



Central Health Medi-Medi Plan I (HMO D-SNP)

Medicare Medi-Cal Plan

បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រងឆ្នាំ 2025 (បញ្ជីឱសថ ប្រូបមន្ត)

សូមអាន៖ ឯកសារនេះមានព័ត៌មានអំពីឱសថដែលយើងរ៉ាប់រងនៅក្នុងគម្រោងនេះ

លេខសម្គាល់ការដាក់បញ្ជូនឯកសារប្រូបមន្តដែលត្រូវបានអនុញ្ញាតដោយ HPMS, លេខកំណែ 00025316, 21.

ប្រូបមន្តនេះត្រូវបានអាប់ដេតនៅថ្ងៃទី 12/01/2025។

សម្រាប់ព័ត៌មានថ្មីៗបន្ថែម ឬសំណួរផ្សេងទៀត សូមទាក់ទងមកយើងតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់ ឬចូលទៅកាន់

<https://www.centralhealthplan.com/PartD/Formulary>។

ការណែនាំ

ឯកសារនេះត្រូវបានគេហៅថា **បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង** (ឬហៅថា **បញ្ជីឱសថ**)។ វាប្រាប់អ្នកថាឱសថតាមវេជ្ជបញ្ជាណាខ្លះ ត្រូវបានរ៉ាប់រងដោយ Central Health Medi-Medi Plan I។ **បញ្ជីឱសថ**ប្រាប់អ្នកផងដែរ ប្រសិនបើមានច្បាប់ពិសេស ឬការដាក់កំហិតលើឱសថណាមួយដែលត្រូវបានរ៉ាប់រងដោយ Central Health Medi-Medi Plan I។ ពាក្យគន្លឹះ និងនិយមន័យរបស់ពួកវាបង្ហាញនៅក្នុងជំពូកចុងក្រោយនៃ **សៀវភៅណែនាំសម្រាប់សមាជិក**។

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នេះជាបញ្ជីឱសថដែលសមាជិកអាចទទួលបាននៅក្នុង Central Health Medi-Medi Plan ។

- ❖ អ្នកអាចពិនិត្យមើល បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង ដែលមានបច្ចុប្បន្នភាពរបស់ Central Health Medi-Medi Plan I នៅលើអ៊ីនធឺណិតតាមរយៈ:
<https://www.centralhealthplan.com/PartD/Formulary> បានជានិច្ច ឬដោយហៅទូរសព្ទទៅលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។
- ❖ អ្នកអាចទទួលបានឯកសារនេះដោយឥតគិតថ្លៃជាទម្រង់ផ្សេងទៀតបាន ដូចជាឯកសារទំហំអក្សរធំ អក្សរស្លាប ឬសំឡេងជាដើម។ ហៅទូរសព្ទតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។
- ❖ Central Health Medi-Medi Plan I គឺជា HMO/HMO SNP ដែលមានកិច្ចសន្យា Medicare។ ការចុះឈ្មោះនៅក្នុង Central Health Medi-Medi Plan I ផ្អែកលើការបន្តកិច្ចសន្យាជាថ្មី។
- ❖ Central Health Medi-Medi Plan I អនុលោមតាមច្បាប់សិទ្ធិស៊ីវិលរបស់សហព័ន្ធដែលមានជាធរមាន និងមិនរើសអើងភេទ ពូជសាសន៍ ពណ៌សម្បុរ សាសនា ពូជពង្ស ដើមកំណើត អត្តសញ្ញាណក្រុមជាតិពន្ធុ អាយុ ពិការភាពផ្លូវចិត្ត ពិការភាពរាងកាយ ស្ថានភាពវេជ្ជសាស្ត្រ ព័ត៌មានអំពីហ្វែន ស្ថានភាពគ្រួសារ យេនឌ័រ អត្តសញ្ញាណយេនឌ័រ ឬនិន្នាការផ្លូវភេទឡើយ។

ដើម្បីជួយអ្នកក្នុងការទាក់ទងជាមួយយើងប្រកបដោយប្រសិទ្ធភាព Central Health Medi-Medi Plan I ផ្តល់សេវាកម្មដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា:

- Central Health Medi-Medi Plan I ផ្តល់ការកែសម្រួលដ៏សមហេតុផល និងជំនួយ និងសេវាកម្មដែលសមស្របដល់ជនពិការ។ វារួមបញ្ចូល: (1) អ្នកបកប្រែដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។ (2) ព័ត៌មានជាទម្រង់ផ្សេងទៀត ដូចជាឯកសារទំហំអក្សរធំ សំឡេង ទម្រង់អេឡិចត្រូនិចដែលអាចចូលប្រើបាន អក្សរស្លាបជាដើម។
- Central Health Medi-Medi Plan I ផ្តល់សេវាកម្មភាសាដល់អ្នកដែលនិយាយភាសាផ្សេង ឬមានជំនាញភាសាអង់គ្លេសមានកម្រិត។ វារួមបញ្ចូល: (1) អ្នកបកប្រែផ្ទាល់មាត់ដែលមានលក្ខណៈសម្បត្តិគ្រប់គ្រាន់។ (2) ព័ត៌មានដែលបកប្រែជាភាសារបស់អ្នក។

ប្រសិនបើអ្នកត្រូវការសេវាកម្មទាំងនេះ សូមទាក់ទងទៅសេវាកម្មសម្រាប់សមាជិក Central Health Medi-Medi Plan I តាមរយៈលេខ 1-800-665-3086 ឬ TTY/TDD: 711។

ប្រសិនបើអ្នកជឿជាក់ថា យើងបានរើសអើងអាយុ ពណ៌សម្បុរ ពិការភាព ដើមកំណើត ពូជសាសន៍ ឬភេទ អ្នកអាចដាក់ពាក្យបណ្តឹងសាទុក្ខបាន។ អ្នកអាចដាក់ពាក្យបណ្តឹងសាទុក្ខដោយផ្ទាល់



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31

ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។

សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

តាមទូរសព្ទ សំបុត្រ អ៊ីមែល ឬតាមអ៊ីនធឺណិតបាន។
ប្រសិនបើអ្នកត្រូវការជំនួយក្នុងការសរសេរបណ្តឹងសារទុក្ខរបស់អ្នក យើងនឹងជួយអ្នក។
អ្នកអាចទទួលបាននីតិវិធីបណ្តឹងសារទុក្ខរបស់យើងបានដោយចូលទៅកាន់គេហទំព័ររបស់យើងតាម
រយៈ <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx> ហៅទូរសព្ទទៅអ្នកសម្របសម្រួលសិទ្ធិស៊ីវិលរបស់យើងតាមរយៈលេខ 1-866-606-3889, TTY/TDD: 711 ឬដាក់បញ្ជូនបណ្តឹងសារទុក្ខរបស់អ្នកទៅកាន់៖

Civil Rights Unit
200 Ocean Gate
Long Beach, CA 90802
អ៊ីមែល៖ civil.rights@molinahealthcare.com
គេហទំព័រ៖ <https://molinahealthcare.Alertline.com>

អ្នកក៏អាចដាក់ពាក្យបណ្តឹងសិទ្ធិស៊ីវិល (បណ្តឹងសារទុក្ខ) ជាមួយ U.S. Department of Health and Human Services, Office for Civil Rights បានតាមអ៊ីនធឺណិតតាមរយៈប្រព័ន្ធពាក្យបណ្តឹងសិទ្ធិស៊ីវិលបានផងដែរ៖
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> ឬតាមសំបុត្រ ឬទូរសព្ទតាមរយៈ៖

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
ទូរសព្ទ៖ 1-800-368-1019
TTY/TDD: 800-537-7697

ទម្រង់បែបបទពាក្យបណ្តឹងមានផ្តល់ជូននៅទីនេះ៖ <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

អ្នកក៏អាចដាក់ពាក្យបណ្តឹងសិទ្ធិស៊ីវិលជាមួយ California Department of Health Care Services, Office of Civil Rights បានដោយការហៅទូរសព្ទ ផ្ទាល់មាត់ ឬតាមប្រព័ន្ធអេឡិចត្រូនិកបានផងដែរ៖

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
ទូរសព្ទ៖ 916-440-7370 (ឬ 711 សម្រាប់ Telecommunications Relay Service)
អ៊ីមែល៖ CivilRights@dhcs.ca.gov

ទម្រង់បែបបទពាក្យបណ្តឹងមានផ្តល់ជូននៅ
http://www.dhcs.ca.gov/Pages/Language_Access.aspx

NOTICE OF AVAILABILITY

ATTENTION: If you need help in your language, call 1-866-314-2427 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-866-314-2427 (TTY: 711). These services are free.

انتبه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم 1-866-314-2427 (يمكن لمستخدمي "TTY" الاتصال على الرقم: 711). تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بخط برايل والمطبوعة بحروف كبيرة. اتصل على الرقم 1-866-314-2427 (يمكن لمستخدمي "TTY" الاتصال على الرقم: 711). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե օգնության կարիք ունեք Ձեր լեզվով, զանգահարեք 1-866-314-2427 (TTY՝ 711): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են բրայլի գրերով և խոշոր տառերով փաստաթղթերը: Չանգահարեք 1-866-314-2427 (TTY՝ 711): Այս ծառայություններն անվճար են:

注意：如果您需要语言方面的帮助，请拨打 1-866-314-2427 (TTY: 711)。也为艾滋病人和残障人士服务，提供如盲文版和大字体印刷版文件。请拨打 1-866-314-2427 (TTY: 711)。上述服务免费。

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរស័ព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ [(800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31



ខែមីនា 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា – ថ្ងៃទី 30 ខែកញ្ញា ចន្លោះ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>

12/1/2025

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ 1-866-314-2427 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼,

ਵੀ ਉਪਲਬਧ ਹਨ। 1-866-314-2427 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਵਿੱਚ ਦਿੱਤੀਆਂ ਜਾਂਦੀਆਂ ਹਨ।

ਧਿਆਨ ਦਿਓ: ਯਦਿ ਆਪਕੋ ਅਪਨੀ ਭਾਸ਼ਾ ਮੇਂ ਸਹਾਯਤਾ ਚਾਹਿਏ, ਤੋ 1-866-314-2427 (TTY: 711) ਪਰ ਕਾਲ ਕਰੋ। ਅਪੰਗ ਲੋਗੋਂ ਕੇ ਲਿਏ ਸਹਾਯਕ ਧੰਨ ਅਤੇ ਸੇਵਾਏਂ ਭੀ ਉਪਲਬਧ ਹੈਨ, ਜੈਸੇ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼। 1-866-314-2427 (TTY: 711) ਪਰ ਕਾਲ ਕਰੋ। ਏ ਸੇਵਾਏਂ ਮੁਫ਼ਤ ਹੈਨ।

TSEEM CEEB: Yog tias koj xav tau kev pab ua koj hom lus, hu rau 1-866-314-2427 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntaub ntawv ua hom ntawv su thiab ua ntawv luam loj. Hu rau 1-866-314-2427 (TTY: 711). Cov kev pab cuam no yog muab pub dawb xwb.

注：母国語でのサポートが必要な場合は、1-866-314-2427 (TTY: 711)までお問い合わせください。点字や大きな文字で印刷された書類など、障害のある方向けのサポートやサービスもご利用いただくことが可能です。1-866-314-2427 (TTY: 711)までお問い合わせください。これらは全て無料でご利用いただけます。

주의: 해당 언어로 도움이 필요한 경우 1-866-314-2427 (TTY: 711)번으로 전화하십시오. 점자 및 큰 글씨로 된 문서 등 장애인을 위한 지원 및 서비스도 제공됩니다. 1-866-314-2427 (TTY: 711)번으로 전화하십시오. 이러한 서비스는 무료입니다.

ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາ ຂອງທ່ານ, ໃຫ້ໂທຫາ 1-866-314-2427 (TTY: 711). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນລົບພິການ, ເຊັ່ນ: ເອກະສານເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມໃຫຍ່. ໂທຫາ 1-866-314-2427 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

CAU FIM JANGX LONGX: Se gorngv meih qiemx longc mienh tengx faan benx meih nyei waac, douc waac lorz 1-866-314-2427 (TTY: 711). Ninh mbuo mbenc duqv maaih jaa-dorngx aengx caux gong-bou jau-louc tengx ziux goux waaic fangx mienh, dorh sou zoux benx braille, nqaapv bieqc domh zei-linh. Douc waac lorz 1-866-314-2427 (TTY: 711). Naaiv deix gong-bou jau-louc benx wangv-henh tengx hnavg oc.



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា 7

ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា – ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

សូមយកចិត្តទុកដាក់៖

ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក

សូមទូរសព្ទទៅលេខ 1-866-314-2427 (TTY: 711)។ ជំនួយ

និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្តាប

និងការបោះពុម្ពជាអក្សរធំក៏មានផ្តល់ជូនផងដែរ។

សូមទូរសព្ទទៅលេខ 1-866-314-2427 (TTY: 711)។

សេវាកម្មទាំងនេះផ្តល់ជូនដោយឥតគិតថ្លៃ។

توجه: اگر نیازمند کمک به زبان خودتان هستید، با شماره 1-866-314-2427

(TTY: 711) تماس بگیرید. کمک و خدمات برای افراد توانخواه، مانند اسناد به

زبان بریل و با حروف درشت نیز در دسترس هستند. با شماره

(TTY: 711) 1-866-314-2427 تماس بگیرید. این خدمات رایگان ارائه

می‌شوند.

ВНИМАНИЕ! Если вам необходима помощь на

родном языке, позвоните по номеру 1-866-314-2427

(TTY (телетайп): 711). Также доступны

вспомогательные приспособления и услуги для лиц

с инвалидностью, например документы, набранные

шрифтом Брайля или крупным шрифтом. Позвоните

по номеру 1-866-314-2427 (TTY (телетайп): 711).

Эти услуги предоставляются бесплатно.

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-866-314-2427 (TTY: 711). También se ofrecen servicios y asistencia para personas con discapacidad, como documentos en braille y con letra grande. Llame al 1-866-314-2427 (TTY: 711). Estos servicios son gratuitos.

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-866-314-2427 (TTY: 711). Available rin ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking titik. Tumawag sa 1-866-314-2427 (TTY: 711). Libre ang mga serbisyonang ito.

