



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

Central Health Dual Access Plan (HMO D-SNP)

Central Health Embrace Care Plan (HMO C-SNP)

Central Health Embrace Choice Plan (HMO C-SNP)

2026 Pormularyo

(Listahan ng mga Saklaw na Gamot o “Listahan ng Gamot”)

**MANGYARING BASAHIN: ANG DOKUMENTONG ITO AY NAGLALAMAN NG IMPORMASYON
TUNGKOL SA MGA GAMOT NA SINASAKLAW NAMIN SA PLANONG ITO**

Inaprubahan ng HPMS ang Pagsusumite ng File ng Pormularyo ID00026144, Numero ng Bersyon 10

Na-update ang pormularyong ito noong 04/01/2026. Para sa higit pang bagong impormasyon o iba pang mga tanong, makipag-ugnayan sa Mga serbisyo para sa Miyembro ng Central Health Medicare Plan sa (800) 665-3086 (dapat tumawag ang mga gumagamit ng TTY sa 711), Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras, o bisitahin ang centralhealthplan.com/PartD/Formulary.

Paalala sa umiiral na mga miyembro: Nabago ang pormularyong ito mula noong nakaraang taon. Mangyaring repasuhin ang dokumentong ito para matiyak na naglalaman pa rin ito ng mga gamot na ginagamit mo.

Kapag binanggit ng Listahan ng Gamot na ito (pormularyo) ang “kami,” “tayo”, o “namin,” tumutukoy ito sa Central Health Medicare Plan. Kapag binanggit nito ang “plano” o “aming plano,” tumutukoy ito sa Central Health Medicare Plan.

Kasama sa dokumentong ito ang Listahan ng mga Gamot (pormularyo) para sa aming plano sa kasalukuyan simula 04/01/2026. *Para* sa na-update na Listahan ng Gamot (pormularyo), mangyaring makipag-ugnayan sa amin. Ang aming impormasyon sa pakikipag-ugnayan, kasama ang petsa na huli naming ini-update ang Listahan ng Gamot, ay makikita sa harapan at likurang mga pahina ng pabalat.

Kailangan mong pangkalahatang gamitin ang mga parmasya ng network para magamit ang benepisyo mong inireresetang gamot. Maaaring magbago ang mga benepisyo, pormularyo, parmasya ng network, at/o mga copayment/coinsurance sa Enero 1, 2026, at paminsan-minsan sa loob ng taon.

Ano ang pormularyo ng Central Health Medicare Plan?

Sa dokumentong ito, ginagamit namin ang mga terminong Listahan ng Gamot at pormularyo upang tukuyin ang parehong bagay. Ang isang pormularyo ay isang listahan ng mga sinasaklaw na gamot na pinili ng Central Health Medicare Plan sa pakikipagsanggunian sa isang pangkat ng mga tagapagkaloob ng pangangalagang pangkalusugan, na kumakatawan sa mga inireresetang therapy na pinaniniwalaang kinakailangang bahagi ng programa sa kalidad ng paggamot. Karaniwang sasaklawin ng Central Health Medicare Plan ang mga gamot na nakalista sa aming pormularyo hangga't medikal na kinakailangan ang gamot, kinuha ang resetang gamot sa isang parmasyang nasa network ng Central Health Medicare Plan, at kung nasunod ang iba pang mga tuntunin ng plano. Para sa higit pang impormasyon kung paano punan ang mga reseta mo, pakirepaso ang Ebidensya ng Saklaw mo.

Maaari bang magbago ang pormularyo?

Karamihan sa mga pagbabago sa saklaw sa gamot ay nangyayari sa Enero 1 ngunit maaaring magdagdag o mag-alis ng mga gamot ang Central Health Medicare Plan sa pormularyo sa panahon ng buong taon, ilipat ang mga ito sa ibang tier ng pagbabahagi sa gastos, o magdagdag ng mga paghihigpit. Kailangan naming sundin ang mga tuntunin ng Medicare sa paggawa ng mga pagbabagong ito. Ipo-post ang mga update sa pormularyo buwan-buwan sa aming website dito: centralhealthplan.com/PartD/Formulary.

Mga pagbabago na maaaring makaapekto sa iyo ngayong taon: Sa mga kaso sa ibaba, maaapektuhan ka ng mga pagbabago sa saklaw sa loob ng taon:

- **Agarang pagpapalit ng ilang bagong bersyon ng mga branded na gamot at mga orihinal na biolohikal na produkto.** Maaari naming agarang alisin ang isang gamot mula sa aming pormularyo kung papalitan namin ito ng isang bagong bersyon ng parehong gamot na makikita sa pareho o mas mababang tier ng pagbabahagi sa gastos at may pareho o mas mababang paghihigpit. Kapag nagdagdag kami ng bagong bersyon ng isang gamot sa aming pormularyo, maaari kaming magpasya na panatilihin ang branded na gamot o ang orihinal na biolohikal na produkto sa aming pormularyo, ngunit agaran itong ilipat sa ibang tier ng pagbabahagi sa gastos o magdagdag ng bagong mga paghihigpit.

Maaari lamang naming gawin ang mga agarang pagbabagong ito kung magdadagdag kami ng isang bagong generic na bersyon ng isang branded na gamot, o magdadagdag ng isang bagong biosimilar na bersyon ng isang orihinal na biolohikal na produkto, na nasa pormularyo na (halimbawa,

pagdaragdag ng isang napapalitang biosimilar na maaaring ipalit ng parmasya sa orihinal na biolohikal na produkto nang hindi na nangangailangan ng bagong reseta).

