



## Central Health Medicare Plan

### 2024 年處方集

#### (承保藥物清單)

請閱讀：本文件提供資訊  
說明本計畫所承保的藥物

HPMS 核准的處方集檔案提交 ID 24239，版本號碼 7

本處方集已於 2023 年 11 月 1 日更新。如需最新資訊或有其他疑問，請隨時聯絡 Central Health Medicare Plan 會員服務，電話號碼 (877) 657-2498（聽障人士專線 (800) 899-2114），每週 7 天/每天 24 小時全年無休，或造訪網站 [www.centralhealthplan.com](http://www.centralhealthplan.com)。

**現有會員請注意：**自去年以來，此處方集已有所變更。請審閱本文件並確保您所服用的藥物仍包含在內。

本藥物清單（處方集）所提及的「我們」或「我們的」字詞是指 Central Health Medicare Plan。當提及「計畫」或「我們的計畫」時，是指 Central Health Medicare Plan。

本文件涵蓋我們計畫的藥物清單（處方集），更新日期截至 2023 年 11 月 1 日。如需更新的處方集，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

一般而言，您必須採用網路藥房才能使用處方藥物福利。福利、處方集、藥房網路和/或共付額/共同保險可能於 2024 年 1 月 1 日以及整年期間不時進行更改。

#### Central Health Medicare Plan 處方集是什麼？

處方集是由 Central Health Medicare Plan

在與醫療保健提供者團隊協商之後選定的承保藥物清單，清單內容代表其認為優質治療計畫必備的

## 2024 Part D 模式處方集（綜合）

處方治療。只要藥物具醫療必要性、透過 Central Health Medicare Plan 網路藥房領取處方，並且遵守其他計畫規則，則 Central Health Medicare Plan 通常會承保處方集所列藥物。如需進一步資訊了解如何領取處方藥，請檢閱您的《承保證明》。

### 處方集（藥物清單）是否會變更？

多數藥物承保變更於 1 月 1 日生效，但 Central Health Medicare Plan 得於整年期間新增或移除藥物清單的藥物、調整藥物至不同分攤金額等級，或新增新限制。我們在進行上述變更時必須遵守 Medicare 的規定。

本年度可能影響您的變更如下：在以下情況，您將在整年期間因承保範圍變更而受到影響：

- **新非品牌藥物。**若有新非品牌藥物將出現在相同或較低分攤金額等級，且具有相同或較少限制，則我們將以該非品牌藥物取代品牌藥物，並可能立即自藥物清單移除該品牌藥物。此外，在新增新非品牌藥物時，我們可能決定將該品牌藥物保留在藥物清單，但會立即將其調整至不同分攤金額等級，或新增新限制。如您目前正在服用該品牌藥物，我們在進行變更之前可能不會事先通知您，但隨後我們會針對所做的變更向您提供具體資訊。
  - 如我們進行如上變更，您或您的開立處方者可要求我們以例外方式處理，並繼續為您承保該品牌藥物。我們向您提供的通知也會包含資訊說明如何申請例外處理，如需相關資訊，請參閱下方區段，查看標題：「我如何向 Central Health Medicare Plan 申請處方集例外處理？」

**市面停售的藥物。**如美國食品藥物管理局認定我們處方集的藥物不安全，或藥物製造商停售藥物，我們將立即從處方集移除該藥物，並通知正在服用該藥物的會員。

- **其他變更。**我們可能進行其他變更，並對目前正在服用藥物的會員造成影響。例如，我們可能新增新非品牌藥物來取代目前在處方集的品牌藥物，或者對該品牌藥物新增新限制，或者調整該品牌藥物至不同分攤金額等級，或者兩者兼而有之。或者，我們可能根據新臨床指導方針進行變更。若我們從處方集移除藥物，[或者]  
對藥物新增事先授權、數量限制和/或逐步療法限制，或者調整藥物至較高分攤金額等級，我們必須在變更生效之前提前至少 30  
日通知受影響的會員，或者於會員要求藥物續方時通知，此時會員將獲得藥物的 30  
日供應量。
  - 如我們進行上述其他變更，您或您的開立處方者可要求我們以例外方式處理，並繼續為您承保該品牌藥物。我們向您提供的通知也會包含資訊說明如何申請例外處理，如需相關資訊，您也可參閱下方區段，查看標題：「我如何向 Central Health Medicare Plan 申請處方集例外處理？」

**若您目前正在服用該藥物，以下變更將不會影響您。**一般而言，如您正在服用的藥物涵蓋在 2024 年處方集之內，且其於年初已獲承保，則除非出現如上所述情況，否則在 2024 年承保期間我們不會停止或減少對該藥物的承保。這表示在承保年度剩餘時間內，正在服用該藥物的會員將可繼續以相同分攤金額取得藥物，且不會新增任何限制。對於不會對您造成影響的變更，

## 2024 Part D 模式處方集（綜合）

您今年將不會直接收到通知。然而，這些變更將於次年 1 月 1 日對您造成影響，因此重要的是，您應查看新福利年度的藥物清單以便了解藥物是否有任何變更。

隨附處方集是截至 2023 年 11 月 1 日的最新版本。如欲取得 Central Health Medicare Plan 所涵蓋藥物的最新資訊，請聯繫我們。我們的聯絡資訊顯示於前、後封面頁面。

### 如何使用處方集？

您可利用以下兩種方法在處方集找到您的藥物：

#### 醫療病症

處方集始於第 1

頁。本處方集藥物的分類方式是依據其所用於治療的醫療病症。例如，用於治療心臟疾病的藥物會列在心血管藥物類別。如您知道藥物所治療的病症為何，請從第 1 頁開始的清單尋找類別名稱。然後透過該類別名稱尋找您的藥物。

#### 按字母順序列出

如您不確定應透過哪個類別尋找，您可利用索引（從第 107 頁開始）

來查找您的藥物。索引提供本文件所涵蓋所有藥物的清單，並按字母順序排列。索引詳列品牌藥物與非品牌藥物。請查看索引來找到您的藥物。您可於藥物旁邊看見頁碼，並於該頁找到承保資訊。翻到索引所列頁面，即可在清單第一欄找到藥物名字。

### 非品牌藥物是什麼？

Central Health Medicare Plan 承保範圍涵蓋品牌藥物與非品牌藥物。非品牌藥物經 FDA 批准，其活性成分與品牌藥物相同。一般而言，相較於品牌藥物，非品牌藥物的價格較低。

### 我的承保範圍是否有任何限制？

部分承保藥物可能具額外要求或承保限制。這些要求與限制可能包含：

- 事先授權**：Central Health Medicare Plan 要求您 [或您的醫師] 就特定藥物取得事先授權。這表示您必須先獲得 Central Health Medicare Plan 批准，才能領取處方藥物。如未獲得批准，Central Health Medicare Plan 可能不會承保該藥物。
- 數量限制**：對於特定藥物，Central Health Medicare Plan 會限制我們所承保的藥物數量。例如，對於 sumatriptan succinate，Central Health Medicare Plan 每 28 天處方可提供 18 片。這可能是針對一或三個月份標準供應量的補充。

- **逐步療法**：在部分情況，Central Health Medicare Plan

要求您先嘗試特定藥物來治療您的醫療病症，然後我們才會就該病症承保其他藥物。例如，如藥物 A 與藥物 B 均可治療您的醫療病症，除非您先嘗試服用藥物 A，否則 Central Health Medicare Plan 可能不會承保藥物 B。如藥物 A 對您無效，則 Central Health Medicare Plan 將承保藥物 B。

您可查閱處方集（始於第 1

頁），了解您的藥物是否有任何額外要求或限制。您也可造訪我們的網站，針對特定承保藥物的適用限制獲取進一步資訊。我們在線上提供文件說明事先授權與逐步療法限制。您也可要求我們向您寄送副本。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

您可要求 Central Health Medicare Plan

對上述限制或限量進行例外處理，或者要求我們提供清單列出可用於治療您醫療病症的其他相似藥物。請參閱第 1 頁「我如何向 Central Health Medicare Plan

申請處方集例外處理？」部分，以便獲取資訊了解如何申請例外處理。

### 若我的藥物不在處方集怎麼辦？

如您的藥物未納入此處方集（承保藥物清單），您首先應聯絡會員服務，詢問您的藥物是否在承保範圍內。如需進一步資訊，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

如您得知 Central Health Medicare Plan 未承保您的藥物，您有兩項選擇：

- 您可針對 Central Health Medicare Plan

承保的類似藥物要求會員服務提供清單。當您收到清單之後，請向您的醫師提供該清單，並請其開立 Central Health Medicare Plan 承保的類似藥物處方。

- 您可要求 Central Health Medicare Plan

進行例外處理並承保您的藥物。請參閱下方資訊了解如何申請例外處理。

### 如何向 Central Health Medicare Plan 處方集申請例外處理？

您可要求 Central Health Medicare Plan

就我們的承保規定進行例外處理。您可要求我們做出數種不同類型的例外處理。

- 即使某項藥物不在我們的處方集，您仍可要求我們加以承保。如獲批准，我們將以事先確定的分攤金額等級承保該藥物，您將無法要求我們以較低分攤金額層級來承保。

## 2024 Part D 模式處方集（綜合）

- 除非處方集藥物屬於專用等級，否則您可要求我們以較低分攤金額層級承保該藥物。如獲得批准，這將降低您必須支付的藥物費用。
- 您可要求我們針對您的藥物取消承保限制或限量。例如，對於特定藥物，Central Health Medicare Plan 會限制我們所承保的藥物數量。如您的藥物受到數量限制，您可要求我們取消限制並承保更多數量。

一般而言，僅當本計畫處方集所包含的替代藥物、較低分攤金額的藥物或其他使用限制對於治療您病症的效果不如您所需的藥物，和/或會導致您出現不良醫學影響時，Central Health Medicare Plan 才會批准您的例外處理申請。

您應聯絡我們，要求我們就處方集或使用限制例外做出初步承保決定。**當您就處方集或使用限制申請例外處理時，您應請開立處方者或醫師提供支持申請聲明並提交該聲明。**

一般而言，在收到開立處方者提供的支持聲明之後，我們必須在 72 小時內作出決定。如您或您的醫師認為等待多達 72

小時才做出決定可能對您的健康造成嚴重損害，您可申請加快進行（快速）例外處理。如您的加快處理請求獲准，我們必須在收到醫師或其他開立處方者的支持聲明後 24 小時內做出決定。

### 在與醫師討論更換藥物或申請例外處理之前，我應該做什麼？

作為我們計畫的新會員或持續會員，您正在服用的藥物可能未納入我們的處方集。或者，您正在服用的藥物可能已納入處方集，但您獲取該藥物的能力受到限制。例如，您可能必須先獲得我們的事先授權才能取得處方藥物。您應與醫師討論，決定是否要轉換為我們承保的適當藥物，或者申請處方集例外，以便我們承保您所服用的藥物。在您成為我們計畫會員的前 90 日內，當您與醫師討論並確定適合您的做法時，我們可能在特定情況承保您的藥物。

對於每一項不在我們處方集的藥物，或者若您取得藥物的能力受到限制，我們將以暫時承保方式提供 30 日供應量。如您的處方開立時間較短，我們將允許續方並提供最多 30 日的藥物供應量。在最初 30 日的供應量之後，即使您成為本計畫會員不足 90 日，我們仍將停止為這些藥物支付費用。

如您是長期護理機構的居民，且您需要的藥物未納入我們的處方集，或者如您取得藥物的能力受到限制，但您已成為我們計畫的會員超過 90 日，我們將在您申請處方集例外處理期間，向您提供該藥物的 31 日緊急供應承保。

若會員因照護層級變更而更改治療環境，也視為處於過渡階段。上述會員將獲得適當過渡續方。

### 如需進一步資訊

如需進一步詳細資訊了解 Central Health Medicare Plan 處方藥物承保範圍，請審閱您的《承保證明》與其他計畫材料。

## 2024 Part D 模式處方集（綜合）

如您對於 Central Health Medicare Plan

有任何疑問，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

關於 Medicare 處方藥物承保範圍的一般問題，請致電 Medicare : 1-800-MEDICARE (1-800-633-4227)，每週 7 天/每天 24 小時全年無休。聽障人士請致電 1-877-486-2048。或造訪

<http://www.medicare.gov>。

### **Central Health Medicare Plan 處方集**

處方集針對 Central Health Medicare Plan

所承保的藥物提供承保範圍資訊。如您無法在清單找到您的藥物，請參閱索引（始於第 107 頁）。

圖表第一欄列出藥物名稱。品牌藥物以大寫列出（例如

HUMIRA），非品牌藥物則以小寫斜體列出（例如 *atorvastatin*）。

要求/限制欄的資訊說明 Central Health Medicare Plan 對您的藥物承保是否有任何特殊要求。

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

## List of Abbreviations

**B/D PA:** 根据具体情况，该处方药可能受 Medicare B 部分或 D 部分承保。可能需要提交描述药物使用和设置的信息方可做出决定。

**EX:** 排除药物。这种处方药通常不受 Medicare 处方药计划的承保。您按处方配领这种药物时支付的金额不计入您的总药物费用（即，您支付的金额并不能帮助您获得重病承保资格）。此外，如果您获得额外帮助来支付处方费用，您将不会获得任何额外帮助来支付这种药物的费用。

### **GC:**

缺口承保。我们在承保缺口为该处方药提供承保。有关此承保的更多信息，请参阅我们的承保证明。

**LA:** 有限可用性。此处方药可能仅在某些药店提供。如需更多信息，请致电 Express Scripts 客户服务部。

### **MO:**

邮购药物。可通过我们的邮购服务以及我们的零售网络药房获取该处方药。考虑为您的长期（维持）药物（如高血压药物）使用邮购。零售网络药房可能更适合短期处方药（如抗生素）。

**NEDS:** 非延长日供应药物。该药物仅可提供 30 天或更短的用量。

### **PA:**

事先授权。该计划要求您或您的医师获得某些药物的事先授权。这意味着您需要在配领处方药前获得批准。

**QL:** 数量限制。对于某些药物，本计划限制我们将承保的药物数量。

### **ST:**

阶梯疗法。在某些情况下，本计划要求您先尝试某些药物来治疗您的疾病，然后我们才会承保治疗该疾病的另一种药物。例如，如果药物 A 和药物 B 都能治疗您的疾病，除非您先试用药物 A，否则我们可能不承保药物 B。如果药物 A 对您不起作用，我们将承保药物 B。

**V:** 根據美國疾病控制與預防中心 (CDC) 預防接種諮詢委員會 (ACIP) 的建議，此疫苗免費提供給成年人使用。

药物名称	药物层级	要求/限制
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
<i>amphotericin b injection recon soln</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln 50 mg</i>	4	NEDS
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA ORAL CAPSULE	5	PA; NEDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	5	MO; NEDS
<i>griseofulvin microsize oral suspension</i>	4	MO

药物名称	药物层级	要求/限制
<i>griseofulvin microsize oral tablet</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral tablet</i>	2	MO
<i>micafungin intravenous recon soln</i>	5	MO; NEDS
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days); NEDS
<i>terbinafine hcl oral tablet</i>	2	MO
<i>voriconazole intravenous recon soln</i>	5	PA; MO; NEDS
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO; NEDS
<i>voriconazole oral tablet</i>	4	PA; MO
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	3	MO
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine oral tablet</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir oral tablet</i>	4	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
<i>APRETUDE INTRAMUSCULAR SUSPENSION,EXT ENDED RELEASE</i>	5	MO; NEDS
<i>APTIVUS ORAL CAPSULE</i>	5	MO; NEDS
<i>atazanavir oral capsule</i>	4	MO
<i>BARACLUDE ORAL SOLUTION</i>	5	MO; NEDS
<i>BIKTARVY ORAL TABLET</i>	5	MO; NEDS
<i>CABENUVA INTRAMUSCULAR SUSPENSION,EXT ENDED RELEASE</i>	5	MO; NEDS
<i>cidofovir intravenous solution</i>	5	B/D PA; MO; NEDS
<i>CIMDUO ORAL TABLET</i>	5	MO; NEDS
<i>COMPLERA ORAL TABLET</i>	5	MO; NEDS
<i>darunavir ethanolate oral tablet</i>	5	MO; NEDS

药物名称	药物层级	要求/限制
<i>DELSTRIGO ORAL TABLET</i>	5	MO; NEDS
<i>DESCOVY ORAL TABLET</i>	5	MO; NEDS
<i>DOVATO ORAL TABLET</i>	5	MO; NEDS
<i>EDURANT ORAL TABLET</i>	5	MO; NEDS
<i>efavirenz oral capsule</i>	4	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	MO; NEDS
<i>efavirenz-lamivu-tenofovir disop oral tablet</i>	5	MO; NEDS
<i>emtricitabine oral capsule</i>	4	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	4	MO; NEDS
<i>EMTRIVA ORAL SOLUTION</i>	3	MO
<i>entecavir oral tablet</i>	4	MO
<i>EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG</i>	5	PA; MO; QL (28 per 28 days); NEDS
<i>EPCLUSA ORAL PELLETS IN PACKET 200-50 MG</i>	5	PA; MO; QL (56 per 28 days); NEDS
<i>EPCLUSA ORAL TABLET 200-50 MG</i>	5	PA; MO; QL (56 per 28 days); NEDS
<i>EPCLUSA ORAL TABLET 400-100 MG</i>	5	PA; MO; QL (28 per 28 days); NEDS

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<i>etravirine oral tablet</i>	5	MO; NEDS
EVOTAZ ORAL TABLET	5	MO; NEDS
<i>famciclovir oral tablet</i>	2	MO
<i>fosamprenavir oral tablet</i>	4	MO; NEDS
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; NEDS
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO; NEDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days); NEDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days); NEDS
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days); NEDS
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days); NEDS
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET	5	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET	5	MO; NEDS
ISENTRESS ORAL TABLET	5	MO; NEDS

药物名称	药物层级	要求/限制
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO; NEDS
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet</i>	3	MO
<i>lamivudine-zidovudine oral tablet</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc oral tablet</i>	5	MO; NEDS
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY ORAL TABLET	5	MO; NEDS
<i>oseltamivir oral capsule</i>	3	MO

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<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PIFELTRO ORAL TABLET	5	MO; NEDS
PREVYMIS INTRAVENOUS SOLUTION	5	PA; NEDS
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
PREZCOBIX ORAL TABLET	5	MO; NEDS
PREZISTA ORAL SUSPENSION	5	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; NEDS
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine oral tablet</i>	4	MO
<i>ritonavir oral tablet</i>	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	MO; NEDS

药物名称	药物层级	要求/限制
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD ORAL TABLET	5	MO; NEDS
SUNLENCA ORAL TABLET	5	NEDS
SUNLENCA SUBCUTANEOUS SOLUTION	5	NEDS
SYMTUZA ORAL TABLET	5	MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA; NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO; NEDS
TRIUMEQ ORAL TABLET	5	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	5	MO; NEDS
TRIZIVIR ORAL TABLET	5	MO; NEDS
TROGARZO INTRAVENOUS SOLUTION	5	MO; LA; NEDS
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)

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<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO; NEDS
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY INTRAVENOUS RECON SOLN	5	NEDS
VEMLIDY ORAL TABLET	5	MO; NEDS
VIRACEPT ORAL TABLET	5	MO; NEDS
VIREAD ORAL POWDER	5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO; NEDS
VOSEVI ORAL TABLET	5	PA; MO; QL (28 per 28 days); NEDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO

药物名称	药物层级	要求/限制
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	4	
<i>cefepime injection recon soln</i>	4	MO
<i>cefixime oral capsule</i>	4	MO

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<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefodoxime oral suspension for reconstitution</i>	4	MO
<i>cefodoxime oral tablet</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-osm intravenous piggyback</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous recon soln</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

药物名称	药物层级	要求/限制
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection recon soln</i>	4	PA; MO
<i>tazicef intravenous recon soln</i>	4	PA
<b>TEFLARO INTRAVENOUS RECON SOLN</b>	5	PA; MO; NEDS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO

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<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days); NEDS
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	4	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tablet</i>	5	MO; NEDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO

药物名称	药物层级	要求/限制
<i>ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION</i>	5	PA; LA; NEDS
<i>atovaquone oral suspension</i>	4	MO; NEDS
<i>atovaquone-proguanil oral tablet</i>	4	MO
<i>aztreonam injection recon soln</i>	4	PA; MO
<i>bacitracin intramuscular recon soln</i>	4	
<i>CAYSTON INHALATION SOLUTION FOR NEBULIZATION</i>	5	PA; MO; LA; QL (84 per 56 days); NEDS
<i>chloramphenicol sod succinate intravenous recon soln</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>clindamycin phosphate injection solution</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution</i>	4	PA; MO
<i>COARTEM ORAL TABLET</i>	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	PA; MO; QL (30 per 10 days)

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dapsone oral tablet	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO; NEDS
daptomycin intravenous recon soln 500 mg	5	MO; NEDS
EMVERM ORAL TABLET,CHEWAB LE	5	MO; NEDS
ertapenem injection recon soln	4	PA; MO; QL (14 per 14 days)
ethambutol oral tablet	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	4	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	4	PA
gentamicin injection solution 40 mg/ml	4	PA; MO
gentamicin sulfate (ped) (pf) injection solution	4	PA; MO
hydroxychloroquine oral tablet 200 mg	2	MO
imipenem-cilastatin intravenous recon soln	4	PA; MO
isoniazid injection solution	4	
isoniazid oral solution	2	MO

