



Molina Medicare Complete Care Plus (HMO D-SNP)

គម្រោង Medicare Medi-Cal Plan

បញ្ជីមិនដែលត្រូវបានធានារ៉ាប់រង (បញ្ជីមិនថ) ឆ្នាំ 2024

សូមអាន៖ ឯកសារនេះមានព័ត៌មានអំពីមិនដែលយើងធានារ៉ាប់រងក្នុងគម្រោងនេះ

HPMS បានយល់ព្រមលើការបញ្ជូនឯកសារអំពីបញ្ជីមិនដែលមានលេខសម្គាល់ 00024170 កំណែ 10

បញ្ជីមិនថនេះត្រូវបានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី 04/01/2024។

សារសំខាន់អំពីផ្ទៃក្នុងសម្រាប់អ្នកបង់សំណង — វាកំណត់មួយចំនួនត្រូវបានកាត់ទុកថាជាអត្ថប្រយោជន៍ផ្នែកផ្សេងៗសម្រាប់ វាកំណត់ដទៃទៀតត្រូវបានកាត់ទុកថាជាមិនមែនផ្នែក D។ គម្រោងរបស់យើងធានារ៉ាប់រងលើវាកំណត់ផ្នែក D ដ៏រួមបញ្ចូលគ្នាដោយមិនគិតថ្លៃពីអ្នកទេ។

សម្រាប់ព័ត៌មានថ្មីៗបន្ថែមទៀត ឬសំណួរផ្សេងទៀត ទាក់ទងមកយើងខ្ញុំតាមរយៈលេខ (800) 665-3086, TTY: 711, ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា ចាប់ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ឬចូលទៅកាន់គេហទំព័រ MolinaHealthcare.com/Medicare។

សេចក្តីផ្តើម

ឯកសារនេះត្រូវបានគេហៅថា **បញ្ជីឱសថដែលត្រូវបានធានារ៉ាប់រង** (ត្រូវបានគេស្គាល់ផងដែរថាជាបញ្ជីឱសថ)។ វាប្រាប់អ្នកថា តើឱសថតាមវេជ្ជបញ្ជាណាមួយត្រូវបានធានារ៉ាប់រងដោយ **Molina Medicare Complete Care Plus** ដែរឬទេ។ បញ្ជីឱសថក៏ប្រាប់អ្នកផងដែរថា តើមានច្បាប់ពិសេសណាមួយ ឬការរឹតត្បិតចំពោះឱសថណាមួយត្រូវបានធានារ៉ាប់រងដោយ **Molina Medicare Complete Care Plus** ដែរឬទេ។

ព័ត៌មានទំនាក់ទំនងរបស់យើង រួមជាមួយនឹងការបរិច្ឆេទដែលយើងបានធ្វើបច្ចុប្បន្នភាពបញ្ជីឱសថចុងក្រោយ បង្ហាញនៅលើគម្របទំព័រខាងមុខ និងខាងក្រោយ។ តារាងខ្លី៖

និងនិយមន័យរបស់ពួកវាបង្ហាញនៅក្នុងជំពូកចុងក្រោយរបស់ *វាស្តុភាគនៃការធានារ៉ាប់រង*។

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នេះគឺជាបញ្ជីនិស្សិតដែលសមាជិកអាចទទួលបាននៅក្នុង **Molina Medicare Complete Care Plus**។

- ❖ អ្នកអាចពិនិត្យមើលបញ្ជីនិស្សិតដែលត្រូវបានដាក់បញ្ចូលក្នុង **Molina Medicare Complete Care Plus** តាមអេឡិចត្រូនិចនៅលើគេហទំព័រ **Molinahealthcare.com/Medicare** ឬដោយទូរសព្ទទៅកាន់លេខ (800) 665-3086 TTY: 711។
- ❖ អ្នកអាចទទួលបានឯកសារនេះដោយឥតគិតថ្លៃជាទម្រង់ផ្សេងទៀត ដូចជាអក្សរព្រុញ ឬអក្សរសរសេរសម្រាប់ជនពិការភ្នែក ឬជាសំឡេង។ ទូរសព្ទទៅកាន់លេខ (800) 665-3086, TTY: 711 ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។
- ❖ ជំនួយ និងសេវាកម្មគិតថ្លៃ ដូចជាអ្នកបកប្រែភាសាសញ្ញា ការបកប្រែសំណេរ និងព័ត៌មានជាលាយលក្ខណ៍អក្សរជាទម្រង់ដែលមានជម្រើសផ្សេងទៀតអាចរកបានសម្រាប់អ្នក។ ទូរសព្ទទៅកាន់លេខ 1-855 665-4627 (TTY: 711)។
- ❖ English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-665-4627. Someone who speaks English can help you. This is a free service.
- ❖ Spanish: Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-855-665-4627. Alguien que hable Español puede ayudarlo. Este es un servicio gratuito.
- ❖ Chinese Mandarin: 如果您对我们的健康计划或药品计划有任何问题, 我们可以提供免费的口译服务回答您的问题。若要获得口译服务, 请致电我们: 1-855-665-4627。说 普通话 的人士会帮助您。这是免费服务。
- ❖ Chinese Cantonese: 我們有免費的口譯員服務, 可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員, 請撥打 1-855-665-4627 聯絡我們。能說 广东话 的人士會為您提供協助。這是免費的服務。
- ❖ Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-855-665-4627. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.
- ❖ Vietnamese: Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-665-4627. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.
- ❖ Korean: 당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 1-855-665-4627 로 전화하십시오. 한국말 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.



ប្រសិនបើអ្នកមានសំណួរ សូមទូរសព្ទទៅ **Molina Medicare Complete Care Plus** តាមរយៈលេខ (800) 665-3086, TTY: 711, ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម ចូលទៅកាន់គេហទំព័រ **Molinahealthcare.com/Medicare**។

- ❖ **Russian:** Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-855-665-4627. Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.

❖ **Arabic:** نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. وللحصول على مترجم فوري، تفضل بالاتصال بنا على الرقم 1-855-665-4627. ويمكن لشخص يتحدث اللغة مساعدتك. تقدم هذه الخدمة مجاناً.

- ❖ **Hindi:** हमारे हेल्थ या ड्रग प्लान के बारे में आपके किसी भी सवाल का ज़वाब देने के लिए हमारे पास मुफ्त इंटरप्रेटर सेवाएं हैं। इंटरप्रेटर से बात करने के लिए, बस हमें 1-855-665-4627 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

- ❖ **Japanese:** 弊社の健康保険や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳サービスを利用するには、1-855-665-4627 までお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

- ❖ **Armenian:** Մենք ունենք անվճար թարգմանական ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-855-665-4627 հեռախոսահամարով: Ինչ-որ մեկն, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվճար ծառայություն է:

- ❖ **Cambodian:** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយតបទៅនឹងសំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងមធ្យមសិក្សា។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ ត្រាន់ស្ក្រីបសម្រាប់យើងខ្ញុំតាមលេខ 1-855-665-4627 ។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃនោះទេ។

❖ **Persian (Farsi):** برای پاسخگویی به سؤالاتی که ممکن است درباره طرح های سلامت یا دارویی ما داشته باشید می توانید از خدمات ترجمه رایگان ما استفاده کنید. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-855-665-4627 با ما تماس بگیرید. فردی که به زبان فارسی صحبت می کند به شما کمک خواهد کرد. این سرویس رایگان است.

- ❖ **Hmong:** Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog peb txoj phiaj xwm kev noj qab haus huv los sis tshuaj. Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau peb ntawm 1-855-665-4627. Ib tus neeg uas hais lus Hmoob tuaj yeem pab koj. Qhov no yog ib qho kev pab cuam pub dawb.

- ❖ **Laotian:** ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-665-4627. ຄົນທີ່ເວົ້າ ພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

- ❖ **Mien:** Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih, haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv. Oix duqv taux taengx meih mbienv wac, kungx zuqc mboqv yie mbuo nyei dienx wac 1-855-665-4627. Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih. Naiv se yietc nyungc mv nongc zinh nyei bong taengx.

- ❖ Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਆਰੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-855-665-4627 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- ❖ Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการรับบริการล่าม เพียงโทรหาเราที่ 1-855-665-4627 คนที่สามารถพูดภาษา ภาษาไทย สามารถช่วยคุณได้ บริการนี้เป็นบริการที่ไม่มีค่าใช้จ่าย
- ❖ Ukrainian: У нас є безкоштовні послуги перекладача, щоб відповісти на будь-які питання, які ви можете мати про наш план здоров'я або наркотиків. Щоб отримати інтерпретатор, просто зателефонуйте нам на 1-855-665-4627. Хтось, хто говорить Українська мова, може вам допомогти. Це безкоштовна послуга.
- ❖ French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-665-4627. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
- ❖ German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-665-4627. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- ❖ Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-665-4627. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.
- ❖ Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-665-4627. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
- ❖ French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-665-4627. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- ❖ Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-665-4627. Ta usługa jest bezpłatna.
- ❖ អ្នកអាចស្នើសុំឱ្យយើងផ្ញើអ្នកបកប្រែឥតគិតថ្លៃដើម្បីឆ្លើយតបនឹងសំណួររបស់អ្នក។ ទូរស័ព្ទទៅកាន់លេខ (800) 665-3086, TTY: 711, ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា 7 ខែកក្កដា ឬ ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក អ្នកតំណាងផ្នែកបម្រើសេវាសាធារណៈអាចជួយអ្នកបង្កើត ឬផ្លាស់ប្តូរសំណើសុំឱ្យយើងផ្ញើអ្នកបកប្រែឥតគិតថ្លៃដល់អ្នក ដូច្នេះអ្នកមិនចាំបាច់បង្កើតសំណើដាច់ដោយឡែករៀងរាល់ពេលដែលយើងផ្ញើតម្រូវការទៅកាន់អ្នកឡើយ។



B. សំណួរដែលគេសួរញឹកញាប់ (FAQ)

ស្វែងរកចម្លើយនៅទីនេះចំពោះសំណួរដែលអ្នកមានអំពី **បញ្ជីមិនថវិកាដែលត្រូវបានធានារ៉ាប់រង**។ អ្នកអាចអាន **FAQ** ទាំងអស់ដើម្បីស្វែងយល់បន្ថែម ឬស្វែងរកសំណួរ និងចម្លើយ។

B1. តើមិនមែនជាមជ្ឈមណ្ឌលដែលមាននៅក្នុងបញ្ជីមិនថវិកាដែលត្រូវបានធានារ៉ាប់រង ? (យើងហៅបញ្ជីមិនថវិកាដែលត្រូវបានធានារ៉ាប់រងដោយស្លីដា “បញ្ជីមិនថវិកា”)។

មិនមែននៅក្នុងបញ្ជីមិនថវិកាដែលត្រូវបានធានារ៉ាប់រងដែលលាបចាប់ផ្តើមនៅទំព័រ 13 គឺជាមិនថវិកាដែលត្រូវបានធានារ៉ាប់រងដោយ **Molina Medicare Complete Care Plus (HMO D-SNP)**។ មិនមែនទាំងនេះអាចក៏បាននៅតាមមិនថវិកាក្នុងបណ្តាញរបស់យើង។ មិនមែនស្ថានភាពនៅក្នុងបណ្តាញរបស់យើង ប្រសិនបើយើងមានកិច្ចព្រមព្រៀងជាមួយពួកគេដើម្បីធ្វើការជាមួយយើងខ្ញុំ ហើយផ្តល់សេវាបន្ថែមអ្នក។ យើងសំដៅទៅលើមិនថវិកាទាំងនេះថាជា “មិនថវិកាក្នុងបណ្តាញ”។ មិនមែនជាមជ្ឈមណ្ឌលនៅក្នុងបញ្ជីមិនថវិកាដែលត្រូវបានធានារ៉ាប់រងដោយ **Molina Medicare Complete Care Plus**។ មិនមែនផ្សេងទៀត ដូចជាការប្រើមិនថវិកាដែលមិនតម្រូវឱ្យមានវេជ្ជបញ្ជា (OTC) មួយចំនួន និងវិធានការណ៍កាត់ប្រហែលជាអាចត្រូវបានរ៉ាប់រងដោយ **Medi-Cal Rx** ផងដែរ។ សូមចូលទៅកាន់គេហទំព័រ **Medi-Cal Rx** (www.medi-calrx.dhcs.ca.gov) សម្រាប់ព័ត៌មានបន្ថែម។

អ្នកក៏អាចទទួលបានសេវាទាំងនេះដោយប្រើសេវាកម្មអតិថិជនរបស់ **Medi-Cal Rx** តាមរយៈលេខ **800-977-2273**។ សូមទំនាក់ទំនងសម្គាល់អ្នកទទួលបាន (BIC) ពី **Medi-Cal** របស់អ្នកនៅពេលអ្នកបើកមិនថវិកាមជ្ឈមណ្ឌលតាមរយៈ **Medi-Cal Rx**។

- **Molina Medicare Complete Care Plus** និងធានារ៉ាប់រងលើមិនថវិកាចាំបាច់ផ្នែកវេជ្ជសាស្ត្រទាំងអស់នៅក្នុងបញ្ជីមិនថវិកា ប្រសិនបើ៖
 - ផ្សេងពីបណ្តាញ ឬអ្នកចេញថវិកាផ្សេងទៀតរបស់អ្នកនិយាយថា អ្នកត្រូវការការពារដើម្បីធ្វើឱ្យសុខភាពប្រសើរ ឬរក្សាសុខភាពឱ្យបានល្អ
 - **Molina Medicare Complete Care Plus** យល់ស្របថាមិនមែនមានសារៈសំខាន់ផ្នែកវេជ្ជសាស្ត្រចំពោះអ្នក **ហើយ**
 - អ្នកបើកមិនថវិកាមជ្ឈមណ្ឌលនៅតាមមិនថវិកាក្នុងបណ្តាញនៃ **Molina Medicare Complete Care Plus**។
- ក្នុងករណីខ្លះ អ្នកត្រូវតែធ្វើការជាមួយមុនពេលអ្នកទទួលបានមិនថវិកា។ សូមមើលសំណួរ **B4** សម្រាប់ព័ត៌មានបន្ថែម។

អ្នកក៏អាចស្វែងរកបញ្ជីមិនថវិកាផ្សេងៗទៀតដែលយើងធានារ៉ាប់រងនៅគេហទំព័ររបស់យើងតាមរយៈ Molinahealthcare.com/Medicare ឬទូរសព្ទទៅកាន់ផ្នែកបម្រើសេវាសាធារណៈតាមរយៈលេខ **(800) 665-3086 TTY: 711**។

B2. តើធ្លាប់មានការផ្លាស់ប្តូរបញ្ជីមិនថវិកាដែរឬទេ?