Kung kasalukuyan mong iniinom ang branded na gamot o orihinal na biolohikal na produkto, maaaring hindi namin sabihin sa iyo nang maaga bago namin gawin ang pagbabagong iyon, ngunit bibigyan ka namin ng impormasyon kinalaunan tungkol sa espesipikong (mga) pagbabagong ginawa namin.

Kung gumawa kami ng naturang pagbabago, maaari ka o ang iyong tagareseta na humiling sa amin na gumawa ng pagbubukod at patuloy na saklawin para sa iyo ang gamot na binabago. Para sa higit pang impormasyon, tingnan ang seksyon sa ibaba na pinamagatang "Paano ako hihiling ng pagbubukod sa pormularyo ng Central Health Medicare Plan?"

Maaaring bago sa iyo ang ilan sa mga uri ng gamot na ito. Para sa higit pang impormasyon, tingnan ang seksyon sa ibaba na pinamagatang "Ano ang mga orihinal na biolohikal na produkto at paano sila nauugnay sa mga biosimilar?"

- **Tinanggal na mga gamot mula sa merkado.** Kung inalis ang isang gamot mula sa pamilihan ng tagagawa o natukoy ng Food and Drug Administration (FDA) na inalis ito dahil sa mga kadahilanan ng kaligtasan o pagiging mabisa, maaaring alisin agad namin ang gamot mula sa aming pormularyo at magbigay ng abiso kalaunan sa mga miyembro na umiinom ng gamot.
- **Iba pang mga pagbabago.** Gumagawa kami ng ibang pang mga pagbabago na nakakaapekto sa mga miyembro na kasalukuyang gumagamit ng gamot. Halimbawa, maaari naming alisin ang isang branded na gamot mula sa pormularyo kapag nagdaragdag ng isang generic na katumbas o alisin ang isang orihinal na biolohikal na produkto kapag nagdaragdag ng isang biosimilar. Maaari din naming ilapat ang mga bagong paghihigpit sa branded na gamot o sa orihinal na biolohikal na produkto, o ilipat ito sa ibang tier ng pagbabahagi sa gastos, o pareho. Maaari kaming gumawa ng mga pagbabago batay sa bagong klinikal na mga patnubay. Kung aalisin namin ang mga gamot sa aming pormularyo, magdagdag ng paunang awtorisasyon, limitasyon sa dami at/o paghihigpit sa step therapy sa isang gamot, o ilipat ang isang gamot sa mas mataas na tier ng pagbabahagi sa gastos, dapat naming abisuhan ang mga apektadong miyembro tungkol sa pagbabago nang hindi bababa sa 30 araw bago magkabisa ang pagbabago. Gayundin, kapag humiling ang isang miyembro ng pag-refill ng gamot, maaari silang makatanggap ng 31-araw na suplay ng gamot at abiso ng pagbabago.

Kung ginawa namin ang naturang mga pagbabago, maaari ka o ang iyong tagareseta na humiling sa amin na gumawa ng pagbubukod para sa iyo at patuloy na saklawin ang gamot na iniinom mo. Kabilang din sa abiso na ibigay namin sa iyo ang impormasyon kung paano humiling ng pagbubukod, at mahahanap mo rin ang impormasyon sa seksyon sa ibaba na pinamagatang "Paano ako hihiling ng pagbubukod sa Pormularyo ng Central Health Medicare Plan?"

Mga pagbabago na hindi makakaapekto sa iyo kung kasalukuyan mong iniinom ang gamot. Sa pangkalahatan, kung gumagamit ka ng gamot sa 2026 na pormularyo namin na sinaklaw sa simula ng taon, hindi namin ihihinto o bawasan ang saklaw sa gamot sa loob ng taon 2026 ng saklaw maliban sa inilarawan sa

itaas. Nangangahulugan ito na mananatiling available ang mga gamot na ito sa parehong pagbabahagi sa gastos at walang mga bagong paghihigpit para sa mga miyembrong gumagamit sa mga ito para sa natitirang bahagi ng taon ng saklaw. Hindi ka makakatanggap ng direktang abiso sa taon na ito tungkol sa mga pagbabagong hindi nakakaapekto sa iyo. Gayunpaman, sa Enero 1 ng susunod na taon, maaapektuhan ka ng mga naturang pagbabago, at mahalagang suriin ang pormularyo para sa bagong taon ng benepisyo para sa anumang mga pagbabago sa mga gamot.

Ang nakalakip na pormularyo ay ang kasalukuyan mula noong 04/01/2026. Upang makakuha ng na-update na impormasyon tungkol sa mga saklaw na gamot ng Central Health Medicare Plan, mangyaring makipag-ugnayan sa amin. Makikita ang aming impormasyon sa pakikipag-ugnayan sa harapan at likurang mga pahina ng pabalat.

Paano ko gagamitin ang pormularyo?