เรียน: หากคุณต้องการความช่วยเหลือในภาษาของคุณ โปรดโทร 1-866-314-2427 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับคนพิการ เช่น เอกสารที่เป็นอักษรเบรลล์และตัวพิมพ์ขนาดใหญ่อีกด้วย โปรดโทร 1-866-314-2427 (TTY: 711) บริการเหล่านี้ฟรี

УВАГА: Щоб отримати допомогу вашою мовою, зателефонуйте за номером 1-866-314-2427 (телетайп: 711). Також доступні допоміжні засоби та послуги для людей з обмеженими можливостями, наприклад, документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте за номером 1-866-314-2427 (телетайп: 711). Ці послуги безкоштовні.

LU'U Ý: Nếu quý vị cần được trợ giúp bằng ngôn ngữ của mình, xin hãy gọi theo số 1-866-314-2427 (TTY: 711). Phương tiện trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu viết chữ nổi braille và bản in khổ lớn, cũng có sẵn. Xin hãy gọi theo số 1-866-314-2427 (TTY: 711). Những dịch vụ này đều miễn phí.



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា — ថ្ងៃទី 31 ខែមីនា 7

ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា ចន្ទ — សុក្រ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់

<https://www.centralhealthplan.com/PartD/Formulary>។

- ❖ ឯកសារនេះមានផ្តល់ជូនដោយឥតគិតថ្លៃជាភាសាអង់គ្លេស អារ៉ាប់ អាមេនី ខ្មែរ ចិន (អក្សរកាត់ ឬអក្សរពេញ) ហ្វីលីពីន ហុងគ្លី កូរ៉េ រុស្ស៊ី តាកាវ៉ា និងវៀតណាម។
- ❖ អ្នកអាចស្នើឱ្យយើងផ្ញើព័ត៌មានដល់អ្នកជាភាសា ឬទម្រង់ដែលអ្នកចង់បានជានិច្ច។ នេះហៅថាសំណើសុំព័ត៌មាន។ ហៅទូរសព្ទទៅលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា ៧ ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា ចន្ទ - សុក្រ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់។ តំណាងសេវាកម្មសម្រាប់សមាជិកអាចជួយអ្នកធ្វើការផ្លាស់ប្តូរចំពោះសំណើនេះ ឬស្នើសុំព័ត៌មានបាន។ យើងនឹងតាមដានសំណើសុំព័ត៌មានរបស់អ្នក ដូច្នេះអ្នកមិនចាំបាច់ ធ្វើការស្នើសុំដាច់ដោយឡែក រាល់ពេលដែលយើងផ្ញើព័ត៌មានទៅអ្នកនោះទេ។

B. សំណួរដែលសួរញឹកញាប់ (FAQ)

ស្វែងរកចម្លើយនៅទីនេះចំពោះសំណួរដែលអ្នកមានពាក់ព័ន្ធនឹង **បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង**នេះ។ អ្នកអាចអានសំណួរដែលសួរញឹកញាប់ទាំងអស់ ដើម្បីស្វែងយល់បន្ថែម ឬរកមើលសំណួរ និងចម្លើយបាន។

B1. តើឱសថតាមវេជ្ជបញ្ជាអ្វីខ្លះដែលមាននៅក្នុង **បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង**? (យើងហៅ **បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង**កាត់ថា “**បញ្ជីឱសថ**”។)

ឱសថដែលមាននៅក្នុង **បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង**ដែលចាប់ផ្តើមនៅផ្នែក C1 គឺជាឱសថដែលត្រូវបានរ៉ាប់រងដោយ Central Health Medi-Medi Plan I (HMO D-SNP)។ ឱសថទាំងនោះមាននៅឱសថស្ថានក្នុងបណ្តាញរបស់យើង។ ឱសថស្ថានស្ថិតនៅក្នុងបណ្តាញរបស់យើង ប្រសិនបើយើងមានកិច្ចព្រមព្រៀងជាមួយឱសថស្ថានទាំងនោះក្នុងការសហការជាមួយយើង និងផ្តល់សេវាកម្មដល់អ្នក។ យើងហៅឱសថស្ថានទាំងនេះថា “ឱសថស្ថានបណ្តាញ”។

ឱសថផ្សេងទៀត ដូចជាថ្នាំមួយចំនួនដែលអាចទិញបានដោយគ្មានវេជ្ជបញ្ជា (OTC) និងវិភាមីនមួយចំនួន អាចត្រូវបានរ៉ាប់រងដោយ Medi-Cal Rx។ សូមចូលទៅកាន់គេហទំព័រ Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) ដើម្បីទទួលបានព័ត៌មានបន្ថែម។ អ្នកក៏អាចហៅទូរសព្ទទៅមជ្ឈមណ្ឌលសេវាអភិវឌ្ឍន៍ Medi-Cal Rx តាមរយៈលេខ 800-977-2273 បានផងដែរ។ សូមយកមកជាមួយនូវកាតសម្គាល់ខ្លួនអ្នកទទួលបាន Medi-Cal (BIC) របស់អ្នក នៅពេលយកវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

- Central Health Medi-Medi Plan I
នឹងរ៉ាប់រងលើឱសថដែលចាំបាច់ជាលក្ខណៈវេជ្ជសាស្ត្រទាំងអស់ដែលមាននៅក្នុង **បញ្ជីឱសថ** ប្រសិនបើ៖
 - វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នកនិយាយថា អ្នកត្រូវការគាត់ ដើម្បីឱ្យសុខភាពរបស់អ្នកកាន់តែប្រសើរ ឬមានសុខភាពល្អ
 - Central Health Medi-Medi Plan I យល់ស្របថា ឱសថនោះគឺចាំបាច់សម្រាប់អ្នកជាលក្ខណៈវេជ្ជសាស្ត្រ **ហើយ**
 - អ្នកបំពេញវេជ្ជបញ្ជានៅឱសថស្ថានបណ្តាញរបស់ Central Health Medi-Medi Plan I។

- ក្នុងករណីមួយចំនួន អ្នកត្រូវតែធ្វើអ្វីម្យ៉ាង ទើបអ្នកអាចទទួលបានឱសថបាន។ សូមមើលសំណួរ B4 ដើម្បីទទួលបានព័ត៌មានបន្ថែម។

អ្នកក៏អាចរកឃើញបញ្ជីឱសថដែលមានបច្ចុប្បន្នភាព ដែលយើងរ៉ាប់រងនៅលើគេហទំព័ររបស់យើងតាមរយៈ

<https://www.centralhealthplan.com/PartD/Formulary> បានផងដែរ

ឬហៅទូរសព្ទទៅសេវាកម្មសម្រាប់សមាជិកតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។

B2. តើ បញ្ជីឱសថផ្លាស់ប្តូរដែរទេ?

បាទ/ចាស Central Health Medi-Medi Plan I ត្រូវតែគោរពតាមវិធានរបស់ Medicare និង Medi-Cal នៅពេលធ្វើការផ្លាស់ប្តូរ។ យើងអាចបញ្ចូល ឬដកឱសថចេញពីក្នុង បញ្ជីឱសថ ក្នុងអំឡុងពេលមួយឆ្នាំ។

យើងក៏អាចប្តូរវិធានស្តីអំពីឱសថរបស់យើងបានផងដែរ។ ឧទាហរណ៍ យើងអាច:

- សម្រេចថាតម្រូវឱ្យ ឬមិនចាំបាច់តម្រូវឱ្យមានការអនុញ្ញាតជាមុនសម្រាប់ឱសថឬអត់។ (ការអនុញ្ញាតជាមុនគឺជាការអនុញ្ញាតពី Central Health Medi-Medi Plan I មុនពេលដែលអ្នកអាចទទួលបានឱសថ។)
- បញ្ចូល ឬប្តូរចំនួនឱសថដែលអ្នកអាចទទួលបាន (ហៅថាចំនួនកំណត់បរិមាណ)។
- បញ្ចូល ឬប្តូរការដាក់កំហិតលើការព្យាបាលតាមដំណាក់កាលដោយប្រើឱសថ។ (ការព្យាបាលតាមដំណាក់កាលមានន័យថា អ្នកត្រូវតែសាកល្បងប្រើឱសថមួយមុខ មុនពេលយើងនឹងរ៉ាប់រងលើឱសថផ្សេងទៀត)។

សម្រាប់ព័ត៌មានបន្ថែមអំពីវិធានឱសថទាំងនេះ សូមមើលសំណួរ B4។

ប្រសិនបើអ្នកកំពុងលេបថ្នាំដែលត្រូវបានរ៉ាប់រងតាំងពីដើមឆ្នាំ ជាទូទៅយើងនឹងមិនដកចេញ ឬប្តូរការរ៉ាប់រងលើឱសថនោះ ក្នុងអំឡុងពេលដែលនៅសល់ក្នុងឆ្នាំនោះទេ លុះត្រាតែ:

- មានឱសថថ្មីដែលមានតម្លៃថោកជាងនៅលើទីផ្សារដែលមានប្រសិទ្ធភាពដូចនឹងឱសថនៅក្នុង បញ្ជីឱសថតម្រូវនេះដែរ ឬ
- យើងដឹងថា ឱសថណាមួយគ្មានសុវត្ថិភាព ឬ
- ឱសថណាមួយត្រូវបានដកចេញពីទីផ្សារ។

សំណួរ B3 និង B6 ខាងក្រោមមានព័ត៌មានបន្ថែមអំពីអ្វីដែលកើតឡើង នៅពេលដែល បញ្ជីឱសថផ្លាស់ប្តូរ។

- អ្នកអាចពិនិត្យមើល បញ្ជីឱសថដែលមានបច្ចុប្បន្នភាពរបស់ Central Health Medi-Medi Plan I នៅលើអ៊ីនធឺណិតតាមរយៈ <https://www.centralhealthplan.com/PartD/Formulary> បានជានិច្ច។ ការផ្លាស់ប្តូរចំពោះ បញ្ជីឱសថត្រូវបានបង្ហាញនៅលើគេហទំព័រប្រចាំខែ។
- អ្នកក៏អាចហៅទូរសព្ទទៅសេវាកម្មសម្រាប់សមាជិកតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31

ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។

សម្រាប់ព័ត៌មានបន្ថែម សូមទូរសព្ទទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា៖ ចន្ទ - សុក្រ ម៉ោង 8 ព្រឹក - 8 យប់
ម៉ោងក្នុងតំបន់ ដើម្បីពិនិត្យមើល *បញ្ជីឱសថ*បច្ចុប្បន្ន។

B3. តើមានអ្វីកើតឡើង នៅពេលដែលមានការផ្លាស់ប្តូរចំពោះ *បញ្ជីឱសថ*?

ការផ្លាស់ប្តូរមួយចំនួនចំពោះ *បញ្ជីឱសថ*នឹងកើតឡើង**ភ្លាមៗ**។ ឧទាហរណ៍៖

- **ការជំនួសឱសថស៊ីវិធីមួយចំនួន។** យើងអាចដកឱសថចេញពី *បញ្ជីឱសថ*ភ្លាមៗ ប្រសិនបើយើងជំនួសឱសថទាំងនោះដោយឱសថស៊ីវិធីនៃឱសថនោះ ប៉ុន្តែថ្លៃចំណាយរបស់អ្នកលើឱសថថ្មីនេះនឹងនៅតែ \$0 ដដែល។ នៅពេលយើងបញ្ចូលឱសថស៊ីវិធី យើងក៏អាចសម្រេចចិត្តរក្សាទុកឱសថមានឈ្មោះម៉ាក ឬផលិតផលជីវសាស្ត្រដើមនៅក្នុងបញ្ជីផងដែរ ប៉ុន្តែផ្លាស់ប្តូរចំនួនកំណត់ ឬវិធានរ៉ាប់រងរបស់វា។
 - យើងប្រហែលជាមិនប្រាប់អ្នកមុនពេលយើងធ្វើការផ្លាស់ប្តូរនេះទេ ប៉ុន្តែយើងនឹងផ្ញើជូនអ្នកនូវព័ត៌មានអំពីការផ្លាស់ប្តូរជាក់លាក់ដែលយើងបានធ្វើ នៅពេលដែលវាកើតឡើង។
 - យើងអាចធ្វើការផ្លាស់ប្តូរទាំងនេះបាន លុះត្រាតែឱសថដែលយើងកំពុងបញ្ចូល៖
 - ជាឱសថទូទៅស៊ីវិធីដែលមានឈ្មោះម៉ាក ឬ
 - ជាប្រភេទឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាថ្មីជាក់លាក់នៃផលិតផលជីវសាស្ត្រដើម នៅក្នុង *បញ្ជីឱសថ* (ឧទាហរណ៍ ការបញ្ចូលឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាដែលប្រើជំនួសបាន ដែលអាចត្រូវបានជំនួសដោយផលិតផលជីវសាស្ត្រដើម ដោយគ្មានវេជ្ជបញ្ជាថ្មី)។
 - ឱសថទាំងនេះមួយចំនួនអាចនឹងថ្លៃសម្រាប់អ្នក។ សម្រាប់ព័ត៌មានបន្ថែម សូមមើលផ្នែក B14។
 - អ្នក ឬអ្នកផ្តល់សេវារបស់អ្នកអាចស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះបាន។ យើង នឹងផ្ញើជូនអ្នកនូវការជូនដំណឹងជាមួយនិងជំហាននានាដែលអ្នកអាចធ្វើ ដើម្បីស្នើសុំការ លើកលែង។ សូមមើលសំណួរ B10-B12 ដើម្បីទទួលបានព័ត៌មានបន្ថែមអំពីការលើកលែង។
- **ឱសថត្រូវបានដកចេញពីទីផ្សារ។** ប្រសិនបើរដ្ឋបាលចំណីអាហារ និងឱសថ (FDA) និយាយថាឱសថដែលអ្នកកំពុងប្រើមិនមានសុវត្ថិភាព ឬមិនមានប្រសិទ្ធភាព ឬក្រុមហ៊ុនផលិតឱសថយកឱសថនោះចេញពីទីផ្សារ យើងអាចដកវាចេញពី *បញ្ជីឱសថ*ភ្លាមៗ។ ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ឱសថនោះ យើងនឹងផ្ញើការជូនដំណឹងទៅអ្នក បន្ទាប់ពីយើងធ្វើការផ្លាស់ប្តូរ។ ពិភាក្សាជាមួយវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក ដើម្បីស្វែងរកជម្រើសដែលមានសុវត្ថិភាពសម្រាប់អ្នក ។