បាទ/ចាស ហើយ **Molina Medicare Complete Care Plus** ត្រូវតែអនុវត្តតាមច្បាប់របស់ **Medicare** និង **Medi-Cal** នៅពេលធ្វើការផ្លាស់ប្តូរ។ យើងអាចបន្ថែម ឬដកចេញនូវមិនថវិកានៅក្នុងបញ្ជីមិនថវិកាក្នុងអំឡុងពេល។

យើងខ្ញុំក៏អាចផ្លាស់ប្តូរច្បាប់របស់យើងស្តីពីមិនថវិកាផងដែរ។ ឧទាហរណ៍ យើងអាច៖

- សម្របចិត្តតម្រូវ ឬមិនតម្រូវឱ្យមានការយល់ព្រមជាមុនសម្រាប់មិនថវិកា (ការអនុញ្ញាតជាមុនគឺជាការអនុញ្ញាតពី **Molina Medicare Complete Care Plus** មុនពេលអ្នកអាចទទួលបានមិនថវិកា)។
- បន្ថែម ឬផ្លាស់ប្តូរបរិមាណមិនថវិកាដែលអ្នកអាចទទួលបាន (ហៅថាដែនកំណត់បរិមាណ)។
- បន្ថែម ឬផ្លាស់ប្តូរការរឹតត្បិតចំពោះការព្យាបាលជាជំហានដ៏ស្រួល (ការព្យាបាលជាជំហានដ៏ស្រួល អ្នកត្រូវតែសាកល្បងប្រើមិនថវិកាមួយនេះសិនមុនពេលយើងធានារ៉ាប់រងមិនថវិកាផ្សេងទៀត)។

សម្រាប់ព័ត៌មានបន្ថែមអំពីច្បាប់មិនថវិកាទាំងនេះ សូមមើលសំណួរ **B4**។

ប្រសិនបើអ្នកកំពុងប្រើមិនថវិកាដែលត្រូវបានធានារ៉ាប់រងនៅ **ដើមឆ្នាំ** ជាទូទៅយើងនឹងមិនដកចេញ ឬផ្លាស់ប្តូរការធានារ៉ាប់រងលើមិនថវិកានោះ **ក្នុងអំឡុងពេលនៃឆ្នាំដែលនៅសល់នោះទេ** លុះត្រាតែ៖

- មិនថវិកាដែលមានតម្លៃថោកជាងអាចមាននៅលើទីផ្សារដែលមានប្រសិទ្ធភាពដូចនឹងមិនថវិកានៅក្នុងបញ្ជីមិនថវិកាឡើយ៖ **ឬ**
- យើងដឹងថាមិនថវិកានោះមិនមានសុវត្ថិភាពទេ **ឬ**
- មិនថវិកាដែលត្រូវបានដកចេញពីទីផ្សារ។

សំណួរ B3 និង B6 ខាងក្រោមមានព័ត៌មានបន្ថែមអំពីអ្វីដែលកើតឡើងនៅពេលបញ្ជីមិនសម្រាប់ប្តូរ។

- អ្នកអាចពិនិត្យមើលបញ្ជីមិនសម្រាប់ប្តូរបស់ **Molina Medicare Complete Care Plus** តាមអនឡាញនៅលើគេហទំព័រ **Molinahealthcare.com/Medicare**។
- អ្នកក៏អាចទូរសព្ទទៅកាន់ផ្នែកបម្រើសេវា សមាជិកតាមរយៈលេខ (800) 665-3086, TTY: 711 ដើម្បីពិនិត្យមើលបញ្ជីមិនសម្រាប់ប្តូរបន្ត។

B3. តើមានអ្វីកើតឡើងនៅពេលមានការផ្លាស់ប្តូរបញ្ជីមិនសម្រាប់ប្តូរ?

ការផ្លាស់ប្តូរប្រមូលចំនួនចំពោះបញ្ជីមិនសម្រាប់ប្តូរនឹងកើតឡើងភ្លាមៗ។ ឧទាហរណ៍៖

- **មិនមែនទៅផ្នែកពន្យារឡើយ។** ជួនកាលមិនមែនទៅផ្នែកពន្យារនៅលើទីផ្សារដែលមានប្រសិទ្ធភាពដូចទៅនឹងមិនមែនម៉ាកយីហោនៅក្នុងបញ្ជីមិនសម្រាប់ប្តូរនេះដែរ។ នៅពេលដែលអ្នកលើកនោះកើតមានឡើង យើងអាចដកមិនមែនម៉ាកយីហោចេញ ហើយបន្ថែមមិនមែនទៅផ្នែកពន្យារ ប៉ុន្តែថ្លៃចំណាយសម្រាប់មិនមែនរបស់អ្នកនឹងមានតម្លៃ **\$0**។ នៅពេលយើងខ្ញុំបន្ថែមមិនមែនទៅផ្នែកពន្យារ យើងខ្ញុំក៏អាចសម្រេចចិត្តរក្សាទុកមិនមែនម៉ាកយីហោនៅក្នុងបញ្ជី ប៉ុន្តែផ្លាស់ប្តូរច្បាប់ ឬដំណាក់កាលគំរាមកំហែងការធានារ៉ាប់រងរបស់វា។
 - យើងអាចមិនប្រាប់អ្នកនោះឡើយមុនពេលយើងធ្វើការផ្លាស់ប្តូរនេះ ប៉ុន្តែយើងនឹងផ្ញើជូនអ្នកនូវព័ត៌មានអំពីការផ្លាស់ប្តូរជាក់លាក់ដែលយើងបានធ្វើការណែនាំនឹងកើតឡើង។
 - អ្នក ឬអ្នកផ្តល់សេវារបស់អ្នកអាចស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះ។ យើងនឹងធ្វើសេចក្តីជូនដំណឹងជូនអ្នកជាមួយនឹងដំណើរការដែលអ្នកអាចអនុវត្តតាមដើម្បីស្នើសុំការលើកលែង។ សូមមើលសំណួរពី **B10** ដល់ **B12** សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។
- **មិនមែនជាមួយកញ្ចប់ទីផ្សារ។** ប្រសិនបើអ្នកប្រើប្រាស់ប្រព័ន្ធប្រឹក្សាសុខភាព និងមិនមែន (FDA) និងយថាមិនមែនដែលអ្នកប្រើប្រាស់នេះមិនមានសុវត្ថិភាព ឬអ្នកផលិតមិនមែនមិនមែនចេញពីទីផ្សារនោះយើងនឹងដកវាចេញពីបញ្ជីមិនសម្រាប់ប្តូរនេះ។ ប្រសិនបើអ្នកកំពុងប្រើមិនមែន យើងនឹងប្រាប់អ្នកឱ្យដឹង។ ចូរជជែកជាមួយវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក ដើម្បីស្វែងរកជម្រើសដែលមានសុវត្ថិភាពសម្រាប់អ្នក។

យើងអាចធ្វើការផ្លាស់ប្តូរផ្សេងទៀតដែលប៉ះពាល់ដល់មិនមែនដែលអ្នកប្រើ។ យើងនឹងប្រាប់អ្នកជាមុនអំពីការផ្លាស់ប្តូរផ្សេងៗទៀតទៅលើបញ្ជីមិនសម្រាប់ប្តូរ។ ការផ្លាស់ប្តូរទាំងនេះអាចនឹងកើតឡើង ប្រសិនបើ៖

- **FDA** ផ្តល់ការណែនាំថ្មី ឬគោលការណ៍ណែនាំអំពីការព្យាបាលថ្មីអំពីមិនមែន។
- យើងបន្ថែមមិនមែនទៅលើបញ្ជីមិនមែនជាមិនមែនថ្មីទៅក្នុងទីផ្សារ **និង**
 - ជំនួសមិនមែនម៉ាកយីហោបច្ចុប្បន្នក្នុងបញ្ជីមិនមែន **ឬ**
 - ផ្លាស់ប្តូរច្បាប់ ឬដំណាក់កាលគំរាមកំហែងសម្រាប់មិនមែនម៉ាកយីហោ។

នៅពេលការផ្លាស់ប្តូរទាំងនេះកើតឡើង យើងនឹង៖

- ប្រាប់អ្នកយ៉ាងហោចណាស់ **30** ថ្ងៃមុនពេលយើងធ្វើការផ្លាស់ប្តូរបញ្ជីមិនមែន **ឬ**
- អាចឱ្យអ្នកដឹង និងផ្តល់ជូនអ្នកនូវការផ្តល់ជូនមិនមែនរយៈពេល **31** ថ្ងៃបន្ទាប់ពីអ្នកស្នើសុំការលើកលែងមិនមែនថ្មី។

ការធ្វើដូច្នេះនឹងផ្តល់ពេលវេលាជូនអ្នកក្នុងការជជែកជាមួយវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក។ ពួកគេអាចជួយអ្នកឱ្យសម្រេចចិត្ត។

- ប្រសិនបើមានមិនមែនស្រដៀងគ្នានៅក្នុងបញ្ជីមិនមែន អ្នកអាចប្រើជំនួសវាបាន ឬ
- ថាតើត្រូវស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះដែរឬទេ។ ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែង សូមមើលសំណួរពី **B10** ដល់ **B12**។



ប្រសិនបើអ្នកមានសំណួរ សូមទូរសព្ទទៅ **Molina Medicare Complete Care Plus** តាមរយៈលេខ (800) 665-3086, TTY: 711, ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា។ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា។ ពីថ្ងៃទី 31 ដល់ថ្ងៃទី 30 ខែកញ្ញា ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** ចូរទៅកាន់គេហទំព័រ **Molinahealthcare.com/Medicare**។

B4. តើមានការរឹតត្បិត ឬដែនកំណត់អំពីការធានារ៉ាប់រងឱសថ ឬវិធានការចាំបាច់ណាមួយដែលត្រូវអនុវត្តក្នុងការទទួលបានឱសថជាក់លាក់ដែរឬទេ?