May dalawang paraan para hanapin ang gamot mo sa pormularyo:

Medikal na Kondisyon

Ang pormularyo ay nagsisimula sa pahina 8. Ang mga gamot sa pormularyo na ito ay nakapangkat ayon sa mga kategorya depende sa uri ng medikal na kondisyon kung saan ginagamit ang mga ito para gumamot. Halimbawa, nakalista ang mga gamot na ginagamit para gamutin ang kondisyon ng puso sa ilalim ng kategoryang, Cardiovascular. Kung alam mo kung para saan ginagamit ang iyong gamot, hanapin ang kategorya sa listahan na nagsisimula sa 8. Pagkatapos tumingin sa ilalim ng pangalan ng kategorya para sa gamot mo.

Alpabetikong Listahan

Kung hindi ka sigurado kung anong kategorya ang titingnan, dapat mong hanapin ang gamot mo sa Indeks na nagsisimula sa pahina 100. Nagbibigay ang Indeks ng alpabetikong listahan ng lahat ng mga gamot na kabilang sa dokumentong ito. Parehong nakalista sa Indeks ang mga branded na gamot at generic na gamot. Tumingin sa Indeks at hanapin ang gamot mo. Sa tabi ng gamot mo, makikita mo ang numero ng pahina kung saan mo mahahanap ang impormasyon sa saklaw. Pumunta sa pahinang nakalista sa Indeks at hanapin ang pangalan ng gamot mo sa unang hanay ng listahan.

Ano ang mga generic na gamot?

Sinasaklaw ng Central Health Medicare Plan ang parehong mga branded na gamot at mga generic na gamot. Ang generic na gamot ay aprubado ng FDA na may aktibong sangkap na katulad ng sa branded na gamot. Sa pangkalahatan, ang mga generic na gamot ay kasingbisa at karaniwang mas mura kaysa sa mga branded na gamot. May mga kahaliling generic na gamot na available para sa maraming mga branded na gamot. Ang mga generic na gamot ay karaniwang maaaring ipalit sa branded na gamot sa parmasya nang hindi kailangan ng reseta, depende sa batas ng estado.

Ano ang mga orihinal na biolohikal na produkto at paano ito nauugnay sa mga biosimilar?

Sa pormularyo, kapag binaggit namin ang salitang mga gamot, ito ay puwedeng mangahulugan ng isang gamot o isang biolohikal na produkto. Ang mga biolohikal na produkto ay mga gamot na mas kumplikado kaysa sa mga tipikal na gamot. Dahil ang mga biolohikal na produkto ay mas kumplikado kaysa sa mga tipikal na gamot, sa halip na magkaroon ng generic na anyo, mayroon itong mga alternatibong tinatawag na mga biosimilar. Sa pangkalahatan, gumagana ang mga biosimilar gaya ng orihinal na biolohikal na produkto at maaaring mas mura. May mga biosimilar na alternatibo para sa ilang orihinal na biolohikal na produkto. Ang ilang mga biosimilar ay maaaring palitan at, depende sa mga batas ng estado, maaaring palitan para sa orihinal na

biolohikal na produkto sa pamilya nang hindi nangangailangan ng bagong reseta, tulad ng mga generic na gamot na maaaring palitan para sa mga branded na gamot.

Para sa pagtalakay ng mga uri ng gamot, tingnan ang Ebidensya ng Saklaw, Kabanata 5, Seksyon 3.1, "Isinasaad ng 'Listahan ng Gamot' kung aling mga gamot sa Bahagi D ang sinasaklaw."

Mayroon bang anumang mga paghihigpit sa saklaw ko?

Ang ilang mga nasaklaw na gamot ay maaaring may mga karagdagang kinakailangan o limitasyon sa saklaw. Maaaring kabilang sa mga kinakailangan at limitasyong ito ang:

- **Paunang Awtorisasyon:** Kinakailangan ng Central Health Medicare Plan na kumuha ka o ang tagareseta mo ng paunang awtorisasyon para sa ilang gamot. Ibig sabihin nito ay kakailanganin mong kumuha ng pag-apruba mula sa Central Health Medicare Plan bago mo makuha ang iyong mga resetang gamot. Kung hindi ka kukuha ng pag-apruba, maaaring hindi saklawin ng Central Health Medicare Plan ang gamot.
- **Mga limitasyon sa Dami:** Para sa ilang gamot, nililimitahan ng Central Health Medicare Plan ang dami ng gamot na sasaklawin ng Central Health Medicare Plan. Halimbawa, magbibigay ang Central Health Medicare Plan ng 30 bawat reseta para saesomeprazole magnesium. Maaaring bukod pa ito sa isang karaniwang isang-buwan o tatlong-buwang suplay.
- **Step Therapy:** Sa ilang mga kaso, hinihiling sa iyo ng Central Health Medicare Plan na subukan muna ang ilang mga gamot para gamutin ang medikal na kondisyon mo bago namin saklawin ang isa pang gamot para sa kondisyong iyon. Halimbawa, kung parehong ginagamot ng Gamot A at Gamot B ang medikal na kondisyon mo, maaaring hindi saklawin ng plano namin ang Gamot B maliban kung susubukan mo muna ang Gamot A. Kung hindi mabisa ang Gamot A para sa iyo, sasaklawin ng Central Health Medicare Plan ang Gamot B.

