINNEAPOLIS, MN55454
(612) 672-7500

FAIRVIEW UNIVERSITY DISCHARGE PHARMACY
500 HARVARD ST SE
MINNEAPOLIS, MN55455
(612) 273-2121

ROCHESTER

MAYO CLINIC PHARMACY
3551 COMMERCIAL DR SW
ROCHESTER, MN55902
(507) 284-4041

SHOREVIEW

FAIRVIEW SPECIALTY SERVICES PHARMACY
3650 VICTORIA ST N
SHOREVIEW, MN55126
(612) 672-5260

MISSOURI

CHESTERFIELD

FOUNDATION CARE LLC
111 CHESTERFIELD INDUSTRIAL BLVD STE 115
CHESTERFIELD, MO63005
(877) 291-1122

SAINT LOUIS

EXPRESS SCRIPTS SPECIALTY DIST SVCS
4600 N. HANLEY ROAD
SAINT LOUIS, MO63134
(866) 997-3688

NEVADA

LAS VEGAS

SMITHS PHARMACY #377
850 SOUTH RANCHO DR
LAS VEGAS, NV89106
(702) 878-7414

WALGREENS SPECIALTY PHARMACY #15312
901 S RANCHO DR
LAS VEGAS, NV89106
(702) 471-7828

WALMART PHARMACY 10-3473
4505 WEST CHARLESTON BLVD
LAS VEGAS, NV89102
(702) 258-5075

NEW YORK

BRONX

LEMED PHARMACY III, LLC
2417 3RD AVE STE 406
BRONX, NY10451
(347) 913-4656

OREGON

PORTLAND

OHSU CASEY EYE INSTITUTE PHARMACY
515 SW CAMPUS DRIVE
PORTLAND, OR97239
(503) 494-3933

OHSU DOERNBECHER CHILDRENS HOSPITAL PHARMACY
700 SW CAMPUS DR
PORTLAND, OR97239
(503) 418-5244

OHSU GABRIEL PARK PHARMACY
4411 SW VERMONT AVE
PORTLAND, OR97219
(503) 494-2098

OHSU OUTPATIENT PHARMACY
3270 SW PAVILION LOOP
PORTLAND, OR97239
(503) 494-7570

OHSU PHARMACY AT CHH BUILDING 1
3303 S BOND AVE RM 1150
PORTLAND, OR97239
(503) 418-9898

OHSU PHARMACY AT CHH BUILDING 2
3303 S BOND AVE
PORTLAND, OR97239
(503) 346-1272

PENNSYLVANIA

MONTGOMERYVILLE

TRANSITION PHARMACY
100 CORPORATE DRIVE
MONTGOMERYVILLE, PA18936
(866) 694-2553

PITTSBURGH

FALK PHARMACY
3601 FIFTH AVENUE
PITTSBURGH, PA15213
(412) 623-6222

WARRENDALE

ACCREDO HEALTH GROUP INC
3000 ERICSSON DRIVE
WARRENDALE, PA15086
(724) 772-6000

TENNESSEE

MEMPHIS

ACCREDO HEALTH GROUP INC
1620 CENTURY CENTER PARKWAY
MEMPHIS, TN38134
(901) 385-3600

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

TEXAS

FORT WORTH

BIOLOGICS BY MCKESSON
13501 PARK VISTA BLVD STE 150
FORT WORTH, TX76177
(800) 850-4306

UTAH

SALT LAKE CITY

UNIVERSITY OF UTAH HUNTSMAN OUTPATIENT PHARMACY
1950 CIRCLE OF HOPE
SALT LAKE CITY, UT84112
(801) 585-0172

P = Preferred cost-sharing pharmacies
* Enrollees may obtain an extended supply of certain medications at pharmacies in our network.

This pharmacy directory was updated on **10/08/2026**. For more recent information or other questions, please contact Kaiser Permanente Member Services at **1-888-775-7003** or, for TTY users, **711**, seven days a week, 8 am to 8 pm, or visit **kp.org/ seniorrx**.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at **kp.org/directory**. You may also call Member Services at **1-888-775-7003**, TTY/TDD users should call **711** for updated information.