药物名称	药物层级	要求/限制
isoniazid oral tablet	2	MO
ivermectin oral tablet	3	PA; MO; QL (20 per 30 days)
lincomycin injection solution	4	PA
linezolid in dextrose 5% intravenous piggyback	4	PA; MO
linezolid oral suspension for reconstitution	5	MO; NEDS
linezolid oral tablet	4	MO
linezolid-0.9% sodium chloride intravenous parenteral solution	4	PA
mefloquine oral tablet	2	MO
meropenem intravenous recon soln 1 gram	4	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	4	PA; MO; QL (10 per 10 days)
metro i.v. intravenous piggyback	4	PA; MO
metronidazole in nacl (iso-os) intravenous piggyback	4	PA; MO
metronidazole oral tablet	2	MO
neomycin oral tablet	2	MO
nitazoxanide oral tablet	5	MO; NEDS
paromomycin oral capsule	4	MO

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<i>pentamidine inhalation recon soln</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	4	MO
<i>praziquantel oral tablet</i>	4	MO
<b>PRIFTIN ORAL TABLET</b>	3	MO
<b>PRIMAQUINE ORAL TABLET</b>	4	MO
<i>pyrazinamide oral tablet</i>	4	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO; NEDS
<i>quinine sulfate oral capsule</i>	4	MO
<i>rifabutin oral capsule</i>	4	MO
<i>rifampin intravenous recon soln</i>	4	MO
<i>rifampin oral capsule</i>	3	MO
<b>SIRTURO ORAL TABLET</b>	5	PA; LA; NEDS
<b>STREPTOMYCIN INTRAMUSCULAR RECON SOLN</b>	5	PA; MO; QL (60 per 30 days); NEDS
<i>tigecycline intravenous recon soln</i>	5	PA; MO; NEDS
<i>tinidazole oral tablet</i>	3	MO
<b>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE</b>	5	MO; QL (224 per 56 days); NEDS

药物名称	药物层级	要求/限制
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; MO; QL (280 per 28 days); NEDS
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MO; QL (224 per 28 days); NEDS
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
<b>TRECATOR ORAL TABLET</b>	4	MO
<b>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML</b>	3	PA; QL (4000 per 10 days)
<b>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML</b>	3	PA; QL (1000 per 10 days)
<b>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML</b>	3	PA; QL (4050 per 10 days)
<b>VANCOMYCIN INJECTION RECON SOLN</b>	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)

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<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA; NEDS
XIFAXAN ORAL TABLET 200 MG	3	MO; QL (9 per 30 days); NEDS
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days); NEDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	MO; GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO; GC
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	1	MO; GC

药物名称	药物层级	要求/限制
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	4	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO

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BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO	PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	PA; MO	<i>penicillin g potassium injection recon soln</i>	4	PA; MO
<i>dicloxacillin oral capsule</i>	2	MO	<i>penicillin g sodium injection recon soln</i>	4	PA; MO
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	4	PA	<i>penicillin v potassium oral recon soln</i>	2	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO	<i>penicillin v potassium oral tablet</i>	2	MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA; NEDS	<i>pfizerpen-g injection recon soln</i>	4	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA	<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	4	PA	<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA	<b>QUINOLONES</b>		
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO	<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO; GC
			<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	4	PA; MO

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 此药物清单的最后更新日期为 10/25/2023

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<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous solution</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	3	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	4	PA; MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tablet</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; GC
<b>TETRACYCLINES</b>		
<i>demeclacycline oral tablet</i>	4	MO

药物名称	药物层级	要求/限制
<i>doxy-100 intravenous recon soln</i>	4	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	MO
<i>tetracycline oral capsule</i>	4	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate oral tablet</i>	3	MO
<i>methenamine mandelate oral tablet</i>	2	MO

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药物名称	药物层级	要求/限制
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	3	MO
<i>trimethoprim oral tablet</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln</i>	5	B/D PA; MO; NEDS
<i>ELITEK INTRAVENOUS RECON SOLN</i>	5	MO; NEDS
<i>KHAPZORY INTRAVENOUS RECON SOLN</i>	5	B/D PA; NEDS
<i>leucovorin calcium oral tablet</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO; NEDS
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; NEDS
<i>mesna intravenous solution</i>	2	B/D PA; MO
<i>MESNEX ORAL TABLET</i>	5	MO; NEDS
<i>VISTOGARD ORAL GRANULES IN PACKET</i>	5	PA; NEDS

药物名称	药物层级	要求/限制
<i>XGEVA SUBCUTANEOUS SOLUTION</i>	5	B/D PA; MO; NEDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
<i>ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION</i>	5	B/D PA; MO; NEDS
<i>ADCETRIS INTRAVENOUS RECON SOLN</i>	5	B/D PA; MO; NEDS
<i>ADSTILADRIN INTRAVESICAL SUSPENSION</i>	5	PA; NEDS
<i>ALECENSA ORAL CAPSULE</i>	5	PA; MO; QL (240 per 30 days); NEDS
<i>ALIQOPA INTRAVENOUS RECON SOLN</i>	5	B/D PA; LA; NEDS
<i>ALUNBRIG ORAL TABLET 180 MG, 90 MG</i>	5	PA; QL (30 per 30 days); NEDS
<i>ALUNBRIG ORAL TABLET 30 MG</i>	5	PA; QL (60 per 30 days); NEDS
<i>ALUNBRIG ORAL TABLETS,DOSE PACK</i>	5	PA; QL (30 per 180 days); NEDS
<i>anastrozole oral tablet</i>	2	MO

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<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA; NEDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO; NEDS
ASPARLAS INTRAVENOUS SOLUTION	5	PA; NEDS
AYVAKIT ORAL TABLET	5	PA; LA; QL (30 per 30 days); NEDS
<i>azacitidine injection recon soln</i>	5	B/D PA; MO; NEDS
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA; MO
BALVERSA ORAL TABLET	5	PA; LA; NEDS
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA; NEDS
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NEDS
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
BESPONSA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA; NEDS
<i>bexarotene oral capsule</i>	5	PA; MO; NEDS
<i>bexarotene topical gel</i>	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
<i>bicalutamide oral tablet</i>	2	MO
<i>bleomycin injection recon soln</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; NEDS
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NEDS
<i>busulfan intravenous solution</i>	5	B/D PA; NEDS
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; LA; QL (60 per 30 days); NEDS
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NEDS

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此药物清单的最后更新日期为 10/25/2023

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CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NEDS
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO; NEDS
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	5	B/D PA; MO; NEDS
<i>clofarabine intravenous solution</i>	5	B/D PA; NEDS
COLUMVI INTRAVENOUS SOLUTION	5	PA; MO; NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days); NEDS
COPIKTRA ORAL CAPSULE	5	PA; LA; QL (60 per 30 days); NEDS
COSMEGEN INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
COTELLIC ORAL TABLET	5	PA; MO; LA; QL (63 per 28 days); NEDS
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO

药物名称	药物层级	要求/限制
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET	3	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	2	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	5	PA; NEDS
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NEDS

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<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days); NEDS
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO; NEDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NEDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO; NEDS
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO; NEDS

药物名称	药物层级	要求/限制
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	5	PA; NEDS
ELZONRIS INTRAVENOUS SOLUTION	5	PA; LA; NEDS
EMCYT ORAL CAPSULE	5	MO; NEDS
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	5	PA; NEDS
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS

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此药物清单的最后更新日期为 10/25/2023

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ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days); NEDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
ERWINASE INJECTION RECON SOLN	5	B/D PA; NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days); NEDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO; NEDS

药物名称	药物层级	要求/限制
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO; NEDS
<i>exemestane oral tablet</i>	4	MO
EXKIVITY ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days); NEDS

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此药物清单的最后更新日期为 10/25/2023

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<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO; NEDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	PA; NEDS
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days); NEDS
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
<i>gefitinib oral tablet</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>genograf oral capsule</i>	3	B/D PA; MO
<i>genograf oral solution</i>	3	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS

药物名称	药物层级	要求/限制
GLEOSTINE ORAL CAPSULE	5	MO; NEDS
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days); NEDS
ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days); NEDS
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days); NEDS
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
IMBRUWICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days); NEDS

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此药物清单的最后更新日期为 10/25/2023

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IMBRUICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NEDS
IMBRUICA ORAL SUSPENSION	5	PA; QL (324 per 30 days); NEDS
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days); NEDS
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NEDS
IMJUDO INTRAVENOUS SOLUTION	5	PA; MO; NEDS
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days); NEDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA; NEDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO; NEDS

药物名称	药物层级	要求/限制
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days); NEDS
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO; NEDS
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; NEDS
KIMMTRAK INTRAVENOUS SOLUTION	5	PA; NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days); NEDS

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此药物清单的最后更新日期为 10/25/2023

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KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days); NEDS	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days); NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days); NEDS	LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days); NEDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days); NEDS	<i>letrozole oral tablet</i>	2	MO
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days); NEDS	LEUKERAN ORAL TABLET	5	MO; NEDS
KOSELUGO ORAL CAPSULE	5	PA; NEDS	<i>leuprolide subcutaneous kit</i>	5	PA; MO; NEDS
KRAZATI ORAL TABLET	5	PA; QL (180 per 30 days); NEDS	LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA; NEDS
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA; NEDS	LONSURF ORAL TABLET	5	PA; MO; NEDS
<i>lapatinib oral tablet</i>	5	PA; MO; QL (180 per 30 days); NEDS	LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days); NEDS	LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days); NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days); NEDS	LUMAKRAS ORAL TABLET	5	PA; MO; NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days); NEDS	LUMOXITI INTRAVENOUS RECON SOLN	5	PA; MO; LA; NEDS
			LUNSUMIO INTRAVENOUS SOLUTION	5	PA; MO; NEDS
			LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NEDS

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此药物清单的最后更新日期为 10/25/2023

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LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET	5	NEDS
LYTGOBI ORAL TABLET	5	PA; LA; NEDS
MARGENZA INTRAVENOUS SOLUTION	5	PA; NEDS
MATULANE ORAL CAPSULE	5	NEDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days); NEDS
<i>melphalan hcl intravenous recon soln</i>	5	B/D PA; NEDS
<i>melphalan oral tablet</i>	2	B/D PA; MO

药物名称	药物层级	要求/限制
<i>mercaptopurine oral tablet</i>	3	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO; NEDS
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	B/D PA; MO

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA; NEDS
<i>nelarabine intravenous solution</i>	5	B/D PA; MO; NEDS
NERLYNX ORAL TABLET	5	PA; MO; LA; NEDS
<i>nilutamide oral tablet</i>	5	PA; MO; NEDS
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days); NEDS
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; NEDS
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days); NEDS
ONCASPAR INJECTION SOLUTION	5	B/D PA; NEDS

药物名称	药物层级	要求/限制
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA; NEDS
ONUREG ORAL TABLET	5	PA; MO; QL (14 per 28 days); NEDS
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO; NEDS
OPDUALAG INTRAVENOUS SOLUTION	5	PA; MO; NEDS
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NEDS
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
<i>paraplatin intravenous solution</i>	2	B/D PA

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PEMAZYRE ORAL TABLET	5	PA; LA; QL (14 per 21 days); NEDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO; NEDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA; NEDS
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
PIQRAY ORAL TABLET	5	PA; MO; NEDS
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
POMALYST ORAL CAPSULE	5	PA; MO; LA; NEDS
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
POTELIGEO INTRAVENOUS SOLUTION	5	PA; NEDS
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	NEDS

药物名称	药物层级	要求/限制
QINLOCK ORAL TABLET	5	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE	5	PA; QL (60 per 30 days); NEDS
REZUROCK ORAL TABLET	5	PA; LA; QL (30 per 30 days); NEDS
<i>romidepsin intravenous recon soln</i>	5	B/D PA; NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days); NEDS
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days); NEDS
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO; NEDS
RYBREVANT INTRAVENOUS SOLUTION	5	PA; MO; NEDS
RYDAPT ORAL CAPSULE	5	PA; MO; QL (224 per 28 days); NEDS

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RYLAZE INTRAMUSCULAR SOLUTION	5	PA; NEDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; MO; NEDS
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA; NEDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO; NEDS
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX ORAL SOLUTION	5	MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
<i>sorafenib oral tablet</i>	5	PA; MO; QL (120 per 30 days); NEDS

药物名称	药物层级	要求/限制
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days); NEDS
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule</i>	5	PA; MO; QL (30 per 30 days); NEDS
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; NEDS
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO; NEDS
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days); NEDS
TAGRISSO ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
TALVEY SUBCUTANEOUS SOLUTION	5	PA; NEDS
TALZENNA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NEDS
<i>tamoxifen oral tablet</i>	2	MO

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TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET	5	PA; LA; NEDS
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NEDS
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA; NEDS
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO; NEDS
TEPMETKO ORAL TABLET	5	PA; LA; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days); NEDS
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA; NEDS
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO; NEDS
TIBSOVO ORAL TABLET	5	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO; NEDS

药物名称	药物层级	要求/限制
<i>topotecan intravenous solution</i>	5	B/D PA; MO; NEDS
<i>toremifene oral tablet</i>	5	MO; NEDS
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO; NEDS
<i>tretinooin (antineoplastic) oral capsule</i>	5	MO; NEDS
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days); NEDS
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA; NEDS
<i>valrubicin intravesical solution</i>	5	B/D PA; MO; NEDS
VANFLYTA ORAL TABLET	5	PA; QL (56 per 28 days); NEDS
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS

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VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; QL (42 per 180 days); NEDS
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days); NEDS
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days); NEDS
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE	5	PA; QL (120 per 30 days); NEDS

药物名称	药物层级	要求/限制
VOTRIENT ORAL TABLET	5	PA; MO; QL (120 per 30 days); NEDS
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
WELIREG ORAL TABLET	5	PA; LA; NEDS
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NEDS
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; LA; QL (84 per 28 days); NEDS
XOSPATA ORAL TABLET	5	PA; LA; QL (90 per 30 days); NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NEDS
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days); NEDS

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XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days); NEDS
YEROVY INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days); NEDS
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days); NEDS
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA; NEDS
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO
ZOLINZA ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NEDS

药物名称	药物层级	要求/限制
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days); NEDS
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
ZYNYZ INTRAVENOUS SOLUTION	5	PA; NEDS
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days); NEDS
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days); NEDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days); NEDS
BRIVIACT INTRAVENOUS SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days); NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO

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<i>carbamazepine oral suspension 200 mg/10 ml</i>	2		<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO	<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO	<b>EPIDIOLEX ORAL SOLUTION</b>	5	PA; MO; LA; NEDS
<i>carbamazepine oral tablet, chewable</i>	2	MO	<i>epitol oral tablet</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)	<b>EPRONTIA ORAL SOLUTION</b>	4	PA; MO
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)	<i>ethosuximide oral capsule</i>	3	MO
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)	<i>ethosuximide oral solution</i>	3	MO
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)	<i>felbamate oral suspension</i>	5	MO; NEDS
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)	<i>felbamate oral tablet</i>	4	MO
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)	<b>FINTEPLA ORAL SOLUTION</b>	5	PA; LA; QL (360 per 30 days); NEDS
<b>DIACOMIT ORAL CAPSULE</b>	5	PA; LA; NEDS	<i>fosphenytoin injection solution</i>	2	MO
<b>DIACOMIT ORAL POWDER IN PACKET</b>	5	PA; LA; NEDS	<b>FYCOMPA ORAL SUSPENSION</b>	5	MO; QL (720 per 30 days); NEDS
<i>diazepam rectal kit</i>	4	MO	<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG</b>	5	MO; QL (30 per 30 days); NEDS
<b>DILANTIN 30 MG ORAL CAPSULE</b>	4	MO	<b>FYCOMPA ORAL TABLET 2 MG</b>	4	MO; QL (60 per 30 days)
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO	<b>FYCOMPA ORAL TABLET 4 MG, 6 MG</b>	5	MO; QL (60 per 30 days); NEDS
			<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
			<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)

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<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	3	PA; MO; QL (30 per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG</b>	3	PA; MO; QL (60 per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days); NEDS
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO; GC
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO

药物名称	药物层级	要求/限制
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO
<i>lamotrigine oral tablets,dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methylsuximide oral capsule</i>	4	MO
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL</b>	5	PA; MO; QL (10 per 30 days); NEDS
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO

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<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<b>PRIMIDONE ORAL TABLET 125 MG</b>	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO

药物名称	药物层级	要求/限制
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO; NEDS
<b>SPRITAM ORAL TABLET FOR SUSPENSION</b>	4	MO
<i>subvenite oral tablet</i>	1	MO; GC
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	4	MO
<i>subvenite starter (green) kit oral tablets, dose pack</i>	4	MO
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	4	MO
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>	5	PA; MO; QL (60 per 30 days); NEDS
<b>SYMPAZAN ORAL FILM 5 MG</b>	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO

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<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	MO
<i>VALTOCO NASAL SPRAY, NON-AEROSOL</i>	5	PA; MO; QL (10 per 30 days); NEDS
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA; NEDS
<i>vigabatrin oral tablet</i>	5	PA; MO; LA; NEDS
<i>vigadron oral powder in packet</i>	5	PA; LA; NEDS
<i>vigadron oral tablet</i>	5	PA; LA; NEDS
<i>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</i>	5	MO; QL (56 per 28 days); NEDS
<i>XCOPRI ORAL TABLET 100 MG</i>	5	MO; QL (120 per 30 days); NEDS
<i>XCOPRI ORAL TABLET 150 MG, 200 MG</i>	5	MO; QL (60 per 30 days); NEDS
<i>XCOPRI ORAL TABLET 50 MG</i>	5	MO; QL (240 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)</i>	4	MO; QL (28 per 180 days)
<i>XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)</i>	5	MO; QL (28 per 180 days); NEDS
<i>ZONISADE ORAL SUSPENSION</i>	5	PA; MO; NEDS
<i>zonisamide oral capsule</i>	2	PA; MO
<i>ZTALMY ORAL SUSPENSION</i>	5	PA; LA; QL (1080 per 30 days); NEDS
<b>ANTIPARKINSONISM AGENTS</b>		
<i>APOKYN SUBCUTANEOUS CARTRIDGE</i>	5	PA; MO; LA; QL (90 per 30 days); NEDS
<i>apomorphine subcutaneous cartridge</i>	5	PA; QL (90 per 30 days); NEDS
<i>benztropine injection solution</i>	2	MO
<i>benztropine oral tablet</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>carbidopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO

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此药物清单的最后更新日期为 10/25/2023

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<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	4	MO
<i>NEUPRO TRANSDERMAL PATCH 24 HOUR</i>	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR</i>	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution</i>	5	NEDS
<i>dihydroergotamine nasal spray,non-aerosol</i>	5	QL (8 per 28 days); NEDS
<i>eletiptan oral tablet</i>	4	MO; QL (18 per 28 days)

药物名称	药物层级	要求/限制
<i>EMGALITY PEN SUBCUTANEOUS PEN INJECTOR</i>	3	PA; MO; QL (2 per 30 days)
<i>EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML</i>	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	3	MO
<i>naratriptan oral tablet</i>	3	MO; QL (18 per 28 days)
<i>NURTEC ODT ORAL TABLET,DISINTEGRATING</i>	3	PA; QL (16 per 30 days)
<i>QULIPTA ORAL TABLET</i>	3	PA; MO; QL (30 per 30 days); NEDS
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)

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<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral tablet</i>	4	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	4	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
BRIUMVI INTRAVENOUS SOLUTION	5	PA; MO; QL (24 per 180 days); NEDS
<i>dalfampridine oral tablet extended release 12 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days); NEDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days); NEDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO; GC
<i>fingolimod oral capsule</i>	5	PA; MO; QL (30 per 30 days); NEDS

药物名称	药物层级	要求/限制
FIRDAPSE ORAL TABLET	5	PA; LA; NEDS
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days); NEDS
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	5	PA; LA; QL (28 per 180 days); NEDS
INGREZZA ORAL CAPSULE	5	PA; LA; QL (30 per 30 days); NEDS
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA; MO

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NAMZARIC ORAL CAPSULE,SPRINK LE,ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO; NEDS
RADICAVA ORS ORAL SUSPENSION	5	PA; MO; NEDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MO; NEDS
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO
<i>teriflunomide oral tablet</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days); NEDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
VUMERTY ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days); NEDS
ZEPOSIA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NEDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (28 per 180 days); NEDS

药物名称	药物层级	要求/限制
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (7 per 180 days); NEDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous recon soln</i>	2	
<i>dantrolene oral capsule</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto intravenous recon soln</i>	2	
<i>tizanidine oral tablet</i>	2	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	2	QL (4500 per 30 days); NEDS