Maaari mong alamin kung mayroong karagdagang mga kinakailangan o limitasyon ang gamot mo sa pamamagitan ng pagtingin sa pormularyo na nagsisimula sa pahina 8. Maaari ka ring makakuha ng higit pang impormasyon tungkol sa nalapat na mga paghihigpit sa espesipikong nasaklaw na mga gamot sa pamamagitan ng pagbisita sa website namin. Nag-post kami ng mga online na dokumento na nagpapaliwanag sa paunang pahintulot namin at mga paghihigpit sa step therapy. Pwede din kayong humiling sa amin na padalhan kayo ng isang kopya. Ang aming impormasyon sa pakikipag-ugnayan, kasama ang petsa na huli naming na-update ang pormularyo, ay makikita sa harapan at likurang mga pahina ng pabalat.

Maaari mong hilingin sa Central Health Medicare Plan] na gumawa ng pagbubukod sa mga paghihigpit o limitasyon na ito o para sa isang listahan ng iba, kaparehong mga gamot na maaaring makagamot sa kondisyon ng kalusugan mo. Tingnan ang seksyon na, "Paano ako hihiling ng pagbubukod sa pormularyo ng Central Health Medicare Plan?" sa pahina <5> para sa impormasyon kung paano humiling ng pagbubukod.

Ano ang mga hindi inireseta (over-the-counter, OTC) na gamot?

Ang mga OTC na gamot ay mga gamot na hindi inireseta na karaniwang sinasaklaw ng isang Plano sa Iniresetang Gamot ng Medicare. Binabayaran ng Central Health Medicare Plan ang ilang OTC na gamot. Ibibigay sa iyo nang walang bayad ng Central Health Medicare Plan ang mga OTC na gamot na ito. Ang gastos sa Central Health Medicare Plan ng mga OTC na gamot na ito ay hindi bibilangin sa kabuuang gastos sa gamot sa Bahagi D.

Paano kung wala sa pormularyo ang gamot ko?

Kung hindi kasama ang gamot mo sa pormularyong ito (listahan ng mga saklaw na gamot), dapat ka munang makipag-ugnayan sa Mga Serbisyo para sa Miyembro at tanungin kung sinasaklaw ba ang gamot mo

Kung nalaman mong hindi sinasaklaw ng Central Health Medicare Plan ang gamot mo, mayroon kang dalawang opsyon:

- Maaari kang humiling sa Mga Serbisyo para sa Miyembro ng listahan ng mga kaparehong gamot na sinasaklaw ng Central Health Medicare Plan. Kapag natanggap mo ang listahan, ipakita ito sa doktor mo at hilingin sa kanila na magreseta ng katulad na gamot na nasaklaw ng Central Health Medicare Plan.
- Maaari kang humiling sa Central Health Medicare Plan na gumawa ng pagbubukod at saklawin ang iyong gamot. Tingnan ang nasa ibaba para sa impormasyon tungkol sa kung paano humiling ng isang pagbubukod.

Paano ako hihiling ng pagbubukod sa pormularyo ng Central Health Medicare Plan?

Maaari kang humiling sa Central Health Medicare Plan na gumawa ng pagbubukod sa aming mga panuntunan sa saklaw. Mayroong ilang mga uri ng mga pagbubukod na maaari mong hilingin na gawin namin.

- Maaari mong hilingin sa amin na saklawin ang isang gamot kahit na wala ito sa pormularyo namin. Kung inaprubahan, masasaklaw ang gamot na ito sa naunang natukoy na antas ng pagbabahagi sa gastos, at hindi mo mahihiling sa amin na ibigay ang gamot sa mas mababang antas ng pagbabahagi sa gastos.
- Maaari mong hilingin sa amin na alisin ang paghihigpit sa saklaw kabilang ang paunang awtorisasyon, step therapy, o limitasyon sa dami sa iyong gamot. Halimbawa, para sa ilang gamot, nililimitahan ng Central Health Medicare Plan ang dami ng gamot na sasaklawin namin. Kung may limitasyon sa kung gaano karami ang gamot mo, maaari mong hilingin sa amin na iurong ang limitasyon at saklawin ang mas higit pa.
- Maaari mong hilingin sa amin na saklawin ang gamot sa pormularyo na nasa mas mababang antas ng pagbabahagi sa gastos maliban kung ang gamot ay nasa specialty na tier. Kung maaprubahan, mapapababa nito ang halaga na dapat mong bayaran para sa gamot mo.

Sa pangkalahatan, aaprubahan lamang ng plano namin ang kahilingan mo para sa isang pagbubukod kung ang kahaliling mga gamot na kabilang sa pormularyo ng plano, ang mas mababang pagbabahagi sa gastos na gamot, o ang paglalapat ng paghihigpit ay hindi magiging kasing epektibo para sa iyo at/o maaaring maging sanhi ng pagkakaroon mo ng mga masamang epekto.

Maaari ka o ang iyong tagareseta na makipag-ugnayan sa amin para sa pagbubukod sa tier o pormularyo, kabilang ang pagbubukod sa isang paghihigpit sa saklaw. ***Kapag humiling ka ng isang pagbubukod, kakailanganing ipaliwanag ng iyong tagapagreseta ang mga medikal na dahilan kung bakit kailangan mo ang pagbubukod.*** Sa pangkalahatan, dapat kaming gumawa ng desisyon namin sa loob ng 72 oras ng pagtanggap sa sumusuportang pahayag ng tagapagreseta mo. Maaari kang humiling ng pinabilis (mabilis) na desisyon kung sa tingin mo, at sumang-ayon kami, na maaaring makasama sa kalusugan mo ang paghihintay ng hanggang sa 72 oras para sa isang desisyon. Kung sumang-ayon kami, o humiling ang tagareseta mo ng mabilis na desisyon, dapat naming ibigay sa iyo ang desisyon nang hindi lalagpas sa 24 oras pagkatapos naming makuha ang pansuportang pahayag ng iyong tagareseta.