បាទ/ចាស ឱសថមួយចំនួនមានច្បាប់ធានារ៉ាប់រង ឬមានដែនកំណត់អំពីចំនួន ដែលអ្នកអាចទទួលបាន។ ក្នុងករណីខ្លះ អ្នក ឬផ្សេងៗបណ្តាញផ្សេងទៀតត្រូវធ្វើវិធីមួយមុនពេលអ្នកអាចទទួលបានឱសថ។ ឧទាហរណ៍៖

- **ការអនុញ្ញាតជាមុន** សម្រាប់ឱសថមួយចំនួន អ្នក ឬផ្សេងៗបណ្តាញផ្សេងទៀតត្រូវតែទទួលបានការអនុញ្ញាតពី **Molina Medicare Complete Care Plus** មុនពេលអ្នកបើកឱសថតាមផ្លូវបញ្ជូរបស់អ្នក។ ការអនុញ្ញាតជាមុនគឺខុសគ្នាពីការបញ្ជូនព្យាបាលបន្ត។ **Molina Medicare Complete Care Plus** អាចមិនធានារ៉ាប់រងលើឱសថនោះទេ ប្រសិនបើអ្នកមិនទទួលបានការអនុញ្ញាតជាមុន។
- **ដែនកំណត់បរិមាណ** ជូនកាល **Molina Medicare Complete Care Plus** កំណត់ចំនួនឱសថដែលអ្នកអាចទទួលបាន។
- **ការព្យាបាលជំងឺហានិភ័យ** ជូនកាល **Molina Medicare Complete Care Plus** តម្រូវឱ្យអ្នកធ្វើការព្យាបាលជំងឺហានិភ័យ។
នេះមានន័យថាអ្នកនឹងត្រូវសាកល្បងប្រើឱសថតាមលំដាប់ជាក់លាក់សម្រាប់ស្ថានភាពជំងឺសាស្ត្ររបស់អ្នក។ អ្នកប្រហែលជាត្រូវសាកល្បងប្រើឱសថមួយមុនពេលយើងនឹងរ៉ាប់រងឱសថមួយផ្សេងទៀត។
ប្រសិនបើផ្លូវបណ្តាញរបស់អ្នកគិតថាឱសថទីមួយមិនមានប្រសិទ្ធភាពសម្រាប់អ្នកទេ នោះយើងនឹងរ៉ាប់រងឱសថទីពីរ។

អ្នកអាចស្វែងយល់ថាគេរឹតត្បិតឱសថរបស់អ្នកមានតម្រូវការ ឬដែនកំណត់បន្ថែមណាមួយដោយមើលក្នុងតារាងដែលចាប់ផ្តើមនៅលើទំព័រ **13**។ អ្នកក៏អាចទទួលបានព័ត៌មានបន្ថែមដោយចូលទៅកាន់គេហទំព័ររបស់យើងតាមរយៈ **Molinahealthcare.com/Medicare**។ យើងបានបង្ហាញឯកសារតាមអត្ថបទព្យាបាលដែលពន្យល់អំពី ការអនុញ្ញាតជាមុន និងការរឹតត្បិតចំពោះការព្យាបាលជំងឺហានិភ័យរបស់យើង។
យើងក៏អាចធ្វើជូនអ្នកនូវច្បាប់ចម្លងមួយច្បាប់ផងដែរ។

អ្នកអាចស្នើសុំការលើកលែងពីដែនកំណត់ទាំងនេះ។ ការធ្វើដូច្នេះនឹងផ្តល់ពេលវេលាជូនអ្នកក្នុងការជជែកជាមួយផ្សេងៗបណ្តាញផ្សេងទៀតរបស់អ្នក។
ពួកគេអាចជួយអ្នកឱ្យសម្រេចចិត្តថាតើមានឱសថស្រ្តផ្សេងៗនៅក្នុងបញ្ជីឱសថដែលអ្នកអាចប្រើជំនួស ឬថាតើត្រូវស្នើសុំការលើកលែងដែរឬទេ។ មើលសំណួរលេខ **B10** ដល់ **B12** សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

B5. តើខ្ញុំនឹងដឹងដោយរបៀបណាថាតើឱសថដែលខ្ញុំចង់បានមានដែនកំណត់ ឬថាមានវិធានការតម្រូវដែលត្រូវអនុវត្តដើម្បីទទួលបានឱសថនោះដែរឬទេ?

តារាងនៅក្នុងបញ្ជីឱសថតាមស្ថានភាពជំងឺសាស្ត្រនៅលើទំព័រ **13** មានជួរឈរដែលដាក់ស្លាកថា “វិធានការចាំបាច់ ការរឹតត្បិត ឬដែនកំណត់អំពីការប្រើប្រាស់”។

B6. តើមានអ្វីកើតឡើងប្រសិនបើ **Molina Medicare Complete Care Plus** ផ្លាស់ប្តូរច្បាប់បង្វែរការគ្រប់គ្រងដែលពួកគេធានារ៉ាប់រងលើឱសថមួយចំនួន (ឧទាហរណ៍ ការអនុញ្ញាតជាមុន ដែនកំណត់បរិមាណ និង/ឬការរឹតត្បិតចំពោះការព្យាបាលជំងឺហានិភ័យ)?

ក្នុងករណីខ្លះ យើងនឹងប្រាប់អ្នកជាមុន ប្រសិនបើយើងបន្ថែម ឬផ្លាស់ប្តូរការអនុញ្ញាតជាមុន ដែនកំណត់បរិមាណ និង/ឬការរឹតត្បិតចំពោះការព្យាបាលជំងឺហានិភ័យអំពីឱសថ។ សូមមើលសំណួរ **B3** សម្រាប់ព័ត៌មានបន្ថែមអំពីសេចក្តីជូនដំណឹងជាមុននេះ និងស្ថានភាពដែលយើងមិនអាចប្រាប់អ្នកជាមុននៅពេលដែលច្បាប់របស់យើងអំពីឱសថនៅក្នុងបញ្ជីឱសថផ្លាស់ប្តូរ។

B7. តើខ្ញុំអាចស្វែងរកឱសថនៅក្នុងបញ្ជីឱសថដោយរបៀបណា?

មានវិធីពីរបីយ៉ាងក្នុងការស្វែងរកឱសថ៖

- អ្នកអាចស្វែងរកតាមអក្ខរក្រម **ឬ**
- អ្នកអាចស្វែងរកតាមស្ថានភាពជំងឺសាស្ត្រ។

ដើម្បីស្វែងរកតាមអក្ខរក្រម មើលឱសថរបស់អ្នកនៅក្នុងលិបិក្រមនៃផ្នែកឱសថដែលត្រូវបានធានារ៉ាប់រង។ អ្នកអាចស្វែងរក នៅទំព័រ **86**។

ដើម្បីស្វែងរកតាមស្ថានភាពជំងឺសាស្ត្រ ស្វែងរកផ្នែកដែលដាក់ស្លាកថា “បញ្ជីឱសថតាមស្ថានភាពជំងឺសាស្ត្រ” នៅទំព័រ **13**។

ឱសថនៅក្នុងផ្នែកនេះត្រូវបានដាក់ជាក្រុមតាមប្រភេទដោយអាស្រ័យលើប្រភេទនៃស្ថានភាពជំងឺសាស្ត្រដែលពួកវាត្រូវបានប្រើដើម្បីព្យាបាល។ ឧទាហរណ៍ ប្រសិនបើអ្នកមានបញ្ហាដោះស្រាយ អ្នកគួរតែមើលនៅក្នុងប្រភេទជំងឺសរសៃឈាមដង្ហើម។ នោះជាកន្លែងដែលអ្នកនឹងស្វែងរកឱសថដែលព្យាបាលបញ្ហាដោះស្រាយ។

B8. ចុះបើឱសថដែលខ្ញុំចង់ប្រើមិនមាននៅក្នុងបញ្ជីឱសថ?

ប្រសិនបើអ្នកមិនឃើញឱសថរបស់អ្នកនៅក្នុងបញ្ជីឱសថទេ ទូរសព្ទទៅផ្នែកបម្រើសេវាសមាជិកតាមរយៈលេខ **(800) 665-3086, TTY: 711** ហើយសួរនាំអំពីវា។ ប្រសិនបើអ្នកដឹងថា **Molina Medicare Complete Care Plus** នឹងមិនធានារ៉ាប់រងលើឱសថនោះទេ អ្នកអាចធ្វើរឿងមួយក្នុងចំណោមរឿងទាំងនេះ៖

- ស្នើសុំ ផ្នែកបម្រើសេវាសាធារណៈ ឱ្យផ្តល់ជូនបញ្ជីមិនថាបញ្ជីមិនសមស្របនៃអ្នកចង់ប្រើ។ បន្ទាប់មក ចូរបង្ហាញបញ្ជីនោះដល់អង្គបណ្តុះបណ្តាលអ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចចេញវេជ្ជបញ្ជាមិនថានៅក្នុងបញ្ជីមិនថាបញ្ជីមិនសមស្របនៃអ្នកចង់ប្រើ។ ឬ
- អ្នកអាចស្នើសុំ **Molina Medicare Complete Care Plus** ឱ្យធ្វើការលើកលែងក្នុងការធានារ៉ាប់រងលើមិនថាបញ្ជីអ្នក។ មើលសំណួរពី **B10** ដល់ **B12** សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

B9. ចុះបើខ្ញុំជាសាមាជិកថ្មីរបស់ Molina Medicare Complete Care Plus ហើយមិនអាចស្វែងរកបានមិនថាបញ្ជីនៅក្នុងបញ្ជីមិនថា ឬមានបញ្ហាក្នុងការទទួលបានមិនថាបញ្ជីខ្ញុំ?

យើងអាចជួយអ្នកបាន។ យើងអាចធានារ៉ាប់រងលើ ការផ្គត់ផ្គង់មិនថាបញ្ជីអ្នករយៈពេល **31** ថ្ងៃជាបណ្តោះអាសន្ន ក្នុងអំឡុងពេល **90** ថ្ងៃដំបូងដែលអ្នកជាសាមាជិករបស់ Molina Medicare Complete Care Plus។ ការធ្វើដូច្នេះនឹងផ្តល់ពេលវេលាដល់អ្នកក្នុងការជ្រើសរើសអ្នកផ្គត់ផ្គង់បណ្តោះអាសន្ន ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នក។

ពួកគេអាចជួយអ្នកឱ្យសម្រេចចិត្តថាតើមានមិនថាបញ្ជីនៅក្នុងបញ្ជីមិនថាបញ្ជីមិនសមស្របនៃអ្នកអាចប្រើជំនួស ឬថាតើត្រូវស្នើសុំការលើកលែងដែរឬទេ។

ប្រសិនបើអ្នកបញ្ជាក់សរសេរសម្រាប់រយៈពេលពីរថ្ងៃតិចជាងនេះ នោះយើងនឹងអនុញ្ញាតឱ្យបើកមិនថាបញ្ជីបានច្រើនដងដើម្បីផ្តល់ការប្រើមិនសមស្របដល់រយៈពេល **31** ថ្ងៃជាអតិបរមា។

យើងនឹងធានារ៉ាប់រងលើការផ្គត់ផ្គង់មិនថាបញ្ជីអ្នករយៈពេល **31** ថ្ងៃ ប្រសិនបើ៖

- អ្នកកំពុងប្រើមិនថាបញ្ជីដែលមិនមាននៅក្នុងបញ្ជីមិនថាបញ្ជីរបស់យើង ឬ
- ច្បាប់គម្រោងរបស់យើងមិនអនុញ្ញាតឱ្យអ្នកទទួលបានចំនួនដែលបានបញ្ជាក់ដោយអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកទេ ឬ
- មិនថានេះគម្រោងការអនុញ្ញាតជាមុនពី Molina Medicare Complete Care Plus ឬ
- អ្នកកំពុងប្រើមិនថាបញ្ជីដែលជាផ្នែកមួយនៃការអភិវឌ្ឍន៍នៃការព្យាបាលជាជំហាន។

ប្រសិនបើអ្នកស្ថិតនៅក្នុងមណ្ឌលថែទាំ ឬមន្ទីរពេទ្យរយៈពេលវែងផ្សេងទៀត ហើយត្រូវការមិនថាបញ្ជីដែលមិនមាននៅក្នុងបញ្ជីមិនថា ឬប្រសិនបើអ្នកមិនអាចទទួលបានមិនថាបញ្ជីដែលអ្នកត្រូវការដោយងាយស្រួលទេ នោះយើងអាចជួយអ្នកបាន។

ប្រសិនបើអ្នកបានចូលជាសាមាជិកក្នុងគម្រោងរយៈពេលច្រើនជាង **90** ថ្ងៃ ស្នាក់នៅក្នុងមន្ទីរពេទ្យរយៈពេលវែង និងត្រូវការការផ្គត់ផ្គង់ភ្លាមៗ។

- យើងនឹងរ៉ាប់រងលើការផ្គត់ផ្គង់មិនថាបញ្ជីរយៈពេល **31** ថ្ងៃ មួយដងដែលអ្នកត្រូវការ (លុះត្រាតែអ្នកមានវេជ្ជបញ្ជារយៈពេលពីរថ្ងៃតិចជាងនេះ) មិនថាអ្នកជាសាមាជិកថ្មីរបស់ Molina Medicare Complete Care Plus ឬមិននោះទេ។
- នេះគឺការបន្ថែមលើការផ្គត់ផ្គង់មិនថាបញ្ជីបណ្តោះអាសន្នក្នុងអំឡុងពេល **90** ថ្ងៃ លើកដំបូង ដែលអ្នកជាសាមាជិករបស់ Molina Medicare Complete Care Plus។

Molina Medicare Complete Care Plus នឹងផ្តល់ការបើកមិនថាបញ្ជីបណ្តោះអាសន្នយ៉ាងហោចណាស់ **31** ថ្ងៃ

(លុះត្រាតែវេជ្ជបញ្ជាត្រូវបានសរសេរសម្រាប់ការផ្គត់ផ្គង់មិនថាបញ្ជីដែលមានរយៈពេលតិចជាង **31** ថ្ងៃ ឬវេជ្ជបញ្ជាត្រូវបានចេញឱ្យក្នុងចំនួនដែលតិចជាងចំនួនដែលបានសរសេរ ដោយសារតែនីតិវិធីណាមួយដែលបណ្តាលមកពីការ

ឬការកែប្រែការប្រើប្រាស់មិនថាបញ្ជីដោយផ្អែកលើការដាក់ស្នាក់នៅផលិតផលដែលបានយល់ព្រម ដែលក្នុងករណីនេះ **Molina Medicare** នឹងអនុញ្ញាតឱ្យបើកមិនថាបញ្ជីបានច្រើនដងដើម្បីផ្តល់ការប្រើមិនសមស្របដល់ចំនួនសរុប

31 ថ្ងៃ នៅក្នុងមណ្ឌលថែទាំរយៈពេលវែងនៅពេលណាក៏បានក្នុងអំឡុងពេល **90** ថ្ងៃដំបូងនៃកម្រិតប្រសិទ្ធភាពនៃការធានារ៉ាប់រងរបស់អ្នកចុះឈ្មោះ។

B10. តើខ្ញុំអាចស្នើសុំការលើកលែងដើម្បីធានារ៉ាប់រងលើមិនថាបញ្ជីបានដែរឬទេ?