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<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days); NEDS
<i>BELBUCA Buccal Film</i>	3	PA; MO; QL (60 per 30 days); NEDS
<i>buprenorphine hcl injection syringe</i>	2	NEDS
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>buprenorphine transdermal patch transdermal patch weekly</i>	4	PA; MO; QL (4 per 28 days); NEDS
<i>endocet oral tablet</i>	3	MO; QL (360 per 30 days); NEDS
<i>fentanyl citrate (pf) injection solution</i>	2	NEDS
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	NEDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days); NEDS
<i>hydrocodone-ibuprofen oral tablet</i>	3	MO; QL (50 per 30 days); NEDS
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	4	NEDS
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; NEDS
<i>hydromorphone injection solution 1 mg/ml</i>	4	NEDS
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; NEDS
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO; NEDS
<i>hydromorphone injection syringe 2 mg/ml</i>	4	NEDS

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此药物清单的最后更新日期为 10/25/2023

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hydromorphone oral liquid	4	MO; QL (2400 per 30 days); NEDS
hydromorphone oral tablet	3	MO; QL (180 per 30 days); NEDS
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days); NEDS
methadone injection solution	3	NEDS
methadone intensol oral concentrate	3	PA; MO; QL (90 per 30 days); NEDS
methadone oral concentrate	3	PA; QL (90 per 30 days); NEDS
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days); NEDS
methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days); NEDS
methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days); NEDS
methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days); NEDS
methadose oral concentrate	3	PA; MO; QL (90 per 30 days); NEDS
morphine (pf) injection solution 0.5 mg/ml	4	NEDS
morphine (pf) injection solution 1 mg/ml	4	MO; NEDS
morphine concentrate oral solution	3	MO; QL (900 per 30 days); NEDS

药物名称	药物层级	要求/限制
morphine injection syringe 4 mg/ml	4	MO; NEDS
morphine injection syringe 8 mg/ml	4	NEDS
morphine intravenous solution 10 mg/ml, 4 mg/ml	4	MO; NEDS
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	4	NEDS
morphine oral solution	3	MO; QL (900 per 30 days); NEDS
morphine oral tablet	3	MO; QL (180 per 30 days); NEDS
morphine oral tablet extended release	3	PA; MO; QL (120 per 30 days); NEDS
oxycodone oral capsule	3	MO; QL (360 per 30 days); NEDS
oxycodone oral concentrate	4	MO; QL (180 per 30 days); NEDS
oxycodone oral solution	3	MO; QL (1200 per 30 days); NEDS
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	MO; QL (180 per 30 days); NEDS
oxycodone oral tablet 5 mg	3	MO; QL (360 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days); NEDS

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OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days); NEDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days); NEDS
<b>NON-NARCOTIC ANALGESICS</b>		
buprenorphine- naloxone sublingual film 12-3 mg	3	MO; QL (60 per 30 days)
buprenorphine- naloxone sublingual film 2-0.5 mg	3	MO; QL (360 per 30 days)
buprenorphine- naloxone sublingual film 4-1 mg, 8-2 mg	3	MO; QL (90 per 30 days)
buprenorphine- naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine- naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection solution	2	MO; NEDS
butorphanol nasal spray,non-aerosol	4	MO; QL (10 per 28 days); NEDS
celecoxib oral capsule	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium oral tablet 50 mg	2	MO

药物名称	药物层级	要求/限制
diclofenac sodium oral tablet extended release 24 hr	2	MO
diclofenac sodium oral tablet,delayed release (dr/ec)	2	MO
diclofenac sodium topical gel 1 %	3	MO; QL (1000 per 28 days)
diclofenac- misoprostol oral tablet,ir,delayed rel,biphasic	4	MO
diflunisal oral tablet	3	MO
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	2	
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	2	MO
etodolac oral capsule	3	MO
etodolac oral tablet	3	MO
etodolac oral tablet extended release 24 hr	4	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu oral tablet	1	MO; GC
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO; GC
ibuprofen oral tablet 600 mg	1	GC
meloxicam oral tablet	1	MO; GC; QL (30 per 30 days)

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此药物清单的最后更新日期为 10/25/2023

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nabumetone oral tablet	2	MO
nalbuphine injection solution	2	MO; NEDS
naloxone injection solution	2	MO
naloxone injection syringe	2	MO
naloxone nasal spray,non-aerosol	2	MO
naltrexone oral tablet	2	MO
naproxen oral tablet	1	MO; GC
naproxen oral tablet,delayed release (dr/ec) 375 mg	2	MO
naproxen oral tablet,delayed release (dr/ec) 500 mg	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	MO
oxaprozinc oral tablet	4	MO
piroxicam oral capsule	3	MO
salsalate oral tablet	1	MO; GC
sulindac oral tablet	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days); NEDS
tramadol-acetaminophen oral tablet	2	MO; QL (240 per 30 days); NEDS

药物名称	药物层级	要求/限制
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; NEDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFI INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFI INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; QL (1 per 28 days); NEDS

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ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING	5	MO; QL (1 per 28 days); NEDS
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</i>	3	MO
<i>ariPIPrazole oral solution</i>	4	MO
<i>ariPIPrazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>ariPIPrazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days); NEDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING	5	MO; QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days); NEDS

药物名称	药物层级	要求/限制
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days); NEDS
<i>armodafinil oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; MO; QL (60 per 30 days); NEDS
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone oral tablet</i>	2	MO

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CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral concentrate</i>	4	MO
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
<i>desipramine oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO

药物名称	药物层级	要求/限制
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA
<i>diazepam intensol oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>	4	MO; QL (60 per 30 days)
<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制	药物名称	药物层级	要求/限制
EMSAM TRANSDERMAL PATCH 24 HOUR	5	MO; NEDS	<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>escitalopram oxalate oral solution</i>	2	MO	<i>fluoxetine oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; GC; QL (30 per 30 days)	<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>eszopiclone oral tablet</i>	4	MO; QL (30 per 30 days)	<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)	<i>fluphenazine decanoate injection solution</i>	4	MO
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)	<i>fluphenazine hcl injection solution</i>	4	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 180 days)	<i>fluphenazine hcl oral concentrate</i>	4	MO
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)	<i>fluphenazine hcl oral elixir</i>	4	MO
<i>flumazenil intravenous solution</i>	2		<i>fluphenazine hcl oral tablet</i>	4	MO
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)	<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)	<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; GC; QL (30 per 30 days)	<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; GC; QL (90 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; GC; QL (60 per 30 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
			<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	MO

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<i>haloperidol lactate injection solution</i>	4	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
<i>haloperidol lactate intramuscular syringe</i>	2		INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days); NEDS
<i>haloperidol lactate oral concentrate</i>	2	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days); NEDS
<i>haloperidol oral tablet</i>	2	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days); NEDS
<i>imipramine hcl oral tablet</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days); NEDS
<i>imipramine pamoate oral capsule</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days); NEDS	<i>lithium carbonate oral capsule</i>	1	MO; GC
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days); NEDS	<i>lithium carbonate oral tablet</i>	1	MO; GC
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days); NEDS	<i>lithium carbonate oral tablet extended release</i>	1	MO; GC
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days); NEDS	<i>lorazepam injection solution</i>	2	PA; MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days); NEDS	<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
			<i>lorazepam intensol oral concentrate</i>	2	PA; QL (150 per 30 days)

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<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days); NEDS
<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days); NEDS
<i>MARPLAN ORAL TABLET</i>	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)

药物名称	药物层级	要求/限制
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet</i>	4	MO
<i>nefazodone oral tablet</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
<i>NUPLAZID ORAL CAPSULE</i>	4	PA; MO; QL (30 per 30 days)
<i>NUPLAZID ORAL TABLET</i>	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)

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paroxetine hcl oral tablet 30 mg	2	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	3	MO; QL (60 per 30 days)
perphenazine oral tablet	4	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING	5	MO; QL (1 per 30 days); NEDS
phenelzine oral tablet	3	MO
pimozide oral tablet	4	MO
protriptyline oral tablet	4	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	2	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	2	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	3	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	3	MO; QL (60 per 30 days)
ramelteon oral tablet	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)

药物名称	药物层级	要求/限制
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days); NEDS
risperidone oral solution	2	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; GC; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; GC; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	4	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	4	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	MO; QL (30 per 30 days); NEDS
sertraline oral concentrate	4	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; GC; QL (60 per 30 days)

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<i>sertraline oral tablet</i> 25 mg	1	MO; GC; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	5	PA; LA; QL (540 per 30 days); NEDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; NEDS
<i>thioridazine oral tablet</i>	3	MO
<i>thiothixene oral capsule</i>	2	MO
<i>tranylcypromine oral tablet</i>	4	MO
<i>trazodone oral tablet</i>	1	MO; GC
<i>trifluoperazine oral tablet</i>	3	MO
<i>trimipramine oral capsule</i>	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days); NEDS

药物名称	药物层级	要求/限制
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days); NEDS
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	5	NEDS

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VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 180 days)
<i>vilazodone oral tablet</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days); NEDS

药物名称	药物层级	要求/限制
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days); NEDS
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>adenosine intravenous solution</i>	2	
<i>adenosine intravenous syringe</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide oral capsule</i>	4	MO
<i>flecainide oral tablet</i>	2	MO
<i>ibutilide fumarate intravenous solution</i>	2	
<i>lidocaine (pf) intravenous solution</i>	2	
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	

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<i>mexiletine oral capsule</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule</i>	2	MO
<i>aliskiren oral tablet</i>	4	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	MO
<i>amlodipine oral tablet</i>	1	MO; GC
<i>amlodipine-benazepril oral capsule</i>	1	MO; GC
<i>amlodipine-olmesartan oral tablet</i>	1	MO; GC

药物名称	药物层级	要求/限制
<i>amlodipine-valsartan oral tablet</i>	6	MO; GC
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO; GC
<i>atenolol-chlorthalidone oral tablet</i>	1	MO; GC
<i>benazepril oral tablet</i>	6	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>betaxolol oral tablet</i>	3	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>bumetanide injection solution</i>	4	MO
<i>bumetanide oral tablet</i>	2	MO
<i>candesartan oral tablet</i>	1	MO; GC
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO; GC
<i>captopril-hydrochlorothiazide oral tablet</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO

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<i>carvedilol oral tablet</i>	1	MO; GC
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO; GC
<i>clonidine transdermal patch weekly</i>	4	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	2	
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	2	MO

药物名称	药物层级	要求/限制
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>EDARBI ORAL TABLET</i>	3	MO
<i>EDARBYCLO ORAL TABLET</i>	3	MO
<i>enalapril maleate oral tablet</i>	6	MO; GC
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>eplerenone oral tablet</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynat sodium intravenous recon soln</i>	5	NEDS
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril oral tablet</i>	6	MO; GC
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>furosemide injection solution</i>	4	MO

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furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	MO
furosemide oral tablet	1	MO; GC
hydralazine injection solution	2	MO
hydralazine oral tablet	2	MO
hydrochlorothiazide oral capsule	1	MO; GC
hydrochlorothiazide oral tablet	1	MO; GC
indapamide oral tablet	1	MO; GC
irbesartan oral tablet	6	MO; GC
irbesartan-hydrochlorothiazide oral tablet	6	MO; GC
isosorbide-hydralazine oral tablet	3	MO; QL (180 per 30 days)
isradipine oral capsule	2	MO
KERENDIA ORAL TABLET	3	PA; QL (30 per 30 days)
labetalol intravenous solution	2	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	2	
labetalol oral tablet	2	MO
lisinopril oral tablet	6	MO; GC
lisinopril-hydrochlorothiazide oral tablet	6	MO; GC

药物名称	药物层级	要求/限制
losartan oral tablet	6	MO; GC
losartan-hydrochlorothiazide oral tablet	6	MO; GC
mannitol 20 % intravenous parenteral solution	4	
mannitol 25 % intravenous solution	2	MO
matzim la oral tablet extended release 24 hr	2	MO
metolazone oral tablet	2	MO
metoprolol succinate oral tablet extended release 24 hr	1	MO; GC
metoprolol ta-hydrochlorothiaz oral tablet	2	MO
metoprolol tartrate intravenous solution	2	
metoprolol tartrate oral tablet	1	MO; GC
metyrosine oral capsule	5	PA; MO; NEDS
minoxidil oral tablet	2	MO
moexipril oral tablet	1	MO; GC
nadolol oral tablet	4	MO
nebivolol oral tablet	2	MO
nicardipine intravenous solution	2	
nicardipine oral capsule	4	MO
nifedipine oral tablet extended release	2	MO

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nifedipine oral tablet extended release 24hr	2	MO
nimodipine oral capsule	4	MO
nisoldipine oral tablet extended release 24 hr	4	MO
olmesartan oral tablet	1	MO; GC
olmesartan-amlodipine-hcthiazid oral tablet	2	MO
olmesartan-hydrochlorothiazide oral tablet	1	MO; GC
osmitrol 20 % intravenous parenteral solution	4	
perindopril erbumine oral tablet	1	MO; GC
phentolamine injection recon soln	2	
pindolol oral tablet	3	MO
prazosin oral capsule	2	MO
propranolol intravenous solution	2	
propranolol oral capsule,extended release 24 hr	2	MO
propranolol oral solution	2	MO
propranolol oral tablet	1	MO; GC
quinapril oral tablet	6	MO; GC
quinapril-hydrochlorothiazide oral tablet	1	MO; GC

药物名称	药物层级	要求/限制
ramipril oral capsule	6	MO; GC
spironolactone oral tablet	1	MO; GC
spironolactone-hydrochlorothiazide oral tablet	2	MO
taztia xt oral capsule,extended release 24 hr	2	MO
telmisartan oral tablet	1	MO; GC
telmisartan-amlodipine oral tablet	2	MO
telmisartan-hydrochlorothiazide oral tablet	2	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; GC; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; GC; QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr	2	MO
timolol maleate oral tablet	4	MO
torsemide oral tablet	2	MO
trandolapril oral tablet	6	MO; GC
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr	2	MO
treprostинil sodium injection solution	5	PA; MO; LA; NEDS

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药物名称	药物层级	要求/限制
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO; GC
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO; GC
UPTRAVI ORAL TABLET	5	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; NEDS
<i>valsartan oral tablet</i>	6	MO; GC
<i>valsartan-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>veletri intravenous recon soln</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO; GC
<i>verapamil oral tablet extended release</i>	2	MO
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous solution</i>	2	MO
<i>aminocaproic acid oral solution</i>	5	MO; NEDS
<i>aminocaproic acid oral tablet</i>	5	MO; NEDS

药物名称	药物层级	要求/限制
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule</i>	4	MO
<i>dipyridamole intravenous solution</i>	2	
<i>dipyridamole oral tablet</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA; NEDS

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ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO; NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	

药物名称	药物层级	要求/限制
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
<i>HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML</i>	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO

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<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
<b>HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML</b>	3	
<b>HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE</b>	3	MO
<i>jantoven oral tablet</i>	1	MO; GC
<i>pentoxifylline oral tablet extended release</i>	2	MO
<i>prasugrel oral tablet</i>	3	MO
<b>PROMACTA ORAL POWDER IN PACKET</b>	5	PA; MO; LA; NEDS
<b>PROMACTA ORAL TABLET</b>	5	PA; MO; LA; NEDS
<i>protamine intravenous solution</i>	2	
<i>warfarin oral tablet</i>	1	MO; GC
<b>XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK</b>	3	MO
<b>XARELTO ORAL SUSPENSION FOR RECONSTITUTION</b>	3	MO
<b>XARELTO ORAL TABLET</b>	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		

药物名称	药物层级	要求/限制
<i>amlodipine- atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam oral powder in packet</i>	4	MO
<i>colesevelam oral tablet</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe oral tablet</i>	2	MO
<i>ezetimibe-simvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO

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<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	4	MO
<i>fenofibric acid oral tablet</i>	2	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO; GC
<i>icosapent ethyl oral capsule</i>	3	MO
<b>JUXTAPID ORAL CAPSULE</b>	5	PA; MO; LA; NEDS
<i>lovastatin oral tablet 10 mg</i>	6	MO; GC; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	MO; GC; QL (60 per 30 days)
<b>NEXLETOL ORAL TABLET</b>	3	PA; MO
<b>NEXLIZET ORAL TABLET</b>	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
<i>pravastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>prevaleite oral powder</i>	3	MO

药物名称	药物层级	要求/限制
<i>prevaleite oral powder in packet</i>	3	MO
<b>REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR</b>	3	PA; QL (7 per 28 days)
<b>REPATHA SUBCUTANEOUS SYRINGE</b>	3	PA; QL (6 per 28 days)
<b>REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR</b>	3	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<b>CORLANOR ORAL SOLUTION</b>	3	QL (450 per 30 days)
<b>CORLANOR ORAL TABLET</b>	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA

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<i>dobutamine intravenous solution</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO ORAL TABLET	3	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback</i>	2	B/D PA
<i>milrinone intravenous solution</i>	2	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	2	
<i>ranolazine oral tablet extended release 12 hr</i>	3	MO
<i>sodium nitroprusside intravenous solution</i>	2	B/D PA
VECAMYL ORAL TABLET	5	NEDS

药物名称	药物层级	要求/限制
VERQUVO ORAL TABLET	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; MO; NEDS
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO; GC
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO; GC
<i>nitro-bid transdermal ointment</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	4	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		

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此药物清单的最后更新日期为 10/25/2023

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<i>acitretin oral capsule</i>	4	MO
<i>calcipotriene scalp solution</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical ointment</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
<b>SKYRIZI SUBCUTANEOUS PEN INJECTOR</b>	5	PA; MO; QL (2 per 28 days); NEDS
<b>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</b>	5	PA; MO; QL (2 per 28 days); NEDS
<b>STELARA INTRAVENOUS SOLUTION</b>	5	PA; MO; QL (104 per 180 days); NEDS
<b>STELARA SUBCUTANEOUS SOLUTION</b>	5	PA; MO; QL (0.5 per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	5	PA; MO; QL (0.5 per 28 days); NEDS
<b>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</b>	5	PA; MO; QL (1 per 28 days); NEDS
<b>TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR</b>	5	PA; MO; QL (4 per 28 days); NEDS

药物名称	药物层级	要求/限制
<b>TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR</b>	5	PA; MO; QL (3 per 180 days); NEDS
<b>TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR</b>	5	PA; MO; QL (1 per 28 days); NEDS
<b>TALTZ SYRINGE SUBCUTANEOUS SYRINGE</b>	5	PA; MO; QL (1 per 28 days); NEDS
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<b>ADBRY SUBCUTANEOUS SYRINGE</b>	5	PA; MO; QL (6 per 28 days); NEDS
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>chloroprocaine (pf) injection solution</i>	2	
<b>CIBINQO ORAL TABLET</b>	5	PA; MO; QL (30 per 30 days); NEDS
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<b>DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML</b>	5	PA; MO; QL (4.56 per 28 days); NEDS
<b>DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	5	PA; MO; QL (8 per 28 days); NEDS

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此药物清单的最后更新日期为 10/25/2023

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DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; MO; QL (1.34 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NEDS
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal solution</i>	3	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)

药物名称	药物层级	要求/限制
<i>lidocaine viscous mucous membrane solution</i>	2	MO
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	5	MO; NEDS
<i>PANRETIN TOPICAL GEL</i>	5	PA; MO; NEDS
<i>pimecrolimus topical cream</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf injection solution</i>	2	
<i>REGRANEX TOPICAL GEL</i>	5	MO; QL (15 per 30 days); NEDS
<i>SANTYL TOPICAL OINTMENT</i>	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	PA; MO; QL (100 per 30 days)

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VALCHLOR TOPICAL GEL	5	PA; MO; NEDS
<b>THERAPY FOR ACNE</b>		
accutane oral capsule	4	
amnesteem oral capsule	4	
avita topical cream	4	PA; MO
azelaic acid topical gel	4	MO
claravis oral capsule	4	
clindamycin phosphate topical gel	3	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	3	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	3	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	3	MO; QL (120 per 30 days)
ery pads topical swab	3	MO
erythromycin with ethanol topical solution	2	MO
isotretinoin oral capsule	4	
ivermectin topical cream	2	MO; QL (60 per 30 days)
metronidazole topical cream	4	MO
metronidazole topical gel	4	MO
metronidazole topical gel with pump	4	MO

药物名称	药物层级	要求/限制
metronidazole topical lotion	4	MO
tazarotene topical cream	4	PA; MO
tazarotene topical gel	4	PA; MO
tretinoi topical cream 0.025 %, 0.05 %, 0.1 %	4	PA; MO
tretinoi topical gel 0.01 %, 0.025 %, 0.05 %	3	PA; MO
zenatane oral capsule	4	
<b>TOPICAL ANTIBACTERIALS</b>		
gentamicin topical cream	3	MO; QL (60 per 30 days)
gentamicin topical ointment	3	MO; QL (60 per 30 days)
mupirocin topical ointment	2	MO; QL (44 per 30 days)
sulfacetamide sodium (acne) topical suspension	4	MO
<b>TOPICAL ANTIFUNGALS</b>		
cyclodan topical solution	2	MO; QL (6.6 per 28 days)
ciclopirox topical cream	2	MO; QL (90 per 28 days)
ciclopirox topical gel	3	MO; QL (100 per 28 days)
ciclopirox topical shampoo	3	MO; QL (120 per 28 days)
ciclopirox topical solution	2	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	3	MO; QL (60 per 28 days)

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<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole topical cream</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	3	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	3	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	3	MO; QL (180 per 30 days)