Ano ang maaari kong gawin kung wala ang gamot ko sa pormularyo o may paghihigpit?

Bilang isang bago o nagpapatuloy na miyembro sa plano namin, maaaring gumagamit ka ng mga gamot na wala sa pormularyo namin. O maaaring umiinom ka ng gamot na nasa aming pormularyo ngunit may paghihigpit sa saklaw, tulad ng paunang awtorisasyon. Dapat mong kausapin ang iyong tagareseta tungkol sa paghiling ng desisyon sa saklaw upang ipakita na natugunan mo ang pamantayan para sa pag-apruba, paglipat

sa alternatibong gamot na sinasaklaw namin, o paghiling ng pagbubukod sa pormularyo para saklawin namin ang gamot na iniinom mo. Habang tinutukoy mo at ng iyong doktor ang tamang tatahaking pagkilos para sa iyo, maaari naming saklawin ang gamot mo sa ilang mga kaso sa unang 90 araw sa pagiging miyembro mo sa plano namin.

Para sa bawat gamot mo na wala sa aming pormularyo o na may paghihigpit sa saklaw, sasaklawin namin ang isang pansamantalang 31-araw na suplay. Kung niresetahan ka para sa mas kaunting araw, pahihintulutan namin ang maramihang mga refill upang bigyan ka ng hanggang sa maximum na 31-araw na suplay ng gamot. Kung hindi naaprubahan ang saklaw, pagkatapos ng unang 31-araw na suplay mo, hindi na kami magbabayad para sa mga gamot na ito, kahit na naging miyembro ka ng plano nang mas mababa sa 90 araw.

Kung residente ka ng isang pasilidad ng pangmatagalang pangangalaga at kailangan mo ng isang gamot na wala sa pormularyo namin kung limitado ang kakayahan mong makakuha ng mga gamot mo, ngunit nalampasan mo na ang unang 90 araw ng pagiging miyembro sa plano namin, sasaklawin namin ang 31-araw na emerhensiyang suplay ng gamot habang nagsisikap ka para sa pagbubukod sa pormularyo.

Para sa Higit pang Impormasyon

Para sa higit pang nakadetalyeng impormasyon tungkol sa saklaw ng Central Health Medicare Plan sa inireresetang gamot mo, repasuhin ang iyong Ebidensya ng Saklaw at iba pang mga materyales ng plano.

Kung may mga tanong ka tungkol sa Central Health Medicare Plan, mangyaring makipag-ugnayan sa amin. Ang aming impormasyon sa pakikipag-ugnayan, kasama ang petsa na huli naming na-update ang pormularyo, ay makikita sa harapan at likurang mga pahina ng pabalat.

Kung mayroon kang pangkalahatang mga tanong tungkol sa saklaw ng naireresetang gamot ng Medicare, mangyaring tumawag sa Medicare sa 1-800-MEDICARE (1-800-633-4227) 24 oras sa isang araw/7 araw sa isang linggo. Dapat tumawag ang mga gumagamit ng TTY sa 1-877-486-2048. O bisitahin ang <http://www.medicare.gov>.

Pormularyo ng Central Health Medicare Plan

Nagbibigay ang pormularyo sa ibaba ng impormasyon ng saklaw tungkol sa nasaklaw na mga gamot ng plano namin. Kung nahihirapan kang hanapin ang iyong gamot sa listahan, tingnan ang Indeks na nagsisimula sa pahina 100.

Nakalista sa unang hanay ng tsart na ito ang pangalan ng gamot. Ang mga branded na gamot ay nakasulat sa malalaking titik (hal., JANUVIA TABS) at ang mga generic na gamot ay nakasulat sa maliliit na titik na naka-italic (hal., *metformin hcl*).

Ipinapaalan sa iyo ng impormasyon sa hanay ng Mga Kinakailangan/Limitasyon kung mayroong mga espesyal na kinakailangan ang plano namin para sa saklaw ng gamot mo.

Narito ang mga kahulugan ng mga code na ginamit sa column na “Mga kinakailangang gawin, mga paghihigpit, o mga limitasyon sa paggamit”:

PA = Paunang Awtorisasyon (pag-apruba): kailangan ninyong magkaroon ng pag-apruba bago ninyo makuha ang gamot na ito.

QL = Limitasyon sa kung gaano Karami: ang dami ng gamot na sasaklawin ng plano.

ST = Pamantayan sa Step Therapy: dapat muna ninyong subukan ang ibang gamot bago ninyo makuha ang isang ito.

NM = Hindi Order sa Koreo: ang gamot na ito ay hindi pwedeng ipadala sa pamamagitan ng koreo.

B/D = Maaaring masaklaw ang gamot na ito sa ilalim ng Bahagi B o D ng Medicare depende sa mga pangyayari.

LA = Gamot na may Limitadong Pag-akses: maaaring handang magamit lamang ang gamot na ito sa ilang botika.

_ = Mga Gamot na hindi Bahagi D, o OTC na mga item na sinasaklaw ng Medicaid.