Also, please call our Member Services, to request the following:

- *Preferred language other than English and/or alternate format.*
- *Make or change a standing request for preferred language and/or format.*

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan of Nevada, Kaiser Insurance Company of Nevada, and Kaiser Permanente Medical Group of Nevada). This notice is available on our website at **kp.org**.

We do not discriminate, exclude people, or treat them differently because of age, race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, or medical condition.

Kaiser Permanente provides the following services in a timely manner:

- 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 Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-888-775-7003 or 775-982-3112** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.
- All others: **1-855-937-5768** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.

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

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or discriminated against you in another way. You can file a grievance by phone, by mail, or online. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **Online:** Use the online form on our website at **kp.org**

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

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
10315 Professional Circle
Reno, Nevada 89521

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:
  https://www.hhs.gov/ocr/office/file/index.html

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
  https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

Notice of Language Assistance

English: ATTENTION. Timely language assistance is available at no cost to you. You can ask for interpreters, including sign language, or translated materials. You can also ask for materials in alternative formats, such as braille, audio, or large print. You can request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member Services is closed on major holidays.

- Medicare, including D-SNP: **1-888-775-7003 or 775-982-3112** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.
- All others: **1-855-937-5768** (TTY **711**), Monday through Friday, 7:00 a.m. to 8:00 p.m.

Arabic: تنبيه. المساعدة اللغوية متوفرة من دون أن تتحمل أي تكلفة. يمكنك طلب توفير مترجمين شفهيين، بما يشمل لغة الإشارة أو الحصول على وثائق مترجمة. يمكنك أيضًا طلب وثائق بصيغ بديلة، مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك طلب وسائل مساعدة وأجهزة مساعدة في منشآتنا. اتصل بقسم خدمات الأعضاء لدينا للحصول على المساعدة. يغلق قسم خدمات الأعضاء (Member Services) أبوابه في أيام العطلات الرئيسية.

- يمكن الاتصال ببرنامج Medicare، ويشمل ذلك D-SNP: **1-888-775-7003** أو **775-982-3112** (خدمة الهاتف النصي (TTY **711**))، من الاثنين إلى الجمعة، من 7:00 صباحًا إلى 8:00 مساء
- جميع البرامج الأخرى: **1-855-937-5768** (TTY **711**)، من الاثنين إلى الجمعة، من 7:00 صباحًا إلى 8:00 مساء

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Ժամանակին տրամադրվող լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ կամ թարգմանված նյութեր: Դուք կարող եք նաև խնդրել նյութեր այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք դիմել օժանդակ աջակցության և սարքերի համար մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը (Member Services) փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-888-775-7003 կամ 775-982-3112** (TTY **711**), երկուշաբթիից ուրբաթ, 7 a.m.-ից 8 p.m.-ը
- Մյուս բոլորը՝ **1-855-937-5768** (TTY **711**), երկուշաբթիից ուրբաթ, 7 a.m.-ից 8 p.m.-ը

Chinese：请注意。我们可及时提供免费语言协助。您可以要求使用口译员（包括手语翻译）或翻译资料。您还可以要求获取其他格式的资料，如盲文、音频或大字版。您可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部 (Member Services) 以获取帮助。重要节假日期间会员服务不开放。

- 联邦医疗保险计划 (Medicare)，包括 D-SNP：**1-888-775-7003或 775-982-3112** (TTY **711**)，周一至周五，上午7点至晚上8点
- 所有其他保险计划：**1-855-937-5768** (TTY **711**)，周一至周五，上午7点至晚上8点

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی بموقع به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره، یا مطالب ترجمه شده. همچنین می‌توانید مطالب را در قالب‌های جایگزین درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای (Member Services) ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare، شامل D-SNP: با شماره **1-888-775-7003 یا شماره 775-982-3112** (TTY **711**)، روزهای دوشنبه تا جمعه از 7:00 صبح تا 8:00 عصر، تماس بگیرید
- همه موارد دیگر: با شماره **1-855-937-5768** (TTY **711**)، روزهای دوشنبه تا جمعه از 7:00 صبح تا 8:00 عصر، تماس بگیرید

French: ATTENTION. Une assistance linguistique est disponible pour vous gratuitement. Vous pouvez demander un interprète, notamment spécialiste du langage des signes, ou des documents traduits. Vous pouvez également demander des documents dans d'autres formats, par exemple en braille, en version audio ou en gros caractères. Vous pouvez demander des appareils et des aides auxiliaires dans nos établissements. Pour toute aide, appelez notre Direction des services aux adhérents (Member Services). Les services aux adhérents sont fermés pendant les jours fériés.