បាទ/ចាស អ្នកអាចស្នើសុំឱ្យ **Molina Medicare Complete Care Plus** ធ្វើការលើកលែងដើម្បីធានារ៉ាប់រងលើមិនថាបញ្ជីដែលមិនមាននៅក្នុងបញ្ជីមិនថា។

អ្នកក៏អាចស្នើសុំឱ្យយើងផ្លាស់ប្តូរច្បាប់ស្តីពីមិនថាបញ្ជីរបស់អ្នកផងដែរ។

- ឧទាហរណ៍ **Molina Medicare Complete Care Plus** អាចកំណត់ចំនួនមិនថាបញ្ជីដែលយើងនឹងធានារ៉ាប់រង។ ប្រសិនបើមិនថាបញ្ជីរបស់អ្នកមានដែនកំណត់ អ្នកអាចស្នើសុំឱ្យយើងផ្លាស់ប្តូរដែនកំណត់ និងធានារ៉ាប់រងបន្ថែមទៀត។



ប្រសិនបើអ្នកមានសំណួរ សូមទូរសព្ទទៅ **Molina Medicare Complete Care Plus** តាមរយៈលេខ **(800) 665-3086, TTY: 711**, ចាប់ពីថ្ងៃទី **1** ខែតុលា ដល់ថ្ងៃទី **31** ខែមីនា។ **7** ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង **8** ព្រឹក ដល់ម៉ោង **8** យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី **1** ខែមេសា ដល់ថ្ងៃទី **30** ខែកញ្ញា។ ពីថ្ងៃទី **30** ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង **8** ព្រឹក ដល់ម៉ោង **8** យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** ចូលទៅកាន់គេហទំព័រ **Molinahealthcare.com/Medicare**។

- ឧទាហរណ៍ផ្សេងទៀត៖ អ្នកអាចស្នើសុំឱ្យយើងទម្លាក់ចោលការរឹតត្បិតចំពោះការព្យាបាលជាជំហាន ឬត្រូវការនៃការអនុញ្ញាតជាមុន។

B11. តើខ្ញុំអាចស្នើសុំការលើកលែងដោយរបៀបណា?

ដើម្បីស្នើសុំការលើកលែង ទូរសព្ទ ទៅកាន់ផ្នែកបម្រើសេវាសមាជិក។ អ្នកតំណាងផ្នែកបម្រើសេវាសមាជិកនឹងធ្វើការជាមួយអ្នក និងអ្នកផ្តល់សេវារបស់អ្នក ដើម្បីជួយអ្នកស្នើសុំការលើកលែង។ អ្នកក៏អាចអានជំពូកទី 9 ភស្តុតាងនៃការធានារ៉ាប់រង ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែងផងដែរ។

B12. តើត្រូវចំណាយពេលវេលាប៉ុន្មានដើម្បីទទួលបានការលើកលែង?

បន្ទាប់ពីយើងទទួលបានសេចក្តីថ្លែងការណ៍ពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកដែលគាំទ្រសំណើរបស់អ្នកសម្រាប់ការលើកលែង យើងនឹងផ្តល់ជូនអ្នកនូវសេចក្តីសម្រេចក្នុងរយៈពេល 72 ម៉ោង។ វេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នកអាចនឹងសេចក្តីថ្លែងការណ៍ត្រូវបានយើងខ្ញុំតាមទូរសព្ទ ឬតាមប្រៃសណីយ៍បាន។ ពួកគេអាចប្រាប់យើងខ្ញុំតាមទូរសព្ទ ហើយបន្ទាប់មកនឹងសេចក្តីថ្លែងការណ៍តាមទូរសព្ទ ឬតាមប្រៃសណីយ៍បាន។

ប្រសិនបើអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថាសុខភាពរបស់អ្នកអាចមានគ្រោះថ្នាក់ ប្រសិនបើអ្នកត្រូវរង់ចាំសេចក្តីសម្រេចចិត្តរយៈពេល 72 ម៉ោង អ្នកអាចស្នើសុំការលើកលែងឆាប់រហ័ស។ នេះគឺជាសេចក្តីសម្រេចរហ័ស។ ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគាំទ្រសំណើរបស់អ្នក យើងនឹងផ្តល់ជូនអ្នកនូវសេចក្តីសម្រេចក្នុងរយៈពេល 24 ម៉ោងបន្ទាប់ពីទទួលបានសេចក្តីថ្លែងការណ៍ត្រូវបានប្រើប្រាស់អ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

B13. តើមិនមែនទេជាអ្វី?

មិនមែនទេទៅត្រូវបានផលិតពីធាតុផ្សំសកម្មធម្មតាទៅនឹងមិនមែនម៉ាកយីហោផងដែរ។ ជាទូទៅពួកវាមានតម្លៃថោកជាងមិនមែនម៉ាកយីហោ ហើយជាទូទៅមិនមានឈ្មោះល្បីនោះទេ។ មិនមែនទេទៅត្រូវបានអនុម័តដោយអង្គបាលចំណីអាហារ និងមិនមែន (FDA)។

Molina Medicare Complete Care Plus ធានារ៉ាប់រងទាំងមូលមិនមែនម៉ាកយីហោ និងមិនមែនទេទៅ។

B14. តើមិនមែន OTC ជាអ្វី?

OTC តំណាងឱ្យ “មិនមែនមិនត្រូវឱ្យមានវេជ្ជបញ្ជា”។ Molina Medicare Complete Care Plus មិនធានារ៉ាប់រងលើមិនមែន OTC ទេ។

B15. តើ Molina Medicare Complete Care Plus ធានារ៉ាប់រងលើផលិតផល OTC ដែលមិនមែនជាមិនមែនដែរឬទេ?

Molina Medicare Complete Care Plus ធានារ៉ាប់រងលើផលិតផល OTC

ដែលមិនមែនជាមិនមែនមួយចំនួននៅពេលដែលពួកវាត្រូវបានសរសេរនៅក្នុងវេជ្ជបញ្ជាដោយអ្នកផ្តល់សេវារបស់អ្នក។

អ្នកអាចអានបញ្ជីមិនមែនរបស់ Molina Medicare Complete Care Plus ដើម្បីស្វែងយល់ថាតើផលិតផល OTC ដែលមិនមែនជាមិនមែនឆ្លៀតត្រូវបានធានារ៉ាប់រង។

B16. តើ Molina Medicare Complete Care Plus ធានារ៉ាប់រងលើការផ្គត់ផ្គង់មិនមែនតាមវេជ្ជបញ្ជារយៈពេលវែងដែរឬទេ?

- **កម្មវិធីបញ្ជាទិញតាមប្រៃសណីយ៍**យើងផ្តល់ជូនកម្មវិធីបញ្ជាទិញតាមប្រៃសណីយ៍ដែលអនុញ្ញាតឱ្យអ្នកទទួលបានការផ្គត់ផ្គង់មិនមែនតាមវេជ្ជបញ្ជារបស់អ្នករហូតដល់រយៈពេល 90 ថ្ងៃដែលធ្វើដល់ផ្ទះរបស់អ្នកដោយផ្ទាល់។ ការផ្គត់ផ្គង់មិនមែនរយៈពេល 90 ថ្ងៃ មានការបង់ប្រាក់រួមដូចគ្នានឹងការផ្គត់ផ្គង់មិនមែនរយៈពេលមួយខែដែរ។
- **កម្មវិធីមិនមែនស្ថានលក់រាយរយៈពេល 90 ថ្ងៃ**មិនមែនស្ថានលក់រាយមួយចំនួនក៏អាចផ្តល់ជូននូវការផ្គត់ផ្គង់មិនមែនតាមវេជ្ជបញ្ជាដែលត្រូវបានធានារ៉ាប់រងរហូតដល់រយៈពេល 90 ថ្ងៃផងដែរ។ ការផ្គត់ផ្គង់មិនមែនរយៈពេល 90 ថ្ងៃ មានការបង់ប្រាក់រួមដូចគ្នានឹងការផ្គត់ផ្គង់មិនមែនរយៈពេលមួយខែដែរ។

B17. តើខ្ញុំអាចទទួលបានមិនមែនតាមវេជ្ជបញ្ជា ដែលត្រូវបញ្ជូនដល់ផ្ទះរបស់ខ្ញុំពីមិនមែនស្ថានក្នុងតំបន់របស់ខ្ញុំបានដែរឬទេ?

មិនមែនស្ថានក្នុងតំបន់របស់អ្នកអាចបញ្ជូនមិនមែនតាមវេជ្ជបញ្ជារបស់អ្នកទៅដល់ផ្ទះរបស់អ្នក។ អ្នកអាចទទួលបានមិនមែនស្ថានរបស់អ្នកដើម្បីស្វែងយល់ថាតើពួកគេផ្តល់ការដឹកជញ្ជូនដល់ផ្ទះដែរឬទេ។

B18. តើការបង់ប្រាក់រួមរបស់ខ្ញុំមានប៉ុន្មាន?

សមាជិករបស់ Molina Medicare Complete Care Plus មានការបង់ប្រាក់រួមគ្នាខុសគ្នាដោយអាស្រ័យលើ LIS របស់អ្នក (ប្រាក់បង់ប្រាក់រួមដល់អ្នកដែលមានប្រាក់ចំណូលទាប)

ឬដំណាក់កាលផ្នែក D សម្រាប់មិនមែនតាមវេជ្ជបញ្ជា និងមិនមែន OTC ក៏ដូចជាផលិតផលមិនមែនជាមិនមែន ប្រសិនបើសមាជិកធ្វើតាមច្បាប់របស់តម្រាង។ សូមមើលសំណួរ B14 និង B15

សម្រាប់ព័ត៌មានបន្ថែមអំពីមិនមែន OTC និងផលិតផលមិនមែនជាមិនមែន។

កម្រិតគឺជាក្រុមមិនមែនក្នុងបញ្ជីមិនមែន។

B/D = ឱសថនេះអាចត្រូវបានធានារ៉ាប់រងក្រោម Medicare ផ្នែក B ឬ D ដោយអត្រាដែលកាលៈទេសៈ។

LA = ឱសថប្រើមានកំណត់។ ឱសថនេះអាចរកបានតែនៅតាមឱសថស្ថានជាក់លាក់ប៉ុណ្ណោះ។

__ = ឱសថមិនមែនជាផ្នែក D ឬសម្ភារ OTC ដែលត្រូវបានធានារ៉ាប់រងដោយ Medicaid។

NDS = ការផ្គត់ផ្គង់ដែលមិនព្យាបាល។ អ្នកនឹងត្រូវបានកំណត់ចំពោះចំនួនការផ្គត់ផ្គង់ប្រចាំថ្ងៃ ដែលអ្នកអាចទទួលបាន

ជួរឈរទីមួយនៃតារាងរាយឈ្មោះឱសថ។ ឱសថទូទៅត្រូវបានរាយឈ្មោះជាអក្សររូបតូច (ឧទាហរណ៍ *metformin hcl*) ឱសថមានម៉ាកយីហោមានអក្សរធំ (ឧទាហរណ៍ JANUVIA TABS)។

ព័ត៌មាននៅក្នុងជួរឈរ “វិធានការចាំបាច់ ការវិភាគ ឬផែនការកំណត់អំពីការប្រើប្រាស់” ប្រាប់អ្នកថាគេ Molina Medicare Complete Care Plus