### TOPICAL ANTIVIRALS

药物名称	药物层级	要求/限制
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir topical cream</i>	4	MO; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone topical cream</i>	3	MO
<i>alclometasone topical ointment</i>	3	MO
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO

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<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp solution</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical gel</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap scalp oil</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical oil</i>	4	MO

药物名称	药物层级	要求/限制
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	4	MO

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此药物清单的最后更新日期为 10/25/2023

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<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion</i>	2	MO
<i>malathion topical lotion</i>	4	MO
<i>permethrin topical cream</i>	3	MO; QL (60 per 30 days)
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous solution</i>	3	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	4	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
<i>ringer's irrigation solution</i>	4	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	4	MO
<i>acetic acid irrigation solution</i>	2	MO

药物名称	药物层级	要求/限制
<i>anagrelide oral capsule</i>	3	MO
<i>caffeine citrate intravenous solution</i>	2	
<i>caffeine citrate oral solution</i>	2	MO
<i>carglumic acid oral tablet, dispersible</i>	5	PA; NEDS
<i>cevimeline oral capsule</i>	4	MO
<b>CHEMET ORAL CAPSULE</b>	3	PA
<b>CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION</b>	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO; NEDS
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO

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<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA; MO; NEDS	<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO; NEDS	<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	MO
<i>deferiprone oral tablet</i>	5	PA; MO; NEDS	<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO	<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4		<i>disulfiram oral tablet 500 mg</i>	2	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4		<i>droxidopa oral capsule</i>	5	PA; MO; NEDS
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	4		<i>ENDARI ORAL POWDER IN PACKET</i>	5	PA; MO; NEDS
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	MO	<i>INCRELEX SUBCUTANEOUS SOLUTION</i>	5	MO; LA; NEDS
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	MO	<i>levocarnitine (with sugar) oral solution</i>	4	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	4	MO	<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4		<i>levocarnitine oral tablet</i>	4	MO
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4		<i>LOKELMA ORAL POWDER IN PACKET</i>	3	MO
			<i>midodrine oral tablet</i>	3	MO
			<i>nitisinone oral capsule</i>	5	PA; MO; NEDS
			<i>pilocarpine hcl oral tablet</i>	4	MO

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 此药物清单的最后更新日期为 10/25/2023

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PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NEDS
REVCovi INTRAMUSCULAR SOLUTION	5	PA; LA; NEDS
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sodium phenylacet intravenous solution</i>	5	NEDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation solution</i>	4	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NEDS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral suspension</i>	3	MO
<i>sps (with sorbitol) rectal enema</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
VELPHORO ORAL TABLET,CHEWABLE	5	MO; QL (180 per 30 days); NEDS
VELTASSA ORAL POWDER IN PACKET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	4	MO
XIAFLEX INJECTION RECON SOLN	5	PA; NEDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) oral tablet extended release 12 hr</i>	2	MO
NICOTROL INHALATION CARTRIDGE	4	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	4	MO
<i>varenicline oral tablet</i>	4	MO
<i>varenicline oral tablets,dose pack</i>	4	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal aerosol,spray</i>	3	MO; QL (60 per 30 days)

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<i>azelastine nasal spray,non-aerosol</i>	3	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO; GC
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray,non-aerosol</i>	2	MO; QL (30 per 30 days)
<i>oralone dental paste</i>	2	MO
<i>periogard mucous membrane mouthwash</i>	1	MO; GC
<b>PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE</b>	4	MO
<b>PREVIDENT 5000 DRY MOUTH DENTAL PASTE</b>	4	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	2	MO
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	MO

药物名称	药物层级	要求/限制
<i>triamcinolone acetonide dental paste</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	4	MO
<i>flac otic oil otic (ear) drops</i>	4	MO
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
<i>ofloxacin otic (ear) drops</i>	3	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>cortisone oral tablet</i>	2	MO
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO

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此药物清单的最后更新日期为 10/25/2023

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dexamethasone oral solution	2	MO	prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	2	MO	
dexamethasone oral tablet	2	MO	prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	2		
dexamethasone sodium phos (pf) injection solution	2	MO	prednisone intensol oral concentrate	4	MO	
dexamethasone sodium phosphate injection solution	2	MO	prednisone oral solution	2	MO	
dexamethasone sodium phosphate injection syringe	2	MO	prednisone oral tablet	1	MO; GC	
fludrocortisone oral tablet	2	MO	prednisone oral tablets, dose pack 10 mg (48 pack), 5 mg (48 pack)	1	GC	
hydrocortisone oral tablet	2	MO	prednisone oral tablets, dose pack 10 mg, 5 mg	1	MO; GC	
methylprednisolone acetate injection suspension	2	MO	triamcinolone acetonide injection suspension 40 mg/ml	2	MO	
methylprednisolone oral tablet	2	B/D PA; MO	<b>ANTITHYROID AGENTS</b>			
methylprednisolone oral tablets, dose pack	2	MO	methimazole oral tablet 10 mg, 5 mg	1	MO; GC	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	2	MO	propylthiouracil oral tablet	2	MO	
methylprednisolone sodium succ intravenous recon soln	2	MO	<b>DIABETES THERAPY</b>			
prednisolone oral solution	2	MO	acarbose oral tablet 100 mg	2	MO; QL (90 per 30 days)	
			acarbose oral tablet 25 mg	2	MO; QL (360 per 30 days)	
			acarbose oral tablet 50 mg	2	MO; QL (180 per 30 days)	

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alcohol pads topical pads, medicated	3	MO
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
diazoxide oral suspension	4	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	6	MO; GC; QL (240 per 30 days)
glimepiride oral tablet 2 mg	6	MO; GC; QL (120 per 30 days)
glimepiride oral tablet 4 mg	6	MO; GC; QL (60 per 30 days)

药物名称	药物层级	要求/限制
glipizide oral tablet 10 mg	6	MO; GC; QL (120 per 30 days)
glipizide oral tablet 5 mg	6	MO; GC; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	6	MO; GC; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	6	MO; GC; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	6	MO; GC; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	6	MO; GC; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	6	MO; GC; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	MO

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此药物清单的最后更新日期为 10/25/2023

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GVOKE SUBCUTANEOUS SOLUTION	3	MO	HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	MO	HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	MO	HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 50-50 INSULIN U- 100 SUBCUTANEOUS SUSPENSION	3	MO	HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO	HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO	HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	MO
HUMALOG MIX 75-25(U- 100)INSULIN SUBCUTANEOUS SUSPENSION	3	MO	HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO	INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO	INSULIN GLARGINE SUBCUTANEOUS SOLUTION	3	MO
			INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO

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JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO

药物名称	药物层级	要求/限制
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; GC; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)

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<i>pioglitazone oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<b>QTERN ORAL TABLET</b>	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<b>RYBELSUS ORAL TABLET</b>	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
<b>SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG</b>	3	MO; QL (60 per 30 days)
<b>SEGLUROMET ORAL TABLET 2.5-500 MG</b>	3	MO; QL (120 per 30 days)
<b>SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN</b>	3	MO; QL (90 per 30 days)
<b>STEGLATRO ORAL TABLET</b>	3	MO; QL (30 per 30 days)
<b>SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR</b>	5	PA; MO; QL (10.8 per 30 days); NEDS

药物名称	药物层级	要求/限制
<b>SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR</b>	5	PA; MO; QL (6 per 30 days); NEDS
<b>SYNJARDY ORAL TABLET</b>	3	MO; QL (60 per 30 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG</b>	3	MO; QL (30 per 30 days)
<b>SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG</b>	3	MO; QL (60 per 30 days)
<b>TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN</b>	3	MO
<b>TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN</b>	3	MO
<b>TRADJENTA ORAL TABLET</b>	3	MO; QL (30 per 30 days)
<b>TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG</b>	3	MO; QL (30 per 30 days)
<b>TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG</b>	3	MO; QL (60 per 30 days)
<b>TRULICITY SUBCUTANEOUS PEN INJECTOR</b>	3	PA; MO; QL (2 per 28 days)

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-Injector	3	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	MO
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO; NEDS
<i>cabergoline oral tablet</i>	3	MO
<i>calcitonin (salmon) injection solution</i>	5	MO; NEDS
<i>calcitonin (salmon) nasal spray, non- aerosol</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet</i>	4	PA; MO
<i>clomid oral tablet</i>	2	PA; MO

药物名称	药物层级	要求/限制
<i>clomiphene citrate oral tablet</i>	2	PA
<b>CRYSVITA SUBCUTANEOUS SOLUTION</b>	5	PA; MO; LA; NEDS
<i>danazol oral capsule</i>	4	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet</i>	3	MO
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	4	MO
<b>ELAPRASE INTRAVENOUS SOLUTION</b>	5	PA; MO; NEDS
<b>FABRAZYME INTRAVENOUS RECON SOLN</b>	5	PA; MO; NEDS
<b>KANUMA INTRAVENOUS SOLUTION</b>	5	PA; MO; NEDS
<b>KORLYM ORAL TABLET</b>	5	PA; NEDS
<b>LUMIZYME INTRAVENOUS RECON SOLN</b>	5	PA; MO; NEDS
<b>MEPSEVII INTRAVENOUS SOLUTION</b>	5	PA; MO; NEDS
<b>MYALEPT SUBCUTANEOUS RECON SOLN</b>	5	PA; MO; LA; NEDS

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NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA; NEDS	<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>10 mg/0.5 gram</i> <i>/actuation</i>	4	PA; MO; QL (120 per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA; NEDS	<i>testosterone</i> <i>transdermal gel in</i> <i>metered-dose pump</i> <i>20.25 mg/1.25 gram</i> <i>(1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>pamidronate</i> <i>intravenous solution</i>	2	MO	<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1 % (25</i> <i>mg/2.5gram), 1 %</i> <i>(50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>paricalcitol</i> <i>intravenous solution</i>	2		<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 %</i> <i>(20.25 mg/1.25</i> <i>gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>paricalcitol oral</i> <i>capsule</i>	4	MO	<i>testosterone</i> <i>transdermal gel in</i> <i>packet 1.62 % (40.5</i> <i>mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>sapropterin oral</i> <i>powder in packet</i>	5	PA; MO; NEDS	<i>testosterone</i> <i>transdermal solution</i> <i>in metered pump</i> <i>w/app</i>	4	PA; MO; QL (180 per 30 days)
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO; NEDS	<i>tolvaptan oral tablet</i>	5	PA; MO; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA; NEDS	VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA; NEDS
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>100 mg/ml, 200</i> <i>mg/ml</i>	3	PA; MO	<i>zoledronic acid</i> <i>intravenous solution</i>	2	B/D PA; MO
<i>testosterone</i> <i>cypionate</i> <i>intramuscular oil</i> <i>200 mg/ml (1 ml)</i>	3	PA	<i>zoledronic acid-</i> <i>mannitol-water</i> <i>intravenous</i> <i>piggyback 4 mg/100</i> <i>ml</i>	2	B/D PA; MO
<i>testosterone</i> <i>enanthate</i> <i>intramuscular oil</i>	3	PA; MO			
<i>testosterone</i> <i>transdermal gel</i>	3	PA; MO; QL (300 per 30 days)			

## THYROID HORMONES

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euthyrox oral tablet	1	MO; GC
levo-t oral tablet	1	GC
levothyroxine intravenous recon soln	2	MO
levothyroxine oral tablet	1	GC
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO; GC
liothyronine intravenous solution	2	MO
liothyronine oral tablet	2	MO
unithroid oral tablet	1	MO; GC

## GASTROENTEROLOGY

### ANTIDIARRHEALS / ANTISPASMODICS

atropine injection solution 0.4 mg/ml	2	
atropine injection syringe 0.1 mg/ml	2	
atropine intravenous solution 0.4 mg/ml	2	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	2	
dicyclomine intramuscular solution	2	MO
dicyclomine oral capsule	2	MO
dicyclomine oral solution	4	MO

药物名称	药物层级	要求/限制
dicyclomine oral tablet	2	MO
diphenoxylate-atropine oral liquid	4	MO
diphenoxylate-atropine oral tablet	3	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	2	MO
glycopyrrolate injection solution	2	MO
glycopyrrolate oral tablet 1 mg, 2 mg	3	MO
glycopyrrolate oral tablet 1.5 mg	3	
loperamide oral capsule	2	MO
opium tincture oral tincture	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	4	PA; MO; NEDS
alosetron oral tablet 1 mg	5	PA; MO; NEDS
aprepitant oral capsule	4	B/D PA; MO
aprepitant oral capsule, dose pack	4	B/D PA; MO
balsalazide oral capsule	3	MO
betaine oral powder	5	MO; NEDS
budesonide oral capsule, delayed, extended release	4	MO
budesonide oral tablet, delayed and ext. release	5	MO; NEDS

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CHENODAL ORAL TABLET	5	PA; LA; NEDS
CHOLBAM ORAL CAPSULE 250 MG	5	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days); NEDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; MO; QL (2 per 28 days); NEDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (3 per 180 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days); NEDS
CINVANTI INTRAVENOUS EMULSION	3	MO
<i>compro rectal suppository</i>	4	MO
<i>constulose oral solution</i>	2	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC)	3	MO
<i>cromolyn oral concentrate</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO

药物名称	药物层级	要求/限制
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MO; QL (2 per 28 days); NEDS
<i>enulose oral solution</i>	2	MO
<i>fosaprepitant intravenous recon soln</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO; NEDS
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>gransetron hcl intravenous solution</i>	2	MO
<i>gransetron hcl oral tablet</i>	3	B/D PA; MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO

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<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2		<i>ondansetron hcl (pf) injection solution</i>	2	MO
<b>LINZESS ORAL CAPSULE</b>	3	MO; QL (30 per 30 days)	<i>ondansetron hcl (pf) injection syringe</i>	2	MO
<i>lubiprostone oral capsule</i>	4	MO; QL (60 per 30 days)	<i>ondansetron hcl intravenous solution</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO	<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>mesalamine oral capsule, extended release</i>	5	NEDS	<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA; MO
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO	<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO	<i>palonosetron intravenous syringe</i>	2	
<i>mesalamine rectal enema</i>	4	MO	<i>peg 3350-electrolytes oral recon soln</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO	<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	MO	<i>peg-electrolyte oral recon soln</i>	2	MO
<i>metoclopramide hcl injection solution</i>	2	MO	<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG</b>	4	MO
<i>metoclopramide hcl oral solution</i>	2	MO	<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO; GC	<i>prochlorperazine maleate oral tablet</i>	2	MO
<b>MOVANTIK ORAL TABLET</b>	3	MO; QL (30 per 30 days)	<i>prochlorperazine rectal suppository</i>	4	MO
<b>OCALIVA ORAL TABLET</b>	5	PA; MO; LA; QL (30 per 30 days); NEDS	<i>procto-med hc topical cream with perineal applicator</i>	2	MO

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<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>protozone-hc topical cream with perineal applicator</i>	2	MO
RECTIV RECTAL OINTMENT	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days); NEDS
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days); NEDS
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO; NEDS
<i>scopolamine base transdermal patch 3 day</i>	4	MO
SKYRIZI INTRAVENOUS SOLUTION	5	PA; MO; QL (30 per 180 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days); NEDS

药物名称	药物层级	要求/限制
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days); NEDS
<i>sodium,potassium,mag sulfates oral recon soln</i>	4	MO
SUCRAID ORAL SOLUTION	5	PA; NEDS
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	MO
TRULANCE ORAL TABLET	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI ORAL TABLET	3	B/D PA
VIBERZI ORAL TABLET	5	MO; QL (60 per 30 days); NEDS
VIOKACE ORAL TABLET	3	MO

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ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO	<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
			<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
			<i>misoprostol oral tablet</i>	3	MO
			<i>nizatidine oral capsule</i>	3	MO
			<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; GC; QL (30 per 30 days)
			<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
			<i>pantoprazole intravenous recon soln</i>	2	MO
			<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; GC; QL (30 per 30 days)
			<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
			<i>sucralfate oral suspension</i>	4	MO
			<i>sucralfate oral tablet</i>	2	MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>					
<b>BIOTECHNOLOGY DRUGS</b>					
			ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS

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ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; NEDS
AVONEX INTRAMUSCULA R PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULA R SYRINGE KIT	5	PA; MO; QL (1 per 28 days); NEDS
BESREMI SUBCUTANEOUS SYRINGE	5	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days); NEDS
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days); NEDS
LEUKINE INJECTION RECON SOLN	5	PA; MO; NEDS
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS
NIVESTYM INJECTION SOLUTION	5	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days); NEDS
PLEGRIDY INTRAMUSCULA R SYRINGE	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NEDS
<i>plerixafor subcutaneous solution</i>	5	B/D PA; MO; NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; NEDS
ZARXIO INJECTION SYRINGE	5	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO INTRAMUSCULA R RECON SOLN	6	GC; V
ACTHIB (PF) INTRAMUSCULA R RECON SOLN	3	MO
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SUSPENSION	6	MO; GC; V
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULA R SYRINGE	6	MO; GC; V

药物名称	药物层级	要求/限制
AREXVY (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N	6	GC; V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTIO N	6	MO; GC; V
BEXSERO INTRAMUSCULA R SYRINGE	6	MO; GC; V
BOOSTRIX TDAP INTRAMUSCULA R SUSPENSION	6	MO; GC; V
BOOSTRIX TDAP INTRAMUSCULA R SYRINGE	6	MO; GC; V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULA R SUSPENSION	3	MO
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N	3	
ENGERIX-B (PF) INTRAMUSCULA R SUSPENSION	6	B/D PA; MO; GC; V
ENGERIX-B (PF) INTRAMUSCULA R SYRINGE	6	B/D PA; MO; GC; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULA R SYRINGE	6	B/D PA; MO; GC; V
<i>fomepizole intravenous solution</i>	2	

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GAMASTAN INTRAMUSCULAR SOLUTION	3	MO	HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
GAMASTAN S/D INTRAMUSCULAR SOLUTION	3		IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	6	GC; V
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	6	MO; GC; V	INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	6	MO; GC; V	IPOL INJECTION SUSPENSION	6	GC; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	MO; GC; V	IXIARO (PF) INTRAMUSCULAR SYRINGE	6	GC; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO	JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION	6	B/D PA; GC; V
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; MO; GC; V	KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO	MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	MO; GC; V
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS	MENQUADFI (PF) INTRAMUSCULAR SOLUTION	6	MO; GC; V
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO; NEDS	MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	6	MO; GC; V
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3		MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	MO; GC; V
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO	M-M-R II (PF) SUBCUTANEOUS RECON SOLN	6	MO; GC; V

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PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIOD (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; MO; GC; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	MO; GC; V

药物名称	药物层级	要求/限制
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; MO; GC; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; MO; GC; V
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	MO; GC; V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	6	MO; GC; V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	6	MO; GC; V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	6	MO; GC; V
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO

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药物名称	药物层级	要求/限制
TICOVAC INTRAMUSCULAR SYRINGE	3	MO
TRUMENBA INTRAMUSCULAR SYRINGE	6	MO; GC; V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	6	MO; GC; V
TYPHIM VI INTRAMUSCULAR SOLUTION	6	GC; V
TYPHIM VI INTRAMUSCULAR SYRINGE	6	MO; GC; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	MO; GC; V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	MO; GC; V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
VARIZIG INTRAMUSCULAR SOLUTION	3	MO

药物名称	药物层级	要求/限制
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
<b>MISCELLANEOUS SUPPLIES</b>		
<b>MISCELLANEOUS SUPPLIES</b>		
BD INSULIN SYRINGE	3	
BD INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 5/8", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
CEQUR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	MO
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO

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INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
V-GO 20 DEVICE	3	MO
V-GO 30 DEVICE	3	MO
V-GO 40 DEVICE	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		

药物名称	药物层级	要求/限制
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO; GC
<i>allopurinol sodium intravenous recon soln</i>	2	
<i>aloprim intravenous recon soln</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat oral tablet</i>	3	MO
<i>probencid oral tablet</i>	3	MO
<i>probencid-colchicine oral tablet</i>	3	MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; GC; QL (4 per 28 days)
<b>FOSAMAX PLUS D ORAL TABLET</b>	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA; MO
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
<b>PROLIA SUBCUTANEOUS SYRINGE</b>	4	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)

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risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	3	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	3	MO; QL (30 per 30 days)
risedronate oral tablet, delayed release (dr/ec)	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.48 per 28 days); NEDS
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days); NEDS
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days); NEDS
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days); NEDS
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days); NEDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1.6 per 28 days); NEDS
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (6 per 180 days); NEDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (4 per 180 days); NEDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days); NEDS

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HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (6 per 180 days); NEDS	HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days); NEDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 180 days); NEDS	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days); NEDS	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days); NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days); NEDS	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days); NEDS	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; MO; QL (1.6 per 28 days); NEDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days); NEDS	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days); NEDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 180 days); NEDS			

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HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days); NEDS	ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days); NEDS
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days); NEDS	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days); NEDS
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.4 per 180 days); NEDS	ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days); NEDS
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 180 days); NEDS	ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days); NEDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days); NEDS	OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days); NEDS	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days); NEDS
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)	<i>penicillamine oral tablet</i>	5	PA; MO; NEDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; MO; QL (12 per 28 days); NEDS	RIDAURA ORAL CAPSULE	5	MO; NEDS
			RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days); NEDS
			RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days); NEDS
			SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)