យើងអាចធ្វើការផ្លាស់ប្តូរផ្សេងទៀតដែលប៉ះពាល់ដល់ឱសថដែលអ្នកលេប។

យើងនឹងប្រាប់អ្នកជាមុនអំពីការផ្លាស់ប្តូរទាំងនេះផ្សេងទៀតចំពោះ *បញ្ជីឱសថ*។ ការផ្លាស់ប្តូរទាំងនេះអាចកើតឡើង ប្រសិនបើ៖

- FDA ផ្តល់ការណែនាំថ្មី ឬមានការណែនាំថ្មីអំពីឱសថ។

- យើងដកឱសថមានឈ្មោះម៉ាកចេញពី *បញ្ជីឱសថ* នៅពេលដែលបញ្ចូលឱសថទូទៅដែលមិនមែនជាឱសថថ្មីនៅក្នុងទីផ្សារ ឬ
- យើងដកផលិតផលជីវសាស្ត្រដើមចេញ នៅពេលបញ្ចូលឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នា ឬ
- យើងផ្លាស់ប្តូរចំនួនកំណត់ ឬវិធានរ៉ាប់រងសម្រាប់ឱសថមានឈ្មោះម៉ាក។

នៅពេលមានការផ្លាស់ប្តូរទាំងនេះ យើងនឹង៖

- ប្រាប់អ្នកយ៉ាងហោចណាស់ 30 ថ្ងៃ មុនពេលដែលយើងធ្វើការផ្លាស់ប្តូរចំពោះ *បញ្ជីឱសថ* ឬ
- ប្រាប់អ្នកឱ្យបានដឹង និងផ្តល់ឱសថដែលអ្នកអាចប្រើប្រាស់បានរយៈពេល 31 ថ្ងៃ បន្ទាប់ពីអ្នកស្នើសុំឱសថបន្ថែម។

ការធ្វើបែបនេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិភាក្សាជាមួយវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក។ គាត់អាចជួយអ្នកក្នុងការសម្រេចចិត្ត៖

- ថា តើមានឱសថស្រដៀងគ្នានៅក្នុង *បញ្ជីឱសថ* ដែលអ្នកអាចលេបជំនួសវិញ ឬ
- ថា តើត្រូវស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះឬអត់។
ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែង សូមមើលសំណួរ B10-B12។

B4. តើមានការរឹតបន្តឹង ឬដែនកំណត់ចំពោះការរ៉ាប់រងឱសថ ឬសកម្មភាពចាំបាច់ណាមួយ ដើម្បីទទួលបានឱសថជាក់លាក់ដែរឬទេ?

បាទ/ចាស ឱសថមួយចំនួនមានវិធានរ៉ាប់រង ឬមានចំនួនកំណត់ចំពោះចំនួនដែលអ្នកអាចទទួលបាន។ ក្នុងករណីមួយចំនួន អ្នក ឬវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នកត្រូវតែធ្វើអ្វីម្យ៉ាង ទើបអ្នកអាចទទួលបានឱសថបាន។ ឧទាហរណ៍៖

- **ការអនុញ្ញាតជាមុន៖** សម្រាប់ឱសថមួយចំនួន អ្នក ឬវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នកត្រូវតែទទួលបានការអនុញ្ញាតពី Central Health Medi-Medi Plan I ទើបអ្នកអាចបំពេញវេជ្ជបញ្ជារបស់អ្នកបាន។ ការអនុញ្ញាតជាមុនមានភាពខុសគ្នាទៅតាមមធ្យោបាយសុខភាព។ Central Health Medi-Medi Plan I ប្រហែលជាមិនរ៉ាប់រងលើឱសថទេ ប្រសិនបើអ្នកមិនទទួលបានការអនុញ្ញាតជាមុន។
- **ចំនួនកំណត់បរិមាណ៖** ពេលខ្លះ Central Health Medi-Medi Plan I កម្រិតចំនួនឱសថដែលអ្នកអាចទទួលបាន។
- **ការព្យាបាលតាមដំណាក់កាល៖** ពេលខ្លះ Central Health Medi-Medi Plan I តម្រូវឱ្យអ្នកទទួលបានការព្យាបាលតាមដំណាក់កាល។ នេះមានន័យថាអ្នកនឹងត្រូវសាកល្បងប្រើឱសថតាមលំដាប់ជាក់លាក់សម្រាប់ស្ថានភាពសុខភាពរបស់អ្នក។ អ្នកប្រហែលជាត្រូវសាកល្បងប្រើឱសថមួយមុខ មុនពេលយើងនឹងរ៉ាប់រងលើឱសថផ្សេងទៀត។ ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថាឱសថទីមួយមិនមានប្រសិទ្ធភាពសម្រាប់អ្នកទេ នោះយើងនឹងរ៉ាប់រងលើឱសថទីពីរ។

អ្នកអាចដឹងថា តើឱសថរបស់អ្នកមានលក្ខខណ្ឌតម្រូវបន្ថែម
ឬមានចំនួនកំណត់បានដោយមើលនៅក្នុងតារាងនៅផ្នែក C1។
អ្នកក៏អាចទទួលបានព័ត៌មានបន្ថែមដោយចូលទៅកាន់គេហទំព័ររបស់យើងតាមរយៈ
<https://www.centralhealthplan.com/PartD/Formulary> បានផងដែរ។
យើងបានបង្ហាញឯកសារនៅលើអ៊ីនធឺណិត ដែលពន្យល់អំពី ការអនុញ្ញាតជាមុន
និងការដាក់កំហិតលើការព្យាបាលតាមដំណាក់កាលរបស់យើង ។
អ្នកក៏អាចស្នើឱ្យយើងធ្វើច្បាប់ចម្លងទៅអ្នកបានផងដែរ។

អ្នកអាចស្នើសុំការលើកលែងពីចំនួនកំណត់ទាំងនេះបានផងដែរ។
ការធ្វើបែបនេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកពិភាក្សាជាមួយវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក។
គាត់អាចជួយអ្នកក្នុងការសម្រេចចិត្តថា តើមានឱសថស្រ្តផ្សេងគ្នានៅក្នុង **បញ្ជីឱសថ**
ដែលអ្នកអាចលេបជំនួសវិញ ឬថា តើត្រូវស្នើសុំការលើកលែងឬអត់។ សូមមើលសំណួរ B10-B12
ដើម្បីទទួលបានព័ត៌មានបន្ថែមអំពីការលើកលែង។

**B5. តើខ្ញុំនឹងដឹងដោយរបៀបណា ប្រសិនបើថ្នាំដែលខ្ញុំចង់បានមានការដាក់កំហិត
ឬប្រសិនបើមានសកម្មភាពចាំបាច់ដើម្បីធ្វើក្នុងការទទួលបានឱសថ?**

តារាងនៅក្នុងបញ្ជីឱសថតាមស្ថានភាពវេជ្ជសាស្ត្រមានជួរឈរដែលមានស្លាកថា “សកម្មភាពចាំបាច់
ការដាក់កំហិត ឬចំនួនកំណត់លើការប្រើប្រាស់”។

**B6. តើមានអ្វីកើតឡើងប្រសិនបើ Central Health Medi-Medi Plan I
ផ្លាស់ប្តូរវិធានរបស់ពួកគេអំពីរបៀបដែលពួកគេរ៉ាប់រងឱសថមួយចំនួន (ឧទាហរណ៍
ការអនុញ្ញាតជាមុន ចំនួនកំណត់បរិមាណ
និង/ឬការដាក់កំហិតការព្យាបាលតាមជំហាន)?**

ក្នុងករណីមួយចំនួន យើងនឹងប្រាប់អ្នកជាមុន ប្រសិនបើយើងបញ្ឈប់ ឬផ្លាស់ប្តូរការអនុញ្ញាតជាមុន
ចំនួនកំណត់បរិមាណ និង/ឬការដាក់កំហិតការព្យាបាលតាមជំហានលើឱសថ។ សូមមើលសំណួរ B3
ដើម្បីទទួលបានព័ត៌មានបន្ថែមអំពីការជូនដំណឹងជាមុននេះ
និងស្ថានភាពដែលយើងប្រហែលជាមិនអាចប្រាប់អ្នកជាមុន
នៅពេលវិធានរបស់យើងអំពីថ្នាំនៅលើ **បញ្ជីឱសថ**ផ្លាស់ប្តូរ។

B7. តើខ្ញុំអាចស្វែងរកឱសថនៅលើ បញ្ជីឱសថដោយរបៀបណា?

មានពីរវិធីក្នុងការស្វែងរកឱសថ៖

- អ្នកអាចស្វែងរកតាមអក្ខរក្រម
- អ្នកអាចស្វែងរកតាមស្ថានភាពវេជ្ជសាស្ត្រ។

ដើម្បីស្វែងរកតាមអក្ខរក្រម សូមរកមើលឱសថរបស់អ្នកនៅក្នុងសន្ទស្សន៍នៃផ្នែកឱសថដែលត្រូវបានរ៉ាប់រង។
អ្នកអាចស្វែងរកវានៅក្នុងផ្នែក D ។

ដើម្បីស្វែងរកតាមស្ថានភាពវេជ្ជសាស្ត្រ សូមស្វែងរកផ្នែក C1 ដែលដាក់ស្លាកថា
“បញ្ជីឱសថតាមស្ថានភាពវេជ្ជសាស្ត្រ”។
ឱសថនៅក្នុងផ្នែកនេះត្រូវបានបែងចែកជាប្រភេទដោយផ្អែកលើប្រភេទនៃស្ថានភាពវេជ្ជសាស្ត្រដែលឱសថទាំង
នោះត្រូវបានប្រើសម្រាប់ព្យាបាល។ ឧទាហរណ៍ ប្រសិនបើអ្នកមានជំងឺបេះដូង
អ្នកគួរតែមើលនៅក្នុងសរសៃឈាមបេះដូង។ នៅកន្លែងនោះ
អ្នកនឹងរកឃើញឱសថដែលព្យាបាលជំងឺបេះដូង។

B8. តើមានអ្វីកើតឡើង ប្រសិនបើឱសថដែលខ្ញុំលេបមិនមាននៅលើ បញ្ជីឱសថ?

ប្រសិនបើអ្នករកមិនឃើញឱសថរបស់អ្នកនៅលើ បញ្ជីឱសថទេ

សូមហៅទូរសព្ទទៅសេវាកម្មសមាជិកតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់ រួចសាកសួរអំពីវា។ ប្រសិនបើអ្នកដឹងថា Central Health Medi-Medi Plan I នឹងមិនរ៉ាប់រងឱសថទេ អ្នកអាចធ្វើសកម្មភាពមួយក្នុងចំណោមសកម្មភាពទាំងនេះ:

- សាកសួរសេវាកម្មសមាជិកដើម្បីរកមើលបញ្ជីឱសថដូចឱសថដែលអ្នកចង់លេប។ បន្ទាប់មក បង្ហាញបញ្ជីទៅវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក។ ពួកគេអាចចេញវេជ្ជបញ្ជាឱសថនៅលើ បញ្ជីឱសថ ដែលដូចនឹងឱសថដែលអ្នកចង់លេប។ ឬ
- អ្នកអាចស្នើឱ្យ Central Health Medi-Medi Plan I ធ្វើការលើកលែង ដើម្បីរ៉ាប់រងឱសថរបស់អ្នក។ សូមមើលសំណួរ B10-B12 ដើម្បីទទួលបានព័ត៌មានបន្ថែមអំពីការលើកលែង។

B9. តើមានអ្វីកើតឡើង ប្រសិនបើខ្ញុំគឺជាសមាជិក Central Health Medi-Medi Plan I ថ្មី ហើយរកមិនឃើញថ្នាំរបស់ខ្ញុំនៅលើ បញ្ជីឱសថ ឬមានបញ្ហាក្នុងការទទួលបានឱសថរបស់ខ្ញុំ?

យើងអាចជួយបាន។ យើងអាចរ៉ាប់រងការផ្គត់ផ្គង់បណ្តោះអាសន្នរយៈពេល 31 ថ្ងៃនៃឱសថរបស់អ្នក ក្នុងអំឡុងពេល 90 ថ្ងៃដំបូងដែលអ្នកជាសមាជិករបស់ Central Health Medi-Medi Plan I។

ការធ្វើបែបនេះនឹងផ្តល់ពេលវេលាដល់អ្នកក្នុងការជ្រើសរើសថ្នាំថ្មី ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក។

គាត់អាចជួយអ្នកក្នុងការសម្រេចចិត្តថាតើមានឱសថស្រដៀងគ្នានៅក្នុង បញ្ជីឱសថ ដែលអ្នកអាចលេបជំនួសវិញ ឬថាតើត្រូវស្នើសុំការលើកលែងឬអត់។

ប្រសិនបើវេជ្ជបញ្ជារបស់អ្នកត្រូវបានសរសេរក្នុងរយៈពេលពីរថ្ងៃ

យើងនឹងអនុញ្ញាតឱ្យការផ្គត់ផ្គង់ឡើងវិញច្រើនដល់ឱសថអតិបរមារហូតដល់ 31 ថ្ងៃ។

យើងនឹងរ៉ាប់រងការផ្គត់ផ្គង់រយៈពេល 31 ថ្ងៃនៃឱសថរបស់អ្នក ប្រសិនបើ:

- អ្នកកំពុងលេបឱសថដែលមិនមាននៅលើ បញ្ជីឱសថរបស់យើង ឬ
- វិធានគម្រោងរបស់យើងមិនអាចឱ្យអ្នកទទួលបានចំនួនទឹកប្រាក់ដែលបានបញ្ជាទិញដោយ អ្នកចេញវេជ្ជបញ្ជារបស់អ្នក ឬ
- ឱសថតម្រូវឱ្យមានការអនុញ្ញាតដោយ Central Health Medi-Medi Plan I ឬ
- អ្នកកំពុងលេបឱសថដែលជាផ្នែកមួយនៃការដាក់កំហិតការព្យាបាលតាមជំហាន។

ប្រសិនបើអ្នកកំពុងលេបឱសថដែល Central Health Medi-Medi Plan I មិនចាត់ទុកថាជាឱសថផ្នែក D ទេ ហើយឱសថនោះមិនមាននៅលើបញ្ជីឱសថ ហើយអ្នកមានបញ្ហាក្នុងការទទួលបានឱសថ