- Medicare, y compris D-SNP : **1-888-775-7003 ou 775-982-3112** (TTY **711**), du lundi au vendredi, de 7 h à 20 h.
- Tous les autres services : **1-855-937-5768** (TTY **711**), du lundi au vendredi, de 7 h à 20 h.

German: HINWEIS! Wir stellen Ihnen kostenlos eine schnelle Sprachunterstützung zur Verfügung. Sie können um einen Dolmetscher bitten, darunter auch in Gebärdensprache, oder um übersetzte Dokumente. Sie können darum bitten, dass Ihnen das Material in alternativen Formaten zur Verfügung gestellt wird, darunter Brailleschrift, Audioformate oder Großdruck. In unseren Einrichtungen können Sie auch um Hilfsmittel und unterstützende Geräte bitten. Wenn Sie Hilfe benötigen, wenden Sie sich an unsere Abteilung für Mitgliederdienste (Member Services). Die Abteilung für Mitgliederdienste ist an Hauptfeiertagen geschlossen.

- Medicare, einschließlich D-SNP: **1-888-775-7003 oder 775-982-3112** (TTY **711**), Montag bis Freitag, 7:00 bis 20:00 Uhr
- Alle anderen: **1-855-937-5768** (TTY **711**), Montag bis Freitag 7:00 bis 20:00 Uhr

Italian: ATTENZIONE. Sono disponibili servizi di assistenza linguistica, forniti gratuitamente e in modo tempestivo. Può richiedere servizi di interpretariato, compreso interpretariato nella lingua dei segni, oppure materiale tradotto. Inoltre, può richiedere

materiali in altri formati, come braille, audio o stampa a caratteri ingranditi. Presso le nostre strutture è possibile richiedere ausili e strumenti di supporto alla comunicazione. Per richiedere assistenza, contatti il nostro ufficio Servizi Assistiti (Member Services). L'ufficio Servizi Assistiti è chiuso nei principali giorni festivi.

- Medicare, compresi i piani D-SNP: **1-888-775-7003 oppure 775-982-3112** (TTY **711**), dal lunedì al venerdì, dalle ore 7:00 alle ore 20:00.
- Per tutti gli altri piani: **1-855-937-5768** (TTY **711**), dal lunedì al venerdì, dalle ore 7:00 alle ore 20:00.

Japanese: ご注意。タイムリーな言語サポートは無料でご利用いただけます。手話を含む通訳者や翻訳された資料をご依頼いただけます。点字、大型活字、または録音音声など、別のフォーマットの資料も求めることができます。当社の施設では、補助器具や機器をご依頼いただけます。支援が必要な方は、メンバーサービス部門 (Member Services) にお電話ください。メンバーサービス部門は主要な祝日には休業となります。

- D-SNP を含む Medicare：**1-888-775-7003、または 775-982-3112** (TTY **711**)、月曜日から金曜日まで、午前7時から午後8時までです。
- その他：**1-855-937-5768** (TTY **711**)、月曜日から金曜日まで、午前7時から午後8時までです。

Korean: 참조. 시기적절한 언어 지원이 무료로 제공됩니다. 수화를 포함한 통역사, 또는 번역 자료를 요청하실 수 있습니다. 또한, 한국어로 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수 있습니다. 가입자 서비스 (Member Services) 부서에 도움을 요청하시기 바랍니다. 가입자 서비스부는 주요 공휴일에는 운영하지 않습니다.

- Medicare (D-SNP 포함): **1-888-775-7003 또는 775-982-3112** (TTY **711**), 월요일~금요일, 오전 7시 ~ 오후 8시.
- 기타 모두: **1-855-937-5768** (TTY **711**), 월요일~금요일, 오전 7시~오후 8시.

Portuguese: ATENÇÃO. Assistência linguística gratuita disponível para você sempre que precisar. Você pode solicitar intérpretes, incluindo de linguagem de sinais, ou materiais traduzidos. Você também pode solicitar materiais em formatos alternativos, como braille, áudio ou impressão ampliada. Você pode solicitar dispositivos e assistências alternativas em nossas instalações. Ligue para o nosso departamento de Atendimento ao Cliente (Member Services) para obter ajuda. O Atendimento ao Cliente estará fechado nos principais feriados.