មានច្បាប់ណាមួយសម្រាប់ការធានារ៉ាប់រងលើឱសថរបស់អ្នកដែរឬទេ។

MOLINA_CY24_1T_SNP eff 04/01/2024

Drug Name

Drug Tier

Requirements/Limits

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<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	

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>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<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</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, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<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)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 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 20mg/ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>EMVERM CHEW 100mg</i>	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i> TABS 3mg	1	QL (12 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)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 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>praziquantel</i> TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	NDS
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
<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, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D

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

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM, LA
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
LEXIVA SUSP 50mg/ml	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; TABS 75mg	1	NDS, NM
SELZENTRY TABS 25mg	1	NM
SUNLENCA TBPk 300mg	1	NDS, NM, LA
<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, LA
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
ANTI-RETROVIRAL 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

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NDS, NM
TRIUMEQ TAB	1	NDS, NM
TRIZIVIR TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
<i>PRIFTIN TABS 150mg</i>	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, LA, PA
TRECTOR TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<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
<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 (hbv)</i> TABS 100mg	1	NM
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 TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
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	
VEMLIDY TABS 25mg	1	NDS, NM
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
<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, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</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>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>erythrocine stearate</i> TABS 250mg	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	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg</i>	1	
<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 chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</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

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<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 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	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; TABS 150mg	1	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM, LA
<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/5ml, 500mg/2.5ml, 500mg/ml	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
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> 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, LA, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM, LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
EMCYT CAPS 140mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, 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, LA
<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, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, LA, PA
bexarotene CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
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, LA, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
tretinoin (chemotherapy) CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, 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
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 protein-bound particles for iv susp 100 mg	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, LA, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	1	NDS, 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, LA, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<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
EXKIVITY CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, 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, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NDS, NM, LA, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, 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, LA, PA
OGIVRI SOLR 150mg	1	NDS, NM, LA, PA
OGIVRI INJ 420MG	1	NDS, NM, LA, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, LA, 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, LA, PA
PHESGO SOL	1	NDS, NM, LA, 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

Drug Name	Drug Tier	Requirements/Limits
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, LA, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, 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
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, LA, 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, LA, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, LA, 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, LA, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, LA, 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	
MESNEX TABS 400mg	1	NDS

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	

Drug Name	Drug Tier	Requirements/Limits
<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	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<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>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)

Drug Name	Drug Tier	Requirements/Limits
<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, 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	
<i>NORPACE CR CP12 100mg, 150mg</i>	1	
<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>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
<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 PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	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	
<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</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<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</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	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	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 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 if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metirosine</i> CAPS 250mg	1	NDS, 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)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<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 2mg/ml, 4mg/ml	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)
<i>ANTIDEMENTIA</i>		
<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
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	

Drug Name	Drug Tier	Requirements/Limits
<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)
<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), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<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)
<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, LA, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, LA, 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 if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<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 if 70 years and older
ANTIPSYCHOTICS		
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)
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	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	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	

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<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	
PERSERIS PRSY 90mg, 120mg	1	NDS, QL (1 syringe / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 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)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<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)
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<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, 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTIEPILEPTIC AGENTS		
APTOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 100mg; 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 if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<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 after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	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, LA, PA
<i>epitol</i> TABS 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	NDS
<i>felbamate</i> TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, LA, 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, 400mg	1	QL (180 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; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA 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 if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<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>roweepra</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
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)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
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, LA, 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

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<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

<i>DAYVIGO</i> 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 if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA 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

Drug Name	Drug Tier	Requirements/Limits
<i>MIGRAINE</i>		
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
<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
<i>MISCELLANEOUS</i>		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, LA, 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 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
LITHIUM SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	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

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
<i>BAFIERTAM</i> CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>BETASERON</i> KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>KESIMPTA</i> SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), NM, LA, PA
<i>MUSCULOSKELETAL THERAPY AGENTS</i>		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> 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
<i>cyclobenzaprine hcl</i> 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
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> 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
<i>methocarbamol</i> 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
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
<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, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<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	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 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), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA
FARXIGA 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)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO 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 SOPN 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 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
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 SOPN .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	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
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

Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2" X 2"	1	
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/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
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 MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	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 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
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

Drug Name	Drug Tier	Requirements/Limits
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	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, LA, PA
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; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	1	NM, PA
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	

Drug Name	Drug Tier	Requirements/Limits
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>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 TABS .35mg</i>	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 TABS .35mg</i>	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>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<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>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</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>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	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</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	

Drug Name	Drug Tier	Requirements/Limits
<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>levora 0.15/30-28</i>	1	
<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>loryna</i>	1	
<i>low-ogestrel</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>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<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 & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</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 & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</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	
<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>trivora-28</i>	1	
<i>turqoz</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tydemy</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>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	NDS, PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</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	
<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	B/D

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	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
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZIME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	1	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, 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, LA, 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, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
javygtor PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, 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
mifepristone (hyperglycemia) TABS 300mg	1	NDS, NM, PA
miglustat CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
raloxifene hcl TABS 60mg	1	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA
yargesa CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	1	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	1	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	1	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	1	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	1	QL (540 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW 500mg	1	NDS, QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 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 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older
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	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<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; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g</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</i> <i>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-</i> <i>1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	1	NDS, QL (60 tabs / 30 days), PA
<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, LA, 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	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 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	
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
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

Drug Name	Drug Tier	Requirements/Limits
<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>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>trospium 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	

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)

Drug Name	Drug Tier	Requirements/Limits
<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/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 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		
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
ZIEXTENZO SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
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, 20mg/0.2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NDS, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/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 (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 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, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	1	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, LA, 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
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (6 vials / year), 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
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<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>		
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM, LA
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, LA, 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 2000000unit/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, LA, 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, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	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, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
<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 INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA 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 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/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 INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL 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)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D5W/LYTES INJ #48	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	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	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	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, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	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	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<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	

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	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
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) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
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, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	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 1mg/ml</i>	1	QL (300 mL / 30 days)
<i>cycloheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA if 70 years and older
<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)
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<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
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, LA, 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 30mg/ml	1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<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; SOLR 1000mg	1	NDS, NM, LA, 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, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, 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, LA, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, LA, 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
STERIOD INHALANTS		
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
STERIOD/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)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 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)
<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</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<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)
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
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	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)
ENSTILAR AER	1	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<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 (90 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	
<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>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	
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 iii</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> GEL 1%	1	QL (1000 gm / 30 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)

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, LA, 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

REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
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	B, PA
DEXCOM G6 MIS SENSOR	0	B, PA
DEXCOM G6 MIS TRANSMIT	0	B, PA
DEXCOM G7 MIS RECEIVER	0	B, PA
DEXCOM G7 MIS SENSOR	0	B, PA
FREESTY LIBR KIT 2 SENSOR	0	B, PA
FREESTY LIBR KIT 3 SENSOR	0	B, PA
FREESTY LIBR MIS 2 READER	0	B, PA
FREESTY LIBR MIS 3 READER	0	B, PA
FREESTYLE KIT SENSOR	0	B, PA
FREESTYLE MIS READER	0	B, PA
TRUE METRIX KIT AIR	0	B

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX KIT METER	0	B
TRUE METRIX STRIPS	0	B

D. លិខិតបញ្ជីនៃឱសថដែលត្រូវបានគាត់ប៉ះពាល់

នៅក្នុងផ្នែកនេះ អ្នកអាចរកឃើញឱសថដោយស្វ័យប្រវត្តិរបស់វាតាមអក្ខរក្រម។ នេះនឹងប្រាប់អ្នកអំពីលេខទំព័រដែលអ្នកអាចស្វែងរកព័ត៌មានអំពីការគាត់ប៉ះពាល់បន្ថែមសម្រាប់ឱសថរបស់អ្នក។

<i>abacavir sulfate</i>	17	AIMOVIG	51
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	18	AKEEGA TAB 100/500	24
ABELCET	16	AKEEGA TAB 50/500MG	24
ABILIFY MAINTENA	43	<i>ala-cort</i>	83
<i>abiraterone acetate</i>	24	<i>albendazole</i>	15
ABRYSVO	73	<i>albuterol sulfate</i>	79, 80
<i>acamprosate calcium</i>	53	<i>alclometasone dipropionate</i>	83
<i>acarbose</i>	54	ALDURAZYME.....	63
<i>accutane</i>	82	ALECENSA	26
<i>acebutolol hcl</i>	37	<i>alendronate sodium</i>	57
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	14	<i>alfuzosin hcl</i>	68
<i>acetaminophen w/ codeine tab 300-15 mg</i>	14	<i>aliskiren fumarate</i>	39
<i>acetaminophen w/ codeine tab 300-30 mg</i>	14	<i>allopurinol</i>	13
<i>acetaminophen w/ codeine tab 300-60 mg</i>	14	<i>alosetron hcl</i>	67
<i>acetazolamide</i>	38	<i>alprazolam</i>	40
<i>acetic acid</i>	68	ALREX	77
<i>acetic acid (otic)</i>	78	<i>altavera</i>	58
<i>acetylcysteine</i>	80	ALUNBRIG	26
<i>acitretin</i>	83	ALUNBRIG PAK.....	26
ACTHIB INJ.....	73	<i>alyacen 1/35</i>	58
ACTIMMUNE.....	72	<i>alyacen 7/7/7</i>	58
<i>acyclovir</i>	20	<i>amabelz tab 0.5-0.1mg</i>	62
<i>acyclovir sodium</i>	20	<i>amantadine hcl</i>	42
ADACEL INJ	73	<i>ambrisentan</i>	40
ADALIMUMAB-AACF (2 PEN)	70	<i>amethia</i>	58
<i>adefovir dipivoxil</i>	20	<i>amikacin sulfate</i>	15
ADEMPAS	40	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	38
ADMELOG.....	55	<i>amiloride hcl</i>	38
ADMELOG SOLOSTAR.....	55	<i>amiodarone hcl</i>	36
ADVAIR HFA AER 115/21.....	81	<i>amitriptyline hcl</i>	41
ADVAIR HFA AER 230/21.....	81	<i>amlodipine besylate</i>	38
ADVAIR HFA AER 45/21	81	<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	33
<i>afirmelle</i>	58	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	33
		<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	33

<i>amlodipine besylate-benazepril hcl</i> cap 5-10 mg	33	<i>amphetamine-dextroamphetamine</i> cap er 24hr 10 mg	49
<i>amlodipine besylate-benazepril hcl</i> cap 5-20 mg	33	<i>amphetamine-dextroamphetamine</i> cap er 24hr 15 mg	49
<i>amlodipine besylate-benazepril hcl</i> cap 5-40 mg	33	<i>amphetamine-dextroamphetamine</i> cap er 24hr 20 mg	49
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-20 mg.....	35	<i>amphetamine-dextroamphetamine</i> cap er 24hr 25 mg	49
<i>amlodipine besylate-olmesartan</i> medoxomil tab 10-40 mg.....	35	<i>amphetamine-dextroamphetamine</i> cap er 24hr 30 mg	49
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-20 mg	34	<i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg	49
<i>amlodipine besylate-olmesartan</i> medoxomil tab 5-40 mg	35	<i>amphetamine-dextroamphetamine</i> tab 10 mg.....	49
<i>amlodipine besylate-valsartan tab</i> 10-160 mg.....	35	<i>amphetamine-dextroamphetamine</i> tab 12.5 mg	49
<i>amlodipine besylate-valsartan tab</i> 10-320 mg.....	35	<i>amphetamine-dextroamphetamine</i> tab 15 mg	49
<i>amlodipine besylate-valsartan tab 5-</i> 160 mg	35	<i>amphetamine-dextroamphetamine</i> tab 20 mg	49
<i>amlodipine besylate-valsartan tab 5-</i> 320 mg	35	<i>amphetamine-dextroamphetamine</i> tab 30 mg	49
<i>amnestem</i>	82	<i>amphetamine-dextroamphetamine</i> tab 5 mg.....	49
<i>amoxapine</i>	41	<i>amphetamine-dextroamphetamine</i> tab 7.5 mg	49
<i>amoxicillin</i>	22	<i>amphotericin b</i>	16
<i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg	22	<i>amphotericin b liposome</i>	16
<i>amoxicillin & k clavulanate chew tab</i> 400-57 mg.....	22	<i>ampicillin</i>	22
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	22	<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	22
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	22	<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm.....	22
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	22	<i>ampicillin & sulbactam sodium for iv</i> soln 1.5 (1-0.5) gm.....	22
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	22	<i>ampicillin & sulbactam sodium for iv</i> soln 15 (10-5) gm.....	22
<i>amoxicillin & k clavulanate tab 250-</i> 125 mg	22	<i>ampicillin & sulbactam sodium for iv</i> soln 3 (2-1) gm	22
<i>amoxicillin & k clavulanate tab 500-</i> 125 mg	22	<i>ampicillin sodium</i>	22
<i>amoxicillin & k clavulanate tab 875-</i> 125 mg	22	<i>anagrelide hcl</i>	69
<i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg.....	22	<i>anastrozole</i>	24
		<i>ANORO ELLIPT AER 62.5-25</i>	79
		<i>aprepitant</i>	65
		<i>aprepitant capsule therapy pack 80 &</i> 125 mg	65

