

2025 Kaiser Permanente Postal Service Health Benefits

# PSHB Drug Formulary



Maryland, Virginia, and  
District of Columbia Region

## Member Services

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

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

711 TTY

# 2025 Kaiser Permanente Postal Service Health Benefits (PSHB) Drug Formulary

## Mid-Atlantic States Region

This document contains information about the drugs we cover when you participate in the Postal Service Health Benefits (PSHB) plan offered by Kaiser Permanente – Mid-Atlantic States (Plan). This PSHB Drug Formulary contains some of the features of Kaiser Permanente’s PSHB plan. Please read the Plan’s Postal Service brochure (RI 73-927). All benefits are subject to the definitions, limitations, and exclusions set forth in the Postal Service brochure.

This formulary is effective **June 3, 2025**. Benefits described in this formulary are effective January 1 – December 31, 2025.

## What is the Kaiser Permanente PSHB Drug Formulary?

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

## How much will I pay for covered drugs?

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

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

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

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

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

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

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

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

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

### **How do I use the PSHB Drug Formulary?**

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

#### **Formulary Drugs by Medical Condition**

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

## Formulary Drugs by Alphabetical Listing

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

## Columns on Medical Condition and Alphabetical Listings

There are three columns in the attached chart.

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

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

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

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

**OC** = Oral Chemotherapy Drugs

**MB** = Medical Benefit

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

## **Does the PSHB Drug Formulary ever change?**

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

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

# Formulary Drugs by Medical Condition

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

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



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

Name of drug	Drug Tier	Requirements / Limits
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	1, 2	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>entecavir</i>	1, 2	
<i>etravirine</i>	1, 2	
EVOTAZ	2	
<i>fosamprenavir calcium</i>	1, 2	
FOSCAVIR	2	MB
FUZEON	2	QL
GENVOYA	2	
INVIRASE	2	
ISENTRESS	2	
JULUCA	2	
<i>lamivudine</i>	1	
<i>lamivudine (hbv)</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEDIPASVIR-SOFOSBUVIR	4	PA, QL
LIVTENCITY	4	QL, LD
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1, 2	
<i>nevirapine</i>	1	
ODEFSEY	2	
<i>oseltamivir phosphate</i>	1	QL
PAXLOVID (150/100)	2	
PEGASYS	2, 4	QL
PIFELTRO	2	
PREVYMIS	4	MB
PREZCOBIX	2	
RELENZA DISKHALER	2	QL
RIBAVIRIN	1	
RIMANTADINE HCL	1	
<i>ritonavir</i>	1, 2	
SOFOSBUVIR-VELPATASVIR	4	PA, QL
STAVUDINE	1	
STRIBILD	2	
SYMFI	2	
SYMTUZA	2	
SYNAGIS	4	MB
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TRIUMEQ	2	
<i>valacyclovir hcl</i>	1	
<i>valganciclovir hcl</i>	1	
VEKLURY	2, 4	MB
VIRACEPT	2	
VOSEVI	4	PA, QL
<i>zidovudine</i>	1	

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

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



Name of drug	Drug Tier	Requirements / Limits
MEKINIST	4	OC
MELPHALAN	1	OC
<i>mercaptopurine</i>	1, 4	OC
<i>methotrexate sodium</i>	1	MB
<i>mitomycin</i>	1	MB
<i>mitoxantrone hcl</i>	1	MB
MUSTARGEN	2	MB
MVASI	4	MB
MYLERAN	2	OC
NINLARO	4	OC
ODOMZO	4	OC
ONCASPAR	2	MB
OPDIVO	4	MB
<i>oxaliplatin</i>	1	MB
<i>paclitaxel</i>	1	MB
<i>pazopanib hcl</i>	4	OC
PEMETREXED DISODIUM	2	MB
POMALYST	4	LD, OC
PROLEUKIN	2	MB
RIABNI	2	MB
RYDAPT	4	OC
SARCLISA	4	MB
<i>sorafenib tosylate</i>	4	OC
STIVARGA	4	OC
<i>sunitinib malate</i>	4	OC
SYLVANT	4	MB
TABLOID	4	OC
TAFINLAR	4	OC
TAGRISSO	4	OC
<i>tamoxifen citrate</i>	1	PA
TASIGNA	4	OC
<i>temozolomide</i>	1	OC
<i>temsirolimus</i>	1	MB
TENIPOSIDE	2	MB
TICE BCG	2	MB
<i>topotecan hcl</i>	1, 2	OC, MB
<i>tretinoin (chemotherapy)</i>	4	OC
UNITUXIN	4	MB
VECTIBIX	2	MB
VENCLEXTA	2, 4	OC
VERZENIO	4	OC
VINBLASTINE SULFATE	1	MB
VINCRISTINE SULFATE	1	MB
<i>vinorelbine tartrate</i>	1	MB
VYXEOS	4	MB
XTANDI	4	OC
YERVOY	4	MB
ZEJULA	4	OC
ZELBORAF	4	OC