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SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days); NEDS
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days); NEDS

OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz oral tablet</i>	3	PA; MO
<i>camila oral tablet</i>	2	MO
<i>deblitane oral tablet</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>dotti transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)

药物名称	药物层级	要求/限制
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate intramuscular oil</i>	4	MO
<i>estradiol-norethindrone acet oral tablet</i>	3	PA; MO
<i>fyavolv oral tablet</i>	4	PA; MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	NEDS
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	MO
<i>incassia oral tablet</i>	2	MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	PA; MO
<i>lyleq oral tablet</i>	2	MO
<i>lyllana transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	2	MO

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<i>medroxyprogesterone intramuscular syringe</i>	2	MO
<i>medroxyprogesterone oral tablet</i>	2	MO
<b>MENEST ORAL TABLET</b>	3	PA; MO
<i>mimvey oral tablet</i>	3	PA; MO
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
<b>PREMARIN ORAL TABLET</b>	3	MO
<b>PREMARIN VAGINAL CREAM</b>	3	MO
<b>PREMPHASE ORAL TABLET</b>	3	MO
<b>PREMPRO ORAL TABLET</b>	3	MO
<i>progesterone intramuscular oil</i>	2	MO
<i>progesterone micronized oral capsule</i>	2	MO
<i>sharobel oral tablet</i>	2	MO
<i>yuvafem vaginal tablet</i>	4	MO
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal cream</i>	3	MO

药物名称	药物层级	要求/限制
<i>eluryng vaginal ring</i>	4	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	4	
<i>metronidazole vaginal gel</i>	3	MO
<i>mifepristone oral tablet</i>	2	LA
<b>MYFEMBREE ORAL TABLET</b>	5	PA; MO; NEDS
<b>NEXPLANON SUBDERMAL IMPLANT</b>	4	
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	3	MO
<i>vandazole vaginal gel</i>	3	MO
<i>xulane transdermal patch weekly</i>	4	MO
<i>zafemy transdermal patch weekly</i>	4	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethyst (28) oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO

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<i>aubra eq oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyred eq oral tablet</i>	2	MO
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estriadiol/e.estriadiol oral tablet</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarrylla oral tablet</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	

药物名称	药物层级	要求/限制
<i>falmina (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	
<i>isibloom oral tablet</i>	2	MO
<i>jasmiel (28) oral tablet</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>juleber oral tablet</i>	2	MO
<i>kalliga oral tablet</i>	2	MO
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kelnor 1-50 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgest/e.estriadiol-e.estriadiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estriadiol-e.estriadiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21) oral tablet</i>	2	MO
<i>larin 1/20 (21) oral tablet</i>	2	MO
<i>larin 24 fe oral tablet</i>	2	MO

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此药物清单的最后更新日期为 10/25/2023

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<i>larin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>larin fe 1/20 (28) oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lo-zumandimine (28) oral tablet</i>	2	MO
<i>lutera (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO

药物名称	药物层级	要求/限制
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>milu oral tablet</i>	2	MO
<i>mono-linyah oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO

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<i>setlakin oral tablets,dose pack,3 month</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarrylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>tri-lo-estarrylla oral tablet</i>	2	MO
<i>tri-lo-marzia oral tablet</i>	2	MO
<i>tri-lo-sprintec oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	MO
<i>vienva oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>zovia 1-35 (28) oral tablet</i>	2	MO

药物名称	药物层级	要求/限制
<i>zumandimine (28) oral tablet</i>	2	MO
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet</i>	4	PA
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>AZASITE OPHTHALMIC (EYE) DROPS</i>	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
<i>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION</i>	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<i>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION</i>	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	3	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	3	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	MO
<i>tobramycin ophthalmic (eye) drops</i>	2	MO; QL (10 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops</i>	3	MO

药物名称	药物层级	要求/限制
<i>ZIRGAN OPHTHALMIC (EYE) GEL</i>	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops</i>	3	MO
<i>carteolol ophthalmic (eye) drops</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>balanced salt intraocular solution</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops</i>	3	MO
<i>bss intraocular solution</i>	2	
<i>CIMERLI INTRAVITREAL SOLUTION</i>	5	PA; MO; NEDS
<i>cromolyn ophthalmic (eye) drops</i>	2	MO

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此药物清单的最后更新日期为 10/25/2023

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cyclosporine ophthalmic (eye) dropperette	3	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA; NEDS
epinastine ophthalmic (eye) drops	3	MO
EYLEA INTRAVITREAL SOLUTION	5	PA; MO; NEDS
EYLEA INTRAVITREAL SYRINGE	5	PA; MO; NEDS
olopatadine ophthalmic (eye) drops	3	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO; NEDS
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	3	MO
sulfacetamide sodium ophthalmic (eye) drops	2	MO
sulfacetamide sodium ophthalmic (eye) ointment	2	MO
sulfacetamide-prednisolone ophthalmic (eye) drops	2	MO

药物名称	药物层级	要求/限制
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
bromfenac ophthalmic (eye) drops	3	MO
<b>BROMSITE OPHTHALMIC (EYE) DROPS</b>		
diclofenac sodium ophthalmic (eye) drops	2	MO
flurbiprofen sodium ophthalmic (eye) drops	2	MO
ketorolac ophthalmic (eye) drops	2	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
acetazolamide oral capsule, extended release	3	MO
acetazolamide oral tablet	3	MO
acetazolamide sodium injection recon soln	2	MO
methazolamide oral tablet	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
brimonidine-timolol ophthalmic (eye) drops	3	MO

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此药物清单的最后更新日期为 10/25/2023

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<i>dorzolamide ophthalmic (eye) drops</i>	2	MO	<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO	<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO; GC	<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO	<i>neo-polycin hc ophthalmic (eye) ointment</i>	3	MO
<i>miostat intraocular solution</i>	2		TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	MO	<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	3	MO; QL (10 per 14 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	MO	<b>STEROIDS</b>		
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO	ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	3	MO	<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<i>travoprost ophthalmic (eye) drops</i>	3	MO	<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>			INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	3	MO			

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此药物清单的最后更新日期为 10/25/2023

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<i>loteprednol etabonate ophthalmic (eye) drops, gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	3	MO
<b>OZURDEX INTRAVITREAL IMPLANT</b>	5	MO; NEDS
<i>prednisolone acetate ophthalmic (eye) drops, suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine ophthalmic (eye) drops</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO

药物名称	药物层级	要求/限制
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral syrup</i>	4	PA; MO
<i>promethazine oral tablet</i>	4	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution</i>	3	B/D PA; MO
<b>ADEMPAS ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>ADVAIR HFA AEROSOL INHALER</b>	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION</i>	3	MO; QL (12.2 per 30 days)
<i>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION</i>	3	MO; QL (6.1 per 30 days)
<i>alyq oral tablet</i>	5	PA; QL (60 per 30 days); NEDS
<i>ambrisentan oral tablet</i>	5	PA; MO; LA; NEDS
<i>arformoterol inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days); NEDS
<i>ASMANEX HFA AEROSOL INHALER</i>	3	MO; QL (13 per 30 days)

药物名称	药物层级	要求/限制
<i>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)</i>	3	MO; QL (1 per 30 days)
<i>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)</i>	3	MO; QL (2 per 30 days)
<i>ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)</i>	3	QL (2 per 28 days)
<i>ATROVENT HFA AEROSOL INHALER</i>	4	MO; QL (25.8 per 30 days)
<i>BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER</i>	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; NEDS

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	MO; QL (60 per 30 days)
<i>breyna inhalation hfa aerosol inhaler</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	3	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	4	B/D PA; MO; NEDS
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)

药物名称	药物层级	要求/限制
ELIXOPHYLLIN ORAL ELIXIR	4	MO
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days); NEDS
<i>flunisolide nasal spray,non-aerosol</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days); NEDS
<i>icatibant subcutaneous syringe</i>	5	PA; MO; NEDS
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET	5	PA; MO; QL (56 per 28 days); NEDS
<i>levalbuterol hcl inhalation solution for nebulization</i>	4	B/D PA; MO

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此药物清单的最后更新日期为 10/25/2023

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<i>mometasone nasal spray, non-aerosol</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO; GC
<i>montelukast oral tablet, chewable</i>	2	MO
<b>NUCALA SUBCUTANEOUS AUTO-INJECTOR</b>	5	PA; MO; LA; QL (3 per 28 days); NEDS
<b>NUCALA SUBCUTANEOUS RECON SOLN</b>	5	PA; MO; LA; QL (3 per 28 days); NEDS
<b>NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML</b>	5	PA; MO; LA; QL (3 per 28 days); NEDS
<b>NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML</b>	5	PA; MO; LA; QL (0.4 per 28 days); NEDS
<b>OFEV ORAL CAPSULE</b>	5	PA; MO; QL (60 per 30 days); NEDS
<b>OPSUMIT ORAL TABLET</b>	5	PA; MO; LA; NEDS
<b>ORKAMBI ORAL GRANULES IN PACKET</b>	5	PA; MO; QL (56 per 28 days); NEDS
<b>ORKAMBI ORAL TABLET</b>	5	PA; MO; QL (112 per 28 days); NEDS
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days); NEDS
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION</b>	3	MO; QL (2 per 30 days)
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION</b>	3	MO; QL (1 per 30 days)
<b>PULMOZYME INHALATION SOLUTION</b>	5	B/D PA; MO; NEDS
<b>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION</b>	3	MO; QL (10.6 per 30 days)
<b>QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION</b>	3	MO; QL (21.2 per 30 days)
<i>roflumilast oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe</i>	5	PA; MO; NEDS

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution</i> <i>10 mg/12.5 ml</i>	5	PA; NEDS
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet</i> <i>20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NEDS
<i>tadalafil (pulm. hypertension) oral tablet</i>	5	PA; QL (60 per 30 days); NEDS
<i>terbutaline oral tablet</i>	4	MO
<i>terbutaline subcutaneous solution</i>	2	MO
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	

药物名称	药物层级	要求/限制
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NEDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days); NEDS
<i>wixela inhub inhalation blister with device</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NEDS
<i>zafirlukast oral tablet</i>	4	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
<i>fesoterodine oral tablet extended release 24 hr</i>	3	MO
<i>flavoxate oral tablet</i>	2	MO
<b>MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON</b>	3	
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR</b>	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin oral tablet</i>	2	MO
<i>tolterodine oral capsule,extended release 24hr</i>	3	MO
<i>tolterodine oral tablet</i>	3	MO
<i>trospium oral tablet</i>	2	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	4	MO

药物名称	药物层级	要求/限制
<i>finasteride oral tablet 5 mg</i>	1	MO; GC
<i>silodosin oral capsule</i>	4	MO
<i>tamsulosin oral capsule</i>	1	MO; GC
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tablet</i>	2	MO
<b>CYSTAGON ORAL CAPSULE</b>	4	PA; LA
<b>ELMIRON ORAL CAPSULE</b>	3	MO
<i>glycine urologic irrigation solution</i>	2	
<i>glycine urologic irrigation solution</i>	2	
<b>K-PHOS NO 2 ORAL TABLET</b>	3	MO
<b>K-PHOS ORIGINAL ORAL TABLET,SOLUBLE</b>	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
<b>RENACIDIN IRRIGATION SOLUTION</b>	3	MO
<i>sildenafil oral tablet</i>	6	MO; GC; EX; QL (6 per 30 days)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 25 % intravenous parenteral solution</i>	4	

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制	药物名称	药物层级	要求/限制
<i>alburx (human) 25 % intravenous parenteral solution</i>	4		<i>klor-con m10 oral tablet,er particles/crystals</i>	2	MO
<i>alburx (human) 5 % intravenous parenteral solution</i>	4		<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>albutein 25 % intravenous parenteral solution</i>	4		<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>albutein 5 % intravenous parenteral solution</i>	4		<i>klor-con oral packet 20 oral packet</i>	4	MO
<i>plasbumin 25 % intravenous parenteral solution</i>	4		<i>klor-con/ef oral tablet, effervescent</i>	2	MO
<i>plasbumin 5 % intravenous parenteral solution</i>	4		<i>lactated ringers intravenous parenteral solution</i>	4	MO
<b>ELECTROLYTES</b>			<i>magnesium chloride injection solution</i>	4	
<i>calcium acetate(phosphat bind) oral capsule</i>	3	MO; QL (360 per 30 days)	<i>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</i>	3	
<i>calcium acetate(phosphat bind) oral tablet</i>	3	MO; QL (360 per 30 days)	<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>calcium chloride intravenous solution</i>	2		<i>magnesium sulfate in water intravenous piggyback</i>	4	
<i>calcium chloride intravenous syringe</i>	2		<i>magnesium sulfate injection solution</i>	4	MO
<i>calcium gluconate intravenous solution</i>	2		<i>magnesium sulfate injection syringe</i>	4	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO	<i>potassium acetate intravenous solution</i>	4	
<i>klor-con 10 oral tablet extended release</i>	2	MO	<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	4	
<i>klor-con 8 oral tablet extended release</i>	2	MO			

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此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制	药物名称	药物层级	要求/限制
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4		<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4		<i>potassium chloride- 0.45 % nacl intravenous parenteral solution</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4		<i>potassium chloride- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4		<i>potassium chloride- d5-0.9%nacl intravenous parenteral solution</i>	4	
<i>potassium chloride intravenous solution</i>	4		<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO	<i>ringer's intravenous parenteral solution</i>	4	
<i>potassium chloride oral liquid</i>	4	MO	<i>sodium acetate intravenous solution</i>	4	
<i>potassium chloride oral packet</i>	4		<i>sodium bicarbonate intravenous solution</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO	<i>sodium bicarbonate intravenous syringe</i>	4	
<i>potassium chloride oral tablet extended release 20 meq</i>	2		<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO	<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	4	
			<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
 此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制	药物名称	药物层级	要求/限制
sodium chloride <i>intravenous</i> <i>parenteral solution</i>	4		CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
sodium phosphate <i>intravenous solution</i>	4	MO	INTRAVENOUS PARENTERAL SOLUTION		
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>					
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA	electrolyte-148 <i>intravenous</i> <i>parenteral solution</i>	3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA	electrolyte-48 in d5w <i>intravenous</i> <i>parenteral solution</i>	4	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA	intralipid <i>intravenous</i> emulsion 20 %	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA	ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA	ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
			ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
			PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
			plasmanate <i>intravenous</i> <i>parenteral solution</i>	4	
			PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
			premasol 10 % <i>intravenous</i> <i>parenteral solution</i>	4	B/D PA

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

药物名称	药物层级	要求/限制
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA

药物名称	药物层级	要求/限制
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha oral capsule</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

# Index

## A

*abacavir* ..... 2  
*abacavir-lamivudine* ..... 2  
ABELCET ..... 2  
ABILIFY ASIMTUFII ..... 39  
ABILIFY MAINTENA ..... 39, 40  
*abiraterone* ..... 14  
ABRAXANE ..... 14  
ABRYSVO ..... 79  
*acamprosate* ..... 62  
*acarbose* ..... 66  
*accutane* ..... 59  
*acebutolol* ..... 48  
*acetaminophen-codeine* ..... 35, 36  
*acetazolamide* ..... 93  
*acetazolamide sodium* ..... 93  
*acetic acid* ..... 62, 65  
*acetylcysteine* ..... 62, 95  
*acitretin* ..... 57  
ACTEMRA ..... 84  
ACTEMRA ACTPEN ..... 84  
ACTHIB (PF) ..... 79  
ACTIMMUNE ..... 77  
*acyclovir* ..... 2, 3, 60  
*acyclovir sodium* ..... 3  
ADACEL(TDAP  
    ADOLESN/ADULT)(PF) ..... 79  
ADALIMUMAB-ADAZ ..... 84  
ADBRY ..... 57  
ADCETRIS ..... 14  
*adefovir* ..... 3  
ADEMPAS ..... 95  
*adenosine* ..... 47  
*adrenalin* ..... 95  
ADSTILADRIN ..... 14  
ADVAIR HFA ..... 95  
AIMOVIG AUTOINJECTOR  
..... 33  
*ala-cort* ..... 60  
*albendazole* ..... 8  
*albumin, human 25 %* ..... 100  
*alburx (human) 25 %* ..... 101  
*alburx (human) 5 %* ..... 101  
*albutein 25 %* ..... 101  
*albutein 5 %* ..... 101

*albuterol sulfate* ..... 95, 96  
*alclometasone* ..... 60  
*alcohol pads* ..... 67  
ALDURAZYME ..... 71  
ALECENSA ..... 14  
*alendronate* ..... 83  
*alfuzosin* ..... 100  
ALIQOPA ..... 14  
*aliskiren* ..... 48  
*allopurinol* ..... 83  
*allopurinol sodium* ..... 83  
*aloprim* ..... 83  
*alosetron* ..... 73  
ALREX ..... 94  
*altavera (28)* ..... 88  
ALUNBRIG ..... 14  
ALVESCO ..... 96  
*alyacen 1/35 (28)* ..... 88  
*alyacen 7/7/7 (28)* ..... 88  
*alyq* ..... 96  
*amabelz* ..... 87  
*amantadine hcl* ..... 3  
*ambrisentan* ..... 96  
*amethyst (28)* ..... 88  
*amikacin* ..... 8  
*amiloride* ..... 48  
*amiloride-hydrochlorothiazide*  
..... 48  
*aminocaproic acid* ..... 52  
*amiodarone* ..... 47  
*amitriptyline* ..... 40  
*amlodipine* ..... 48  
*amlodipine-atorvastatin* ..... 54  
*amlodipine-benazepril* ..... 48  
*amlodipine-olmesartan* ..... 48  
*amlodipine-valsartan* ..... 48  
*amlodipine-valsartan-hcthiazid*  
..... 48  
*ammonium lactate* ..... 57  
*amnesteem* ..... 59  
*amoxapine* ..... 40  
*amoxicillin* ..... 11  
*amoxicillin-pot clavulanate* ..... 11  
*amphotericin b* ..... 2  
*ampicillin* ..... 11

*ampicillin sodium* ..... 11  
*ampicillin-sulbactam* ..... 11  
*anagrelide* ..... 62  
*anastrozole* ..... 14  
APOKYN ..... 32  
*apomorphine* ..... 32  
*apractonidine* ..... 95  
*aprepitant* ..... 73  
APRETUDE ..... 3  
*apri* ..... 88  
APTIOM ..... 28  
APTIVUS ..... 3  
*aranelle (28)* ..... 88  
ARCALYST ..... 78  
AREXVY (PF) ..... 79  
*arformoterol* ..... 96  
ARIKAYCE ..... 8  
*aripiprazole* ..... 40  
ARISTADA ..... 40  
ARISTADA INITIO ..... 40  
*armodafinil* ..... 40  
*arsenic trioxide* ..... 15  
*asenapine maleate* ..... 40  
ASMANEX HFA ..... 96  
ASMANEX TWISTHALER ..... 96  
ASPARLAS ..... 15  
*aspirin-dipyridamole* ..... 52  
*atazanavir* ..... 3  
*atenolol* ..... 48  
*atenolol-chlorthalidone* ..... 48  
*atomoxetine* ..... 40  
*atorvastatin* ..... 54  
*atovaquone* ..... 8  
*atovaquone-proguanil* ..... 8  
*atropine* ..... 73, 92  
ATROVENT HFA ..... 96  
*aubra eq.* ..... 89  
AUGMENTIN ..... 11  
AUVELITY ..... 40  
*aviane* ..... 89  
*avita* ..... 59  
AVONEX ..... 78  
AYVAKIT ..... 15  
*azacitidine* ..... 15  
AZASITE ..... 91