<i>apri</i>	58	<i>azacitidine</i>	24
APTIOM	45	<i>azathioprine</i>	72
APTIVUS.....	17	<i>azelastine hcl</i>	79
ARALAST NP	80	<i>azelastine hcl (ophth)</i>	77
<i>aranelle</i>	58	<i>azithromycin</i>	21
ARCALYST	72	<i>aztreonam</i>	15
AREXVY.....	73	<i>azurette</i>	58
<i>aripiprazole</i>	43	<i>bacitracin (ophthalmic)</i>	77
ARISTADA	43	<i>bacitracin-polymyxin b ophth oint</i> .	77
ARISTADA INITIO	43	<i>bacitracin-polymyxin-neomycin-hc</i>	
<i>armodafinil</i>	53	<i>ophth oint 1%</i>	76
ARNUITY ELLIPTA	81	<i>baclofen</i>	52
<i>asenapine maleate</i>	43	BAFIERTAM.....	52
<i>ashlyna</i>	58	<i>balsalazide disodium</i>	66
<i>aspirin-dipyridamole cap er 12hr 25-</i>		BALVERSA	27
<i>200 mg</i>	70	<i>balziva</i>	58
ASTAGRAF XL	72	BARACLUDE.....	20
<i>atazanavir sulfate</i>	17	BASAGLAR KWIKPEN.....	55
<i>atenolol</i>	37	BCG VACCINE	73
<i>atenolol & chlorthalidone tab 100-25</i>		BD ALCOHOL SWABS	55
<i>mg</i>	37	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atenolol & chlorthalidone tab 50-25</i>		<i>10-12.5 mg</i>	34
<i>mg</i>	37	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atomoxetine hcl</i>	49	<i>20-12.5 mg</i>	34
<i>atorvastatin calcium</i>	36	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atovaquone</i>	15	<i>20-25 mg</i>	34
<i>atovaquone-proguanil hcl tab 250-</i>		<i>benazepril & hydrochlorothiazide tab</i>	
<i>100 mg</i>	17	<i>5-6.25mg</i>	33
<i>atovaquone-proguanil hcl tab 62.5-</i>		<i>benazepril hcl</i>	34
<i>25 mg</i>	17	BENDEKA	23
ATROPINE SULFATE	78	BENLYSTA	72
<i>atropine sulfate (ophthalmic)</i>	78	<i>benzoyl peroxide-erythromycin gel</i>	
ATROVENT HFA	79	<i>5-3%</i>	82
<i>aubra eq</i>	58	<i>benztropine mesylate</i>	42
AUGTYRO	26	BERINERT.....	69
<i>aurovela 1/20</i>	58	BESIVANCE.....	77
<i>aurovela 24 fe</i>	58	BESREMI	26
<i>aurovela fe 1.5/30</i>	58	<i>betaine powder for oral solution</i> ...	63
<i>aurovela fe 1/20</i>	58	<i>betamethasone dipropionate</i>	
AUSTEDO	51	<i>(topical)</i>	83
AUSTEDO XR	51	<i>betamethasone dipropionate</i>	
AUSTEDO XR TAB TITR KIT.....	51	<i>augmented</i>	83
AUVELITY TAB 45-105MG	41	<i>betamethasone valerate</i>	83
<i>aviane</i>	58	BETASERON.....	52
<i>ayuna</i>	58	<i>betaxolol hcl</i>	37
AYVAKIT.....	26	<i>betaxolol hcl (ophth)</i>	78

<i>bethanechol chloride</i>	68	<i>buprenorphine hcl</i>	53
BETOPTIC-S.....	78	<i>buprenorphine hcl-naloxone hcl sl</i>	
BEVESPI AER 9-4.8MCG	79	<i>film 12-3 mg (base equiv)</i>	53
<i>bexarotene</i>	26	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bexarotene (topical)</i>	84	<i>film 2-0.5 mg (base equiv)</i>	53
BEXSERO INJ	73	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bicalutamide</i>	24	<i>film 4-1 mg (base equiv)</i>	53
BICILLIN L-A.....	22	<i>buprenorphine hcl-naloxone hcl sl</i>	
BIKTARVY TAB 30-120-15 MG.....	18	<i>film 8-2 mg (base equiv)</i>	53
BIKTARVY TAB 50-200-25 MG.....	18	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 2-0.5 mg (base equiv)</i>	53
<i>10-6.25 mg</i>	37	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 8-2 mg (base equiv)</i>	53
<i>2.5-6.25 mg</i>	37	<i>bupropion hcl</i>	41
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl (smoking deterrent)</i>	53
<i>5-6.25 mg</i>	37	<i>buspirone hcl</i>	40
<i>bisoprolol fumarate</i>	37	<i>butorphanol tartrate</i>	14
BIVIGAM	72	BYDUREON BCISE.....	54
<i>blisovi 24 fe</i>	58	BYETTA	54
<i>blisovi fe 1.5/30</i>	58	<i>cabergoline</i>	63
BOOSTRIX INJ	73	CABOMETYX.....	27
<i>bortezomib</i>	27	<i>calcipotriene</i>	83
BORTEZOMIB.....	27	<i>calcitonin (salmon) spray</i>	57
<i>bosentan</i>	40	<i>calcitrene</i>	83
BOSULIF.....	27	<i>calcitriol</i>	65
BRAFTOVI.....	27	<i>calcitriol (oral)</i>	65
BREO ELLIPTA INH 100-25	81	<i>calcium acetate (phosphate binder)</i>	
BREO ELLIPTA INH 200-25	82		64
BREO ELLIPTA INH 50-25MCG.....	81	CALQUENCE.....	27
BREZTRI AERO AER SPHERE	79	<i>camila</i>	58
BREZTRI AERO AER SPHERE		<i>camrese</i>	58
(INSTITUTIONAL PACK).....	79	<i>camrese lo</i>	58
<i>briellyn</i>	58	<i>candesartan cilexetil</i>	36
BRILINTA	70	<i>candesartan cilexetil-</i>	
<i>brimonidine tartrate</i>	78	<i>hydrochlorothiazide tab 16-12.5</i>	
<i>brinzolamide</i>	78	<i>mg</i>	35
BRIVIACT	45	<i>candesartan cilexetil-</i>	
<i>bromfenac sodium (ophth)</i>	77	<i>hydrochlorothiazide tab 32-12.5</i>	
<i>bromocriptine mesylate</i>	42	<i>mg</i>	35
BROMSITE	77	<i>candesartan cilexetil-</i>	
BRONCHITOL	80	<i>hydrochlorothiazide tab 32-25 mg</i>	
BRUKINSA	27		35
<i>budesonide</i>	66	CAPLYTA.....	43
<i>budesonide (inhalation)</i>	81	CAPRELSA	27
<i>bumetanide</i>	38	<i>captopril</i>	34
<i>buprenorphine</i>	13		

<i>captopril & hydrochlorothiazide tab</i> 25-15 mg	34	CEFACLOR ER	20
<i>captopril & hydrochlorothiazide tab</i> 25-25 mg	34	<i>cefadroxil</i>	21
<i>captopril & hydrochlorothiazide tab</i> 50-15 mg	34	CEFAZOLIN	21
<i>captopril & hydrochlorothiazide tab</i> 50-25 mg	34	CEFAZOLIN INJ 1GM/50ML	21
<i>carb/levo orally disintegrating tab</i> 10-100mg.....	42	<i>cefazolin sodium</i>	21
<i>carb/levo orally disintegrating tab</i> 25-100mg.....	42	CEFAZOLIN SOLN 2GM/100ML-4%	21
<i>carb/levo orally disintegrating tab</i> 25-250mg.....	42	<i>cefdinir</i>	21
<i>carbamazepine</i>	46	<i>cefepime hcl</i>	21
<i>carbidopa & levodopa tab 10-100 mg</i>	42	<i>cefixime</i>	21
<i>carbidopa & levodopa tab 25-100 mg</i>	42	<i>cefoxitin sodium</i>	21
<i>carbidopa & levodopa tab 25-250 mg</i>	42	<i>cefpodoxime proxetil</i>	21
<i>carbidopa & levodopa tab er 25-100</i> <i>mg</i>	42	<i>cefprozil</i>	21
<i>carbidopa & levodopa tab er 50-200</i> <i>mg</i>	42	<i>ceftazidime</i>	21
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	42	<i>ceftriaxone sodium</i>	21
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	42	<i>cefuroxime axetil</i>	21
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	42	<i>cefuroxime sodium</i>	21
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	42	<i>celecoxib</i>	13
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	42	<i>cephalexin</i>	21
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	42	CERDELGA.....	63
<i>carboplatin</i>	23	CEREZYME.....	63
<i>carglumic acid</i>	63	<i>cetirizine hcl</i>	79
<i>carisoprodol</i>	52	<i>cevimeline hcl</i>	85
<i>carteolol hcl (ophth)</i>	78	<i>chateal eq</i>	58
<i>cartia xt</i>	38	CHEMET	57
<i>carvedilol</i>	37	<i>chlorhexidine gluconate (mouth-</i> <i>throat)</i>	85
<i>caspofungin acetate</i>	17	<i>chloroquine phosphate</i>	17
CAYSTON	15	<i>chlorpromazine hcl</i>	43
<i>cefaclor</i>	20	<i>chlorthalidone</i>	38
		<i>cholestyramine</i>	37
		<i>cholestyramine light</i>	37
		<i>ciclopirox olamine</i>	82, 83
		<i>cilostazol</i>	69
		CILOXAN	77
		CIMDUO TAB 300-300.....	18
		<i>cinacalcet hcl</i>	63
		CIPRO	21
		<i>ciprofloxacin 200 mg/100ml in d5w</i>	21
		<i>ciprofloxacin 400 mg/200ml in d5w</i>	21
		<i>ciprofloxacin hcl</i>	21
		<i>ciprofloxacin hcl (ophth)</i>	77
		<i>ciprofloxacin-dexamethasone otic</i> <i>susp 0.3-0.1%</i>	78
		<i>cisplatin</i>	23

<i>citalopram hydrobromide</i>	41	<i>colestipol hcl</i>	37
<i>claravis</i>	82	<i>colistimethate sodium</i>	15
<i>clarithromycin</i>	21	COMBIGAN SOL 0.2/0.5%	78
<i>clindamycin hcl</i>	15	COMBIVENT AER 20-100	79
<i>clindamycin palmitate hydrochloride</i>	15	COMETRIQ (60MG DOSE)	27
<i>clindamycin phosphate</i>	15	COMETRIQ KIT 100MG	27
<i>clindamycin phosphate (topical)</i> ...	82	COMETRIQ KIT 140MG	27
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	15	COMPLERA TAB	18
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	15	<i>compro</i>	65
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	15	<i>constulose</i>	66
<i>clindamycin phosphate vaginal</i>	68	COPIKTRA	27
CLINDMYC/NAC INJ 300/50ML	15	CORLANOR	39
CLINDMYC/NAC INJ 600/50ML	15	COTELLIC	27
CLINDMYC/NAC INJ 900/50ML	15	CREON CAP 12000UNT	67
CLINIMIX INJ 4.25/D10	76	CREON CAP 24000UNT	67
CLINIMIX INJ 4.25/D5W	76	CREON CAP 3000UNIT.....	67
CLINIMIX INJ 5%/D15W.....	76	CREON CAP 36000UNT	67
CLINIMIX INJ 5%/D20W.....	76	CREON CAP 6000UNIT.....	67
CLINIMIX INJ 6/5	76	<i>cromolyn sodium</i>	80
CLINIMIX INJ 8/10.....	76	<i>cromolyn sodium (mastocytosis)</i> ..	67
CLINIMIX INJ 8/14.....	76	<i>cromolyn sodium (ophth)</i>	78
<i>clinisol sf 15%</i>	76	<i>cryselle-28</i>	58
CLINOLIPID EMU 20%.....	76	<i>cyclobenzaprine hcl</i>	52
<i>clobazam</i>	46	<i>cyclophosphamide</i>	23
<i>clobetasol propionate</i>	83	CYCLOPHOSPHAMIDE	23
<i>clobetasol propionate e</i>	83	CYCLOPHOSPHAMIDE MONOHYDR	23
<i>clomipramine hcl</i>	41	<i>cycloserine</i>	19
<i>clonazepam</i>	46	<i>cyclosporine</i>	73
<i>clonidine</i>	39	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	73
<i>clonidine hcl</i>	39	<i>cyproheptadine hcl</i>	79
<i>clopidogrel bisulfate</i>	70	<i>cyred eq</i>	58
<i>clorazepate dipotassium</i>	46	CYSTADROPS	78
<i>clotrimazole</i>	85	CYSTAGON	63
<i>clotrimazole (topical)</i>	83	CYSTARAN	78
<i>clotrimazole w/ betamethasone</i> cream 1-0.05%	83	<i>cytarabine</i>	24
<i>clozapine</i>	43	D10W/NACL INJ 0.2%.....	74
COARTEM TAB 20-120MG	17	D2.5W/NACL INJ 0.45%	74
<i>colchicine</i>	13	D5W/LYTES INJ #48	74
<i>colchicine w/ probenecid tab 0.5-500</i> mg.....	13	<i>dabigatran etexilate mesylate</i>	68
<i>colesevelam hcl</i>	37	<i>dalfampridine</i>	52
		<i>danazol</i>	62
		<i>dantrolene sodium</i>	52
		<i>dapsone</i>	15
		DAPTACEL INJ	73
		<i>daptomycin</i>	15