Name of drug	Drug Tier	Requirements / Limits
ZOLADEX	2	MB
ZOLINZA	4	OC
ZYKADIA	2	OC
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<b>BENZODIAZEPINES</b>		
<i>alprazolam</i>	1	QL
<i>diazepam</i>	1	QL, MB
<i>lorazepam</i>	1	QL, MB
<i>midazolam hcl</i>	1	MB
<i>temazepam</i>	1	QL
<b>AUTONOMIC DRUGS</b>		
<b>ANTICHOLINERGIC AGENTS</b>		
<i>atropine sulfate</i>	1	MB
<i>benztropine mesylate</i>	1	MB
<i>dicyclomine hcl</i>	1	MB
<i>glycopyrrolate</i>	1	MB
<i>hyoscyamine</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide (nasal)</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
<i>trihexyphenidyl hcl</i>	1	
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
<i>varenicline tartrate</i>	PREV	QL
<b>PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS</b>		
<i>bethanechol chloride</i>	1	
<i>donepezil hydrochloride</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>neostigmine methylsulfate</i>	1, 2	MB
PHYSOSTIGMINE SALICYLATE	2	MB
<i>pilocarpine hcl (oral)</i>	1	
<i>pyridostigmine bromide</i>	1	
<b>SKELETAL MUSCLE RELAXANTS</b>		
<i>baclofen</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1, 2	MB
<i>methocarbamol</i>	1	
<b>SYMPATHOMIMETIC (ADRENERGIC) AGENTS</b>		
AKOVAZ	2	MB
<i>albuterol sulfate</i>	1	
<i>dihydroergotamine mesylate</i>	1	QL
<i>dobutamine hcl</i>	1	MB
DOBUTAMINE-DEXTROSE	1	MB
<i>epinephrine (anaphylaxis)</i>	1, 2	QL, MB
ERGOLOID MESYLATES	1	
<i>fluticasone-salmeterol</i>	1, 3	
<i>ipratropium-albuterol</i>	1	
<i>metaproterenol sulfate</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>midodrine hcl</i>	1	
<i>phenoxybenzamine hcl</i>	4	
SEREVENT DISKUS	2	
STRIVERDI RESPIMAT	2	
<i>tamsulosin hcl</i>	1	
<i>terbutaline sulfate</i>	1	MB
<b>BLOOD FORMATION, COAGULATION, AND THROMBOSIS</b>		
<b>COAGULANTS AND ANTICOAGULANTS</b>		
ALPROLIX	2	MB
ALTUVIIIO	2	MB
<i>aminocaproic acid</i>	1	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	2	MB
BRILINTA	2	
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dabigatran etexilate mesylate</i>	1	
<i>dipyridamole</i>	1	
ELOCTATE	2	MB
<i>enoxaparin sodium</i>	1	QL
HEMLIBRA	2	PA, QL
<i>heparin sodium (porcine)</i>	1	QL
<i>heparin sodium (porcine) lock flush</i>	1	MB
IDELVION	2	MB
KOVALTRY	2	MB
<i>pentoxifylline</i>	1	
<i>prasugrel hcl</i>	1	
<i>tranexamic acid</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	2, 4	
<b>HEMATOPOIETIC AGENTS</b>		
ALVAIZ	4	
GRANIX	2	QL
LEUKINE	4	QL
PROCRIT	2, 4	QL
PROMACTA	4	
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate</i>	1	
<i>terazosin hcl</i>	1	
<b>ANTILIPEMIC AGENTS</b>		
<i>atorvastatin calcium</i>	1	
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>fenofibrate</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>gemfibrozil</i>	1	
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>atenolol</i>	1	
<i>atenolol &amp; chlorthalidone</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>esmolol hcl</i>	1	MB
<i>labetalol hcl</i>	1	MB
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate</i>	1	MB
<i>propranolol hcl</i>	1	
<i>sotalol hcl</i>	1	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>amlodipine besylate</i>	1	
CARDENE IV	2	MB
CLEVIPREX	2	MB
<i>diltiazem hcl</i>	1	MB
<i>diltiazem hcl coated beads</i>	1	
NICARDIPINE HCL	1	MB
<i>nifedipine</i>	1	
<i>verapamil hcl</i>	1	
<b>CARDIAC DRUGS</b>		
<i>adenosine</i>	1	MB
<i>amiodarone hcl</i>	1	MB
<i>digoxin</i>	1, 2	MB
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
LIDOCAINE HCL (CARDIAC)	1	MB
<i>mexiletine hcl</i>	1	
NEXTERONE	2	MB
<i>procainamide hcl</i>	1	MB
<i>propafenone hcl</i>	1	
<i>quinidine gluconate</i>	1	
<i>quinidine sulfate</i>	1	
<b>HYPOTENSIVE AGENTS</b>		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	MB
METHYLDOPA	1	
<i>minoxidil</i>	1	
<b>RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS</b>		
<i>captopril</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>enalapril maleate</i>	1	
ENTRESTO	2	
<i>irbesartan</i>	2	
<i>irbesartan-hydrochlorothiazide</i>	2	
<i>lisinopril</i>	1	
<i>lisinopril &amp; hydrochlorothiazide</i>	1	
<i>losartan potassium</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil</i>	2	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	2	
<i>spironolactone</i>	1	
<i>spironolactone &amp; hydrochlorothiazide</i>	1	
<i>valsartan</i>	2	
<i>valsartan-hydrochlorothiazide</i>	2	
<b>VASODILATING AGENTS</b>		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1, 2, 4	
<i>papaverine hcl</i>	1	MB
<i>sildenafil citrate (pulmonary hypertension)</i>	1	PA, QL
<i>tadalafil (pulmonary hypertension)</i>	1	PA, LD
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ANALGESICS AND ANTIPYRETICS</b>		
<i>acetaminophen</i>	1	MB
<i>acetaminophen w/ codeine</i>	1	QL
<i>buprenorphine</i>	3	QL
BUTORPHANOL TARTRATE	1	MB
<i>choline &amp; mag salicylate</i>	1	
<i>clonidine hcl (analgesia)</i>	1	MB
<i>codeine sulfate</i>	1	QL
<i>diclofenac sodium</i>	1	
<i>etodolac</i>	1	
<i>fentanyl</i>	1	QL
<i>fentanyl citrate</i>	1	MB
<i>hydrocodone-acetaminophen</i>	1	QL
<i>hydromorphone hcl</i>	1	QL, MB
<i>ibuprofen</i>	1	
<i>indomethacin</i>	1	
<i>ketorolac tromethamine</i>	1	MB
<i>meloxicam</i>	1	
<i>meperidine hcl</i>	1	MB
<i>methadone hcl</i>	1	QL
<i>morphine sulfate</i>	1, 2	QL, MB
<i>nabumetone</i>	1	
<i>naproxen</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>oxycodone hcl</i>	1, 2	QL
<i>oxycodone w/ acetaminophen</i>	1	QL
<i>sulindac</i>	1	
<i>tramadol hcl</i>	1	QL
<b>ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS</b>		
<i>amphetamine-dextroamphetamine</i>	1	
<i>caffeine citrate</i>	1	MB
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>methylphenidate hcl</i>	1	
<i>midazolam hcl</i>	1	MB
<i>modafinil</i>	1	
<b>ANTICHOLINERGIC AGENTS</b>		
<i>benztropine mesylate</i>	1	
<b>ANTICONVULSANTS</b>		
<i>carbamazepine</i>	1	
CELONTIN	2	
<i>clonazepam</i>	1	QL
<i>divalproex sodium</i>	1	
<i>ethosuximide</i>	1	
<i>fosphenytoin sodium</i>	1	MB
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>levetiracetam</i>	1	MB
<i>magnesium sulfate</i>	1, 2	MB
<i>oxcarbazepine</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium</i>	1	MB
<i>phenytoin sodium extended</i>	1, 2	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	MB
<i>valproic acid</i>	1	
<b>ANTIMIGRAINE AGENTS</b>		
AJOVY	2	QL
<i>naratriptan hcl</i>	1	QL
<i>rizatriptan benzoate</i>	1	QL
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	QL
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS</b>		
<i>buspirone hcl</i>	1	
<i>dexmedetomidine hcl</i>	1	MB
<i>dexmedetomidine hcl in sodium chloride</i>	1, 2	MB
DIASTAT ACUDIAL	2	QL
<i>droperidol</i>	1	MB