NDS = Hindi Pinalawig na Araw na Suplay(Non-Extended Days Supply): lilimitahan ka sa kung ilang araw ang suplay na matatanggap mo.

MOLINA_CY26_6T_GS_CORE eff 04/01/2026**Drug Name Drug Tier Requirements/Limits****ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<i>probenecid</i> TABS 500mg	3	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	QL (4 patches / 28 days), PA
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Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	5	NDS, QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	4	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	4	
BLUJEPa TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>fosfomycin tromethamine</i> PACK 3gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin</i> TABS 3mg	3	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	3	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>polymyxin b sulfate</i> SOLR 500000unit	4	
<i>praziquantel</i> TABS 600mg	4	
<i>pyrimethamine</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	5	NDS
<i>sulfadiazine</i> TABS 500mg	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl</i> TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	4	
APTIVUS CAPS 250mg	5	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
<i>darunavir</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	4	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
<i>efavirenz</i> TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	4	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	NDS
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS
<i>tenofovir disoproxil fumarate</i> TABS 300mg	4	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
<i>zidovudine</i> CAPS 100mg	4	
<i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	4	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TAB 400-100	5	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
<i>lamivudine (hbv)</i> TABS 100mg	3	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

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

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

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

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

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

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	4	NM
<i>lomustine</i> CAPS 100mg	5	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS, NM
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NDS, NM
<i>mesna</i> TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel inj 100mg</i>	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	6	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	6	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	6	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	6	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	6	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	6	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	6	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	6	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	6	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	6	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	6	QL (30 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	6	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	3	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	6	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	6	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	6	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	6	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	6	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	4	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	6	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	6	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	6	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	6	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-10 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	6	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
prevalite PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 34mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	3	
<i>chlorthalidone TABS 25mg, 50mg</i>	2	
<i>furosemide SOLN 10mg/ml, 40mg/5ml</i>	2	
<i>furosemide TABS 20mg, 40mg, 80mg</i>	1	
<i>furosemide inj SOLN 10mg/ml</i>	3	
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1	
<i>indapamide TABS 1.25mg, 2.5mg</i>	1	
<i>methazolamide TABS 25mg, 50mg</i>	4	
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide TABS 5mg, 10mg, 20mg, 100mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	6	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab</i> 10-80 mg	6	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
<i>NITRATES</i>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg	2	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>bupirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
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Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	4	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	3	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	4	
<i>clozapine TABS 25mg, 50mg</i>	3	
<i>clozapine TABS 100mg</i>	3	QL (270 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTiom TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	4	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> CPSP 50mg	4	
<i>topiramate</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i>	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i>	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	4	QL (90 tabs / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone pump</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	6	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	6	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	6	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	6	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide</i> TABS 60mg, 120mg	6	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	6	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	6	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	6	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	6	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	NDS, B/D

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	6	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
<i>kionex</i> SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	4	
<i>sps rectal</i> SUSP 15gm/60ml	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl CAPS 250mg</i>	5	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla TABS .35mg</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
LILETTA IUD 20.1mcg/day	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>meleya TABS .35mg</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>hydrocortisone sod succinate</i> SOLR 100mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
REVCIVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	3	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucrafate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>tropium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>tropium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

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

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

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

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	4	B/D
<i>engraf</i> CAPS 25mg, 100mg	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	4	
KLOR-CON 8 TBCR 8meq	2	
<i>klor-con 10 TBCR 10meq</i>	2	
KLOR-CON 10 TBCR 10meq	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq</i>	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
<i>aminosyn ii soln 15%</i>	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>besifloxacin hcl SUSP .6%</i>	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
trifluridine SOLN 1%	4	
XDEMVI SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	4	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac OIL .01%</i>	3	
<i>fluocinolone acetone (otic) OIL .01%</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic) SOLN .3%</i>	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	2	QL (300 mL / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 bottles / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	4	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>brey-na</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amneesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	3	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
<i>SULFAMYLON</i> CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> GEL .77%	3	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	3	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate</i> CREA 1%	3	QL (85 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	3	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	NDS
<i>tazarotene</i> CREA .05%, .1%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	4	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	3	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	3	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	4	QL (3 patches / 1 day), PA
<i>tridacaine ii PTCH 5%</i>	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid GEL 15%</i>	4	QL (50 gm / 30 days)
<i>bexarotene (topical) GEL 1%</i>	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) SOLN 1.5%</i>	3	QL (300 mL / 28 days)
<i>EUCRISA OINT 2%</i>	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical) CREA 5%</i>	4	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	3	
<i>imiquimod CREA 5%</i>	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	2	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	3	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	4	QL (30 gm / 30 days)
<i>PANRETIN GEL .1%</i>	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus CREA 1%</i>	4	QL (100 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	3	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	3	
<i>proctocort CREA 1%</i>	3	
<i>proctosol hc CREA 2.5%</i>	3	
<i>proctozone-hc CREA 2.5%</i>	3	
<i>tacrolimus (topical) OINT .03%, .1%</i>	4	QL (100 gm / 30 days), PA
<i>VALCHLOR GEL .016%</i>	5	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	4	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	3	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>SANTYL OINT 250unit/gm</i>	4	QL (180 gm / 30 days), PA

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (gu irrigant) SOLN .9%</i>	3	
<i>water for irrigation, sterile irrigation soln</i>	2	
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>cevimeline hcl CAPS 30mg</i>	4	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	1	
<i>clotrimazole TROC 10mg</i>	3	QL (150 lozenges / 30 days)
<i>kourzeq PSTE .1%</i>	3	
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	2	
<i>periogard SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	3	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	3	

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTYLE LB KIT 2/SENSOR	0	PA
FREESTYLE LB KIT 3/SENSOR	0	PA
FREESTYLE LB KIT 14D/SEN	0	PA
FREESTYLE LB MIS 2/READER	0	PA
FREESTYLE LB MIS 3/READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

Maaari kang makahanap ng impormasyon tungkol sa kahulugan ng mga simbolo at mga abbreviation sa talahanayan na ito sa pamamagitan ng pagpunta sa pahina numero 7.