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>azathioprine</i>	15	<i>bisoprolol fumarate</i>	48	<i>calcium acetate(phosphat bind)</i>	
<i>azathioprine sodium</i>	15	<i>bisoprolol-hydrochlorothiazide</i>	48		101
<i>azelaic acid</i>	59	<i>bleomycin</i>	15	<i>calcium chloride</i>	101
<i>azelastine</i>	64, 65, 92	<i>BLINCYTO</i>	15	<i>calcium gluconate</i>	101
<i>azithromycin</i>	7	<i>BOOSTRIX TDAP</i>	79	<i>CALQUENCE</i>	15
<i>aztreonam</i>	8	<i>bortezomib</i>	15	<i>CALQUENCE</i>	
<i>azurette (28)</i>	89	<i>BORTEZOMIB</i>	15	(ACALABRUTINIB MAL)	
<b>B</b>		<i>bosentan</i>	96		15
<i>bacitracin</i>	8, 91	<i>BOSULIF</i>	15	<i>camila</i>	87
<i>bacitracin-polymyxin b</i>	91	<i>BRAFTOVI</i>	15	<i>camrese</i>	89
<i>baclofen</i>	35	<i>BREO ELLIPTA</i>	97	<i>candesartan</i>	48
<i>balanced salt</i>	92	<i>breyna</i>	97	<i>candesartan-</i>	
<i>balsalazide</i>	73	<i>BREZTRI AEROSPHERE</i>	97	<i>hydrochlorothiazid</i>	48
<i>BALVERSA</i>	15	<i>BRILINTA</i>	52	<i>CAPLYTA</i>	41
<i>BAQSIMI</i>	67	<i>brimonidine</i>	95	<i>CAPRELSA</i>	15, 16
<i>BARACLUDE</i>	3	<i>brimonidine-timolol</i>	93	<i>captopril</i>	48
<i>BAVENCIO</i>	15	<i>BRIUMVI</i>	34	<i>captopril-hydrochlorothiazide</i>	
<i>BCG VACCINE, LIVE (PF)</i>	79	<i>BRIVIACT</i>	28		48
<i>BD INSULIN SYRINGE</i>	82	<i>bromfenac</i>	93	<i>carbamazepine</i>	28, 29
<i>BD PEN NEEDLE</i>	82	<i>bromocriptine</i>	32	<i>carbidopa</i>	32
<i>BELBUCA</i>	36	<i>BROMBSITE</i>	93	<i>carbidopa-levodopa</i>	32, 33
<i>BELEODAQ</i>	15	<i>BRUKINSA</i>	15	<i>carbidopa-levodopa-</i>	
<i>benazepril</i>	48	<i>bss</i>	92	<i>entacapone</i>	33
<i>benazepril-hydrochlorothiazide</i>	48	<i>budesonide</i>	73, 97	<i>carboplatin</i>	16
<i>bendamustine</i>	15	<i>budesonide-formoterol</i>	97	<i>carglumic acid</i>	62
<i>BENDEKA</i>	15	<i>bumetanide</i>	48	<i>carmustine</i>	16
<i>BENLYSTA</i>	84	<i>buprenorphine hcl</i>	36	<i>carteolol</i>	92
<i>benztropine</i>	32	<i>buprenorphine transdermal</i>		<i>cartia xt</i>	48
<i>bepotastine besilate</i>	92	<i>patch</i>	36	<i>carvedilol</i>	49
<i>BESIVANCE</i>	91	<i>buprenorphine-naloxone</i>	38	<i>caspofungin</i>	2
<i>BESPONSA</i>	15	<i>bupropion hcl</i>	40	<i>CAYSTON</i>	8
<i>BESREMI</i>	78	<i>bupropion hcl (smoking deter)</i>		<i>cefaclor</i>	6
<i>betaine</i>	73	<i>buspirone</i>	40	<i>cefadroxil</i>	6
<i>betamethasone dipropionate</i>	60	<i>busulfan</i>	15	<i>cefazolin</i>	6
<i>betamethasone valerate</i>	60	<i>butorphanol</i>	38	<i>cefazolin in dextrose (iso-os)</i>	6
<i>betamethasone, augmented</i>	60,	<i>BYDUREON BCISE</i>	67	<i>cefdinir</i>	6
61		<i>BYETTA</i>	67	<i>cefepime</i>	6
<i>BETASERON</i>	78	<b>C</b>		<i>cefepime in dextrose, iso-osm</i>	6
<i>betaxolol</i>	48, 92	<i>CABENUVA</i>	3	<i>cefixime</i>	6, 7
<i>bethanechol chloride</i>	100	<i>cabergoline</i>	71	<i>cefoxitin</i>	7
<i>BEVESPI AEROSPHERE</i>	96	<i>CABLIVI</i>	52	<i>cefoxitin in dextrose, iso-osm</i>	7
<i>bexarotene</i>	15	<i>CABOMETYX</i>	15	<i>cefpodoxime</i>	7
<i>BEXSERO</i>	79	<i>caffeine citrate</i>	62	<i>ceftazidime</i>	7
<i>bicalutamide</i>	15	<i>calcipotriene</i>	57	<i>ceftriaxone</i>	7
<i>BICILLIN C-R</i>	12	<i>calcitonin (salmon)</i>	71	<i>ceftriaxone in dextrose, iso-os</i>	7
<i>BICILLIN L-A</i>	12	<i>calcitriol</i>	57, 71	<i>cefuroxime axetil</i>	7
<i>BIKTARVY</i>	3			<i>cefuroxime sodium</i>	7

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>celecoxib</i>	38	<i>clindamycin in 5 % dextrose</i>	8	<i>cortisone</i>	65
<i>cephalexin</i>	7	<i>clindamycin phosphate</i>	8, 59,	<i>COSMEGEN</i>	16
CEPROTIN (BLUE BAR)	52	88		<i>COTELLIC</i>	16
CEPROTIN (GREEN BAR)	52			<i>CREON</i>	74
CEQUR SIMPLICITY				<i>CRESEMBIA</i>	2
INSERTER	82			<i>cromolyn</i>	74, 92, 97
<i>cetirizine</i>	95			<i>crotan</i>	62
<i>cevimeline</i>	62			<i>cryselle (28)</i>	89
<i>CHEMET</i>	62			<i>CRYSVITA</i>	71
<i>CHENODAL</i>	74			<i>cyclobenzaprine</i>	35
<i>chloramphenicol sod succinate</i>				<i>cyclophosphamide</i>	16
.....	8			<i>CYCLOPHOSPHAMIDE</i>	16
<i>chlorhexidine gluconate</i>	65			<i>cyclosporine</i>	16, 93
<i>chlorprocaine (pf)</i>	57			<i>cyclosporine modified</i>	16
<i>chloroquine phosphate</i>	8			<i>CYLTEZO(CF)</i>	84
<i>chlorothiazide sodium</i>	49			<i>CYLTEZO(CF) PEN</i>	84
<i>chlorpromazine</i>	41			<i>CYLTEZO(CF) PEN</i>	
<i>chlorthalidone</i>	49			<i>CROHN'S-UC-HS</i>	84
<i>CHOLBAM</i>	74			<i>CYRAMZA</i>	16
<i>cholestyramine (with sugar)</i>	54			<i>cyred eq</i>	89
<i>cholestyramine light</i>	54			<i>CYSTAGON</i>	100
<i>CIBINQO</i>	57			<i>CYSTARAN</i>	93
<i>cyclodan</i>	59			<i>cytarabine</i>	16
<i>ciclopirox</i>	59			<i>cytarabine (pf)</i>	16
<i>cidofovir</i>	3			<b>D</b>	
<i>cilostazol</i>	52			<i>d10 %-0.45 % sodium chloride</i>	
<i>CIMDUO</i>	3		.....	.....	62
<i>CIMERLI</i>	92			<i>d2.5 %-0.45 % sodium</i>	
<i>cimetidine</i>	77			<i>chloride</i>	62
<i>CIMZIA</i>	74			<i>d5 % and 0.9 % sodium</i>	
<i>CIMZIA POWDER FOR</i>				<i>chloride</i>	62
RECONST	74			<i>d5 %-0.45 % sodium chloride</i>	
<i>CIMZIA STARTER KIT</i>	74			.....	62
<i>cinacalcet</i>	71			<i>dabigatran etexilate</i>	52
<i>CINRYZE</i>	97			<i>dacarbazine</i>	16
<i>CINVANTI</i>	74			<i>dactinomycin</i>	16
<i>ciprofloxacin</i>	13			<i>dalfampridine</i>	34
<i>ciprofloxacin hcl</i>	12, 65, 91			<i>danazol</i>	71
<i>ciprofloxacin in 5 % dextrose</i>				<i>dantrolene</i>	35
.....	12			<i>DANYELZA</i>	16
<i>ciprofloxacin-dexamethasone</i>				<i>dapsone</i>	9
.....	65			<i>DAPTACEL (DTAP</i>	
<i>cisplatin</i>	16			<i>PEDIATRIC) (PF)</i>	79
<i>citalopram</i>	41			<i>daptomycin</i>	9
<i>cladribine</i>	16			<i>DAPTONYCIN</i>	9
<i>claravis</i>	59			<i>darunavir ethanolate</i>	3
<i>clarithromycin</i>	8				
<i>clindamycin hcl</i>	8				

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

DARZALEX .....	16
dasetta 1/35 (28).....	89
dasetta 7/7/7 (28) .....	89
daunorubicin .....	17
DAURISMO.....	17
daysee .....	89
deblitane .....	87
decitabine .....	17
deferasirox.....	62, 63
deferiprone .....	63
deferoxamine .....	63
DELSTRIGO.....	3
demeclocycline .....	13
DENGVAXIA (PF).....	79
denta 5000 plus .....	65
dentagel .....	65
DEPO-SUBQ PROVERA 104 .....	87
DESCOVY .....	3
desipramine .....	41
desmopressin .....	71
desog-e.estradiol/e.estradiol	89
desogestrel-ethinyl estradiol	89
desonide .....	61
desvenlafaxine succinate .....	41
dexamethasone .....	65, 66
dexamethasone intensol.....	65
dexamethasone sodium phos (pf) .....	66
dexamethasone sodium phosphate .....	66, 94
dexrazoxane hcl.....	14
dextroamphetamine- amphetamine .....	41
dextrose 10 % and 0.2 % nacl .....	63
dextrose 10 % in water (d10w) .....	63
dextrose 25 % in water (d25w) .....	63
dextrose 5 % in water (d5w)	63
dextrose 5 %-lactated ringers .....	63
dextrose 5%-0.2 % sod chloride.....	63
dextrose 5%-0.3 % sod.chloride .....	63
dextrose 50 % in water (d50w) .....	63
dextrose 70 % in water (d70w) .....	63
DIACOMIT .....	29
diazepam.....	29, 41
diazepam intensol .....	41
diazoxide.....	67
diclofenac potassium .....	38
diclofenac sodium....	38, 57, 93
diclofenac-misoprostol .....	38
dicloxacillin .....	12
dicyclomine.....	73
DIFICID .....	8
diflunisal .....	38
digoxin .....	55
dihydroergotamine .....	33
DILANTIN 30 MG .....	29
diltiazem hcl .....	49
dilt-xr .....	49
dimenhydrinate .....	74
dimethyl fumarate .....	34
diphenhydramine hcl .....	95
diphenoxylate-atropine .....	73
dipyridamole .....	52
disulfiram.....	63
divalproex .....	29
dobutamine .....	56
dobutamine in d5w .....	55
docetaxel.....	17
dofetilide .....	47
donepezil.....	34
dopamine .....	56
dopamine in 5 % dextrose .....	56
DOPTELET (10 TAB PACK) .....	52
DOPTELET (15 TAB PACK) .....	52
DOPTELET (30 TAB PACK) .....	52
dorzolamide .....	94
dorzolamide-timolol .....	94
dotti.....	87
DOVATO .....	3
doxazosin .....	49
doxepin .....	41
doxercalciferol.....	71
doxorubicin.....	17
doxorubicin, peg-liposomal .....	17
doxy-100 .....	13
doxycycline hydrate .....	13
doxycycline monohydrate .....	13
DRIZALMA SPRINKLE .....	41
dronabinol .....	74
droperidol .....	74
DROPSAFE ALCOHOL PREP PADS .....	67
drospirenone-e.estradiol-lm.fa .....	89
drospirenone-ethinyl estradiol .....	89
DROXIA .....	17
droxidopa .....	63
DUAVEE .....	87
DULERA .....	97
duloxetine .....	41
DUPIXENT PEN.....	57
DUPIXENT SYRINGE .....	58
dutasteride .....	100
dutasteride-tamsulosin .....	100
<b>E</b>	
e.e.s. 400 .....	8
ec-naproxen .....	38
econazole .....	60
EDARBI .....	49
EDARBYCLOR .....	49
EDURANT .....	3
efavirenz .....	3
efavirenz-emtricitabin-tenofovir disop .....	3
effer-k.....	101
ELAPRASE .....	71
electrolyte-148 .....	103
electrolyte-48 in d5w .....	103
eletriptan .....	33
ELIGARD .....	17
ELIGARD (3 MONTH) .....	17
ELIGARD (4 MONTH) .....	17
ELIGARD (6 MONTH) .....	17
elinest .....	89
ELIQUIS .....	53
ELIQUIS DVT-PE TREAT 30D START .....	53
ELITEK .....	14
ELIXOPHYLLIN .....	97

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

ELMIRON	100	<i>erlotinib</i>	18	FASENRA	97
ELREXFIO	17	<i>errin</i>	87	FASENRA PEN	97
<i>eluryng</i>	88	<i>ertapenem</i>	9	<i>febuxostat</i>	83
ELZONRIS	17	ERWINASE	18	<i>felbamate</i>	29
EMCYT	17	<i>ery pads</i>	59	<i>felodipine</i>	49
EMEND	74	<i>ery-tab</i>	8	<i>fenofibrate</i>	54
EMGALITY PEN	33	<i>erythrocin (as stearate)</i>	8	<i>fenofibrate micronized</i>	54
EMGALITY SYRINGE	33	<i>erythromycin</i>	8, 91	<i>fenofibrate nanocrystallized</i>	54
EMPLICITI	17	<i>erythromycin ethylsuccinate</i>	8	<i>fenofibric acid</i>	55
EMSAM	42	<i>erythromycin with ethanol</i>	59	<i>fenofibric acid (choline)</i>	55
<i>emtricitabine</i>	3	<i>escitalopram oxalate</i>	42	<i>fentanyl</i>	36
<i>emtricitabine-tenofovir (tdf)</i>	3	<i>esmolol</i>	49	<i>fentanyl citrate</i>	36
EMTRIVA	3	<i>esomeprazole magnesium</i>	77	<i>fentanyl citrate (pf)</i>	36
EMVERM	9	<i>esomeprazole sodium</i>	77	<i>fesoterodine</i>	100
<i>enalapril maleate</i>	49	<i>estarrylla</i>	89	FETZIMA	42
<i>enalaprilat</i>	49	<i>estradiol</i>	87	<i>finasteride</i>	100
<i>enalapril-hydrochlorothiazide</i>	49	<i>estradiol valerate</i>	87	<i>fingolimod</i>	34
ENBREL	84	<i>estradiol-norethindrone acet</i>	87	FINTEPLA	29
ENBREL MINI	84	<i>eszopiclone</i>	42	FIRDAPSE	34
ENBREL SURECLICK	84	<i>ethacrynat e sodium</i>	49	FIRMAGON KIT W	
ENDARI	63	<i>ethambutol</i>	9	DILUENT SYRINGE	18
<i>endocet</i>	36	<i>ethosuximide</i>	29	<i>flac otic oil</i>	65
ENGERIX-B (PF)	79	<i>ethynodiol diac-eth estradiol</i>	89	<i>flavoxate</i>	100
ENGERIX-B PEDIATRIC (PF)	79	<i>etodolac</i>	38	<i>flecainide</i>	47
<i>enoxaparin</i>	53	<i>etonogestrel-ethinyl estradiol</i>	88	<i>fluconazole</i>	2
<i>enpresse</i>	89	ETOPOPHOS	18	<i>fluconazole in nacl (iso-osm)</i>	2
<i>enskyce</i>	89	<i>etoposide</i>	18	<i>flucytosine</i>	2
<i>entacapone</i>	33	<i>etravirine</i>	4	<i>fludarabine</i>	18
<i>entecavir</i>	3	<i>euthyrox</i>	73	<i>fludrocortisone</i>	66
ENTRESTO	56	<i>everolimus (antineoplastic)</i>	18	<i>flumazenil</i>	42
ENTYVIO	74	<i>everolimus</i>		<i>flunisolide</i>	97
<i>enulose</i>	74	(immunosuppressive)	18	<i>fluocinolone</i>	61
ENVARSUS XR	17	EVOTAZ	4	<i>fluocinolone acetonide oil</i>	65
EPCLUSA	3	<i>exemestane</i>	18	<i>fluocinolone and shower cap</i>	61
EPIDIOLEX	29	EXKIVITY	18	<i>fluocinonide</i>	61
<i>epinastine</i>	93	EYLEA	93	<i>fluocinonide-emollient</i>	61
<i>epinephrine</i>	95	<i>ezetimibe</i>	54	<i>fluoride (sodium)</i>	65, 104
<i>epirubicin</i>	17	<i>ezetimibe-simvastatin</i>	54	<i>fluorometholone</i>	94
<i>epitol</i>	29	F		<i>fluorouracil</i>	18, 58
EPKINLY	17	FABRAZYME	71	<i>fluoxetine</i>	42
<i>eplerenone</i>	49	<i>falmina (28)</i>	89	<i>fluoxetine (pmdd)</i>	42
EPRONTIA	29	<i>famciclovir</i>	4	<i>fluphenazine decanoate</i>	42
ERBITUX	17	<i>famotidine</i>	77	<i>fluphenazine hcl</i>	42
<i>ergotamine-caffeine</i>	33	<i>famotidine (pf)</i>	77	<i>flurbiprofen</i>	38
ERIVEDGE	18	<i>famotidine (pf)-nacl (iso-os)</i>	77	<i>flurbiprofen sodium</i>	93
ERLEADA	18	FANAPT	42	<i>fluticasone propionate</i>	97
		FARXIGA	67	<i>fluticasone propion-salmeterol</i>	
					97

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>fluvastatin</i>	55
<i>fluvoxamine</i>	42
FOLOTYN	18
<i>fomepizole</i>	79
<i>fondaparinux</i>	53
<i>formoterol fumarate</i>	97
FOSAMAX PLUS D	83
<i>fosamprenavir</i>	4
<i>fosaprepitant</i>	74
<i>fosinopril</i>	49
<i>fosinopril-hydrochlorothiazide</i>	49
<i>fosphenytoin</i>	29
FOTIVDA	18
<i>fulvestrant</i>	19
<i>furosemide</i>	49, 50
FUZEON	4
FYARRO	19
<i>fyavolv</i>	87
FYCOMPA	29
<b>G</b>	
<i> gabapentin</i>	29, 30
<i> galantamine</i>	34
GAMASTAN	80
GAMASTAN S/D	80
<i> ganciclovir sodium</i>	4
GARDASIL 9 (PF)	80
<i> gatifloxacin</i>	91
GATTEX 30-VIAL	74
GATTEX ONE-VIAL	74
GAUZE PAD	82
<i> gavilyte-c</i>	74
<i> gavilyte-g</i>	74
GAVRETO	19
GAZYVA	19
<i> gefitinib</i>	19
<i> gemcitabine</i>	19
GEMCITABINE	19
<i> gemfibrozil</i>	55
<i> generlac</i>	74
<i> gengraf</i>	19
<i> gentamicin</i>	9, 59, 91
<i> gentamicin in nacl (iso-osm)</i>	9
<i> gentamicin sulfate (ped) (pf)</i>	9
GENVOYA	4
GIOTRIF	19
<i> glatiramer</i>	34
<i> glatopa</i>	34
GLEOSTINE	19
<i> glimepiride</i>	67
<i> glipizide</i>	67
<i> glipizide-metformin</i>	67
<i> glycine urologic</i>	100
<i> glycine urologic solution</i>	100
<i> glycopyrrolate</i>	73
<i> glycopyrrolate (pf) in water</i>	73
<i> glydo</i>	58
GLYXAMBI	67
GRALISE	30
<i> granisetron (pf)</i>	74
<i> granisetron hcl</i>	74
<i> griseofulvin microsize</i>	2
<i> griseofulvin ultramicrosize</i>	2
GVOKE	68
GVOKE HYPOEN 1-PACK	67
GVOKE HYPOEN 2-PACK	67
GVOKE PFS 1-PACK	67
SYRINGE	67
GVOKE PFS 2-PACK	67
SYRINGE	67
<b>H</b>	
HALAVEN	19
<i> halobetasol propionate</i>	61
<i> haloperidol</i>	43
<i> haloperidol decanoate</i>	42
<i> haloperidol lactate</i>	43
HARVONI	4
HAVRIX (PF)	80
<i> heather</i>	87
<i> heparin (porcine)</i>	53
<i> heparin (porcine) in 5 % dex</i>	53
<i> heparin (porcine) in nacl (pf)</i>	53
<i> heparin(porcine) in 0.45% nacl</i>	53
HEPARIN(PORCINE) IN	
0.45% NACL	53
<i> heparin, porcine (pf)</i>	53, 54
HEPARIN, PORCINE (PF)	.54
HEPLISAV-B (PF)	80
HIBERIX (PF)	80
HIZENTRA	80
HUMALOG JUNIOR	
KWIKPEN U-100	68
HUMALOG KWIKPEN	
INSULIN	68
HUMALOG MIX 50-50	
INSULN U-100	68
HUMALOG MIX 50-50	
KWIKPEN	68
HUMALOG MIX 75-25	
KWIKPEN	68
HUMALOG MIX 75-25(U-100)INSULN	68
HUMALOG U-100 INSULIN	
.....	68
HUMIRA	85
HUMIRA PEN	85
HUMIRA PEN CROHNS-UC-HS START	85
HUMIRA PEN PSOR-UVEITS-ADOL HS	85
HUMIRA(CF)	85
HUMIRA(CF) PEDI	
CROHNS STARTER	85
HUMIRA(CF) PEN	85
HUMIRA(CF) PEN	
CROHNS-UC-HS	85
HUMIRA(CF) PEN	
PEDIATRIC UC	85
HUMIRA(CF) PEN PSOR-UV-ADOL HS	85
HUMULIN 70/30 U-100	
INSULIN	68
HUMULIN 70/30 U-100	
KWIKPEN	68
HUMULIN N NPH INSULIN	
KWIKPEN	68
HUMULIN N NPH U-100	
INSULIN	68
HUMULIN R REGULAR U-100 INSULN	68
HUMULIN R U-500 (CONC)	
INSULIN	68
HUMULIN R U-500 (CONC)	
KWIKPEN	68
hydralazine	50
<i> hydrochlorothiazide</i>	50
<i> hydrocodone-acetaminophen</i>	36
<i> hydrocodone-ibuprofen</i>	36
<i> hydrocortisone</i>	61, 66, 74
<i> hydrocortisone-acetic acid</i>	65