Name of drug	Drug Tier	Requirements / Limits
<i>etomidate</i>	1	MB
<i>hydroxyzine hcl</i>	1	MB
<i>hydroxyzine pamoate</i>	1	
<i>ketamine hcl</i>	1	MB
<i>midazolam hcl</i>	1	MB
<i>phenobarbital</i>	1	
<i>phenobarbital sodium</i>	1	MB
<i>propofol</i>	1, 2	MB
<i>zaleplon</i>	1	QL
<i>zolpidem tartrate</i>	1, 2	QL
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS</b>		
<i>acamprosate calcium</i>	1	
<i>amantadine hcl</i>	1	
<i>atomoxetine hcl</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>cisatracurium besylate</i>	1	MB
<i>diethylpropion hcl</i>	1	HC
<i>entacapone</i>	1	
<i>flumazenil</i>	1	MB
<i>guanfacine hcl (adhd)</i>	1	
KYNMOBI	4	
<i>memantine hcl</i>	1	
<i>phentermine hcl</i>	1	HC
<i>pramipexole dihydrochloride</i>	1	
QUELICIN	2	MB
<i>riluzole</i>	1	
<i>rocuronium bromide</i>	1	MB
<i>ropinirole hydrochloride</i>	1	
<i>selegiline hcl</i>	1	
<i>sevoflurane</i>	1	MB
SUPRANE	2	MB
<i>vecuronium bromide</i>	1	MB
<b>OPIATE ANTAGONISTS</b>		
<i>buprenorphine hcl</i>	1	QL
<i>buprenorphine hcl-naloxone hcl dihydrate</i>	1	QL
<i>naloxone hcl</i>	PREV, 1	QL
<i>naltrexone hcl</i>	1	
<b>PSYCHOTHERAPEUTIC AGENTS</b>		
<i>amitriptyline hcl</i>	1	
<i>aripiprazole</i>	1	
ARISTADA	4	MB
<i>bupropion hcl</i>	1	PA
<i>chlorpromazine hcl</i>	1	MB
<i>citalopram hydrobromide</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>clozapine</i>	1	QL
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine hcl</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluphenazine decanoate</i>	1	MB
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	MB
<i>haloperidol lactate</i>	1	MB
<i>imipramine hcl</i>	1	
INVEGA SUSTENNA	2, 4	MB
<i>lithium carbonate</i>	1	
LITHIUM CITRATE	2	
<i>lurasidone hcl</i>	1	
<i>mirtazapine</i>	1	
NEFAZODONE HCL	1	
<i>nortriptyline hcl</i>	1	
<i>olanzapine</i>	1	MB
<i>paroxetine hcl</i>	1	
<i>perphenazine</i>	1	
PHENELZINE SULFATE	1	
PIMOZIDE	1	
<i>prochlorperazine</i>	1	
PROCHLORPERAZINE EDISYLATE	1	MB
<i>prochlorperazine maleate</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate</i>	1	
RISPERDAL CONSTA	2, 4	MB
<i>risperidone</i>	1, 4	
<i>sertraline hcl</i>	1	
<i>thioridazine hcl</i>	1	
<i>thiothixene</i>	1	
<i>trazodone hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
<i>venlafaxine hcl</i>	1	
<i>ziprasidone hcl</i>	1	
<b>DIABETIC SUPPLIES</b>		
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK GUIDE CONTROL	2	
ACCU-CHEK GUIDE ME	2	QL
ACCU-CHEK GUIDE TEST	2	QL
ALBUSTIX	2	
AUTOPEN	2	
BD AUTOSHIELD DUO	2	
BD INSULIN SYRINGE	2	