DAPTOMYCIN	15	dextrose 5% w/ sodium chloride	
darunavir	17	0.3%.....	74
dasetta 1/35.....	58	dextrose 5% w/ sodium chloride	
dasetta 7/7/7.....	58	0.45%.....	74
DAURISMO	27	dextrose 5% w/ sodium chloride	
daysee	58	0.9%.....	74
DAYVIGO.....	50	DIACOMIT	46
deblitane	58	diazepam.....	46
deferasirox	57	diazepam (anticonvulsant).....	46
DELSTRIGO TAB.....	19	diazepam inj	46
DENGXAXIA SUS	73	diazepam intensol.....	46
DEPO-SUBQ PROVERA 104	58	diazoxide.....	63
depo-testosterone	53	diclofenac potassium.....	13
DESCOVY TAB 120-15MG	19	diclofenac sodium	13
DESCOVY TAB 200/25MG	19	diclofenac sodium (ophth)	77
desipramine hcl.....	41	diclofenac sodium (topical)	84
desmopressin acetate	63	dicloxacillin sodium	22
desmopressin acetate spray.....	63	dicyclomine hcl.....	66
desmopressin acetate spray		DIFICID.....	21
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		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	47
		<i>levobunolol hcl</i>	78

<i>levocarnitine (metabolic modifiers)</i>	64	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levocetirizine dihydrochloride</i>	79	20-12.5 mg	34
<i>levofloxacin</i>	22	<i>lisinopril & hydrochlorothiazide tab</i>	
<i>levofloxacin in d5w iv soln 250</i>		20-25 mg	34
<i>mg/50ml</i>	22	LITHIUM	51
<i>levofloxacin in d5w iv soln 500</i>		<i>lithium carbonate</i>	51
<i>mg/100ml</i>	22	<i>loestrin 1.5/30-21</i>	60
<i>levofloxacin in d5w iv soln 750</i>		<i>loestrin 1/20-21</i>	60
<i>mg/150ml</i>	22	<i>loestrin fe 1.5/30</i>	60
<i>levonest</i>	59	<i>loestrin fe 1/20</i>	60
<i>levonor-eth est tab 0.15-</i>		LOKELMA	57
<i>0.02/0.025/0.03 mg & eth est 0.01</i>		LONSURF TAB 15-6.14	24
<i>mg</i>	59	LONSURF TAB 20-8.19	24
<i>levonorgestrel & ethinyl estradiol</i>		<i>loperamide hcl</i>	67
<i>(91-day) tab 0.15-0.03 mg</i>	60	<i>lopinavir-ritonavir soln 400-100</i>	
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>mg/5ml (80-20 mg/ml)</i>	19
<i>0.1 mg-20 mcg</i>	60	<i>lopinavir-ritonavir tab 100-25 mg</i> .	19
<i>levonorgestrel & ethinyl estradiol tab</i>		<i>lopinavir-ritonavir tab 200-50 mg</i> .	19
<i>0.15 mg-30 mcg</i>	60	<i>lorazepam</i>	40
<i>levonorgestrel-eth estra tab 0.05-</i>		<i>lorazepam intensol</i>	40
<i>30/0.075-40/0.125-30mg-mcg</i> ..	60	LORBRENA	29, 30
<i>levonorg-eth est tab 0.1-0.02mg(84)</i>		<i>loryna</i>	60
<i>& eth est tab 0.01mg(7)</i>	59	<i>losartan potassium</i>	36
<i>levonorg-eth est tab 0.15-</i>		<i>losartan potassium &</i>	
<i>0.03mg(84) & eth est tab</i>		<i>hydrochlorothiazide tab 100-12.5</i>	
<i>0.01mg(7)</i>	59	<i>mg</i>	35
<i>levora 0.15/30-28</i>	60	<i>losartan potassium &</i>	
<i>levo-t</i>	65	<i>hydrochlorothiazide tab 100-25 mg</i>	
<i>levothyroxine sodium</i>	65		35
<i>levoxyl</i>	65	<i>losartan potassium &</i>	
LEXIVA	18	<i>hydrochlorothiazide tab 50-12.5</i>	
<i>lidocaine</i>	84	<i>mg</i>	35
<i>lidocaine hcl</i>	84	LOTEMAX	77
<i>lidocaine hcl (local anesth.)</i>	15	<i>lovastatin</i>	36
<i>lidocaine hcl (mouth-throat)</i>	85	<i>low-ogestrel</i>	60
<i>lidocaine-prilocaine cream 2.5-2.5%</i>		<i>loxapine succinate</i>	44
.....	84	LUMAKRAS	30
<i>lidocan iii</i>	84	LUMIGAN	78
<i>linezolid</i>	16	LUMIZYME	64
LINEZOLID INJ 2MG/ML	16	LUPRON DEPOT (1-MONTH)	25
LINZESS	67	LUPRON DEPOT (3-MONTH)	25
<i>liothyronine sodium</i>	65	LUPRON DEPOT-PED (1-MONTH....	64
<i>lisinopril</i>	34	LUPRON DEPOT-PED (3-MONTH....	64
<i>lisinopril & hydrochlorothiazide tab</i>		LUPRON DEPOT-PED (6-MONTH....	64
<i>10-12.5 mg</i>	34	<i>lurasidone hcl</i>	44
		<i>lutra</i>	60

<i>lyleq</i>	60	<i>methimazole</i>	65
<i>lyllana</i>	62	<i>methocarbamol</i>	52
LYNPARZA	30	<i>methotrexate sodium</i>	24, 72
LYSODREN.....	25	<i>methsuximide</i>	47
LYTGOBI (12 MG DAILY DOSE).....	30	<i>methylphenidate hcl</i>	50
LYTGOBI (16 MG DAILY DOSE).....	30	<i>methylprednisolone</i>	63
LYTGOBI (20 MG DAILY DOSE).....	30	<i>methylprednisolone acetate</i>	63
<i>lyza</i>	60	<i>methylprednisolone sod succ</i>	63
<i>magnesium sulfate</i>	75	<i>methyltestosterone</i>	53
MAGNESIUM SULFATE.....	75	<i>metoclopramide hcl</i>	66
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	75	<i>metolazone</i>	39
<i>malathion</i>	85	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	37
<i>maraviroc</i>	18	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	37
<i>marlissa</i>	60	<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	37
MARPLAN	41	<i>metoprolol succinate</i>	38
MATULANE.....	26	<i>metoprolol tartrate</i>	38
MAVYRET PAK 50-20MG	20	<i>metronidazole</i>	16
MAVYRET TAB 100-40MG.....	20	<i>metronidazole (topical)</i>	84
<i>meclizine hcl</i>	66	<i>metronidazole vaginal</i>	68
<i>medroxyprogesterone acetate</i>	65	<i>metyrosine</i>	39
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	60	MG SO4/D5W INJ 10MG/ML	75
<i>mefloquine hcl</i>	17	<i>mibelas 24 fe</i>	60
<i>megestrol acetate</i>	25, 65	<i>micafungin sodium</i>	17
<i>megestrol acetate (appetite)</i>	65	<i>microgestin 1.5/30</i>	60
MEKINIST.....	30	<i>microgestin 1/20</i>	60
MEKTOVI.....	30	<i>microgestin 24 fe</i>	60
<i>meloxicam</i>	13	<i>microgestin fe 1.5/30</i>	60
<i>memantine hcl</i>	40	<i>microgestin fe 1/20</i>	60
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	40	<i>midodrine hcl</i>	39
MENACTRA INJ.....	73	<i>mifepristone (hyperglycemia)</i>	64
MENQUADFI INJ	73	<i>miglustat</i>	64
MENVEO INJ	73	<i>mili</i>	60
MENVEO SOL	73	<i>mimvey</i>	62
<i>mercaptapurine</i>	24	<i>minocycline hcl</i>	23
<i>meropenem</i>	16	<i>minoxidil</i>	39
<i>mesalamine</i>	66	<i>mirtazapine</i>	41
<i>mesalamine w/ cleanser</i>	66	<i>misoprostol</i>	67
MESNEX	33	MITIGARE.....	13
<i>metformin hcl</i>	54	M-M-R II INJ	73
<i>methadone hcl</i>	13	M-NATAL PLUS TAB.....	76
<i>methadone hydrochloride i</i>	14	<i>modafinil</i>	53
<i>methazolamide</i>	39	<i>moexipril hcl</i>	34
<i>methenamine hippurate</i>	16	<i>molindone hcl</i>	44

<i>mometasone furoate</i>	84	<i>neomycin-polymyx-gramicid op sol</i>	
MONJUVI	30	1.75-10000-0.025mg-unt-mg/ml	
<i>mono-lynyah</i>	60		77
<i>montelukast sodium</i>	80	<i>neomycin-polymyxin-dexamethasone</i>	
<i>morphine sulfate</i>	14	<i>ophth oint 0.1%</i>	76
MORPHINE SULFATE	14	<i>neomycin-polymyxin-dexamethasone</i>	
MORPHINE SULFATE/SODIUM C ...	14	<i>ophth susp 0.1%</i>	76
MOUNJARO	55	<i>neomycin-polymyxin-hc ophth susp</i>	
MOVANTIK.....	67		76
<i>moxifloxacin hcl</i>	22	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>moxifloxacin hcl (ophth)</i>	77		78
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>sodium chloride 0.8% inj</i>	22	<i>mg/ml-10000 unit/ml-1%</i>	78
MULTAQ	36	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>multiple electrolytes ph 5.5</i>	75	<i>10000unt op oin</i>	77
<i>multiple electrolytes ph 7.4</i>	75	<i>neo-polycin hc ophth oint 1%</i>	76
<i>mupirocin</i>	82	NERLYNX	30
<i>mycophenolate mofetil</i>	73	NEUPRO	43
<i>mycophenolate sodium</i>	73	<i>nevirapine</i>	18
MYRBETRIQ	68	NEXAVAR.....	30
<i>nabumetone</i>	13	<i>niacin (antihyperlipidemic)</i>	37
<i>nadolol</i>	38	<i>nicardipine hcl</i>	38
<i>nafcillin sodium</i>	22	NICOTROL INHALER.....	53
NAGLAZYME.....	64	NICOTROL NS	53
<i>nalbuphine hcl</i>	14	<i>nifedipine</i>	38
<i>naloxone hcl</i>	53	<i>nikki</i>	60
<i>naltrexone hcl</i>	53	<i>nilutamide</i>	25
NAMZARIC CAP 14-10MG	40	<i>nimodipine</i>	38
NAMZARIC CAP 21-10MG	40	NINLARO	30
NAMZARIC CAP 28-10MG	40	<i>nitazoxanide</i>	16
NAMZARIC CAP 7-10MG	40	<i>nitisinone</i>	64
NAMZARIC CAP PACK.....	40	NITRO-BID	39
<i>naproxen</i>	13	<i>nitrofurantoin macrocrystal</i>	16
<i>naproxen sodium</i>	13	<i>nitrofurantoin monohyd macro</i>	16
<i>naratriptan hcl</i>	51	<i>nitroglycerin</i>	40
NATACYN.....	77	<i>nizatidine</i>	66
<i>nateglinide</i>	55	<i>nora-be</i>	60
NATPARA.....	57	<i>norelgestromin-ethinyl estradiol td</i>	
NAYZILAM	47	<i>ptwk 150-35 mcg/24hr</i>	60
<i>nebivolol hcl</i>	38	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>necon 0.5/35-28</i>	60	<i>chew tab 0.4 mg-35 mcg</i>	60
<i>nefazodone hcl</i>	41	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>neomycin sulfate</i>	16	<i>chew tab 0.8 mg-25 mcg</i>	60
<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone (contraceptive)</i>	60
<i>5(3.5)mg-400unt-10000unt op oin</i>		<i>norethindrone ace & ethinyl estradiol</i>	
.....	77	<i>tab 1 mg-20 mcg</i>	60