- Medicare, incluindo D-SNP: **1-888-775-7003 ou 775-982-3112** (TTY **711**), de segunda a sexta-feira, das 7h às 20h.
- Todos os outros: **1-855-937-5768** (TTY **711**), de segunda a sexta-feira, das 7h às 20h.

Russian: Внимание! Вы можете своевременно получить бесплатные услуги

перевода. Вы можете попросить предоставить Вам услуги переводчика, в том числе сурдопереводчика, или переведенные материалы. Вы также можете запросить материалы в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников (Member Services). Отдел обслуживания участников закрыт в дни государственных праздников.

- Программа Medicare, включая D-SNP: **1-888-775-7003 или 775-982-3112** (TTY **711**), с понедельника по пятницу, с 7:00 до 20:00.
- Для всех остальных: **1-855-937-5768** (TTY **711**), с понедельника по пятницу, с 7:00 до 20:00.

Spanish: ATENCIÓN. Se ofrece ayuda oportuna en otros idiomas sin ningún costo para usted. Puede solicitar intérpretes, incluyendo intérpretes de lengua de señas, o materiales traducidos. También puede solicitar materiales en formatos alternativos, como braille, audio o letra grande. Puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros (Member Services) para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-888-775-7003 o 775-982-3112** (TTY **711**), de lunes a viernes, de 7:00 a. m. a 8:00 p. m.
- Todos los otros: **1-855-937-5768** (TTY **711**), de lunes a viernes, de 7:00 a. m. a 8:00 p. m.

Tagalog: PAUNAWA May magagamit na napapanahong tulong sa wika na wala kang babayaran. Maaari kang humingi ng mga tagapagsalin, kasama ang sign language, o isinaling mga babasahin. Maaari ka ring humingi ng mga babasahin sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Maaari kang humiling ng mga karagdagang tulong at kagamitan sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro (Member Services) para sa tulong. Sarado ang Mga Serbisyo sa Miyembro sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-888-775-7003 o 775-982-3112** (TTY **711**), Lunes hanggang Biyernes, 7:00 a.m. hanggang 8:00 p.m.
- Lahat ng iba: **1-855-937-5768** (TTY **711**), Lunes hanggang Biyernes, 7:00 a.m. hanggang 8:00 p.m.

Ukrainian: УВАГА! Своєчасні послуги перекладача надаються безкоштовно. Ви можете зробити запит на послуги усного перекладу, зокрема мовою жестів, або перекладені матеріали. Ви можете зробити запит на отримання матеріалів в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Ви можете зробити запит на отримання

допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів (Member Services). Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-888-775-7003 або 775-982-3112** (TTY **711**), з понеділка по п'ятницю, з 07:00 до 20:00.
- Усі інші надавачі послуг: **1-855-937-5768** (TTY **711**), з понеділка по п'ятницю, з 07:00 до 20:00.

Vietnamese: CHÚ Ý. Dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí, kịp thời cho quý vị Quý vị có thể yêu cầu thông dịch viên, bao gồm cả thông dịch viên ngôn ngữ ký hiệu, hoặc các tài liệu đã được dịch. Quý vị cũng có thể yêu cầu các tài liệu theo định dạng thay thế, chẳng hạn như chữ nổi Braille, băng đĩa thu âm hoặc bản in khổ chữ lớn. Quý vị có thể yêu cầu các phương tiện và công cụ hỗ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên (Member Services)của chúng tôi để được trợ giúp. Ban Dịch Vụ Hội Viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-888-775-7003 hoặc 775-982-3112** (TTY **711**), Thứ Hai đến Thứ Sáu, 7 giờ sáng đến 8 giờ tối.
- Tất cả các chương trình khác: **1-855-937-5768** (TTY **711**), Thứ Hai đến Thứ Sáu, 7 giờ sáng đến 8 giờ tối.

This page was intentionally left blank.

KAISER PERMANENTE®

Kaiser Foundation Health Plan of Nevada
10315 Professional Circle
Reno, NV 89521

kp.org/seniorrx

4545120319_NV 10/2026

WF23916952_ENG 10/26