Name of drug	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD LANCET ULTRAFINE 30G	2	
DIASTIX	2	
KETO-DIASTIX	2	
KETOSTIX	2	
MINIMED SYRINGE RESERVOIR/3ML/22G X 1/2"	2	
PENLET II BLOOD SAMPLER	2	
PRECISION XTRA KETONE	2	
URISTIX	2	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AND ALKALINIZING AGENTS</b>		
K-PHOS NO 2	2	
<i>pot &amp; sod citrates w/citric ac</i>	1, 2	
<i>potassium citrate (alkalinizer)</i>	1	
<i>potassium citrate-citric acid</i>	1	
SODIUM ACETATE	1	MB
<i>sodium bicarbonate</i>	1	MB
<i>sodium citrate &amp; citric acid</i>	1	
<b>AMMONIA DETOXICANTS</b>		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>lubiprostone</i>	1	
<b>CALORIC AGENTS</b>		
<i>amino acid infusion</i>	2	MB
CLINIMIX E/DEXTROSE (5/15)	2	MB
CLINIMIX E/DEXTROSE (5/20)	2	MB
CLINIMIX/DEXTROSE (5/15)	2	MB
<i>dextrose</i>	1	MB
INTRALIPID	2	MB
PROCALAMINE	2	MB
<b>DIURETICS</b>		
<i>amiloride &amp; hydrochlorothiazide</i>	1	
<i>amiloride hcl</i>	1	
<i>chlorothiazide</i>	1	
<i>chlorthalidone</i>	1	
<i>ethacrynate sodium</i>	1	MB
<i>furosemide</i>	1	MB
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>mannitol</i>	1	MB
<i>metolazone</i>	1	
<i>torsemide</i>	1	
<i>triamterene &amp; hydrochlorothiazide</i>	1	
<b>ION-REMOVING AGENTS</b>		
<i>lanthanum carbonate</i>	3	
LOKELMA	3	
<i>sevelamer carbonate</i>	1	

Name of drug	Drug Tier	Requirements / Limits
<i>sodium polystyrene sulfonate</i>	1, 2	
<b>IRRIGATING SOLUTIONS</b>		
<i>acetic acid</i>	1	
DIANEAL LOW CALCIUM/1.5% DEX	2	MB
EXTRANEAL	2	MB
<i>sodium chloride (gu irrigant)</i>	1	MB
<i>water for irrigation, sterile</i>	1	
<b>REPLACEMENT PREPARATIONS</b>		
<i>bacteriostatic sodium chloride</i>	1	MB
<i>calcium acetate (phosphate binder)</i>	1, 2	
<i>calcium chloride (dihydrate)</i>	1	MB
<i>calcium gluconate</i>	1	MB
<i>dextrose in lactated ringers</i>	1	MB
<i>dextrose w/ sodium chloride</i>	1	MB
HESPAN	2	MB
K-PHOS	2	
K-PHOS-NEUTRAL	2	
KCL (0.298%) IN NACL	1	MB
KCL-LACTATED RINGERS-D5W	2	MB
LACTATED RINGERS	2	MB
LOKELMA	3	
POTASSIUM ACETATE	1	MB
<i>potassium bicarbonate</i>	1, 2	
<i>potassium chloride</i>	1, 2	MB
<i>potassium chloride in dextrose &amp; sodium chloride</i>	1, 2	MB
<i>potassium chloride microencapsulated crystals er</i>	1	
<i>potassium phosphates</i>	1	MB
<i>sodium chloride</i>	1	MB
<i>sodium chloride flush</i>	1	MB
<i>sodium phosphates (sodium phosphate dibasic &amp; monobasic)</i>	1	MB
<i>trace minerals (cr-cu-mn-se-zn)</i>	1	MB
ZINC CHLORIDE	2	MB
<b>URICOSURIC AGENTS</b>		
<i>probenecid</i>	1	
<b>ENZYMES</b>		
<b>ENZYMES</b>		
ADAGEN	2	LD, MB
ELELYSO	4	MB
FABRAZYME	4	MB
HYLENEX	2	MB
PULMOZYME	4	
VIMIZIM	4	MB
<b>EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS</b>		

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

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

Name of drug	Drug Tier	Requirements / Limits
<i>metoclopramide hcl</i>	1	MB
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	PREV	
<i>ursodiol</i>	1	
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
MYOCHRYSINE	2	MB
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
<i>deferasirox</i>	1	
<i>deferoxamine mesylate</i>	1	MB
<i>penicillamine</i>	4	
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
BREZTRI AEROSPHERE	2	
<i>budesonide</i>	1	
CELESTONE SOLUSPAN	2	MB
CORTISONE ACETATE	1	
<i>dexamethasone</i>	1, 2	
<i>dexamethasone sodium phosphate</i>	1	MB
<i>fludrocortisone acetate</i>	1	
<i>hydrocortisone</i>	1	
<i>methylprednisolone</i>	1, 2	
<i>methylprednisolone acetate</i>	1, 2	MB
<i>methylprednisolone sod succ</i>	1, 2	MB
<i>prednisolone</i>	1, 2	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1, 2	
SOLU-CORTEF	2	MB
<i>triamcinolone acetonide</i>	1, 2	MB
<b>ANDROGENS</b>		
<i>danazol</i>	1	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1, 2	QL
TESTOSTERONE ENANTHATE	1	QL
<b>CONTRACEPTIVES</b>		
<i>desogestrel &amp; ethinyl estradiol</i>	PREV	
<i>drospirenone-ethinyl estradiol</i>	PREV	
ELLA	PREV	
<i>ethynodiol diacet &amp; eth estrad</i>	PREV	
<i>etonogestrel-ethinyl estradiol</i>	PREV	QL
<i>levonorgestrel &amp; eth estradiol</i>	PREV	
<i>levonorgestrel-eth estradiol (triphasic)</i>	PREV	
NECON 10/11-28	PREV	
<i>norelgestromin-ethinyl estradiol</i>	PREV	
<i>norethin acet &amp; estrad-fe</i>	PREV	
<i>norethindrone &amp; eth estradiol</i>	PREV	
<i>norethindrone (contraceptive)</i>	PREV	