វាអាចត្រូវបានរ៉ាប់រងតាមរយៈ: Medi-Cal Rx។ ប្រសិនបើឱសថដែលមិនរួមបញ្ចូលផ្នែក D

តម្រូវឱ្យមានការលើកលែង ហើយអ្នកមានភាពបន្ទាន់ នោះ: Medi-Cal Rx

នឹងអនុញ្ញាតការផ្គត់ផ្គង់ឱសថមិនដល់ 72 ម៉ោងនោះទេ។ សូមចូលទៅកាន់គេហទំព័រ Medi-Cal Rx

(www.medi-calrx.dhcs.ca.gov) ដើម្បីទទួលបានព័ត៌មានបន្ថែម។
អ្នកក៏អាចហៅទូរសព្ទទៅមជ្ឈមណ្ឌលសេវាអតិថិជន Medi-Cal Rx តាមរយៈលេខ 800-977-2273
បានផងដែរ។ សូមនាំយកនូវ Medi-Cal BIC របស់អ្នក នៅពេលទទួលបានវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

ប្រសិនបើអ្នកកំពុងរស់នៅក្នុងមណ្ឌលថែទាំ ឬមណ្ឌលថែទាំរយៈពេលវែងផ្សេងទៀត
ហើយត្រូវការឱសថដែលមិនមាននៅលើ *បញ្ជីឱសថ*
ឬប្រសិនបើអ្នកមិនអាចទទួលបានឱសថដែលអ្នកត្រូវការយ៉ាងងាយស្រួលទេ យើងអាចជួយអ្នកបាន។
ប្រសិនបើអ្នកបានស្ថិតនៅក្នុងគម្រោងនេះច្រើនជាង 90 ថ្ងៃ រស់នៅក្នុងមណ្ឌលថែទាំរយៈពេលវែង
និងត្រូវការការផ្គត់ផ្គង់ភ្លាមៗ៖

- យើងនឹងរ៉ាប់រងការផ្គត់ផ្គង់ឱសថរយៈពេល 31 ថ្ងៃ ដែលអ្នកត្រូវការ
(លើកលែងតែអ្នកមានវេជ្ជបញ្ជាក្នុងរយៈពេលពីរបីថ្ងៃ) មិនថាអ្នកគឺជាសមាជិក Central
Health Medi-Medi Plan I ថ្មីឬអត់នោះទេ។
- នេះគឺជាការបន្ថែមទៅនឹងការផ្គត់ផ្គង់បណ្តោះអាសន្ន ក្នុងអំឡុងពេល 90
ថ្ងៃដំបូងដែលអ្នកគឺជាសមាជិករបស់ Central Health Medi-Medi Plan I។

Central Health Medi-Medi Plan I នឹងផ្តល់ការបំពេញបណ្តោះអាសន្នយ៉ាងតិច 31 ថ្ងៃ
(លើកលែងតែវេជ្ជបញ្ជាត្រូវបានសរសេរសម្រាប់ការផ្គត់ផ្គង់តិចជាង 31 ថ្ងៃ
ឬវេជ្ជបញ្ជាត្រូវបានចំណាយតិចជាងចំនួនទឹកប្រាក់ដែលបានសរសេរ
ដោយសារតែចំនួនកំណត់បរិមាណសម្រាប់គោលបំណងសុវត្ថិភាព ឬការកែសម្រួលការប្រើប្រាស់ឱសថ
ដោយផ្អែកលើការដាក់ស្លាកផលិតផលដែលបានយល់ព្រម ដែលក្នុងករណីនេះ Central Health Medi-
Medi Plan I នឹងអនុញ្ញាតឱ្យការផ្គត់ផ្គង់ឡើងវិញច្រើនផ្តល់ឱសថសរុបរហូតដល់ 31 ថ្ងៃ)
នៅក្នុងមណ្ឌលថែទាំរយៈពេលវែងនៅពេលណាក៏បាន ក្នុងអំឡុងពេល 90
ថ្ងៃដំបូងនៃការចុះឈ្មោះរបស់សមាជិក
ដែលចាប់ផ្តើមនៅកាលបរិច្ឆេទមានប្រសិទ្ធភាពនៃការរ៉ាប់រងរបស់អ្នកចុះឈ្មោះ។

B10. តើខ្ញុំអាចស្នើសុំការលើកលែង ដើម្បីរ៉ាប់រងឱសថរបស់ខ្ញុំបានដែរទេ?

បាទ/ចាស។ អ្នកអាចស្នើឱ្យ Central Health Medi-Medi Plan I ធ្វើការលើកលែង
ដើម្បីរ៉ាប់រងឱសថដែលមិនមាននៅលើ *បញ្ជីឱសថ*។

អ្នកក៏អាចស្នើឱ្យយើងផ្លាស់ប្តូរវិធានអំពីឱសថរបស់អ្នកបានផងដែរ។

- ឧទាហរណ៍ Central Health Medi-Medi Plan I
អាចដាក់កំហិតចំនួនទឹកប្រាក់នៃឱសថដែលយើងនឹងរ៉ាប់រង។
ប្រសិនបើឱសថរបស់អ្នកមានការដាក់កំហិត អ្នកអាចស្នើឱ្យយើងផ្លាស់ប្តូរការដាក់កំហិតនេះ
និងរ៉ាប់រងបន្ថែមទៀតបាន។
- ឧទាហរណ៍ផ្សេងទៀត៖ អ្នកអាចស្នើឱ្យយើងលុបចោលការដាក់កំហិតការព្យាបាលតាមជំហាន
ឬលក្ខខណ្ឌតម្រូវនៃការអនុញ្ញាតជាមុន។

B11. តើខ្ញុំអាចស្នើសុំការលើកលែងបានដែរទេ?

ដើម្បីស្នើសុំការលើកលែង សូមហៅទូរសព្ទទៅ *សេវាកម្មសមាជិក*។
តំណាងសេវាកម្មសមាជិកនឹងធ្វើការជាមួយអ្នក និងអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក
ដើម្បីជួយអ្នកក្នុងការស្នើសុំការលើកលែង។ អ្នកក៏អាចអានផ្នែកទី 9 G2
នៃ *សៀវភៅណែនាំសម្រាប់សមាជិក* ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែងបានផងដែរ។

B12. តើមានរយៈពេលប៉ុន្មានក្នុងការទទួលបានការលើកលែង?

បន្ទាប់ពីយើងទទួលបានរបាយការណ៍ពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកដែលគាំទ្រលើសំណើរបស់អ្នកសម្រាប់ការលើកលែង យើងនឹងផ្តល់ការសម្រេចចិត្តដល់អ្នកក្នុងរយៈពេល 72 ម៉ោង។ វេជ្ជបណ្ឌិតឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នកអាចផ្ញើទូរសារ ឬអ៊ីមែលមកយើងនូវរបាយការណ៍សំអាងទៅលេខ (866) 290-1309។ ពួកគេក៏អាចប្រាប់យើងតាមទូរសព្ទ បន្ទាប់មកផ្ញើទូរសារ ឬអ៊ីមែលនូវរបាយការណ៍នោះបានផងដែរ។

ផ្ញើរបាយការណ៍របស់អ្នកចេញវេជ្ជបញ្ជាទៅ៖

Central Health Medicare Plan
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

ប្រសិនបើអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថាសុខភាពរបស់អ្នកអាចមានគ្រោះថ្នាក់ ហើយអ្នកត្រូវរង់ចាំ 72 ម៉ោងដើម្បីទទួលបានការសម្រេចចិត្ត អ្នកអាចស្នើសុំការលើកលែងរហ័សបាន។ នេះគឺជាការសម្រេចចិត្តកាន់តែរហ័ស។ ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគាំទ្រដល់សំណើរបស់អ្នក យើងនឹងផ្តល់ឱ្យអ្នកនូវការសម្រេចចិត្តក្នុងរយៈពេល 24 ម៉ោងនៃការទទួលបានរបាយការណ៍សំអាងរបស់អ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

B13. តើឱសថទូទៅគឺជាអ្វី?

ឱសថទូទៅត្រូវបានផលិតផលឡើងពីគ្រឿងផ្សំសកម្មដូចគ្នានឹងឱសថមានឈ្មោះម៉ាកដែរ។ ឱសថទាំងនោះជាធម្មតាមានតម្លៃតិចជាងឱសថមានឈ្មោះម៉ាក ហើយជាទូទៅដំណើរការបានល្អផងដែរ។ ឱសថទាំងនោះជាធម្មតាមិនមានឈ្មោះល្បីទេ។ ឱសថទូទៅត្រូវបានយល់ព្រមដោយរដ្ឋបាលអាហារ និងឱសថ (FDA)។ មានឱសថទូទៅដែលអាចប្រើសម្រាប់ឱសថមានឈ្មោះម៉ាកជាច្រើន។ ឱសថទូទៅជាធម្មតាអាចត្រូវបានជំនួសឱ្យឱសថមានឈ្មោះម៉ាកនៅឱសថស្ថានដែលគ្មានវេជ្ជបញ្ជាថ្មី— អាស្រ័យលើច្បាប់រដ្ឋ។

Central Health Medi-Medi Plan I វាបំប្លែងទាំងឱសថមានឈ្មោះម៉ាក និងឱសថទូទៅ។

B14. តើផលិតផលជីវសាស្ត្រដើមគឺជាអ្វី

ហើយតើផលិតផលទាំងនោះពាក់ព័ន្ធនឹងឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាយ៉ាងដូចម្តេច?

នៅពេលយើងសំដៅដល់ឱសថ នេះអាចមានន័យថាឱសថ ឬផលិតផលជីវសាស្ត្រ។ ផលិតផលជីវសាស្ត្រគឺជាឱសថដែលមានលក្ខណៈស្មុគស្មាញជាងឱសថធម្មតា។ ដោយសារផលិតផលជីវសាស្ត្រមានលក្ខណៈស្មុគស្មាញជាងឱសថធម្មតា ជំនួសឱ្យការមានទម្រង់ទូទៅ ឱសថទាំងនោះមានទម្រង់ដែលត្រូវបានហៅថាឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នា។ ជាទូទៅ ឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាដំណើរការបានល្អដូចផលិតផលជីវសាស្ត្រដើមដែរ ហើយអាចមានតម្លៃទាបជាង។ មានជម្រើសឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាសម្រាប់ផលិតផលជីវសាស្ត្រដើមមួយចំនួន។ ឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាមួយចំនួនគឺជាឱសថដែលមានជីវសាស្ត្រស្រដៀងគ្នាដែលអាចផ្លាស់ប្តូរគ្នាបាន ហើយអាស្រ័យលើច្បាប់រដ្ឋ។

អាចត្រូវបានជំនួសដោយផលិតផលជីវសាស្ត្រដើមនៅឱសថស្ថានដែលមិនចាំបាច់មានវេជ្ជបញ្ជាថ្មី ដូចឱសថទូទៅដែរ ដែលអាចជំនួសដោយឱសថមានឈ្មោះម៉ាក។

សម្រាប់ព័ត៌មានបន្ថែមអំពីប្រភេទឱសថ សូមមើលជំពូកទី 5 នៃ សៀវភៅណែនាំសម្រាប់សមាជិក។

B15. តើ Central Health Medi-Medi Plan I វ៉ាប់រងផលិតផល OTC ដែលមិនមែនជាឱសថដែរទេ?

Central Health Medi-Medi Plan I វ៉ាប់រងផលិតផល OTC ដែលមិនមែនជាឱសថមួយចំនួន នៅពេលផលិតផលទាំងនោះត្រូវបានសរសេរតាមវេជ្ជបញ្ជាដោយអ្នកផ្តល់សេវារបស់អ្នក។

អ្នកអាចអាន *បញ្ជីឱសថ*របស់ Central Health Medi-Medi Plan I ដើម្បីស្វែងយល់អំពីផលិតផល OTC ដែលមិនមែនជាឱសថអ្វីខ្លះដែលត្រូវបានវ៉ាប់រង។

B16. តើ Central Health Medi-Medi Plan I វ៉ាប់រងការផ្គត់ផ្គង់រយៈពេលវែងនៃវេជ្ជបញ្ជាដែរទេ?

- **កម្មវិធីបញ្ជាទិញតាមសំបុត្រ។**
យើងផ្តល់ជូនកម្មវិធីបញ្ជាទិញតាមសំបុត្រដែលអាចឱ្យអ្នកទទួលបានការផ្គត់ផ្គង់រហូតដល់ 100 ថ្ងៃនៃឱសថក្នុងវេជ្ជបញ្ជារបស់អ្នក ដែលបានផ្ញើដោយផ្ទាល់ទៅដល់ផ្ទះរបស់អ្នក។ ការផ្គត់ផ្គង់ 100 ថ្ងៃមានការបង់ថ្លៃបន្ថែមដូចគ្នានឹងការផ្គត់ផ្គង់មួយខែដែរ។
- **កម្មវិធីឱសថស្ថានលក់រាយរយៈពេល 100 ថ្ងៃ។**
ឱសថស្ថានលក់រាយមួយចំនួនក៏អាចផ្តល់ជូនការផ្គត់ផ្គង់រហូតដល់ 100 ថ្ងៃនៃឱសថក្នុងវេជ្ជបញ្ជាដែលបានវ៉ាប់រង។ ការផ្គត់ផ្គង់ 100 ថ្ងៃមានការបង់ថ្លៃបន្ថែមដូចគ្នានឹងការផ្គត់ផ្គង់មួយខែដែរ។

B17. តើខ្ញុំអាចទទួលបានវេជ្ជបញ្ជាដែលបានដឹកជញ្ជូនដល់ផ្ទះរបស់ខ្ញុំពីឱសថស្ថានក្នុងតំបន់របស់ខ្ញុំដែរទេ?

ឱសថស្ថានក្នុងតំបន់របស់អ្នកប្រហែលជាអាចដឹកជញ្ជូនវេជ្ជបញ្ជារបស់អ្នកទៅដល់ផ្ទះរបស់អ្នក។ អ្នកអាចហៅទូរសព្ទទៅឱសថស្ថានរបស់អ្នក ដើម្បីដឹងថាតើពួកគេផ្តល់ការដឹកជញ្ជូនទៅដល់ផ្ទះឬអត់។

B18. តើការបង់ថ្លៃបន្ថែមរបស់ខ្ញុំគឺជាអ្វី?