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>hydromorphone</i>	36, 37	<i>indapamide</i>	50	<i>jantoven</i>	54
<i>hydromorphone (pf)</i>	36	INFANRIX (DTAP) (PF)	80	JANUMET	69
<i>hydroxychloroquine</i>	9	INGREZZA	34	JANUMET XR	69
<i>hydroxyprogesterone caproate</i>		INGREZZA INITIATION PACK	34	JANUVIA	69
	87	INLYTA	20	JARDIANCE	69
<i>hydroxyurea</i>	19	INQOVI	20	<i>jasmiel (28)</i>	89
<i>hydroxyzine hcl</i>	95	INREBIC	20	JAYPIRCA	20
HYPERHEP B	80	INSULIN GLARGINE	68	JEMPERLI	20
HYPERHEP B NEONATAL		INSULIN LISPRO	68	<i>jencycla</i>	87
	80	INSULIN SYRINGE- NEEDLE U-100	82	JENTADUETO	69
HYRIMoz CF (PREFERRED NDCS STARTING WITH 61314)	85, 86	INSULIN SYRINGES (NON- PREFERRED BRANDS)	83	JENTADUETO XR	69
HYRIMoz PEN CROHN'S- UC STARTER	86	INTELENCE	4	JEVTANA	20
HYRIMoz PEN PSORIASIS STARTER	86	<i>intralipid</i>	103	<i>jinteli</i>	87
HYRIMoz(CF) PEDI CROHN STARTER	86	<i>introvale</i>	89	<i>jolessa</i>	89
<b>I</b>		INVEGA HAFYERA	43	<i>juleber</i>	89
<i>ibandronate</i>	83	INVEGA SUSTENNA	43	JULUCA	4
IBRANCE	19	INVEGA TRINZA	43	JUXTAPID	55
<i>ibu</i>	38	INVELTYS	94	JYNNEOS (PF)(STOCKPILE)	
<i>ibuprofen</i>	38	IPOL	80		80
<i>ibutilide fumarate</i>	47	<i>ipratropium bromide</i>	65, 97	<b>K</b>	
<i>icatibant</i>	97	<i>ipratropium-albuterol</i>	97	KADCYLA	20
ICLUSIG	19	<i>irbesartan</i>	50	<i>kalliga</i>	89
<i>icosapent ethyl</i>	55	<i>irbesartan-hydrochlorothiazide</i>	50	KALYDECO	97
<i>idarubicin</i>	19	<i>irinotecan</i>	20	KANUMA	71
IDHIFA	19	ISENTRESS	4	<i>kariva (28)</i>	89
<i>ifosfamide</i>	19	ISENTRESS HD	4	<i>kelnor 1/35 (28)</i>	89
ILARIS (PF)	78	<i>isibloom</i>	89	<i>kelnor 1-50 (28)</i>	89
<i>imatinib</i>	19	ISOLYTE S PH 7.4	103	KERENDIA	50
IMBRUVICA	19, 20	ISOLYTE-P IN 5 % DEXTROSE	103	<i>ketoconazole</i>	2, 60
IMFINZI	20	ISOLYTE-S	103	<i>ketorolac</i>	93
<i>imipenem-cilastatin</i>	9	<i>isoniazid</i>	9	KEYTRUDA	20
<i>imipramine hcl</i>	43	<i>isosorbide dinitrate</i>	56	KHAPZORY	14
<i>imipramine pamoate</i>	43	<i>isosorbide mononitrate</i>	56	KIMMTRAK	20
<i>imiquimod</i>	58	<i>isosorbide-hydralazine</i>	50	KINRIX (PF)	80
IMJUDO	20	<i>isotretinoin</i>	59	KISQALI	21
IMOVAX RABIES VACCINE (PF)	80	<i>isradipine</i>	50	KISQALI FEMARA CO- PACK	20, 21
IMVEXXY MAINTENANCE PACK	87	ISTODAX	20	<i>klor-con 10</i>	101
IMVEXXY STARTER PACK		<i>itraconazole</i>	2	<i>klor-con 8</i>	101
	87	<i>ivermectin</i>	9, 59	<i>klor-con m10</i>	101
<i>incassia</i>	87	IXEMPRA	20	<i>klor-con m20</i>	101
INCRELEX	63	IXIARO (PF)	80	<i>klor-con oral packet 20</i>	101
		<b>J</b>		<i>klor-con/ef</i>	101
		JAKAFI	20	KORLYM	71
				KOSELUGO	21
				K-PHOS NO 2	100
				K-PHOS ORIGINAL	100

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

KRAZATI .....	21	levothyroxine .....	73	lurasidone .....	44
kurvelo (28) .....	89	levoxyl.....	73	lutera (28).....	90
KYPROLIS .....	21	LEXIVA .....	4	lyleq .....	87
<b>L</b>		LIBTAYO .....	21	lyllana .....	87
<i>l norgest/e.estradiol-e.estrad</i>	89	<i>lidocaine</i> .....	58	LYNPARZA .....	22
<i>labetalol</i> .....	50	<i>lidocaine (pf)</i> .....	47, 58	LYSODREN .....	22
<i>lacosamide</i> .....	30	<i>lidocaine hcl</i> .....	58	LYTGOBI .....	22
<i>lactated ringers</i> .....	62, 101	<i>lidocaine in 5 % dextrose (pf)</i> .....	47	LYUMJEV KWIKPEN U-100 INSULIN .....	69
<i>lactulose</i> .....	74, 75	<i>lidocaine viscous</i> .....	58	LYUMJEV KWIKPEN U-200 INSULIN .....	69
<i>lamivudine</i> .....	4	<i>lidocaine-epinephrine</i> .....	58	LYUMJEV U-100 INSULIN .....	69
<i>lamivudine-zidovudine</i> .....	4	<i>lidocaine-epinephrine (pf)</i> .....	58	<b>M</b>	
<i>lamotrigine</i> .....	30	<i>lidocaine-prilocaine</i> .....	58	<i>magnesium chloride</i> .....	101
<i>lansoprazole</i> .....	77	<i>lincomycin</i> .....	9	<i>magnesium sulfate</i> .....	101
LANTUS SOLOSTAR U-100 INSULIN .....	69	<i>linezolid</i> .....	9	MAGNESIUM SULFATE IN D5W .....	101
LANTUS U-100 INSULIN .....	69	<i>linezolid in dextrose 5%</i> .....	9	<i>magnesium sulfate in water</i> .....	101
<i>lapatinib</i> .....	21	<i>linezolid-0.9% sodium chloride</i> .....	9	<i>malathion</i> .....	62
<i>larin 1.5/30 (21)</i> .....	89	<b>LINZESS</b> .....	75	<i>mannitol 20 %</i> .....	50
<i>larin 1/20 (21)</i> .....	89	<b>LORESAL</b> .....	35	<i>mannitol 25 %</i> .....	50
<i>larin 24 fe</i> .....	89	<i>liothyronine</i> .....	73	<i>maraviroc</i> .....	4
<i>larin fe 1.5/30 (28)</i> .....	90	<i>lisinopril</i> .....	50	MARGENZA .....	22
<i>larin fe 1/20 (28)</i> .....	90	<i>lisinopril-hydrochlorothiazide</i> .....	50	<i>marlissa (28)</i> .....	90
<i>latanoprost</i> .....	94	<i>lithium carbonate</i> .....	43	MARPLAN .....	44
<i>leflunomide</i> .....	86	<b>LOKELMA</b> .....	63	MATULANE .....	22
<i>lenalidomide</i> .....	21	<b>LONSURF</b> .....	21	<i>matzim la</i> .....	50
LENVIMA .....	21	<i>loperamide</i> .....	73	<i>meclizine</i> .....	75
<i>lessina</i> .....	90	<i>lopinavir-ritonavir</i> .....	4	<i>medroxyprogesterone</i> .....	87, 88
<i>letrozole</i> .....	21	<i>lorazepam</i> .....	43, 44	<i>mefloquine</i> .....	9
<i>leucovorin calcium</i> .....	14	<i>lorazepam intensol</i> .....	43	<i>megestrol</i> .....	22
LEUKERAN .....	21	<b>LORBRENA</b> .....	21	MEKINIST .....	22
LEUKINE.....	78	<i>loryna (28)</i> .....	90	MEKTOVI .....	22
<i>leuprolide</i> .....	21	<i>losartan</i> .....	50	<i>meloxicam</i> .....	38
<i>levalbuterol hcl</i> .....	97	<i>losartan-hydrochlorothiazide</i> .....	50	<i>melphalan</i> .....	22
<i>levetiracetam</i> .....	30	<i>loteprednol etabonate</i> .....	95	<i>melphalan hcl</i> .....	22
<i>levetiracetam in nacl (iso-os)</i> .....	30	<i>lovastatin</i> .....	55	<i>memantine</i> .....	34
<i>levobunolol</i> .....	92	<i>low-ogestrel (28)</i> .....	90	MENACTRA (PF) .....	80
<i>levocarnitine</i> .....	63	<i>loxapine succinate</i> .....	44	MENEST .....	88
<i>levocarnitine (with sugar)</i> .....	63	<i>lo-zumandimine (28)</i> .....	90	MENQUADFI (PF) .....	80
<i>levocetirizine</i> .....	95	<i>lubiprostone</i> .....	75	MENVEO A-C-Y-W-135-DIP (PF) .....	80
<i>levofloxacin</i> .....	13, 91	<b>LUMAKRAS</b> .....	21	MEPSEVII .....	71
<i>levofloxacin in d5w</i> .....	13	<b>LUMIGAN</b> .....	94	<i>mercaptopurine</i> .....	22
<i>levoleucovorin calcium</i> .....	14	<b>LUMIZYME</b> .....	71	<i>meropenem</i> .....	9
<i>levonest (28)</i> .....	90	<b>LUMOXITI</b> .....	21	<i>mesalamine</i> .....	75
<i>levonorgestrel-ethinyl estrad</i> .....	90	<b>LUNSUMIO</b> .....	21		
<i>levonorg-eth estrad triphasic</i> .....	90	<b>LUPRON DEPOT</b> .....	21		
<i>levora-28</i> .....	90				
<i>levo-t</i> .....	73				

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>mesalamine with cleansing wipe</i>	75	<i>misoprostol</i>	77	<i>nefazodone</i>	44
<i>mesna</i>	14	<i>mitomycin</i>	22	<i>nelarabine</i>	23
<i>MESNEX</i>	14	<i>mitoxantrone</i>	22	<i>neomycin</i>	9
<i>metformin</i>	69	<i>M-M-R II (PF)</i>	80	<i>neomycin-bacitracin-poly-hc</i>	94
<i>methadone</i>	37	<i>modafinil</i>	44	<i>neomycin-bacitracin-polymyxin</i>	92
<i>methadone intensol</i>	37	<i>moexipril</i>	50	<i>neomycin-polymyxin b gu</i>	62
<i>methadose</i>	37	<i>molindone</i>	44	<i>neomycin-polymyxin b-dexameth</i>	94
<i>methazolamide</i>	93	<i>mometasone</i>	61, 98	<i>neomycin-polymyxin-gramicidin</i>	92
<i>methenamine hippurate</i>	13	<i>mondoxyne nl</i>	13	<i>neomycin-polymyxin-hc</i>	65, 94
<i>methenamine mandelate</i>	13	<i>MONJUVI</i>	22	<i>neo-polycin</i>	92
<i>methimazole</i>	66	<i>mono-linyah</i>	90	<i>neo-polycin hc</i>	94
<i>methotrexate sodium</i>	22	<i>montelukast</i>	98	<i>NERLYNX</i>	23
<i>methotrexate sodium (pf)</i>	22	<i>morphine</i>	37	<i>NEUPRO</i>	33
<i>methoxsalen</i>	58	<i>morphine (pf)</i>	37	<i>nevirapine</i>	4
<i>methsuximide</i>	30	<i>morphine concentrate</i>	37	<i>NEXLETOL</i>	55
<i>methylergonovine</i>	91	<i>MOUNJARO</i>	69	<i>NEXLIZET</i>	55
<i>methylphenidate hcl</i>	44	<i>MOVANTIK</i>	75	<i>NEXPLANON</i>	88
<i>methylprednisolone</i>	66	<i>moxifloxacin</i>	13, 92	<i>niacin</i>	55
<i>methylprednisolone acetate</i>	66	<i>moxifloxacin-sod.chloride(iso)</i>	13	<i>nicardipine</i>	50
<i>methylprednisolone sodium succ</i>	66	<i>MOZOBIL</i>	78	<i>NICOTROL</i>	64
<i>metoclopramide hcl</i>	75	<i>mupirocin</i>	59	<i>NICOTROL NS</i>	64
<i>metolazone</i>	50	<i>MYALEPT</i>	71	<i>nifedipine</i>	50, 51
<i>metoprolol succinate</i>	50	<i>mycophenolate mofetil</i>	22	<i>nikki (28)</i>	90
<i>metoprolol ta-hydrochlorothiaz</i>	50	<i>mycophenolate mofetil (hcl)</i>	22	<i>nilutamide</i>	23
<i>metoprolol tartrate</i>	50	<i>mycophenolate sodium</i>	22	<i>nimodipine</i>	51
<i>metro i.v.</i>	9	<i>MYFEMBREE</i>	88	<i>NINLARO</i>	23
<i>metronidazole</i>	9, 59, 88	<i>MYLOTARG</i>	23	<i>nisoldipine</i>	51
<i>metronidazole in nacl (iso-os)</i>	9	<i>MYRBETRIQ</i>	100	<i>nitazoxanide</i>	9
<i>metyrosine</i>	50	<b>N</b>		<i>nititisinone</i>	63
<i>mexiletine</i>	48	<i>nabumetone</i>	39	<i>nitro-bid</i>	56
<i>micafungin</i>	2	<i>nadolol</i>	50	<i>nitrofurantoin macrocrystal</i>	14
<i>microgestin 1.5/30 (21)</i>	90	<i>nafcillin</i>	12	<i>nitrofurantoin monohyd/m-cryst</i>	14
<i>microgestin 1/20 (21)</i>	90	<i>naftifine</i>	60	<i>nitroglycerin</i>	56
<i>microgestin fe 1.5/30 (28)</i>	90	<i>NAGLAZYME</i>	72	<i>nitroglycerin in 5 % dextrose</i>	56
<i>microgestin fe 1/20 (28)</i>	90	<i>nalbuphine</i>	39		
<i>midodrine</i>	63	<i>naloxone</i>	39	<b>NIVESTYM</b>	78
<i>mifepristone</i>	88	<i>naltrexone</i>	39	<i>nizatidine</i>	77
<i>mili</i>	90	<i>NAMZARIC</i>	34, 35	<i>nora-be</i>	88
<i>milrinone</i>	56	<i>naproxen</i>	39	<i>norepinephrine bitartrate</i>	56
<i>milrinone in 5 % dextrose</i>	56	<i>naproxen sodium</i>	39	<i>norethindrone (contraceptive)</i>	88
<i>mimvey</i>	88	<i>naratriptan</i>	33	<i>norethindrone acetate</i>	88
<i>minocycline</i>	13	<i>NATACYN</i>	92	<i>norethindrone ac-eth estradiol</i>	88, 90
<i>minoxidil</i>	50	<i>nateglinide</i>	69		
<i>miostat</i>	94	<i>NATPARA</i>	72		
<i>mirtazapine</i>	44	<i>NAYZILAM</i>	30		
		<i>nebivolol</i>	50		