Name of drug	Drug Tier	Requirements / Limits
<i>norethindrone acet &amp; eth estra</i>	PREV	
<i>norethindrone-eth estradiol (triphasic)</i>	PREV	
<i>norgestimate-ethinyl estradiol</i>	PREV	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	PREV	
OPILL	PREV	
PLAN B ONE-STEP	PREV	
<b>DIABETIC AGENTS</b>		
<i>acarbose</i>	1	
BAQSIMI ONE PACK	2	
<i>diazoxide</i>	1	
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glucagon (rdna)</i>	1	
HUMALOG	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
INSULIN DEGLUDEC FLEXTOUCH	2	PA
INSULIN GLARGINE-YFGN	2	
JARDIANCE	2	
<i>liraglutide</i>	2	PA
<i>metformin hcl</i>	1	
<i>pioglitazone hcl</i>	1	
SITAGLIPTIN	2	
<b>ESTROGENS AND ANTIESTROGENS</b>		
CLOMIPHENE CITRATE	1	
<i>esterified estrogens &amp; methyltestosterone</i>	1	
<i>estradiol</i>	1, 2	
<i>estradiol vaginal</i>	1, 2	
<i>estradiol valerate</i>	1	QL
<i>raloxifene hcl</i>	1	
<b>GONADOTROPINS</b>		
BRAVELLE	2	QL
CHORIONIC GONADOTROPIN	2	QL
FOLLISTIM AQ	2	QL
GANIRELIX ACETATE	2	QL
GONAL-F	2	QL
MENOPUR	2	QL
<b>IUD</b>		
MIRENA (52 MG)	PREV	MB
NEXPLANON	PREV	MB
<b>PARATHYROID</b>		
<i>calcitonin (salmon)</i>	1	QL
<b>PITUITARY</b>		
<i>desmopressin acetate</i>	1	QL



Name of drug	Drug Tier	Requirements / Limits
<i>desmopressin acetate refrigerated</i>	1	
DESMOPRESSIN ACETATE SPRAY	1	
<i>desmopressin acetate spray refrigerated</i>	1	
<b>PROGESTINS</b>		
DEPO-PROVERA	2	MB
HYDROXYPROGESTERONE CAPROATE	1	MB
<i>medroxyprogesterone acetate</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	PREV	MB
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	PA, QL
<b>SOMATOTROPIN AGONISTS AND ANTAGONISTS</b>		
<i>octreotide acetate</i>	1, 4	QL, MB
OMNITROPE	2	QL
<b>THYROID AND ANTITHYROID AGENTS</b>		
<i>levothyroxine sodium</i>	1	MB
<i>liothyronine sodium</i>	1	
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
<b>MEDICAL DEVICE</b>		
<b>DIAPHRAGM</b>		
WIDE-SEAL DIAPHRAGM 60	PREV	
<b>IUD</b>		
PARAGARD INTRAUTERINE COPPER	PREV	MB
<b>MEDICAL DEVICE</b>		
AEROCHAMBER Z-STAT PLUS	2	
AEROGear ACTION ASTHMA KIT	2	
CATHFLO ACTIVASE	2	MB
CLEVER CHOICE WHISPER AIRE NEB	2	
DEVILBISS COMPACT COMPRESSOR	2	
PIKO 1	2	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2"	2	
1ML TUBERCULIN SYRINGE SLIP TIP	2	
<i>adenosine (diagnostic)</i>	1	MB
ALBUMIN HUMAN	2	MB
<i>alendronate sodium</i>	1	
<i>allopurinol</i>	1	
AMJEVITA	2	QL

Name of drug	Drug Tier	Requirements / Limits
<i>azathioprine</i>	1	
BACTERIOSTATIC WATER(BENZ ALC)	2	MB
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2"	2	
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2"	2	
BD BLUNT FILL NEEDLE	2	
BD DISP NEEDLE	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD DISP NEEDLES	2	
BD FILTER NEEDLE/5 MICRON	2	
BD LUER-LOK SYRINGE	2	
BD SYRINGE SLIP TIP	2	
BETASERON	4	QL
BOTOX	2	MB
BRIDION	2	MB
<i>bupivacaine hcl</i>	1	MB
<i>bupivacaine in dextrose</i>	1	MB
<i>bupivacaine w/ epinephrine</i>	1	MB
CABOMETYX	4	OC
CAMPOR	2	
CAMPOR BLOCKS	2	
CAMPOR SPIRIT	1	
CERDELGA	4	LD
CHLORAMPHENICOL	2	
<i>cinacalcet hcl</i>	1	
COAL TAR	2	
<i>colchicine</i>	1	
CORTROSYN	2	MB
<i>cyclosporine modified (for microemulsion)</i>	1	
DAXXIFY	2	MB
<i>dexrazoxane hcl</i>	1, 2	MB
DIETHYLSTILBESTROL	2	
DILTIAZEM HCL	2	
<i>dimethyl fumarate</i>	1	
<i>disulfiram</i>	1	
<i>dopamine in d5w</i>	1	MB
EOVIST	2	MB
<i>finasteride</i>	1	
<i>fingolimod hcl</i>	1	
GADAVIST	2	MB
<i>gadoterate meglumine</i>	1	MB
GELFOAM SPONGE	2	MB
<i>glatiramer acetate</i>	1	QL
GLUCAGEN DIAGNOSTIC	2	MB