Indeks ng Mga Gamot

- abacavir sulfate*, 15
abacavir sulfate-lamivudine tab 600-300 mg, 16
abigale, 69
abigale lo, 69
ABILIFY ASIMTUFII, 47
ABILIFY MAINTENA, 47
abiraterone acetate, 23
abirtega, 23
ABRYSVO, 83
acamprosate calcium, 60
acarbose, 61
accutane, 95
acebutolol hcl, 39
acetaminophen w/codeine soln 120-12 mg/5ml, 11
acetaminophen w/codeine tab 300-15 mg, 11
acetaminophen w/codeine tab 300-30 mg, 11
acetaminophen w/codeine tab 300-60 mg, 11
acetazolamide, 40
acetic acid, 77
acetic acid (otic), 90
acetylcysteine, 92
acitretin, 96
ACTHIB INJ, 83
ACTIMMUNE, 83
acyclovir, 17
acyclovir sodium, 17
ADACEL INJ, 84
ADALIMUMAB-BWWD, 79
adefovir dipivoxil, 17
ADEMPAS, 42
ADMELOG, 62
ADMELOG SOLOSTAR, 62
ADVAIR HFA AER 115/21, 94
ADVAIR HFA AER 230/21, 94
ADVAIR HFA AER 45/21, 94
afirmelle, 65
AIMOVIG, 57
AIRSUPRA AER 90-80MCG, 94
AKEEGA TAB 100/500, 23
AKEEGA TAB 50/500MG, 23
ala-cort, 96
albendazole, 12
albuterol sulfate, 91
alclometasone dipropionate, 96
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY, 62
ALDURAZYME, 71
ALECENSA, 25
alendronate sodium, 63, 64
alfuzosin hcl, 76
aliskiren fumarate, 41
allopurinol, 10
alose tron hcl, 75
alprazolam, 43
altavera, 65
ALUNBRIG, 25
ALUNBRIG PAK, 25
ALVAIZ, 78
ALVESCO, 94
alyacen 1/35, 65
alyacen 7/7/7, 65
ALYFTREK TAB 10-50-125, 92
ALYFTREK TAB 4-20-50, 92
ALYGLO, 82
alyq, 42
amantadine hcl, 46
ambrisentan, 42
amethyst, 65
amikacin sulfate, 12
amiloride & hydrochlorothiazide tab 5-50 mg, 40
amiloride hcl, 40
aminosyn ii soln 15%, 87
AMINOSYN INJ 10%, 87
AMINOSYN-PF INJ 10%, 87
amiodarone hcl, 37
amitriptyline hcl, 44
amlodipine besylate, 40
amlodipine besylate-atorvastatin calcium tab 10-10 mg, 41
amlodipine besylate-atorvastatin calcium tab 10-20 mg, 41
amlodipine besylate-atorvastatin calcium tab 10-40 mg, 41
amlodipine besylate-atorvastatin calcium tab 10-80 mg, 42
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 41
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, 41
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, 41

amlodipine besylate-atorvastatin calcium tab 5-10 mg, 41
amlodipine besylate-atorvastatin calcium tab 5-20 mg, 41
amlodipine besylate-atorvastatin calcium tab 5-40 mg, 41
amlodipine besylate-atorvastatin calcium tab 5-80 mg, 41
amlodipine besylate-benazepril hcl cap 10-20 mg, 34
amlodipine besylate-benazepril hcl cap 10-40 mg, 34
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 34
amlodipine besylate-benazepril hcl cap 5-10 mg, 34
amlodipine besylate-benazepril hcl cap 5-20 mg, 34
amlodipine besylate-benazepril hcl cap 5-40 mg, 34
amlodipine besylate-olmesartan medoxomil tab 10-20 mg, 36
amlodipine besylate-olmesartan medoxomil tab 10-40 mg, 36
amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 36
amlodipine besylate-olmesartan medoxomil tab 5-40 mg, 36

amlodipine besylate-valsartan tab 10-160 mg, 36
amlodipine besylate-valsartan tab 10-320 mg, 36
amlodipine besylate-valsartan tab 5-160 mg, 36
amlodipine besylate-valsartan tab 5-320 mg, 36
amnestem, 95
amoxapine, 44
amoxicillin, 20
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 20
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, 20
amoxicillin & k clavulanate for susp 400-57 mg/5ml, 20
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, 20
amoxicillin & k clavulanate tab 250-125 mg, 20
amoxicillin & k clavulanate tab 500-125 mg, 20
amoxicillin & k clavulanate tab 875-125 mg, 20
amphetamine-dextroamphetamine cap er 24hr 10 mg, 55
amphetamine-dextroamphetamine cap er 24hr 15 mg, 55