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>norethindrone-e.estriadiol-iron</i>	78
.....90	
<i>norgestimate-ethinyl estradiol</i>	23
.....90	
<i>nortrel 0.5/35 (28)</i>	75
.....90	
<i>nortrel 1/35 (21)</i>	75
.....90	
<i>nortrel 1/35 (28)</i>	75
.....90	
<i>nortrel 7/7/7 (28)</i>	75
.....90	
<i>nortriptyline</i>	23
.....44	
<i>NORVIR</i>	23
.....4	
<i>NUBEQA</i>	98
.....23	
<i>NUCALA</i>	98
.....35	
<i>NUEDEXTA</i>	98
.....23	
<i>NULOJIX</i>	98
.....23	
<i>NUPLAZID</i>	98
.....44	
<i>NURTEC ODT</i>	98
.....33	
<i>nyamyc</i>	98
.....60	
<i>nystatin</i>	98
.....2, 60	
<i>nystatin-triamcinolone</i>	98
.....60	
<i>nystop</i>	98
.....60	
<i>NYVEPRIA</i>	98
.....78	
<b>O</b>	
<i>OCALIVA</i>	98
.....75	
<i>octreotide acetate</i>	98
.....23	
<i>ODEFSEY</i>	98
.....4	
<i>ODOMZO</i>	98
.....23	
<i>OFEV</i>	98
.....98	
<i>ofloxacin</i>	98
.....65, 92	
<i>olanzapine</i>	98
.....44	
<i>olanzapine-fluoxetine</i>	98
.....44	
<i>olmesartan</i>	98
.....51	
<i>olmesartanamlodipin-</i>	98
.....51	
<i>olmesartan-</i>	98
.....51	
.....hydrochlorothiazide	98
.....51	
<i>olopatadine</i>	98
.....93	
<i>omega-3 acid ethyl esters</i>	98
.....55	
<i>omeprazole</i>	98
.....77	
<i>OMNIPOD 5 G6 INTRO KIT</i>	98
.....(GEN 5)	98
.....83	
<i>OMNIPOD 5 G6 PODS (GEN</i>	98
.....5)	98
.....83	
<i>OMNIPOD CLASSIC PODS</i>	98
.....(GEN 3)	98
.....83	
<i>OMNIPOD DASH INTRO</i>	98
.....KIT (GEN 4)	98
.....83	
<i>OMNIPOD DASH PODS</i>	98
.....(GEN 4)	98
.....83	
<i>OMNITROPE</i>	98
.....78	
<i>ONCASPAR</i>	98
.....23	
<i>ondansetron</i>	98
.....75	
<i>ondansetron hcl</i>	98
.....75	
<i>ondansetron hcl (pf)</i>	98
.....75	
<i>ONIVYDE</i>	98
.....23	
<i>ONUREG</i>	98
.....23	
<i>OPDIVO</i>	98
.....23	
<i>OPDUALAG</i>	98
.....23	
<i>opium tincture</i>	98
.....73	
<i>OPSUMIT</i>	98
.....98	
<i>oralone</i>	98
.....65	
<i>ORENCIA</i>	98
.....86	
<i>ORENCIA (WITH</i>	98
.....MALTPOSE)	98
.....86	
<i>ORENCIA CLICKJECT</i>	98
.....86	
<i>ORGOVYX</i>	98
.....23	
<i>ORKAMBI</i>	98
.....98	
<i>ORSERDU</i>	98
.....23	
<i>oseltamivir</i>	98
.....4, 5	
<i>osmitrol 20 %</i>	98
.....51	
<i>OTEZLA</i>	98
.....86	
<i>OTEZLA STARTER</i>	98
.....86	
<i>oxacillin</i>	98
.....12	
<i>oxacillin in dextrose(iso-osm)</i>	98
.....12	
<i>oxaliplatin</i>	98
.....23	
<i>oxaprozin</i>	98
.....39	
<i>oxcarbazepine</i>	98
.....30	
<i>OXERVATE</i>	98
.....93	
<i>oxybutynin chloride</i>	98
.....100	
<i>oxycodone</i>	98
.....37	
<i>oxycodone-acetaminophen</i>	98
.....37	
<i>OXYCONTIN</i>	98
.....38	
<i>OZEMPIC</i>	98
.....69	
<i>OZURDEX</i>	98
.....95	
<b>P</b>	
<i>pacerone</i>	98
.....48	
<i>paclitaxel</i>	98
.....23	
<i>PADCEV</i>	98
.....23	
<i>paliperidone</i>	98
.....44	
<i>palonosetron</i>	98
.....75	
<i>pamidronate</i>	98
.....72	
<i>PANRETIN</i>	98
.....58	
<i>pantoprazole</i>	98
.....77	
<i>paraplatin</i>	98
.....23	
<i>paricalcitol</i>	98
.....72	
<i>paromomycin</i>	98
.....9	
<i>paroxetine hcl</i>	98
.....44, 45	
<i>PEDIARIX (PF)</i>	98
.....81	
<i>PEDVAX HIB (PF)</i>	98
.....81	
<i>peg 3350-electrolytes</i>	98
.....75	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	98
.....75	
<i>PEGASYS</i>	98
.....78	
<i>peg-electrolyte</i>	98
.....75	
<i>PEMAZYRE</i>	98
.....24	
<i>pemetrexed disodium</i>	98
.....24	
<b>PEN NEEDLES (NON-</b>	
<b>PREFERRED BRANDS)</b>	98
.....83	
<i>penciclovir</i>	98
.....60	
<i>penicillamine</i>	98
.....86	
<b>PENICILLIN G POT IN</b>	
<b>DEXTROSE</b>	98
.....12	
<i>penicillin g potassium</i>	98
.....12	
<i>penicillin g sodium</i>	98
.....12	
<i>penicillin v potassium</i>	98
.....12	
<i>PENTACEL (PF)</i>	98
.....81	
<i>pentamidine</i>	98
.....10	
<i>PENTASA</i>	98
.....75	
<i>pentoxifylline</i>	98
.....54	
<i>perindopril erbumine</i>	98
.....51	
<i>periogard</i>	98
.....65	
<i>PERJETA</i>	98
.....24	
<i>permethrin</i>	98
.....62	
<i>perphenazine</i>	98
.....45	
<i>PERSERIS</i>	98
.....45	
<i>pizerpen-g</i>	98
.....12	
<i>phenelzine</i>	98
.....45	
<i>phenobarbital</i>	98
.....30, 31	
<i>phenobarbital sodium</i>	98
.....31	
<i>phentolamine</i>	98
.....51	
<i>phenytoin</i>	98
.....31	
<i>phenytoin sodium</i>	98
.....31	
<i>phenytoin sodium extended</i>	98
.....31	
<i>philith</i>	98
.....90	
<i>PHOSPHOLINE IODIDE</i>	98
.....93	
<i>PIFELTRO</i>	98
.....5	
<i>pilocarpine hcl</i>	98
.....63, 93	
<i>pimecrolimus</i>	98
.....58	
<i>pimozide</i>	98
.....45	
<i>pintrea (28)</i>	98
.....90	
<i>pindolol</i>	98
.....51	
<i>pioglitazone</i>	98
.....70	
<i>piperacillin-tazobactam</i>	98
.....12	
<i>PIQRAY</i>	98
.....24	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>pirfenidone</i>	98	<i>prednisolone sodium phosphate</i>	66, 95	<i>protamine</i>	54
<i>piroxicam</i>	39	<i>prednisone</i>	66	<i>protriptyline</i>	45
<i>plasbumin 25 %</i>	101	<i>prednisone intensol</i>	66	PULMICORT FLEXHALER	
<i>plasbumin 5 %</i>	101	<i>pregabalin</i>	31		98
PLASMA-LYTE A	103	PREHEVBRIOD (PF)	81	PULMOZYME	98
<i>plasmanate</i>	103	PREMARIN	88	PURIXAN	24
PLEGRIDY	78	<i>premasol 10 %</i>	103	<i>pyrazinamide</i>	10
PLENAMINE	103	PREMPHASE	88	<i>pyridostigmine bromide</i>	35
<i>plerixafor</i>	78	PREMPRO	88	<i>pyrimethamine</i>	10
<i>podofilox</i>	58	<i>prenatal vitamin oral tablet</i>	104	<b>Q</b>	
POLIVY	24	<i>prevalite</i>	55	QINLOCK	24
<i>polocaine</i>	58	PREVIDENT 5000 BOOSTER		QTERN	70
<i>polocaine-mpf</i>	58	PLUS	65	QUADRACEL (PF)	81
<i>polycin</i>	92	PREVIDENT 5000 DRY		<i>quetiapine</i>	45
<i>polymyxin b sulf-trimethoprim</i>		MOUTH	65	<i>quinapril</i>	51
	92	PREVYMIS	5	<i>quinapril-hydrochlorothiazide</i>	51
POMALYST	24	PREZCOBIX	5	<i>quinidine sulfate</i>	48
<i>portia 28</i>	90	PREZISTA	5	<i>quinine sulfate</i>	10
PORTRAZZA	24	PRIFTIN	10	QULIPTA	33
<i>posaconazole</i>	2	PRIMAQUINE	10	QVAR REDIHALER	98
<i>potassium acetate</i>	101	<i>primidone</i>	31	<b>R</b>	
<i>potassium chlorid-d5-</i>		PRIMIDONE	31	RABAVERT (PF)	81
<i>0.45%nacl</i>	101	PRIORIX (PF)	81	RADICAVA ORS	35
<i>potassium chloride</i>	102	PRIVIGEN	81	RADICAVA ORS STARTER	
<i>potassium chloride in</i>		<i>probenecid</i>	83	KIT SUSP	35
<i>0.9%nacl</i>	102	<i>probenecid-colchicine</i>	83	raloxifene	83
<i>potassium chloride in 5 % dex</i>		<i>procainamide</i>	48	ramelteon	45
	102	<i>prochlorperazine</i>	75	ramipril	51
<i>potassium chloride in lr-d5</i>	102	<i>prochlorperazine edisylate</i>	75	ranolazine	56
<i>potassium chloride in water</i>	102	<i>prochlorperazine maleate oral</i>		rasagiline	33
<i>potassium chloride-0.45 %</i>		<i>75</i>		reclipsen (28)	90
<i>nacl</i>	102	PROCRIT	78, 79	RECOMBIVAX HB (PF)	81
<i>potassium chloride-d5-</i>		<i>procto-med hc</i>	75	RECTIV	76
<i>0.2%nacl</i>	102	<i>proctosol hc</i>	76	REGRANEX	58
<i>potassium chloride-d5-</i>		<i>proctozone-hc</i>	76	RELENZA DISKHALER	5
<i>0.9%nacl</i>	102	<i>progesterone</i>	88	RELISTOR	76
<i>potassium citrate</i>	100	<i>progesterone micronized</i>	88	REMICADE	76
<i>potassium phosphate m-/d-</i>		PROGRAF	24	RENACIDIN	100
<i>basic</i>	102	PROLASTIN-C	64	<i>repaglinide</i>	70
POTELIGEO	24	PROLENSA	93	REPATHA	55
<i>pramipexole</i>	33	PROLIA	83	REPATHA PUSHTRONEX	55
<i>prasugrel</i>	54	PROMACTA	54	REPATHA SURECLICK	55
<i>pravastatin</i>	55	<i>promethazine</i>	95	RETACRIT	79
<i>praziquantel</i>	10	<i>propafenone</i>	48	RETEVMO	24
<i>prazosin</i>	51	<i>propranolol</i>	51	RETROVIR	5
<i>prednicarbate</i>	61	<i>propylthiouracil</i>	66	REVCOVI	64
<i>prednisolone</i>	66	PROQUAD (PF)	81	<i>revonto</i>	35
<i>prednisolone acetate</i>	95				

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

REXULTI	45	saxagliptin	70	sodium, potassium, mag sulfates	
REYATAZ	5	saxagliptin-metformin	70	.....	76
REZLIDHIA	24	SCEMBLIX	25	solifenacain	100
REZUROCK	24	scopolamine base	76	SOLIQUA 100/33	70
RHOPRESSA	94	SECUADO	45	SOLTAMOX	25
ribavirin	5	SEGLUROMET	70	SOMATULINE DEPOT	25
RIDAURA	86	selegiline hcl	33	SOMAVERT	72
rifabutin	10	selenium sulfide	57	sorafenib	25
rifampin	10	SELZENTRY	5	sorine	48
riluzole	64	sertraline	45, 46	sotalol	48
rimantadine	5	setlakin	91	sotalol af	48
ringer's	62, 102	sevelamer carbonate	64	SPIRIVA RESPIMAT	99
RINVOQ	86	sf 65		spironolactone	51
risedronate	64, 83, 84	sf 5000 plus	65	spironolacton-	
RISPERDAL CONSTA	45	sharobel	88	hydrochlorothiaz	51
risperidone	45	SHINGRIX (PF)	81	SPRAVATO	46
ritonavir	5	SIGNIFOR	25	sprintec (28)	91
rivastigmine	35	sildenafil	100	SPRITAM	31
rivastigmine tartrate	35	(pulmonary arterial		SPRYCEL	25
rizatriptan	33	hypertension)	99	sps (with sorbitol)	64
ROCKLATAN	94	silodosin	100	sronyx	91
roflumilast	98	silver sulfadiazine	58	ssd	58
romidepsin	24	SIMBRINZA	94	STEGLATRO	70
ropinirole	33	SIMULECT	25	STELARA	57
rosuvastatin	55	simvastatin	55	STIOLTO RESPIMAT	99
ROTARIX	81	sirolimus	25	STIVARGA	25
ROTATEQ VACCINE	81	SIRTURO	10	STRENSIQ	72
roweepra	31	SKYRIZI	57, 76	STREPTOMYCIN	10
ROZLYTREK	24	sodium acetate	102	STRIBILD	5
RUBRACA	24	sodium benzoate-sod		STRIVERDI RESPIMAT	99
rufinamide	31	phenylacet	64	subvenite	31
RUKOBIA	5	sodium bicarbonate	102	subvenite starter (blue) kit	31
RUXIENCE	24	sodium chloride	64, 103	subvenite starter (green) kit	31
RYBELSUS	70	sodium chloride 0.45 %	102	subvenite starter (orange) kit	31
RYBREVANT	24	sodium chloride 0.9 %	64	SUCRAID	76
RYDAPT	24	sodium chloride 3 %		sucralfate	77
RYLAZE	25	hypertonic	102	sulfacetamide sodium	93
<b>S</b>		sodium chloride 5 %		sulfacetamide sodium (acne)	59
sajazir	98	hypertonic	102	sulfacetamide-prednisolone	93
salsalate	39	sodium fluoride 5000 dry		sulfadiazine	13
SANCUSO	76	mouth	65	sulfamethoxazole-trimethoprim	13
SANDIMMUNE	25	sodium fluoride 5000 plus	65	.....	
SANDOSTATIN LAR		sodium fluoride-pot nitrate	65	sulfasalazine	76
DEPOT	25	sodium nitroprusside	56	sulindac	39
SANTYL	58	SODIUM OXYBATE	46	sumatriptan	33
sapropterin	72	sodium phenylbutyrate	64	sumatriptan succinate	33, 34
SARCLISA	25	sodium phosphate	103	sunitinib malate	25
SAVELLA	86, 87	sodium polystyrene sulfonate	64	SUNLENCA	5

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>syeda</i>	91	<i>tenofovir disoproxil fumarate</i>	5	<b>TOUJEO MAX U-300</b>
<b>SYMDEKO</b>	99	<b>TEPMETKO</b>	26	<b>SOLOSTAR</b> ..... 70
<b>SYMLINPEN 120</b>	70	<i>terazosin</i>	51	<b>TOUJEO SOLOSTAR U-300</b>
<b>SYMLINPEN 60</b>	70	<i>terbinafine hcl</i>	2	<b>INSULIN</b> ..... 70
<b>SYMPAZAN</b>	31	<i>terbutaline</i>	99	<b>TRADJENTA</b> ..... 70
<b>SYMTUZA</b>	5	<i>terconazole</i>	88	<i>tramadol</i> ..... 39
<b>SYNAGIS</b>	5	<i>teriflunomide</i>	35	<i>tramadol-acetaminophen</i> ..... 39
<b>SYNJARDY</b>	70	<b>TERIPARATIDE</b>	84	<i>trandolapril</i> ..... 51
<b>SYNJARDY XR</b>	70	<i>testosterone</i>	72	<i>trandolapril-verapamil</i> ..... 51
<b>SYNRIBO</b>	25	<i>testosterone cypionate</i>	72	<i>tranexamic acid</i> ..... 88
<b>T</b>		<i>testosterone enanthate</i>	72	<i>tranylcyprromine</i> ..... 46
<b>TABLOID</b>	25	<b>TETANUS,DIPHTHERIA</b>		<i>travasol 10 %</i> ..... 104
<b>TABRECTA</b>	25	<b>TOX PED(PF)</b>	81	<i>travoprost</i> ..... 94
<i>tacrolimus</i>	25, 58	<b>tetrabenazine</b>	35	<b>TRAZIMERA</b> ..... 26
<i>tadalafil (pulmonary arterial hypertension) oral tablet mg</i>	20 99	<b>tetracycline</b>	13	<i>trazodone</i> ..... 46
<b>TAFINLAR</b>	25	<b>THALOMID</b>	26	<b>TRECATOR</b> ..... 10
<i>tafluprost (pf)</i>	94	<b>THEO-24</b>	99	<b>TRELEGY ELLIPTA</b> ..... 99
<b>TAGRISSO</b>	25	<i>theophylline</i>	99	<b>TRELSTAR</b> ..... 26
<b>TALTZ AUTOINJECTOR</b>	57	<i>thioridazine</i>	46	<i>treprostinil sodium</i> ..... 51
<b>TALTZ AUTOINJECTOR (2 PACK)</b>	57	<i>thiotepa</i>	26	<i>tretinoin (antineoplastic)</i> ..... 26
<b>TALTZ AUTOINJECTOR (3 PACK)</b>	57	<i>thiothixene</i>	46	<i>tretinoin topical</i> ..... 59
<b>TALTZ SYRINGE</b>	57	<i>tiadylt er</i>	51	<i>triamcinolone acetonide</i> 62, 65, 66
<b>TALVEY</b>	25	<i>tiagabine</i>	31	<i>triamterene-hydrochlorothiazid</i>
<b>TALZENNA</b>	25	<b>TIBSOVO</b>	26	..... 52
<i>tamoxifen</i>	25	<b>TICE BCG</b>	81	<i>triderm</i> ..... 62
<i>tamsulosin</i>	100	<b>TICOVAC</b>	82	<i>trientine</i> ..... 64
<i>tarina 24 fe</i>	91	<i>tigecycline</i>	10	<i>tri-estarrylla</i> ..... 91
<i>tarina fe 1-20 eq (28)</i>	91	<i>tilia fe</i>	91	<i>trifluoperazine</i> ..... 46
<b>TASIGNA</b>	26	<i>timolol maleate</i>	51, 92	<i>trifluridine</i> ..... 92
<i>tazarotene</i>	59	<i>tinidazole</i>	10	<b>TRIJARDY XR</b> ..... 70
<i>tazicef</i>	7	<i>tiotropium bromide</i>	99	<b>TRIKAFTA</b> ..... 99
<i>taztia xt</i>	51	<b>TIVDAK</b>	26	<i>tri-legest fe</i> ..... 91
<b>TAZVERIK</b>	26	<b>TIVICAY</b>	5	<i>tri-linyah</i> ..... 91
<b>TDVAX</b>	81	<b>TIVICAY PD</b>	5	<i>tri-lo-estarrylla</i> ..... 91
<b>TECENTRIQ</b>	26	<i>tizanidine</i>	35	<i>tri-lo-marzia</i> ..... 91
<b>TECVAYLI</b>	26	<b>TOBI PODHALER</b>	10	<i>tri-lo-sprintec</i> ..... 91
<b>TEFLARO</b>	7	<b>TOBRADEX</b>	94	<i>trimethoprim</i> ..... 14
<i>telmisartan</i>	51	<i>tobramycin</i>	10, 92	<i>trimipramine</i> ..... 46
<i>telmisartan-amlodipine</i>	51	<i>tobramycin in 0.225 % nacl</i>	10	<b>TRINTELLIX</b> ..... 46
<i>telmisartan-hydrochlorothiazid</i>	51	<i>tobramycin sulfate</i>	10	<i>tri-sprintec (28)</i> ..... 91
<b>TEMODAR</b>	26	<i>tobramycin-dexamethasone</i>	94	<b>TRIUMEQ</b> ..... 5
<i>temsirolimus</i>	26	<i>tolterodine</i>	100	<b>TRIUMEQ PD</b> ..... 5
<b>TENIVAC (PF)</b>	81	<i>tolvaptan</i>	72	<i>trivora (28)</i> ..... 91
		<i>topiramate</i>	31	<b>TRIZIVIR</b> ..... 5
		<i>topotecan</i>	26	<b>TRODELVY</b> ..... 26
		<i>toremifene</i>	26	<b>TROGARZO</b> ..... 5
		<i>torsemide</i>	51	<b>TROPHAMINE 10 %</b> ..... 104

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>trospium</i>	100
TRULANCE	76
TRULICITY	70
TRUMENBA	82
TUKYSA	26
TURALIO	26
TWINRIX (PF)	82
TYPHIM VI	82
<b>U</b>	
UBRELVY	34
<i>unithroid</i>	73
UNITUXIN	26
UPTRAVI	52
<i>ursodiol</i>	76
UZEDY	46
<b>V</b>	
<i>valacyclovir</i>	5, 6
VALCHLOR	59
<i>valganciclovir</i>	6
<i>valproate sodium</i>	31
<i>valproic acid</i>	32
<i>valproic acid (as sodium salt)</i>	31, 32
<i>valrubicin</i>	26
<i>valsartan</i>	52
<i>valsartan-hydrochlorothiazide</i>	52
VALTOCO	32
<i>vancomycin</i>	10, 11
VANCOMYCIN	10
VANCOMYCIN IN 0.9 % SODIUM CHL	10
<i>vandazole</i>	88
VANFLYTA	26
VAQTA (PF)	82
<i>varenicline</i>	64
VARIVAX (PF)	82
VARIZIG	82
VARUBI	76
VECAMYL	56
VECTIBIX	26
VEKLURY	6
<i>veletri</i>	52
<i>velivet triphasic regimen (28)</i>	91
VELPHORO	64
VELTASSA	64
VEMLIDY	6
<b>VENCLEXTA</b>	27
<b>VENCLEXTA STARTING PACK</b>	27
<i>venlafaxine</i>	46
<i>verapamil</i>	52
VERQUVO	56
VERSACLOZ	46
VERZENIO	27
<i>vestura (28)</i>	91
V-GO 20	83
V-GO 30	83
V-GO 40	83
VIBATIV	11
VIBERZI	76
<i>vienna</i>	91
<i>vigabatrin</i>	32
<i>vigadron</i>	32
VIIBRYD	47
<i>vilazodone</i>	47
VIMIZIM	72
<i>vinblastine</i>	27
<i>vincristine</i>	27
<i>vinorelbine</i>	27
VIOKACE	76
<i>viorele (28)</i>	91
VIRACEPT	6
VIREAD	6
VISTOGARD	14
VITRAKVI	27
VIVITROL	39
VIZIMPRO	27
VONJO	27
<i>voriconazole</i>	2
VOSEVI	6
VOTRIENT	27
VRAYLAR	47
VUMERTY	35
VYNDAMAX	56
VYXEOS	27
<b>W</b>	
<i>warfarin</i>	54
<i>water for irrigation, sterile</i>	64
WELIREG	27
<i>wera (28)</i>	91
<i>wescap-pn dha</i>	104
<i>wixela inhub</i>	99
<b>X</b>	
XALKORI	27
<b>XARELTO</b>	54
<b>XARELTO DVT-PE TREAT 30D START</b>	54
XATMEP	27
XCOPRI	32
<b>XCOPRI MAINTENANCE PACK</b>	32
<b>XCOPRI TITRATION PACK</b>	32
XELJANZ	87
XELJANZ XR	87
XERMELO	27
XGEVA	14
XIAFLEX	64
XIFAXAN	11
XIGDUO XR	71
XXIIDRA	93
XOFLUZA	6
XOLAIR	99
XOSPATA	27
XPOVIO	27
XTANDI	27, 28
xulane	88
<b>Y</b>	
YERVOY	28
YF-VAX (PF)	82
YONDELIS	28
<i>yuvafem</i>	88
<b>Z</b>	
<i>zafemy</i>	88
<i>zafirlukast</i>	99
<i>zaleplon</i>	47
ZALTRAP	28
ZANOSAR	28
ZARXIO	79
<b>ZEGALOGUE AUTOINJECTOR</b>	71
<b>ZEGALOGUE SYRINGE</b>	71
ZEJULA	28
ZELBORAF	28
<i>zenatane</i>	59
ZENPEP	77
ZEPOSIA	35
<b>ZEPOSIA STARTER KIT (28-DAY)</b>	35
<b>ZEPOSIA STARTER PACK (7-DAY)</b>	35
ZEPZELCA	28

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

<i>zidovudine</i> .....	6	<i>zoledronic acid-mannitol-water</i>	
ZIEXTENZO.....	79	.....	64, 72
<i>ziprasidone hcl</i> .....	47	ZOLINZA.....	28
<i>ziprasidone mesylate</i> .....	47	<i>zolmitriptan</i> .....	34
ZIRABEV.....	28	<i>zolpidem</i> .....	47
ZIRGAN.....	92	ZONISADE.....	32
ZOLADEX .....	28	<i>zonisamide</i> .....	32
<i>zoledronic acid</i> .....	72	<i>zovia 1-35 (28)</i> .....	91
		ZTALMY .....	32
		ZUBSOLV.....	39
		<i>zumandimine (28)</i> .....	91
		ZYDELIG .....	28
		ZYKADIA .....	28
		ZYNLONTA .....	28
		ZYNYZ.....	28
		ZYPREXA RELPREVV .....	47

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。  
此药物清单的最后更新日期为 10/25/2023

## 2024 Part D 模式處方集（綜合）

本處方集已於 2023 年 11 月 1 日更新。如欲了解更多最新資訊或其他問題，請聯絡 Central Health Medicare Plan 會員服務：(877) 657-2498。（聽障人士請致電 (800) 899-2114），每週 7 天/每天 24 小時全年無休，或造訪 [www.centralhealthplan.com](http://www.centralhealthplan.com)。