សមាជិក Central Health Medi-Medi Plan I មានសម្រាប់វេជ្ជបញ្ជា និងឱសថ OTC និងផលិតផលមិនមែនជាឱសថ ប្រសិនបើសមាជិកនោះធ្វើតាមវិធានរបស់គម្រោងនេះ។ សូមមើលសំណួរ B15 និង B16 ដើម្បីទទួលបានព័ត៌មានបន្ថែមអំពីឱសថ OTC និងផលិតផលមិនមែនជាឱសថ។

កម្រិតគឺជាក្រុមឱសថនៅលើ *បញ្ជីឱសថ*របស់យើង។

- ឱសថទូទៅកម្រិត 1 មានការបង់ថ្លៃបន្ថែម \$0។
- ឱសថមានឈ្មោះម៉ាកកម្រិត 1 មានការបង់ថ្លៃបន្ថែម \$0។

កម្រិតទាំងអស់មិនមានការបង់ថ្លៃបន្ថែមទេ។

OTC មានការបង់ថ្លៃបន្ថែម \$0។

ប្រសិនបើអ្នកមានសំណួរនានា សូមហៅទូរសព្ទទៅសេវាកម្មសមាជិកតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។

C. ទិដ្ឋភាពរួមនៃ បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រង

បញ្ជីឱសថដែលត្រូវបានរ៉ាប់រងផ្តល់ឱ្យអ្នកនូវព័ត៌មានអំពីឱសថដែលត្រូវបានរ៉ាប់រងដោយ Central Health Medi-Medi Plan ។ ប្រសិនបើអ្នកមានបញ្ហាក្នុងការស្វែងរកឱសថរបស់អ្នកនៅក្នុងបញ្ជី សូមទៅមើលសន្ទស្សន៍នៃឱសថដែលត្រូវបានរ៉ាប់រងដែលចាប់ផ្តើមនៅក្នុងផ្នែក D។ សន្ទស្សន៍នេះរាយការណ៍អក្ខរក្រមនូវឱសថទាំងអស់ដែលត្រូវបានរ៉ាប់រងដោយ Central Health Medi-Medi Plan ។

ឱសថផ្សេងទៀត ដូចជាថ្នាំមួយចំនួនដែលអាចទិញបានដោយគ្មានវេជ្ជបញ្ជា (OTC) និងវិភាមីមួយចំនួន អាចត្រូវបានរ៉ាប់រងដោយ Medi-Cal Rx។ សូមចូលទៅកាន់គេហទំព័រ Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) ដើម្បីទទួលបានព័ត៌មានបន្ថែម។ អ្នកក៏អាចហៅទូរសព្ទទៅមជ្ឈមណ្ឌលសេវាអភិវឌ្ឍន៍ Medi-Cal Rx តាមរយៈលេខ 800-977-2273 បានផងដែរ។

សូមយកមកជាមួយនូវកាតសម្គាល់ខ្លួនអ្នកទទួលបាន Medi-Cal (BIC) របស់អ្នក នៅពេលយកវេជ្ជបញ្ជាតាមរយៈ Medi-Cal Rx។

បណ្តឹងតវ៉ាក្រោមផ្នែក D

- បណ្តឹងតវ៉ាគឺជាវិធីសាស្ត្រការក្នុងការស្នើឱ្យយើងពិនិត្យមើលការសម្រេចចិត្តដែលយើងបានធ្វើពាក់ព័ន្ធនឹងការរ៉ាប់រងរបស់អ្នក និងដើម្បីផ្លាស់ប្តូរ ប្រសិនបើអ្នកគិតថាយើងមានកំហុស។
- ឧទាហរណ៍ យើងអាចសម្រេចចិត្តថា ឱសថដែលអ្នកចង់បានមិនត្រូវបានរ៉ាប់រង ឬលែងត្រូវបានរ៉ាប់រងដោយ Medicare or Medi-Cal ទៀតហើយ។
- ប្រសិនបើអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកមិនយល់ព្រមតាមការសម្រេចចិត្តនេះទេ អ្នកអាចប្តឹងតវ៉ាបាន។ ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់សេវាកម្មសមាជិកតាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា: 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា: ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់។
- អ្នកក៏អាចអានជំពូកទី 9 នៃ សៀវភៅណែនាំសម្រាប់សមាជិកដើម្បីស្វែងយល់អំពីរបៀបប្តឹងតវ៉ាចំពោះការសម្រេចចិត្តនេះបានផងដែរ។
- ឱសថដែលមិនមែនជាឱសថក្នុងផ្នែក D មានវិធានផ្សេងគ្នាសម្រាប់ការប្តឹងតវ៉ា។

C1. បញ្ជីឱសថតាមស្ថានភាពវេជ្ជសាស្ត្រ

ឱសថនៅក្នុងផ្នែកនេះត្រូវបានបែងចែកជាប្រភេទដោយផ្អែកលើប្រភេទនៃស្ថានភាពវេជ្ជសាស្ត្រដែលឱសថទាំងនោះត្រូវបានប្រើសម្រាប់ព្យាបាល។ ឧទាហរណ៍ ប្រសិនបើអ្នកមានជំងឺបេះដូង អ្នកគួរតែមើលនៅក្នុងប្រភេទសរសៃឈាមបេះដូង។ នៅកន្លែងនោះ អ្នកនឹងរកឃើញឱសថដែលព្យាបាលជំងឺបេះដូង។

ទាំងនេះគឺជាអត្ថន័យនៃកូដដែលប្រើនៅក្នុងផ្លូវការ “សកម្មភាពចាំបាច់ ការដាក់កំហិត ឬចំនួនកំណត់លើការប្រើប្រាស់”:

PA = អនុញ្ញាតមុន (ការយល់ព្រម): អ្នកត្រូវតែមានការយល់ព្រមជាមុនសិន ទើបអ្នកអាចទទួលបានឱសថនេះ។

QL = ចំនួនកំណត់បរិមាណ: ចំនួនឱសថដែលគម្រោងនឹងរ៉ាប់រង។

ST = លក្ខខណ្ឌតម្រូវនៃការព្យាបាលតាមជំហាន: អ្នកត្រូវតែសាកល្បងប្រើឱសថផ្សេងទៀតជាមុនសិន ទើបអ្នកអាចទទួលបានឱសថនេះ។

NM = ការបញ្ជាទិញមិនមែនតាមសំបុត្រ: មិនអាចផ្គត់ផ្គង់ឱសថនេះតាមការបញ្ជាទិញតាមសំបុត្របានទេ។

B/D = ឱសថនេះអាចត្រូវបានរ៉ាប់រងក្រោម Medicare ផ្នែក B ឬ D អាស្រ័យលើកាល:ទេស:។

LA = ឱសថដែលមានការប្រើប្រាស់មានកំណត់: ឱសថនេះអាចមានផ្តល់ជូនតែនៅតាមឱសថស្ថានមួយចំនួនប៉ុណ្ណោះ។

_ = ឱសថមិននៅក្នុងផ្នែក D ឬផលិតផល OTC ដែលត្រូវបានរ៉ាប់រងដោយ Medicaid។

NDS = ការផ្គត់ផ្គង់គ្មានបន្ថែមថ្លៃ: អ្នកនឹងត្រូវបានដាក់កំហិតលើចំនួនការផ្គត់ផ្គង់ថ្លៃដែលអ្នកអាចទទួលបាន។

ផ្លូវការដំបូងនៃការងាររាយឈ្មោះឱសថ។ ឱសថទូទៅត្រូវបានរាយជាអក្សរតូចទ្រេត (ឧទាហរណ៍ *metformin hcl*) ឱសថមានឈ្មោះម៉ាកត្រូវបានសរសេរជាអក្សរធំ (ឧទាហរណ៍ JANUVIA TABS) ព័ត៌មាននៅក្នុងផ្លូវការ “សកម្មភាពចាំបាច់ ការដាក់កំហិត និងចំនួនកំណត់លើការប្រើប្រាស់” ប្រាប់អ្នកថា តើ Central Health Medi-Medi Plan I មានវិធានណាមួយសម្រាប់ការរ៉ាប់រងឱសថរបស់អ្នកឬអត់។

MOLINA_CY25_1T_SNP_PMOD eff 12/1/2025

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS
GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin</i> TABS 3mg	1	QL (12 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	1	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine CAPS 250mg, 500mg</i>	1	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	1	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	1	
<i>itraconazole CAPS 100mg</i>	1	PA
<i>ketoconazole TABS 200mg</i>	1	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	1	
<i>nystatin TABS 500000unit</i>	1	
<i>posaconazole SUSP 40mg/ml</i>	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole SOLR 200mg</i>	1	PA
<i>voriconazole SUSR 40mg/ml</i>	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole TABS 50mg</i>	1	QL (480 tabs / 30 days)
<i>voriconazole TABS 200mg</i>	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate TABS 250mg, 500mg</i>	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl TABS 250mg</i>	1	
<i>primaquine phosphate TABS 26.3mg</i>	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate CAPS 324mg</i>	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate CAPS 150mg, 200mg, 300mg</i>	1	NM
<i>darunavir TABS 600mg</i>	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir TABS 800mg</i>	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
EDURANT PED TBSO 2.5mg	1	NDS, NM
<i>efavirenz TABS 600mg</i>	1	NM
<i>emtricitabine CAPS 200mg</i>	1	NM
EMTRIVA SOLN 10mg/ml	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TABS 300mg; TBPk 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	1	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	NDS, NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
KALETRA SOL	1	NM
lamivudine-zidovudine tab 150-300 mg	1	NM
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	NM
lopinavir-ritonavir tab 100-25 mg	1	NM
lopinavir-ritonavir tab 200-50 mg	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 675/150	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	1	NDS
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbw)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefдинир</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl TABS 400mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D

Drug Name	Drug Tier	Requirements/Limits
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
oxaliplatin SOLR 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	1	NDS, B/D, NM
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	1	NDS, NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM
TABLOID TABS 40mg	1	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
abirtega TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	1	NDS, B/D
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
MODEYSO CAPS 125mg	1	NDS, QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	1	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
paclitaxel inj 100mg	1	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AVMAPKI PAK FAKZYNJA	1	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERNEXEOS TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IBTROZI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
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CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	

ACE INHIBITORS

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-25 mg	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 20-12.5 mg	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-12.5 mg	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine CAPS 2.5mg, 5mg</i>	1	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	1	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine CAPS 30mg</i>	1	
<i>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metirosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	1	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
UPTRAVI TABS 200mcg	1	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	NDS, QL (1 pack / 28 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	NDS, QL (2 syringes / year)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>LEVETIRACETAM</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepira</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
topiramate SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	1	
carisoprodol TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
cyclobenzaprine hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
methocarbamol TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM
<i>ENDOCRINE AND METABOLIC ANDROGENS</i>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
<i>FARXIGA</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>GLYXAMBI</i> TAB 10-5 MG	1	QL (30 tabs / 30 days)
<i>GLYXAMBI</i> TAB 25-5 MG	1	QL (30 tabs / 30 days)
<i>JANUMET</i> TAB 50-500MG	1	QL (60 tabs / 30 days)
<i>JANUMET</i> TAB 50-1000	1	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-500MG	1	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 50-1000	1	QL (60 tabs / 30 days)
<i>JANUMET XR</i> TAB 100-1000	1	QL (30 tabs / 30 days)
<i>JANUVIA</i> TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>JARDIANCE</i> TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-500	1	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-850	1	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB 2.5-1000	1	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
<i>JENTADUETO</i> TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA

Drug Name	Drug Tier	Requirements/Limits
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	1	NDS, NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
VEOZAH TABS 45mg	1	PA
zelvysia PACK 100mg, 500mg	1	NDS, NM, PA
PROGESTINS		
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	
THYROID AGENTS		
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
compro SUPP 25mg	1	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTI K TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l</i> -glutamine (sickle cell) PACK 5gm	1	NDS, NM, PA
pentoxifylline TBCR 400mg	1	
sajazir SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	1	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
prasugrel hcl TABS 5mg, 10mg	1	
ticagrelor TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMVI SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTI HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breynga</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	1	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	1	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	1	
<i>ssd CREA 1%</i>	1	
<i>SULFAMYLON CREA 85mg/gm</i>	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	1	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	1	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	1	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	1	QL (30 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR KIT 3 SENSOR	0	PA
FREESTY LIBR KIT SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTY LIBR MIS 3 READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

D. សន្ទស្សន៍នៃឱសថដែលត្រូវបានរ៉ាប់រង

នៅក្នុងផ្នែកនេះ អ្នកអាចរកឃើញឱសថតាមការស្វែងរកឈ្មោះរបស់ឱសថនោះតាមអក្ខរក្រម។ ការធ្វើបែបនេះនឹងប្រាប់អ្នកអំពីលេខទំព័រដែលអ្នកអាចរកឃើញព័ត៌មានអំពីការរ៉ាប់រងបន្ថែមសម្រាប់ឱសថរបស់អ្នក។