<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	60	<i>nymyo</i>	61
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	60	<i>nystatin</i>	17
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	61	<i>nystatin (mouth-throat)</i>	85
<i>norethindrone acetate</i>	65	<i>nystatin (topical)</i>	83
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	62	<i>nystop</i>	83
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	62	<i>ocella</i>	61
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	60	<i>OCTAGAM</i>	72
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	61	<i>octreotide acetate</i>	64
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i> ...	61	<i>ODEFSEY TAB</i>	19
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i> ...	61	<i>ODOMZO</i>	30
<i>norlyroc</i>	61	<i>OFEV</i>	80
<i>NORPACE CR</i>	36	<i>ofloxacin (ophth)</i>	77
<i>nortrel 0.5/35 (28)</i>	61	<i>ofloxacin (otic)</i>	78
<i>nortrel 1/35 (21)</i>	61	<i>OGIVRI</i>	30
<i>nortrel 1/35 (28)</i>	61	<i>OGIVRI INJ 420MG</i>	30
<i>nortrel 7/7/7</i>	61	<i>OGSIVEO</i>	30
<i>nortriptyline hcl</i>	41	<i>OJJAARA</i>	30
<i>NORVIR</i>	18	<i>olanzapine</i>	44
<i>NOVOLIN INJ 70/30</i>	56	<i>olmesartan medoxomil</i>	36
<i>NOVOLIN INJ 70/30 FP</i>	56	<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	35
<i>NOVOLIN N</i>	56	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	35
<i>NOVOLIN N FLEXPEN</i>	56	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	35
<i>NOVOLIN R</i>	56	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	35
<i>NOVOLIN R FLEXPEN</i>	56	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	35
<i>NOVOLOG MIX INJ 70/30</i>	56	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	35
<i>NOVOLOG MIX INJ FLEXPEN</i>	56	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	35
<i>NUBEQA</i>	25	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	35
<i>NUDEXTA CAP 20-10MG</i>	51	<i>omega-3-acid ethyl esters cap 1 gm</i>	37
<i>NULOJIX</i>	73	<i>omeprazole</i>	68
<i>NUPLAZID</i>	44		
<i>NURTEC</i>	51		
<i>NUTRILIPID</i>	76		
<i>NUZYRA</i>	23		
<i>nyamyc</i>	83		
<i>nylia 1/35</i>	61		
<i>nylia 7/7/7</i>	61		
<i>NYMALIZE</i>	38		

OMNIPOD 5 G6 KIT INTRO.....	56	OZEMPIC (2MG/DOSE)	55
OMNIPOD 5 G6 MIS PODS	56	<i>pacerone</i>	36
OMNIPOD 5 G7 KIT INTRO.....	56	<i>paclitaxel</i>	26
OMNIPOD 5 G7 MIS PODS	56	<i>paclitaxel protein-bound particles for</i>	
OMNIPOD DASH KIT INTRO	56	<i>iv susp 100 mg</i>	26
OMNIPOD DASH MIS PODS	56	<i>paliperidone</i>	44
OMNIPOD GO KIT 10UNT/DY.....	56	<i>pamidronate disodium</i>	57
OMNIPOD GO KIT 15UNT/DY.....	56	PAMIDRONATE DISODIUM	57
OMNIPOD GO KIT 20UNT/DY.....	56	PANRETIN.....	85
OMNIPOD GO KIT 25UNT/DY.....	56	<i>pantoprazole sodium</i>	68
OMNIPOD GO KIT 30UNT/DY.....	56	PANZYGA.....	72
OMNIPOD GO KIT 35UNT/DY.....	56	<i>paraplatin</i>	24
OMNIPOD GO KIT 40UNT/DY.....	57	<i>paricalcitol</i>	65
OMNIPOD MIS CLASSIC	57	<i>paroxetine hcl</i>	41
<i>ondansetron</i>	66	PAXLOVID TAB 150-100	20
<i>ondansetron hcl</i>	66	PAXLOVID TAB 300-100	20
ONTRUZANT	30	<i>pazopanib hcl</i>	30
ONUREG.....	24	PEDIARIX INJ 0.5ML	74
OPSUMIT.....	40	PEDVAX HIB.....	74
ORGOVYX.....	25	<i>peg 3350-kcl-na bicarb-nacl-na</i>	
ORKAMBI GRA 100-125.....	80	<i>sulfate for soln 236 gm</i>	67
ORKAMBI GRA 150-188.....	80	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
ORKAMBI GRA 75-94MG.....	80	<i>420 gm</i>	67
ORKAMBI TAB 100-125	80	PEGASYS	20
ORKAMBI TAB 200-125	80	PEMAZYRE	30
ORSERDU	25	<i>pemetrexed disodium</i>	24
<i>oseltamivir phosphate</i>	20	PEN GK/DEXTR INJ 40000/ML	23
OTEZLA.....	71	PEN GK/DEXTR INJ 60000/ML	23
OTEZLA TAB 10/20/30	71	PENBRAYA INJ.....	74
<i>oxacillin sodium</i>	23	<i>penicillamine</i>	57
<i>oxaliplatin</i>	24	<i>penicillin g potassium</i>	23
<i>oxcarbazepine</i>	47	<i>penicillin g sodium</i>	23
<i>oxybutynin chloride</i>	68	<i>penicillin v potassium</i>	23
<i>oxycodone hcl</i>	14	PENTACEL INJ	74
<i>oxycodone w/ acetaminophen tab</i>		<i>pentamidine isethionate inh</i>	16
<i>10-325 mg</i>	14	<i>pentamidine isethionate inj</i>	16
<i>oxycodone w/ acetaminophen tab</i>		<i>pentoxifylline</i>	69
<i>2.5-325 mg</i>	14	<i>perindopril erbumine</i>	34
<i>oxycodone w/ acetaminophen tab 5-</i>		<i>periogard</i>	85
<i>325 mg</i>	14	<i>permethrin</i>	85
<i>oxycodone w/ acetaminophen tab</i>		<i>perphenazine</i>	44
<i>7.5-325 mg</i>	14	PERSERIS	44
OXYCONTIN	14	<i>pfizerpen</i>	23
OZEMPIC (0.25 OR 0.5 MG/DOSE) 55		<i>phenelzine sulfate</i>	42
OZEMPIC (0.25 OR 0.5MG/DOSE). 55		<i>phenobarbital</i>	47
OZEMPIC (1MG/DOSE).....	55	<i>phenobarbital sodium</i>	47

<i>phenytek</i>	47	POT CHL 20MEQ/L IN NACL 0.9% INJ	75
<i>phenytoin</i>	47	POT CHL 40MEQ/L IN NACL 0.9% INJ	75
<i>phenytoin sodium</i>	48	<i>potassium chloride</i>	75, 76
<i>phenytoin sodium extended</i>	48	POTASSIUM CHLORIDE	75
PHESGO SOL	30	<i>potassium chloride 20 meq/l</i>	
<i>philith</i>	61	(0.15%) in dextrose 5% inj.....	75
PIFELTRO	18	<i>potassium chloride</i>	
<i>pilocarpine hcl</i>	78	<i>microencapsulated crystals er....</i>	76
<i>pilocarpine hcl (oral)</i>	85	<i>potassium citrate (alkalinizer)</i>	68
<i>pimozide</i>	44	PRADAXA.....	69
<i>pimtrea</i>	61	<i>pramipexole dihydrochloride</i>	43
<i>pindolol</i>	38	<i>prasugrel hcl</i>	70
<i>pioglitazone hcl</i>	55	<i>pravastatin sodium</i>	36
<i>pioglitazone hcl-metformin hcl tab</i>		<i>praziquantel</i>	16
15-500 mg.....	55	<i>prazosin hcl</i>	34
<i>pioglitazone hcl-metformin hcl tab</i>		<i>prednisolone</i>	63
15-850 mg.....	55	<i>prednisolone acetate (ophth)</i>	77
<i>piperacillin sod-tazobactam na for inj</i>		PREDNISOLONE SODIUM PHOSP ..	77
3.375 gm (3-0.375 gm).....	23	<i>prednisolone sodium phosphate</i>	63
<i>piperacillin sod-tazobactam sod for</i>		<i>prednisone</i>	63
<i>inj 13.5 gm (12-1.5 gm)</i>	23	PREDNISONE INTENSOL.....	63
<i>piperacillin sod-tazobactam sod for</i>		<i>pregabalin</i>	48
<i>inj 2.25 gm (2-0.25 gm)</i>	23	PREHEVBRIO.....	74
<i>piperacillin sod-tazobactam sod for</i>		PREMASOL SOL 10%.....	76
<i>inj 4.5 gm (4-0.5 gm)</i>	23	PRENATAL TAB 27-1MG	76
<i>piperacillin sod-tazobactam sod for</i>		PRENATAL TAB PLUS.....	76
<i>inj 40.5 gm (36-4.5 gm)</i>	23	<i>prevalite</i>	37
PIQRAY 200MG DAILY DOSE	30	PREVYMIS.....	20
PIQRAY 250MG TAB DOSE	30	PREZCOBIX TAB 800-150	19
PIQRAY 300MG DAILY DOSE	31	PREZISTA	18
<i>pirfenidone</i>	80, 81	PRIFTIN.....	19
<i>piroxicam</i>	13	<i>primaquine phosphate</i>	17
PLASMA-LYTE INJ -148.....	75	PRIMAQUINE PHOSPHATE.....	17
PLASMA-LYTE INJ -A.....	75	<i>primidone</i>	48
<i>plenamine</i>	76	PRIORIX INJ	74
PLENVU SOL	67	PRIVIGEN	72
<i>podofilox</i>	85	<i>probenecid</i>	13
<i>polycin ophth oint</i>	77	<i>prochlorperazine</i>	66
<i>polymyxin b-trimethoprim ophth soln</i>		<i>prochlorperazine edisylate</i>	66
10000 unit/ml-0.1%	77	<i>prochlorperazine maleate</i>	66
POMALYST	25	PROCRIT	69
<i>portia-28</i>	61	<i>procto-med hc</i>	85
<i>posaconazole</i>	17	<i>proctosol hc</i>	85
POT CHL 20MEQ/L IN NACL 0.45%		<i>proctozone-hc</i>	85
INJ.....	75		

<i>progesterone</i>	65	RESTASIS MULTIDOSE	78
PROGRAF	73	RETEVMO	31
PROLASTIN-C.....	81	REVLIMID	25
PROLENSA.....	77	REXULTI	44
PROLIA	57	REYATAZ	18
PROMACTA	69, 70	REZLIDHIA	31
<i>promethazine hcl</i>	66	REZUROCK	73
<i>propafenone hcl</i>	36	RHOPRESSA.....	78
<i>proparacaine hcl</i>	78	<i>ribavirin (hepatitis c)</i>	20
<i>propranolol hcl</i>	38	<i>rifabutin</i>	19
<i>propylthiouracil</i>	65	<i>rifampin</i>	19
PROQUAD INJ	74	<i>riluzole</i>	51
PROSOL INJ 20%	76	<i>rimantadine hydrochloride</i>	20
<i>protriptyline hcl</i>	42	RINVOQ	71
PULMOZYME	81	<i>risedronate sodium</i>	57
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<i>simpesse</i>	61	<i>sulfadiazine</i>	16
<i>simvastatin</i>	37	<i>sulfamethoxazole-trimethoprim iv</i> <i>soln 400-80 mg/5ml</i>	16
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<i>sotalol hcl (afib/afl)</i>	36	SYNJARDY XR TAB 12.5-1000	55
<i>spironolactone</i>	34	SYNJARDY XR TAB 25-1000	55
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<i>telmisartan-amlodipine tab 80-10 mg</i>	35	<i>tobramycin (ophth)</i>	77
<i>telmisartan-amlodipine tab 80-5 mg</i>	35	<i>tobramycin sulfate</i>	16
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<i>telmisartan-hydrochlorothiazide tab</i> <i>80-25 mg</i>	36	<i>topiramate</i>	48
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<i>vigadrone</i>	48	XIGDUO XR TAB 2.5-1000	55
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<i>zaleplon</i>	50	ZOLINZA	33
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Molina Medicare Complete Care Plus (HMO D-SNP) គម្រោង Medicare Medi-Cal Plan

បញ្ជីមិនមែន៖ ត្រូវបានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី 04/01/2024

សម្រាប់ព័ត៌មានបន្ថែមទៀត ឬសំណួរផ្សេងទៀត ទាក់ទងយើងខ្ញុំតាមរយៈលេខ (800) 665-3086, TTY: 711 ចាប់ពីថ្ងៃទី 1 ខែតុលា ដល់ថ្ងៃទី 31 ខែមីនា 7 ថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ចាប់ពីថ្ងៃទី 1 ខែមេសា ដល់ថ្ងៃទី 30 ខែកញ្ញា ចាប់ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងស្រុក ឬចូលទៅកាន់គេហទំព័រ MolinaHealthcare.com/Medicare

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