Name of drug	Drug Tier	Requirements / Limits
HYDROCORTISONE	2	
HYDROCORTISONE MICRONIZED	2	
HYDROXYUREA	2	
<i>icatibant acetate</i>	4	QL
INFLECTRA	4	MB
KETAMINE HCL	2	
KETOPROFEN	2	
<i>leflunomide</i>	1	
LETS	2	MB
<i>leucovorin calcium</i>	1	MB
LEUCOVORIN CALCIUM	2	
<i>levocarnitine (metabolic modifiers)</i>	1	MB
LIDOCAINE	2	
LIDOCAINE HCL	2	
<i>lidocaine hcl (local anesth.)</i>	1, 2	MB
<i>lidocaine w/ epinephrine</i>	1	MB
MAGNEVIST	2	MB
MENTHOL	2	
<i>mesna</i>	1, 4	MB
<i>methylergonovine maleate</i>	1	MB
MONOJECT SYRINGE	2	
<i>mycophenolate mofetil</i>	1, 4	
NEULUMEX	2	
NYSTATIN	2	
ODACTRA	2	
OMNITROPE PEN 10 INJ DEVICE	2	
ORENCIA	4	PA, QL, MB
OTEZLA	4	PA, QL
<i>oxytocin</i>	2	MB
PAMIDRONATE DISODIUM	1	MB
PCCA LIPODERM BASE	2	
PHENOL	2	
POLOCAINE-MPF	2	MB
PROVAYBLUE	2	MB
PROVOCHOLINE	2	MB
<i>regadenoson</i>	1	MB
RIMSO-50	2	MB
SALICYLIC ACID	2	
SANDIMMUNE	2	MB
SCULPTRA	2	MB
<i>sodium fluoride</i>	PREV	
SSKI	2	
STERILE WATER FOR INJECTION	1	MB
SULFAMETHOXAZOLE	2	
SULFUR PRECIPITATED	2	
<i>tacrolimus</i>	1, 2	MB

Name of drug	Drug Tier	Requirements / Limits
THALOMID	4	PA, LD
THYMOL	2	
THYROGEN	4	MB
TRIAMCINOLONE ACETONIDE	2	
TUBERSOL	2	MB
TYENNE	4	PA, QL, MB
WEGOVY	2	PA
XELJANZ	4	PA
YESINTEK	2	MB
YESINTEK	2	
<i>yohimbine hcl</i>	1	
<i>zoledronic acid</i>	1	MB
<b>MUSCULOSKELETAL THERAPY</b>		
HYALGAN	2	MB
<b>VITAMINS</b>		
<i>potassium aminobenzoate</i>	1, 2	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine maleate</i>	1	
MIFEPREX	2	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium</i>	1	
<i>cromolyn sodium (mastocytosis)</i>	1	
FASENRA	4	PA, QL, MB
<i>montelukast sodium</i>	1	
<b>ANTITUSSIVES</b>		
<i>benzonatate</i>	1	
DURATUSS HD	2	QL
<i>guaifenesin-codeine</i>	1	QL
<i>hydrocodone bitartrate-homatropine methylbromide</i>	1	QL
<i>phenyleph-cpm w/ hydrocod</i>	1	QL
<i>phenylephrine-ephedrine-chlorpheniramine w/ carbetapentane</i>	1	
<b>RESPIRATORY AGENTS, MISCELLANEOUS</b>		
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA, LD
ALVESCO	2	
<i>ambrisentan</i>	1	LD
ASMANEX (120 METERED DOSES)	2	
<i>bosentan</i>	1	LD
<i>brompheniramine &amp; phenyleph</i>	1	
<i>budesonide (inhalation)</i>	1	
<i>budesonide-formoterol fumarate dihydrate</i>	1	
FLUTICASONE PROPIONATE HFA	2	

Name of drug	Drug Tier	Requirements / Limits
<i>pirfenidone</i>	2	LD
<i>sodium chloride (inhalant)</i>	1	
<b>SERUMS, TOXOIDS, AND VACCINES</b>		
<b>SERUMS</b>		
FLEBOGAMMA DIF	2	MB
GAMASTAN	2	MB
GAMMAGARD	2, 4	QL
HYPERRHO S/D	2	MB
IMOGAM RABIES-HT	PREV	MB
NABI-HB	PREV	MB
<b>TOXOIDS</b>		
ADACEL	PREV	MB
INFANRIX	PREV	MB
KINRIX	PREV	MB
TDVAX	PREV	MB
TE ANATOXAL BERNA	PREV	MB
<b>VACCINES</b>		
ABRYSV0	PREV	MB
AREXVY	PREV	MB
BEXSERO	PREV	MB
COMIRNATY	PREV	MB
ENGRIX-B	PREV	MB
FLULAVAL QUADRIVALENT	PREV	MB
FLUZONE HIGH-DOSE QUADRIVALENT	PREV	MB
GARDASIL 9	PREV	MB
HAVRIX	PREV	MB
HIBERIX	PREV	MB
IMOVAX RABIES	PREV	MB
IPOLE	PREV	MB
IXIARO	PREV	MB
JE-VAX	PREV	MB
MENOMUNE-A/C/Y/W-135	PREV	MB
MENVEO	PREV	MB
MERUVAX II W/DILUENT 10 DOSE	PREV	MB
MUMPSVAX W/DILUENT 10 DOSE	PREV	MB
PEDIARIX	PREV	MB
PNEUMOVAX 23	PREV	MB
PREVNAR 13	PREV	MB
PREVNAR 20	PREV	MB
PRIORIX	PREV	MB
PROQUAD	PREV	MB
RABAVERT	PREV	MB
ROTARIX	PREV	MB
ROTATEQ	PREV	MB
SHINGRIX	PREV	MB
TICOVAC	PREV	MB
TYPHIM VI	PREV	MB