<i>abacavir sulfate</i> 25	ADALIMUMAB-AACF (2	ALUNBRIG 34
<i>abacavir sulfate-</i>	SYRING 81	ALUNBRIG PAK 34
<i>lamivudine tab 600-</i>	ADALIMUMAB-AACF	ALVAIZ 80
<i>300 mg</i> 26	STARTER P 81	ALVESCO 94
<i>abigale</i> 73	<i>adefovir dipivoxil</i> 28	<i>alyacen 1/35</i> 69
<i>abigale lo</i> 73	ADEMPAS 49	<i>alyacen 7/7/7</i> 69
ABILIFY ASIMTUFII 53	ADMELOG 66	ALYFTREK TAB 10-50-
ABILIFY MAINTENA. 53	ADMELOG SOLOSTAR	125 92
<i>abiraterone acetate</i> 32	 66	ALYFTREK TAB 4-20-
<i>abirtega</i> 32	ADVAIR HFA AER	50 92
ABRYSVO 85	115/21 94	ALYGLO 84
<i>acamprosate calcium</i>	ADVAIR HFA AER	<i>alyq</i> 49
..... 64	230/21 94	<i>amantadine hcl</i> 52
<i>acarbose</i> 65	ADVAIR HFA AER	<i>ambrisentan</i> 49
<i>accutane</i> 95	45/21 94	<i>amethia</i> 69
<i>acebutolol hcl</i> 47	<i>afirmelle</i> 69	<i>amethyst</i> 69
<i>acetaminophen w/</i>	AIMOVIG 61	<i>amikacin sulfate</i> 23
<i>codeine soln 120-12</i>	AIRSUPRA AER 90-	<i>amiloride &</i>
<i>mg/5ml</i> 22	80MCG 94	<i>hydrochlorothiazide</i>
<i>acetaminophen w/</i>	AKEEGA TAB 100/500	<i>tab 5-50 mg</i> 48
<i>codeine tab 300-15</i>	 32	<i>amiloride hcl</i> 48
<i>mg</i> 22	AKEEGA TAB	<i>amiodarone hcl</i> 45
<i>acetaminophen w/</i>	50/500MG 32	<i>amitriptyline hcl</i> 50
<i>codeine tab 300-30</i>	<i>ala-cort</i> 96	<i>amlodipine besylate</i> 47
<i>mg</i> 22	<i>albendazole</i> 22	<i>amlodipine besylate-</i>
<i>acetaminophen w/</i>	<i>albuterol sulfate</i> 92	<i>benazepril hcl cap</i>
<i>codeine tab 300-60</i>	<i>alclometasone</i>	<i>10-20 mg</i> 43
<i>mg</i> 22	<i>dipropionate</i> 96	<i>amlodipine besylate-</i>
<i>acetazolamide</i> 48	ALCOHOL SWABS: BD-	<i>benazepril hcl cap</i>
<i>acetic acid</i> 79	EMBECTA/MHC/RUG	<i>10-40 mg</i> 43
<i>acetic acid (otic)</i> 90	BY 66	<i>amlodipine besylate-</i>
<i>acetylcysteine</i> 92	ALDURAZYME 74	<i>benazepril hcl cap</i>
<i>acitretin</i> 96	ALECENSA 34	<i>2.5-10 mg</i> 43
ACTHIB INJ 85	<i>alendronate sodium</i> 68	<i>amlodipine besylate-</i>
ACTIMMUNE 84	<i>alfuzosin hcl</i> 79	<i>benazepril hcl cap 5-</i>
<i>acyclovir</i> 27	<i>aliskiren fumarate</i> .. 48	<i>10 mg</i> 43
<i>acyclovir sodium</i> 28	<i>allopurinol</i> 21	<i>amlodipine besylate-</i>
ADACEL INJ 85	<i>alose tron hcl</i> 78	<i>benazepril hcl cap 5-</i>
ADALIMUMAB-AACF (2	<i>alprazolam</i> 49	<i>20 mg</i> 43
PEN) 81	<i>altavera</i> 69	

<i>amlodipine besylate- benazepril hcl cap 5- 40 mg.....</i>	<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg.....</i>	<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg.....</i>	<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>	<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>	<i>amlodipine besylate- valsartan tab 10-160 mg</i>	<i>amlodipine besylate- valsartan tab 10-320 mg</i>	<i>amlodipine besylate- valsartan tab 5-160 mg</i>	<i>amlodipine besylate- valsartan tab 5-320 mg</i>	<i>amnestem</i>	<i>amoxapine</i>	<i>amoxicillin.....</i>	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml...</i>	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	<i>amoxicillin & k clavulanate tab 250- 125 mg.....</i>	<i>amoxicillin & k clavulanate tab 500- 125 mg.....</i>	<i>amoxicillin & k clavulanate tab 875- 125 mg.....</i>	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>	<i>amphetamine- dextroamphetamine tab 10 mg</i>	<i>amphetamine- dextroamphetamine tab 12.5 mg</i>	<i>amphetamine- dextroamphetamine tab 15 mg</i>	<i>amphetamine- dextroamphetamine tab 20 mg</i>	<i>amphetamine- dextroamphetamine tab 30 mg</i>	<i>amphetamine- dextroamphetamine tab 5 mg</i>	<i>amphetamine- dextroamphetamine tab 7.5 mg</i>	<i>amphotericin b</i>	<i>amphotericin b liposome</i>	<i>ampicillin</i>	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	<i>ampicillin & sulbactam sodium for inj 3 (2- 1) gm</i>	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm....</i>	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm.....</i>	<i>ampicillin sodium ...</i>	<i>anagrelide hcl.....</i>	<i>anastrozole</i>	<i>ANORO ELLIPT AER 62.5-25</i>	<i>aprepitant.....</i>	<i>aprepitant capsule therapy pack 80 & 125 mg.....</i>	<i>apri.....</i>	<i>APTIOM</i>	<i>APTIVUS.....</i>	<i>ARALAST NP.....</i>	<i>aranelle</i>	<i>ARCALYST.....</i>
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AREXVY	85	AUSTEDO XR TAB		<i>benazepril &</i>	
ARIKAYCE	23	TITR KIT	62	<i>hydrochlorothiazide</i>	
<i>aripiprazole</i>	53	AUVELITY TAB 45-		<i>tab 20-25 mg</i>	43
ARISTADA.....	53	105MG.....	50	<i>benazepril &</i>	
ARISTADA INITIO ..	53	<i>aviane</i>	69	<i>hydrochlorothiazide</i>	
<i>armodafinil</i>	64	AVMAPKI PAK		<i>tab 5-6.25mg</i>	43
ARNUITY ELLIPTA... 94		FAKZYNJA	35	<i>benazepril hcl</i>	43
<i>asenapine maleate</i> .	53	<i>ayuna</i>	69	BENDAMUSTINE	
<i>ashlyna</i>	69	AYVAKIT	35	HYDROCHLORID .	31
<i>aspirin-dipyridamole</i>		<i>azacitidine</i>	32	BENDEKA.....	31
<i>cap er 12hr 25-200</i>		<i>azathioprine</i>	84	BENLYSTA.....	84
<i>mg</i>	81	<i>azelastine hcl</i>	91	<i>benzoyl peroxide-</i>	
ASTAGRAF XL.....	84	<i>azelastine hcl (ophth)</i>		<i>erythromycin gel 5-</i>	
<i>atazanavir sulfate</i> ..	25		89	<i>3%.....</i>	95
<i>atenolol</i>	47	<i>azithromycin</i>	29	<i>benztropine mesylate</i>	
<i>atenolol &</i>		<i>aztreonam</i>	23		52
<i>chlorthalidone tab</i>		<i>azurette</i>	69	BERINERT	80
<i>100-25 mg</i>	46	<i>bacitracin</i>		BESIVANCE.....	89
<i>atenolol &</i>		<i>(ophthalmic)</i>	89	BESREMI	34
<i>chlorthalidone tab</i>		<i>bacitracin-polymyxin b</i>		<i>betaine powder for</i>	
<i>50-25 mg</i>	46	<i>ophth oint</i>	89	<i>oral solution</i>	74
<i>atomoxetine hcl</i>	60	<i>bacitracin-polymyxin-</i>		<i>betamethasone</i>	
<i>atorvastatin calcium</i>	46	<i>neomycin-hc ophth</i>		<i>dipropionate</i>	
<i>atovaquone</i>	23	<i>oint 1%</i>	88	<i>(topical)</i>	96
<i>atovaquone-proguanil</i>		<i>baclofen</i>	63	<i>betamethasone</i>	
<i>hcl tab 250-100 mg</i>		BAFIERTAM	63	<i>dipropionate</i>	
.....	25	<i>balsalazide disodium</i>		<i>augmented</i>	96
<i>atovaquone-proguanil</i>			77	<i>betamethasone</i>	
<i>hcl tab 62.5-25 mg</i>		BALVERSA	35	<i>valerate</i>	96
.....	25	<i>balziva</i>	69	BETASERON	63
ATROPINE SULFATE	90	BARACLUDE	28	<i>betaxolol hcl</i>	47
<i>atropine sulfate</i>		BASAGLAR KWIKPEN		<i>betaxolol hcl (ophth)</i>	
<i>(ophthalmic)</i>	90		66		90
ATROVENT HFA.....	91	BCG VACCINE.....	85	<i>bethanechol chloride</i>	
<i>aubra eq</i>	69	<i>benazepril &</i>			79
AUGTYRO.....	34	<i>hydrochlorothiazide</i>		BETOPTIC-S	90
<i>aurovela 1/20</i>	69	<i>tab 10-12.5 mg...</i>	43	BEVESPI AER 9-	
<i>aurovela 24 fe</i>	69	<i>benazepril &</i>		<i>4.8MCG</i>	91
<i>aurovela fe 1.5/30</i> .	69	<i>hydrochlorothiazide</i>		<i>bexarotene</i>	34
<i>aurovela fe 1/20</i>	69	<i>tab 20-12.5 mg...</i>	43	<i>bexarotene (topical)</i>	97
AUSTEDO.....	62			BEXSERO	85
AUSTEDO XR.....	62			<i>bicalutamide</i>	32



BICILLIN L-A	30	<i>bromocriptine</i>		<i>butorphanol tartrate</i>	22
BIKTARVY TAB 30-		<i>mesylate</i>	52	<i>cabergoline</i>	74
120-15 MG	26	BRUKINSA	35	CABOMETYX	35
BIKTARVY TAB 50-		<i>budesonide</i>	77	<i>calcipotriene</i>	96
200-25 MG	26	<i>budesonide</i>		<i>calcitonin (salmon)</i>	
<i>bisoprolol &</i>		<i>(inhalation)</i>	94	<i>spray</i>	68
<i>hydrochlorothiazide</i>		<i>budesonide-formoterol</i>		<i>calcitrene</i>	96
<i>tab 10-6.25 mg...</i>	46	<i>fumarate dihyd</i>		<i>calcitriol</i>	76
<i>bisoprolol &</i>		<i>aerosol 160-4.5</i>		<i>calcitriol (oral)</i>	76
<i>hydrochlorothiazide</i>		<i>mcg/act</i>	94	CALQUENCE	35
<i>tab 2.5-6.25 mg..</i>	46	<i>budesonide-formoterol</i>		<i>camila</i>	69
<i>bisoprolol &</i>		<i>fumarate dihyd</i>		<i>camrese</i>	69
<i>hydrochlorothiazide</i>		<i>aerosol 80-4.5</i>		<i>camrese lo</i>	69
<i>tab 5-6.25 mg</i>	46	<i>mcg/act</i>	94	<i>candesartan cilexetil</i>	45
<i>bisoprolol fumarate</i>	47	<i>bumetanide</i>	48	<i>candesartan cilexetil-</i>	
BIVIGAM	84	<i>buprenorphine</i>	21	<i>hydrochlorothiazide</i>	
<i>blisovi 24 fe</i>	69	<i>buprenorphine hcl ..</i>	64	<i>tab 16-12.5 mg...</i>	44
<i>blisovi fe 1.5/30</i>	69	<i>buprenorphine hcl-</i>		<i>candesartan cilexetil-</i>	
BONSITY	68	<i>naloxone hcl sl film</i>		<i>hydrochlorothiazide</i>	
BOOSTRIX INJ	85	<i>12-3 mg (base</i>		<i>tab 32-12.5 mg...</i>	44
<i>bortezomib</i>	35	<i>equiv)</i>	64	<i>candesartan cilexetil-</i>	
BORTEZOMIB	35	<i>buprenorphine hcl-</i>		<i>hydrochlorothiazide</i>	
<i>bosentan</i>	49	<i>naloxone hcl sl film</i>		<i>tab 32-25 mg</i>	44
BOSULIF	35	<i>2-0.5 mg (base</i>		CAPLYTA	53
BRAFTOVI	35	<i>equiv)</i>	64	CAPRELSA	35
BREO ELLIPTA INH		<i>buprenorphine hcl-</i>		<i>captopril</i>	43
100-25	94	<i>naloxone hcl sl film</i>		<i>captopril &</i>	
BREO ELLIPTA INH		<i>4-1 mg (base equiv)</i>		<i>hydrochlorothiazide</i>	
200-25	94		64	<i>tab 25-15 mg</i>	43
BREO ELLIPTA INH 50-		<i>buprenorphine hcl-</i>		<i>captopril &</i>	
25MCG	94	<i>naloxone hcl sl film</i>		<i>hydrochlorothiazide</i>	
<i>breyna</i>	94	<i>8-2 mg (base equiv)</i>		<i>tab 25-25 mg</i>	43
BREZTRI AERO AER			64	<i>captopril &</i>	
SPHERE	91	<i>buprenorphine hcl-</i>		<i>hydrochlorothiazide</i>	
BREZTRI AERO AER		<i>naloxone hcl sl tab</i>		<i>tab 50-15 mg</i>	43
SPHERE		<i>2-0.5 mg (base</i>		<i>captopril &</i>	
(INSTITUTIONAL		<i>equiv)</i>	64	<i>hydrochlorothiazide</i>	
PACK)	91	<i>buprenorphine hcl-</i>		<i>tab 50-25 mg</i>	43
<i>brillyn</i>	69	<i>naloxone hcl sl tab</i>		<i>carb/levo orally</i>	
BRILINTA	81	<i>8-2 mg (base equiv)</i>		<i>disintegrating tab</i>	
<i>brimonidine tartrate</i>	90		64	<i>10-100mg</i>	52
<i>brinzolamide</i>	90	<i>bupropion hcl</i>	50	<i>carb/levo orally</i>	
BRIVIACT	56	<i>bupropion hcl</i>		<i>disintegrating tab</i>	
<i>bromfenac sodium</i>		<i>(smoking deterrent)</i>		<i>25-100mg</i>	52
<i>(ophth)</i>	89		64		
		<i>buspirone hcl</i>	50		

<i>carb/levo orally</i>	<i>cefadroxil</i> 28	CHEMET..... 68
<i>disintegrating tab</i>	CEFAZOLIN 28	<i>chlorhexidine</i>
<i>25-250mg</i> 52	CEFAZOLIN INJ	<i>gluconate (mouth-</i>
<i>carbamazepine</i> 56	<i>1GM/50ML</i> 28	<i>throat)</i> 98
<i>carbidopa & levodopa</i>	<i>cefazolin sodium</i> 28	<i>chloroquine phosphate</i>
<i>tab 10-100 mg</i> 52	CEFAZOLIN SOLN	 25
<i>carbidopa & levodopa</i>	<i>2GM/100ML-4%</i> .. 29	<i>chlorpromazine hcl</i> . 53
<i>tab 25-100 mg</i> 52	CEFAZOLIN/DEX SOL	<i>chlorthalidone</i> 48
<i>carbidopa & levodopa</i>	<i>1GM/50ML-4%</i> 29	<i>cholestyramine</i> 46
<i>tab 25-250 mg</i> 52	CEFAZOLIN/DEX SOL	<i>cholestyramine light</i> 46
<i>carbidopa & levodopa</i>	<i>2GM/50ML-3%</i> 29	<i>ciclopirox</i> 95
<i>tab er 25-100 mg</i> 52	CEFAZOLIN/DEX SOL	<i>ciclopirox olamine</i> .. 95
<i>carbidopa & levodopa</i>	<i>3GM/150ML-4%</i> .. 29	<i>cilostazol</i> 80
<i>tab er 50-200 mg</i> 52	CEFAZOLIN/DEX SOL	CILOXAN 89
<i>carbidopa-levodopa-</i>	<i>3GM/50ML-2%</i> 29	CIMDUO TAB 300-300
<i>entacapone tabs</i>	<i>cefdinir</i> 29	 26
<i>12.5-50-200 mg</i> .. 52	<i>cefepime hcl</i> 29	<i>cinacalcet hcl</i> 75
<i>carbidopa-levodopa-</i>	<i>cefixime</i> 29	<i>ciprofloxacin 200</i>
<i>entacapone tabs</i>	<i>cefotetan disodium</i> . 29	<i>mg/100ml in d5w</i> 29
<i>18.75-75-200 mg</i> 52	<i>cefoxitin sodium</i> 29	<i>ciprofloxacin 400</i>
<i>carbidopa-levodopa-</i>	<i>cefpodoxime proxetil</i>	<i>mg/200ml in d5w</i> 29
<i>entacapone tabs</i> 25-	 29	<i>ciprofloxacin hcl</i> 29
<i>100-200 mg</i> 52	<i>cefprozil</i> 29	<i>ciprofloxacin hcl</i>
<i>carbidopa-levodopa-</i>	<i>ceftazidime</i> 29	<i>(ophth)</i> 89
<i>entacapone tabs</i>	<i>ceftriaxone sodium</i> . 29	<i>ciprofloxacin-</i>
<i>31.25-125-200 mg</i>	<i>cefuroxime axetil</i> ... 29	<i>dexamethasone otic</i>
..... 52	<i>cefuroxime sodium</i> . 29	<i>susp 0.3-0.1%</i> 90
<i>carbidopa-levodopa-</i>	<i>celecoxib</i> 21	<i>cisplatin</i> 31
<i>entacapone tabs</i>	<i>cephalexin</i> 29	<i>citalopram</i>
<i>37.5-150-200 mg</i> 52	CEQUR SIMPL KIT	<i>hydrobromide</i> 51
<i>carbidopa-levodopa-</i>	<i>PATCH 2U (3-DAY)</i>	<i>claravis</i> 95
<i>entacapone tabs</i> 50-	 66	<i>clarithromycin</i> 29
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<i>carboplatin</i> 31	<i>PATCH 2U (4-DAY)</i>	<i>clindamycin palmitate</i>
<i>carglumic acid</i> 74	 66	<i>hydrochloride</i> 23
<i>carisoprodol</i> 63	CEQUR SIMPL MIS	<i>clindamycin phosphate</i>
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<i>cartia xt</i> 47	CERDELGA 75	<i>clindamycin phosphate</i>
<i>carvedilol</i> 47	CEREZYME 75	<i>(topical)</i> 95
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<i>ceftaclor</i> 28	<i>chateal eq</i> 69	<i>mg/50ml</i> 23



<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> 23	<i>clozapine</i> 53	CREON CAP 3000UNIT 78
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<i>clindamycin phosphate vaginal</i> 79	COBENFY CAP 100- 20MG 53	CREON CAP 6000UNIT 78
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CLINIMIX INJ 5%/D15W 88	<i>colesevelam hcl</i> 46	<i>cyclophosphamide..</i> 31
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<i>clinisol sf 15%</i> 88	COMETRIQ (60MG DOSE) 35	<i>cyclosporine modified (for microemulsion)</i> 85
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<i>clobazam</i> 56	COMETRIQ KIT 140MG 35	<i>cyred eq</i> 69
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<i>clotrimazole</i> 98	COTELLIC 35	<i>danazol</i> 64
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		<i>daptomycin</i> 23
		DAPTOMYCIN 23
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<i>depo-testosterone</i> .. 64	<i>dextrose 5% w/ sodium chloride</i> 0.3% 86	<i>diltiazem hcl</i> 47
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<i>desipramine hcl</i> 51	<i>dextrose 5% w/ sodium chloride</i> 0.025 mg 78	<i>dilt-xr</i> 47
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		<i>dolishale</i> 69
		<i>donepezil</i> <i>hydrochloride</i> 50
		DOPTelet..... 80
		<i>dorzolamide hcl</i> 90



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា។ ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា។ ចន្ទ - សុក្រ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

<i>dorzolamide hcl-</i>	<i>dutasteride-tamsulosin</i>	<i>enalapril maleate ...</i>
<i>timolol maleate</i>	<i>hcl cap 0.5-0.4 mg</i>	<i>enalapril maleate &</i>
<i>ophth soln 2-0.5%</i>	 79	<i>hydrochlorothiazide</i>
..... 90	<i>e.e.s. 400</i> 29	<i>tab 10-25 mg</i> 43
<i>dotti</i> 73	<i>econazole nitrate</i> ... 95	<i>enalapril maleate &</i>
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<i>doxorubicin hcl</i> 34	<i>tenofovir df tab 600-</i>	<i>endocet tab 10-325mg</i>
<i>doxorubicin hcl</i>	<i>200-300 mg</i> 27	 22
<i>liposomal</i> 34	<i>efavirenz-lamivudine-</i>	<i>endocet tab 2.5-</i>
<i>doxy 100</i> 31	<i>tenofovir df tab 400-</i>	<i>325mg</i> 22
<i>doxycycline</i>	<i>300-300 mg</i> 27	<i>endocet tab 5-325mg</i>
<i>(monohydrate)</i> 31	<i>efavirenz-lamivudine-</i>	 22
<i>doxycycline hyclate</i> 31	<i>tenofovir df tab 600-</i>	<i>endocet tab 7.5-</i>
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<i>drospirenone-ethinyl</i>	ELIQUIS 80	<i>enoxaparin sodium</i> . 80
<i>estradiol tab 3-0.02</i>	ELIQUIS STARTER	<i>enpresse-28</i> 70
<i>mg</i> 70	PACK 80	<i>enskyce</i> 70
<i>drospirenone-ethinyl</i>	<i>eluryng</i> 70	ENSTILAR AER 96
<i>estradiol tab 3-0.03</i>	EMGALITY 61, 62	<i>entacapone</i> 52
<i>mg</i> 70	EMSAM 51	<i>entecavir</i> 28
<i>drospirenone-ethinyl</i>	<i>emtricitabine</i> 25	ENTRESTO CAP 15-
<i>estrad-levomefolate</i>	<i>emtricitabine-</i>	<i>16MG</i> 44
<i>tab 3-0.02-0.451</i>	<i>rilpivirine-tenofovir</i>	ENTRESTO CAP 6-6MG
<i>mg</i> 69	<i>df tab 200-25-300</i>	 44
<i>drospirenone-ethinyl</i>	<i>mg</i> 27	<i>enulose</i> 78
<i>estrad-levomefolate</i>	<i>emtricitabine-tenofovir</i>	EPCLUSA PAK 150-
<i>tab 3-0.03-0.451</i>	<i>disoproxil fumarate</i>	<i>37.5</i> 28
<i>mg</i> 70	<i>tab 100-150 mg</i> .. 27	EPCLUSA PAK 200-
DROXIA 80	<i>emtricitabine-tenofovir</i>	<i>50MG</i> 28
<i>droxidopa</i> 48	<i>disoproxil fumarate</i>	EPCLUSA TAB 200-
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<i>caffeine tab 1-100</i>	<i>ethynodiol diacetate &</i>	<i>feirza 1.5/30</i>
<i>mg</i>	<i>ethinyl estradiol tab</i>	<i>feirza 1/20</i>
ERIVEDGE.....	<i>1 mg-35 mcg</i>	<i>felbamate</i>
ERLEADA	<i>etodolac</i>	<i>felodipine</i>
<i>erlotinib hcl</i>	<i>etonogestrel-ethinyl</i>	<i>fenofibrate</i>
<i>errin</i>	<i>estradiol va ring</i>	<i>fenofibrate micronized</i>
<i>ertapenem sodium</i> .	<i>0.12-0.015 mg/24hr</i>	
<i>ery</i>		<i>fentanyl</i>
<i>ery-tab</i>	<i>etoposide</i>	<i>fesoterodine fumarate</i>
ERYTHROCIN	<i>etravirine</i>	
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<i>aid)</i>	<i>everolimus</i>	TITRATIO
<i>erythromycin (ophth)</i>	<i>(immunosuppressan</i>	FIASP
.....	<i>t)</i>	FIASP FLEXTOUCH .
<i>erythromycin base</i> .	EVOTAZ TAB 300-150	FIASP PENFILL.....
<i>erythromycin</i>		FIASP PUMPCART...
<i>ethylsuccinate</i>	<i>exemestane</i>	<i>fidaxomicin</i>
<i>erythromycin</i>	EYSUVIS.....	<i>finasteride</i>
<i>lactobionate</i>	<i>ezetimibe</i>	<i>finolimid hcl</i>
ERZOFRI.....	<i>ezetimibe-simvastatin</i>	FINTEPLA.....
<i>escitalopram oxalate</i>	<i>tab 10-10 mg</i>	<i>finzala</i>
.....	<i>ezetimibe-simvastatin</i>	FIRMAGON
<i>eslicarbazepine</i>	<i>tab 10-20 mg</i>	<i>flac</i>
<i>acetate</i>	<i>ezetimibe-simvastatin</i>	FLAREX
<i>esomeprazole</i>	<i>tab 10-40 mg</i>	FLEBOGAMMA DIF..
<i>magnesium</i>	<i>ezetimibe-simvastatin</i>	<i>flecainide acetate</i> ...
<i>estarylla</i>	<i>tab 10-80 mg</i>	<i>fluconazole</i>
<i>estradiol</i>	FABRAZYME	<i>fluconazole in nacl</i>
<i>estradiol &</i>	<i>falmina</i>	<i>0.9% inj 200</i>
<i>norethindrone</i>	<i>famciclovir</i>	<i>mg/100ml</i>
<i>acetate tab 0.5-0.1</i>	<i>famotidine</i>	<i>fluconazole in nacl</i>
<i>mg</i>	<i>famotidine in nacl</i>	<i>0.9% inj 400</i>
<i>estradiol &</i>	<i>0.9% iv soln 20</i>	<i>mg/200ml</i>
<i>norethindrone</i>	<i>mg/50ml</i>	<i>flucytosine</i>
<i>acetate tab 1-0.5</i>	FANAPT	<i>fludrocortisone acetate</i>
<i>mg</i>	FANAPT PAK PACK A54	
<i>estradiol vaginal</i>	FANAPT PAK PACK B54	<i>flunisolide (nasal)</i> ..
<i>estradiol valerate</i> ...	FANAPT PAK PACK C54	<i>fluocinolone acetonide</i>
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<i>fluphenazine hcl</i> 54	<i>furosemide</i> 48	<i>gentamicin in saline</i> <i>inj 1.6 mg/ml</i> 23
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EMBECTA 67	<i>jaimiess</i> 70	<i>kcl 10 meq/l (0.075%)</i>
INSULIN SAFETY	JAKAFI 37	<i>in dextrose 5% &</i>
NEEDLES: BD-	<i>jantoven</i> 80	<i>nacl 0.45% inj 86</i>
EMBECTA 67	JANUMET TAB 50-	<i>kcl 20 meq/l (0.149%)</i>
INSULIN SYRINGES:	1000 65	<i>in nacl 0.45% inj. 87</i>
BD-EMBECTA 67	JANUMET TAB 50-	<i>kcl 20 meq/l (0.15%)</i>
INTELENCE 26	500MG..... 65	<i>in dextrose 5% &</i>
INTRALIPID..... 88	JANUMET XR TAB 100-	<i>nacl 0.2% inj 86</i>
<i>introvale</i> 70	1000 65	<i>kcl 20 meq/l (0.15%)</i>
INVEGA HAFYERA... 54	JANUMET XR TAB 50-	<i>in dextrose 5% &</i>
INVEGA SUSTENNA 54	1000 65	<i>nacl 0.45% inj 87</i>
INVEGA TRINZA..... 54	JANUMET XR TAB 50-	<i>kcl 20 meq/l (0.15%)</i>
IPOL INJ INACTIVE. 85	500MG..... 65	<i>in dextrose 5% &</i>
<i>ipratropium bromide</i> 91	JANUVIA..... 65	<i>nacl 0.9% inj 87</i>
<i>ipratropium bromide</i>	JARDIANCE 65	<i>kcl 20 meq/l (0.15%)</i>
<i>(nasal)</i> 91	<i>jasmiel</i> 70	<i>in nacl 0.45% inj. 87</i>
<i>ipratropium-albuterol</i>	<i>javygtor</i> 75	<i>kcl 20 meq/l (0.15%)</i>
<i>nebu soln 0.5-2.5(3)</i>	JAYPIRCA..... 37	<i>in nacl 0.9% inj .. 87</i>
<i>mg/3ml</i> 91	JENTADUETO TAB 2.5-	<i>kcl 30 meq/l (0.224%)</i>
<i>irbesartan</i> 45	1000 65	<i>in dextrose 5% &</i>
<i>irbesartan-</i>	JENTADUETO TAB 2.5-	<i>nacl 0.45% inj 87</i>
<i>hydrochlorothiazide</i>	500 65	<i>kcl 40 meq/l (0.3%) in</i>
<i>tab 150-12.5 mg . 44</i>	JENTADUETO TAB 2.5-	<i>dextrose 5% & nacl</i>
<i>irbesartan-</i>	850 65	<i>0.45% inj..... 87</i>
<i>hydrochlorothiazide</i>	JENTADUETO TAB XR	<i>kcl 40 meq/l (0.3%) in</i>
<i>tab 300-12.5 mg . 44</i>	2.5-1000MG 65	<i>dextrose 5% & nacl</i>
<i>irinotecan hcl</i> 34	JENTADUETO TAB XR	<i>0.9% inj 87</i>
ISENTRESS 26	5-1000MG 65	<i>kcl 40 meq/l (0.3%) in</i>
ISENTRESS HD 26	<i>jinteli</i> 74	<i>nacl 0.9% inj 87</i>
<i>isibloom</i> 70	<i>jolessa</i> 70	KCL/D5W/NACL INJ
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larin 24 fe 70	sodium chloride iv	0.1-0.02mg(84) &