Name of drug	Drug Tier	Requirements / Limits
VARIVAX	PREV	MB
VAXCHORA	PREV	MB
VIVOTIF	PREV	MB
YF-VAX	PREV	MB
ZOSTAVAX	PREV	MB
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clindamycin phosphate (topical)</i>	1	
<i>clindamycin phosphate vaginal</i>	1	
<i>clotrimazole</i>	1	
<i>erythromycin (acne aid)</i>	1	
<i>gentamicin sulfate (topical)</i>	1	
<i>iodoquinol-hc</i>	1	
<i>ketoconazole (topical)</i>	1	
<i>metronidazole (topical)</i>	1	
<i>mupirocin</i>	1	
<i>nystatin (topical)</i>	1	
<i>permethrin</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>sulfacetamide sodium w/ sulfur</i>	1	
VANDAZOLE	2	
<b>ANTI-INFLAMMATORY AGENTS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>clobetasol propionate</i>	1, 2	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>hydrocortisone (intrarectal)</i>	1	
<i>hydrocortisone (rectal)</i>	1	
<i>hydrocortisone (topical)</i>	1	
HYDROCORTISONE BUTYRATE	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
<i>triamcinolone acetonide (topical)</i>	1	
<i>urea-hc acetate</i>	1	
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
<i>tretinoin</i>	1, 2	

Name of drug	Drug Tier	Requirements / Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS</b>		
<i>acitretin</i>	1	
<i>adapalene</i>	1, 2	
<i>adapalene-benzoyl peroxide</i>	1	
<i>aluminum chloride</i>	1	
<i>azelaic acid</i>	1	
<i>calcipotriene</i>	1	
COSENTYX	4	PA, QL
<i>fluorouracil (topical)</i>	1	
<i>imiquimod</i>	1	
<i>isotretinoin</i>	1	QL
<i>lidocaine hcl</i>	1	
<i>lidocaine-prilocaine</i>	1	
<i>methoxsalen rapid</i>	1	
PODOFILOX	1	
<i>salicylic acid</i>	1	
SANTYL	2	
<i>tacrolimus (topical)</i>	1	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>SMOOTH MUSCLE RELAXANTS</b>		
<i>aminophylline</i>	1	MB
<i>darifenacin hydrobromide</i>	1	
<i>mirabegron</i>	3	PA
<i>oxybutynin chloride</i>	1	
<i>solifenacin succinate</i>	1	
<i>theophylline</i>	1	
<i>trospium chloride</i>	1	
<b>VASODILATING AGENTS</b>		
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		

Name of drug	Drug Tier	Requirements / Limits
CAVERJECT	2	QL
<i>sildenafil citrate</i>	1	QL
<i>tadalafil</i>	1	PA, QL
<b>VITAMINS</b>		
<b>VITAMINS</b>		
AQUASOL A	2	MB
<i>ascorbic acid</i>	1	MB
<i>calcitriol</i>	1	MB
<i>cyanocobalamin</i>	1	QL
<i>ergocalciferol</i>	1	
<i>folic acid</i>	1	QL
INFED	2	MB
INFUVITE ADULT	2	MB
INFUVITE PEDIATRIC	2	MB
<i>multiple vitamins w/ minerals</i>	1	
<i>ped multivitamins w/fl &amp; iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1, 2	
<i>pediatric vitamins acd fluoride &amp; iron</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<i>phytonadione</i>	1, 2	MB
<i>prenatal vit w/ ferrous fumarate-folic acid</i>	1	
<i>prenatal vit w/ iron carbonyl-folic acid</i>	1, 2	
PYRIDOXINE HCL	1	MB
<i>thiamine hcl</i>	1	MB
VENOFER	2	MB
VINATE M	2	

1  
1ML ALLERGIST TRAY SYRINGE 26 G X 1/2 16  
1ML TUBERCULIN SYRINGE SLIP TIP ..... 16

3  
3 2, 3

A  
*abacavir sulfate* ..... 7  
*abacavir sulfate-lamivudine* ..... 7  
*abacavir sulfate-lamivudine-zidovudine* ..... 7  
*abiraterone acetate* ..... 8  
ABRYSVO ..... 18  
*acamprosate calcium* ..... 12  
*acarbose* ..... 15

ACCU-CHEK GUIDE CONTROL .....12  
ACCU-CHEK GUIDE ME .....12  
ACCU-CHEK GUIDE TEST .....12  
*acetaminophen* .....11  
*acetaminophen w/ codeine* .....11  
*acetazolamide* .....14  
*acetazolamide sodium* .....14  
*acetic acid* .....13, 14  
*acetic acid (otic)* .....14  
*acetic acid-aluminum acetate* .....14  
*acetylcysteine* .....17  
*acitretin* .....19  
*acyclovir* .....7  
*acyclovir sodium* .....7  
ADACEL .....18  
ADAGEN .....13

<i>adapalene</i> .....	19
<i>adapalene-benzoyl peroxide</i> .....	19
<i>adefovir dipivoxil</i> .....	7
ADEMPAS.....	17
<i>adenosine</i> .....	10, 16
<i>adenosine (diagnostic)</i> .....	16
AEROCHAMBER Z-STAT PLUS.....	16
AEROGear ACTION ASTHMA KIT.....	16
AJOVY.....	11
AKOVAZ.....	9
AKYNZEO.....	14
<i>albendazole</i> .....	6
ALBUMIN HUMAN.....	16
ALBUSTIX.....	12
<i>albuterol sulfate</i> .....	9
ALECENSA.....	8
<i>alendronate sodium</i> .....	16
<i>allopurinol</i> .....	16
<i>alprazolam</i> .....	9
ALPROLIX.....	10
ALTUVIIIIO.....	10
<i>aluminum chloride</i> .....	19
ALUNBRIG.....	8
ALVAIZ.....	10
ALVESCO.....	17
<i>amantadine hcl</i> .....	12
<i>ambrisentan</i> .....	17
<i>amikacin sulfate</i> .....	6
<i>amiloride &amp; hydrochlorothiazide</i> .....	13
<i>amiloride hcl</i> .....	13
<i>amino acid infusion</i> .....	13
<i>aminocaproic acid</i> .....	10
<i>aminophylline</i> .....	19
<i>amiodarone hcl</i> .....	10
<i>amitriptyline hcl</i> .....	12
AMJEVITA.....	16
<i>amlodipine besylate</i> .....	10
<i>amoxicillin</i> .....	4, 6
<i>amoxicillin &amp; pot clavulanate</i> .....	6
<i>amphetamine-dextroamphetamine</i> .....	11
AMPHOTERICIN B.....	6
<i>ampicillin</i> .....	6
<i>ampicillin &amp; sulbactam sodium</i> .....	6
<i>ampicillin sodium</i> .....	6
<i>anagrelide hcl</i> .....	10
<i>anastrozole</i> .....	8

<i>aprepitant</i> .....	14
APTIVUS.....	7
AQUASOL A.....	19
AREXVY.....	18
<i>aripiprazole</i> .....	12
ARISTADA.....	12
ARZOL SILVER NIT APPLICATORS.....	14
<i>ascorbic acid</i> .....	19
ASMANEX (120 METERED DOSES).....	17
ASPARLAS.....	8
<i>aspirin-dipyridamole</i> .....	10
<i>atazanavir sulfate</i> .....	7
<i>atenolol</i> .....	10
<i>atenolol &amp; chlorthalidone</i> .....	10
<i>atomoxetine hcl</i> .....	12
<i>atorvastatin calcium</i> .....	10
<i>atovaquone</i> .....	7
<i>atovaquone-proguanil hcl</i> .....	7
<i>atropine sulfate</i> .....	9, 14
<i>atropine sulfate (ophthalmic)</i> .....	14
AUTOPEN.....	12
AVELOX.....	6
<i>azacitidine</i> .....	8
<i>azathioprine</i> .....	16
<i>azelaic acid</i> .....	19
<i>azelastine hcl</i> .....	14
<i>azithromycin</i> .....	6
<i>aztreonam</i> .....	6

## B

<i>bacitracin</i> .....	6, 14
BACITRACIN.....	14
<i>bacitracin-polymyxin b (ophth)</i> .....	14
<i>bacitracin-poly-neomycin-hc</i> .....	14
<i>baclofen</i> .....	9
<i>bacteriostatic sodium chloride</i> .....	13
BACTERIOSTATIC WATER(BENZ ALC).....	16
<i>balsalazide disodium</i> .....	14
BAQSIMI ONE PACK.....	15
BD 10ML LUER-LOK SYRINGE 22G X 1-1/2.....	16
BD 3ML LUER-LOK SYRINGE 20G X 1-1/2.....	16
BD AUTOSHIELD DUO.....	12
BD BLUNT FILL NEEDLE.....	16
BD DISP NEEDLE.....	16
BD DISP NEEDLES.....	16
BD FILTER NEEDLE/5 MICRON.....	16

BD INSULIN SYRINGE.....	12, 13
BD INSULIN SYRINGE U-501.....	13
BD LANCET ULTRAFINE 30G.....	13
BD LUER-LOK SYRINGE .....	16
BD SYRINGE SLIP TIP .....	16
<i>bendamustine hcl</i> .....	8
BENEFIX.....	10
<i>benzonatate</i> .....	17
<i>benztropine mesylate</i> .....	9, 11
BETADINE OPHTHALMIC PREP .....	14
<i>betamethasone dipropionate (topical)</i> .....	18
<i>betamethasone dipropionate augmented</i> .....	18
<i>betamethasone valerate</i> .....	18
BETASERON.....	16
BETAXOLOL HCL .....	14
<i>bethanechol chloride</i> .....	9
<i>bexarotene</i> .....	8
BEXSERO.....	18
BEYFORTUS.....	7
<i>bicalutamide</i> .....	8
BICILLIN L-A.....	6
BICNU.....	8
BIKTARVY .....	7
<i>bisoprolol &amp; hydrochlorothiazide</i> .....	10
<i>bisoprolol fumarate</i> .....	10
<i>bleomycin sulfate</i> .....	8
BLEPHAMIDE .....	14
<i>bortezomib</i> .....	8
<i>bosentan</i> .....	17
BOTOX .....	16
BRAVELLE.....	15
BREZTRI AEROSPHERE .....	15
BRIDION.....	16
BRILINTA .....	10
<i>brimonidine tartrate</i> .....	14
<i>bromfenac sodium (ophth)</i> .....	14
<i>bromocriptine mesylate</i> .....	12
<i>brompheniramine &amp; phenyleph</i> .....	17
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## Farsi

هجؤ: اگر به زبان فارسی وگتفگی مکنید، تسهیلات زبانی بصورت رایگان برای امشد فراهم می باشد. با (711: TTY) 1-888-777-5536 تماس بگیری

## Arabic

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

## German

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

## French

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

## Yoruba

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

## Portuguese

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

## Italian

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

## Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-777-5536 (TTY: 711)।

## Urdu

خبردار: اگر آپ اردو سے تلوہیں، وہ آپ وک زبان کی کمڈ کی خدمات مفت یم دستیاب یم کال یرک  
1-888-777-5536 (TTY: 711).

## French Creole

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

## Gujarati

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