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរស័ព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា — ថ្ងៃទី 31 ខែមីនា។ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា។ ចន្ទ — សុក្រ ម៉ោង 8 ព្រឹក — 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។

សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

<i>eth est tab</i>	LOKELMA	68	LUPRON DEPOT-PED
<i>0.01mg(7).....</i>	LONSURF TAB 15-6.14	32	(6-MONTH.....
<i>levonorg-eth est tab</i>		32	<i>lurasidone hcl.....</i>
<i>0.15-0.03mg(84) &</i>	LONSURF TAB 20-8.19	32	<i>lutera</i>
<i>eth est tab</i>		32	LYBALVI TAB 10-10MG
<i>0.01mg(7).....</i>	<i>loperamide hcl.....</i>	78	
<i>levora 0.15/30-28..</i>	<i>lopinavir-ritonavir soln</i>	78	LYBALVI TAB 15-10MG
<i>levo-t</i>	<i>400-100 mg/5ml</i>	27	
<i>levothyroxine sodium</i>	<i>(80-20 mg/ml)....</i>	27	LYBALVI TAB 20-10MG
.....	<i>lopinavir-ritonavir tab</i>	54	
<i>levoxyl</i>	<i>100-25 mg</i>	27	LYBALVI TAB 5-10MG
<i>l-glutamine (sickle</i>	<i>lopinavir-ritonavir tab</i>	54	
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<i>lidocaine</i>	<i>lorazepam.....</i>	50	<i>lyllana</i>
<i>lidocaine hcl</i>	<i>lorazepam intensol.</i>	50	LYNPARZA.....
<i>lidocaine hcl (local</i>	LORBRENA	38	LYSODREN
<i>anesth.)</i>	<i>loryna</i>	71	LYTGOBI (12 MG
<i>lidocaine hcl (mouth-</i>	<i>losartan potassium.</i>	45	DAILY DOSE).....
<i>throat).....</i>	<i>losartan potassium &</i>	44	LYTGOBI (16 MG
<i>lidocaine-prilocaine</i>	<i>hydrochlorothiazide</i>	44	DAILY DOSE).....
<i>cream 2.5-2.5%..</i>	<i>tab 100-12.5 mg.</i>	44	LYTGOBI (20 MG
<i>lidocan</i>	<i>losartan potassium &</i>	44	DAILY DOSE).....
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<i>linezolid</i>	<i>tab 100-25 mg....</i>	44	<i>magnesium sulfate.</i>
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2MG/ML	<i>hydrochlorothiazide</i>	44	
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<i>liothyronine sodium</i>	LOTEMAX.....	89	<i>dextrose 5% iv soln</i>
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<i>lisinopril &</i>		89	<i>malathion</i>
<i>hydrochlorothiazide</i>	<i>lovastatin.....</i>	46	<i>maraviroc</i>
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<i>tab 20-12.5 mg...</i>	<i>luizza 1/20.....</i>	71	MAVYRET PAK 50-
<i>lisinopril &</i>	LUMAKRAS.....	38	20MG
<i>hydrochlorothiazide</i>	LUMIGAN	90	MAVYRET TAB 100-
<i>tab 20-25 mg</i>	LUMIZYME	75	40MG
<i>lithium.....</i>	LUPRON DEPOT (1-	33	<i>meclizine hcl</i>
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<i>loestrin 1/20-21....</i>	LUPRON DEPOT-PED	75	<i>acetate</i>
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<i>nalbuphine hcl</i>	22	<i>unit/ml-1%</i>	<i>ethinyl estradiol tab</i>
<i>naloxone hcl</i>	64	<i>neo-polycin 5(3.5)mg-</i>	<i>1 mg-20 mcg.....</i>
<i>naltrexone hcl</i>	64	<i>400unt-10000unt op</i>	<i>norethindrone ace &</i>
NAMZARIC CAP 14-		<i>oin</i>	<i>ethinyl estradiol tab</i>
10MG	50	<i>neo-polycin hc ophth</i>	<i>1.5 mg-30 mcg ...</i>
NAMZARIC CAP 21-		<i>oint 1%</i>	<i>norethindrone ace-eth</i>
10MG	50	NERLYNX	<i>estradiol-fe chew tab</i>
NAMZARIC CAP 28-		<i>nevirapine.....</i>	<i>1 mg-20 mcg (24)72</i>
10MG	50	NEXLETOL.....	<i>norethindrone acetate</i>
NAMZARIC CAP 7-		NEXLIZET TAB	<i>.....</i>
10MG	50	180/10MG	<i>norethindrone acetate-</i>
NAMZARIC CAP PACK		NEXPLANON	<i>ethinyl estradiol tab</i>
.....	50	<i>niacin</i>	<i>0.5 mg-2.5 mcg ..</i>
<i>naproxen</i>	21	<i>(antihyperlipidemic)</i>	<i>norethindrone acetate-</i>
<i>naproxen dr</i>	21		<i>ethinyl estradiol tab</i>
<i>naproxen sodium</i> ...	21	<i>nicardipine hcl</i>	<i>1 mg-5 mcg</i>
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<i>neomycin sulfate</i>	24	<i>nimodipine.....</i>	<i>norgestimate-eth</i>
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<i>hc ophth susp</i>	88	<i>72</i>	NOVOLIN INJ 70/30 FP
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<i>hc otic soln 1% ...</i>	90	<i>ethinyl estradiol-fe</i>	67
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<i>oxacillin sodium</i>	30	PEDVAX HIB	86	<i>pilocarpine hcl (oral)</i>	98
<i>oxaliplatin</i>	32	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	78	<i>pimecrolimus</i>	97
<i>oxcarbazepine</i>	58	<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	78	<i>pimozide</i>	55
<i>oxybutynin chloride</i>	79	PEGASYS	28	<i>pimtrea</i>	72
<i>oxycodone hcl</i>	22	PEMAZYRE	39	<i>pindolol</i>	47
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	22	<i>pemetrexed disodium</i>	32	<i>pioglitazone hcl</i>	66
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	22	PENBRAYA INJ	86	<i>pioglitazone hcl- metformin hcl tab</i> 15-500 mg	66
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	22	<i>penicillamine</i>	69	<i>pioglitazone hcl- metformin hcl tab</i> 15-850 mg	66
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	22	<i>penicillin g potassium</i>	30	<i>piperacillin sod- tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	31
OXYCONTIN	22	<i>penicillin g sodium</i>	30	<i>piperacillin sod- tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	31
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ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរស័ព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា — ថ្ងៃទី 31 ខែមីនា។ ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា។ ចន្លោះ — សុក្រ ម៉ោង 8 ព្រឹក — 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

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<i>ropinirole</i>		SIRTURO	27	<i>sucalfate</i>	78
<i>hydrochloride</i>	52	SKYRIZI	83	<i>sulfacetamide sodium</i>	
<i>rosuvastatin calcium</i>	46	SKYRIZI PEN	83	<i>(acne)</i>	95
<i>rosyrah</i>	72	<i>sod sulfate-pot sulf-</i>		<i>sulfacetamide sodium</i>	
ROTARIX SUS.....	86	<i>mg sulf oral sol</i>		<i>(ophth)</i>	89
ROTATEQ SOL	86	17.5-3.13-1.6		<i>sulfacetamide sodium-</i>	
<i>roweepra</i>	58	<i>gm/177ml</i>	78	<i>prednisolone ophth</i>	
ROZLYTREK.....	40	<i>sodium chloride</i>	87	<i>soln 10-</i>	
RUBRACA.....	40	<i>sodium chloride (gu</i>		0.23(0.25)%	88
<i>rufinamide</i>	58	<i>irrigant)</i>	98	<i>sulfadiazine</i>	24
RUKOBIA	26	<i>sodium fluoride chew;</i>		<i>sulfamethoxazole-</i>	
RYBELSUS.....	66	<i>tab; 1.1 (0.5 f)</i>		<i>trimethoprim iv soln</i>	
RYDAPT	40	<i>mg/ml soln</i>	88	400-80 mg/5ml...	24
<i>sacubitril-valsartan tab</i>		SODIUM OXYBATE..	64	<i>sulfamethoxazole-</i>	
24-26 mg.....	45	<i>sodium phenylbutyrate</i>		<i>trimethoprim susp</i>	
<i>sacubitril-valsartan tab</i>			75	200-40 mg/5ml...	24
49-51 mg.....	45	<i>sodium polystyrene</i>		<i>sulfamethoxazole-</i>	
<i>sacubitril-valsartan tab</i>		<i>sulfonate powder.</i>	69	<i>trimethoprim tab</i>	
97-103 mg	45	<i>solifenacin succinate</i>	79	400-80 mg	24
<i>sajazir</i>	81				

<i>sulfamethoxazole-trimethoprim tab</i>	<i>tadalafil (pulmonary hypertension)</i>	<i>temazepam</i>
<i>800-160 mg</i>	<i>49</i>	<i>61</i>
<i>SULFAMYLLON</i>	<i>TAFINLAR</i>	<i>TENIVAC INJ 5-2LF</i>
<i>95</i>	<i>40</i>	<i>86</i>
<i>sulfasalazine.....</i>	<i>TAGRISO</i>	<i>tenofovir disoproxil fumarate.....</i>
<i>77</i>	<i>40</i>	<i>26</i>
<i>sulindac.....</i>	<i>TALZENNA</i>	<i>TEPMETKO</i>
<i>21</i>	<i>40, 41</i>	<i>41</i>
<i>sumatriptan</i>	<i>tamoxifen citrate....</i>	<i>terazosin hcl.....</i>
<i>62</i>	<i>33</i>	<i>44</i>
<i>sumatriptan succinate</i>	<i>tamsulosin hcl</i>	<i>terbinafine hcl</i>
<i>62</i>	<i>79</i>	<i>25</i>
<i>sunitinib malate</i>	<i>tarina 24 fe</i>	<i>terbutaline sulfate..</i>
<i>40</i>	<i>72</i>	<i>92</i>
<i>SUNLENCA</i>	<i>tarina fe 1/20 eq....</i>	<i>terconazole vaginal</i>
<i>26</i>	<i>72</i>	<i>79</i>
<i>syeda</i>	<i>TASIGNA</i>	<i>TERIPARATIDE.....</i>
<i>72</i>	<i>41</i>	<i>68</i>
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<i>93</i>	<i>61</i>	<i>65</i>
<i>SYMDEKO TAB 50-75MG</i>	<i>TAVNEOS.....</i>	<i>testosterone cypionate</i>
<i>93</i>	<i>81</i>	<i>65</i>
<i>SYMPAZAN.....</i>	<i>tazarotene</i>	<i>testosterone enanthate</i>
<i>59</i>	<i>96</i>	<i>65</i>
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<i>27</i>	<i>29</i>	<i>65</i>
<i>SYNAREL</i>	<i>TAZORAC.....</i>	<i>tetrabenazine</i>
<i>75</i>	<i>96</i>	<i>62</i>
<i>SYNJARDY TAB 12.5-1000MG.....</i>	<i>TAZVERIK</i>	<i>tetracycline hcl</i>
<i>66</i>	<i>41</i>	<i>31</i>
<i>SYNJARDY TAB 12.5-500</i>	<i>TECENTRIQ</i>	<i>THALOMID</i>
<i>66</i>	<i>41</i>	<i>33</i>
<i>SYNJARDY TAB 5-1000MG.....</i>	<i>TECENTRIQ INJ HYBREZA</i>	<i>THEO-24.....</i>
<i>66</i>	<i>41</i>	<i>93</i>
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<i>66</i>	<i>29</i>	<i>93</i>
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<i>66</i>	<i>45</i>	<i>55</i>
<i>SYNJARDY XR TAB 12.5-1000</i>	<i>telmisartan-amlodipine tab 40-10 mg</i>	<i>thiothixene.....</i>
<i>66</i>	<i>45</i>	<i>55</i>
<i>SYNJARDY XR TAB 25-1000</i>	<i>telmisartan-amlodipine tab 40-5 mg</i>	<i>tiadylt er.....</i>
<i>66</i>	<i>45</i>	<i>47</i>
<i>SYNJARDY XR TAB 5-1000MG.....</i>	<i>telmisartan-amlodipine tab 40-5 mg</i>	<i>tiagabine hcl</i>
<i>66</i>	<i>45</i>	<i>59</i>
<i>SYNTHROID</i>	<i>telmisartan-amlodipine tab 80-10 mg</i>	<i>TIBSOVO</i>
<i>76</i>	<i>45</i>	<i>41</i>
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<i>32</i>	<i>45</i>	<i>81</i>
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<i>85</i>	<i>45</i>	<i>31</i>
<i>tacrolimus (topical)</i>		<i>tilia fe</i>
<i>98</i>		<i>72</i>
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<i>79</i>		<i>47</i>



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរស័ព្ទទៅ Central Health Medicare Plan តាមរយៈលេខ (800) 665-3086, TTY: 711, ថ្ងៃទី 1 ខែតុលា — ថ្ងៃទី 31 ខែមីនា។ ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា។ ចន្លោះ — សុក្រ ម៉ោង 8 ព្រឹក — 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរស័ព្ទនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ <https://www.centralhealthplan.com/PartD/Formulary>។

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**CENTRAL HEALTH
MEDICARE PLAN**

**Central Health Medi-Medi Plan I (HMO D-SNP)
Medicare Medi-Cal Plan**

បញ្ជីផ្លូវការនេះត្រូវបានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី 12/1/2025

សម្រាប់ព័ត៌មានថ្មីៗបន្ថែម ឬសំណួរផ្សេងទៀត សូមទាក់ទងមកយើងតាមរយៈលេខ (800) 665-3086, TTY: 711 ថ្ងៃទី 1 ខែតុលា – ថ្ងៃទី 31 ខែមីនា៖ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ម៉ោង 8 ព្រឹក - 8 យប់ ម៉ោងក្នុងតំបន់ ថ្ងៃទី 1 ខែមេសា - ថ្ងៃទី 30 ខែកញ្ញា៖ ចន្ទ – សុក្រ ម៉ោង 8 ព្រឹក – 8 យប់ ម៉ោងក្នុងតំបន់ ឬចូលទៅកាន់

<https://www.centralhealthplan.com/PartD/Formulary>¹