amphetamine-dextroamphetamine cap er 24hr 20 mg, 55
amphetamine-dextroamphetamine cap er 24hr 25 mg, 55
amphetamine-dextroamphetamine cap er 24hr 30 mg, 55
amphetamine-dextroamphetamine cap er 24hr 5 mg, 55
amphetamine-dextroamphetamine tab 10 mg, 56
amphetamine-dextroamphetamine tab 12.5 mg, 56
amphetamine-dextroamphetamine tab 15 mg, 56
amphetamine-dextroamphetamine tab 20 mg, 56
amphetamine-dextroamphetamine tab 30 mg, 56
amphetamine-dextroamphetamine tab 5 mg, 55
amphetamine-dextroamphetamine tab 7.5 mg, 55
amphotericin b, 14
amphotericin b liposome, 14
ampicillin, 20
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm, 20
ampicillin & sulbactam sodium for inj 3 (2-1) gm, 20

ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm, 20
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm, 20
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm, 20
ampicillin sodium, 20
anagrelide hcl, 78
anastrozole, 23
 ANORO ELLIPT AER
 62.5-25, 90
aprepitant, 73
aprepitant capsule therapy pack 80 & 125 mg, 73
apri, 65
 APTIOM, 50
 APTIVUS, 15
 ARALAST NP, 92
aranelle, 65
 ARCALYST, 83
 AREXVY, 84
arformoterol tartrate, 91
 ARIKAYCE, 12
aripiprazole, 47
 ARISTADA, 47
 ARISTADA INITIO, 47
armodafinil, 59
 ARNUITY ELLIPTA, 94
asenapine maleate, 47
ashlyna, 65
aspirin-dipyridamole cap er 12hr 25-200 mg, 79
 ASTAGRAF XL, 83
atazanavir sulfate, 15
atenolol, 39
atenolol & chlorthalidone tab 100-25 mg, 39
atenolol & chlorthalidone tab 50-25 mg, 39
atomoxetine hcl, 56
atorvastatin calcium, 38
atovaquone, 12
atovaquone-proguanil hcl tab 250-100 mg, 15
atovaquone-proguanil hcl tab 62.5-25 mg, 15
 ATROPINE SULFATE, 89
atropine sulfate (ophthalmic), 89
 ATROVENT HFA, 90
abra eq, 65
 AUGTYRO, 25
aurovela 1/20, 65
aurovela 24 fe, 65
aurovela fe 1.5/30, 65
aurovela fe 1/20, 65
 AUSTEDO, 58
 AUSTEDO XR, 58
 AUSTEDO XR TAB TITR KIT, 58
 AUVELITY TAB 45-105MG, 44
aviane, 65
 AVMAPKI PAK FAKZYNJA, 25
ayuna, 65
 AYVAKIT, 25
azacitidine, 22
azathioprine, 83
azelaic acid, 98
azelastine hcl, 90
azelastine hcl (ophth), 89
azithromycin, 19
aztreonam, 12
azurette, 65
bacitracin (ophthalmic), 88
bacitracin-polymyxin b ophth oint, 88
bacitracin-polymyxin-neomycin-hc ophth oint 1%, 87
baclofen, 59
 BAFIERTAM, 58
balsalazide disodium, 74
 BALVERSA, 25
balziva, 65
 BARACLUDGE, 17
 BCG VACCINE, 84
benazepril & hydrochlorothiazide tab 10-12.5 mg, 34
benazepril & hydrochlorothiazide tab 20-12.5 mg, 35
benazepril & hydrochlorothiazide tab 20-25 mg, 35
benazepril & hydrochlorothiazide tab 5-6.25mg, 34
benazepril hcl, 35
 BENDAMUSTINE HYDROCHLORID, 21
 BENDEKA, 21
 BENLYSTA, 83
benzoyl peroxide-erythromycin gel 5-3%, 95
benztropine mesylate, 46
 BERINERT, 78
besifloxacin hcl, 88
 BESIVANCE, 88
 BESREMI, 24
betaine powder for oral solution, 71
betamethasone dipropionate (topical), 96
betamethasone dipropionate augmented, 96

betamethasone valerate, 96
 BETASERON, 58
betaxolol hcl (ophth), 89
bethanechol chloride, 77
 BEVESPI AER 9-4.8MCG, 90
bexarotene, 24
bexarotene (topical), 98
 BEXSERO, 84
bicalutamide, 23
 BICILLIN L-A, 20
 BIKTARVY TAB 30-120-15 MG, 16
 BIKTARVY TAB 50-200-25 MG, 16
 BILDYOS, 64
 BIMZELX, 79
bisoprolol & hydrochlorothiazide tab 10-6.25 mg, 39
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 39
bisoprolol & hydrochlorothiazide tab 5-6.25 mg, 39
bisoprolol fumarate, 39
 BIVIGAM, 82
blisovi 24 fe, 65
blisovi fe 1.5/30, 65
blisovi fe 1/20, 65
 BLUJEPa, 12
 BONSITY, 64
 BOOSTRIX INJ, 84
bortezomib, 26
 BORTEZOMIB, 25
bosentan, 43
 BOSULIF, 26
 BRAFTOVI, 26
 BREO ELLIPTA INH 100-25, 94
 BREO ELLIPTA INH 200-25, 94
 BREO ELLIPTA INH 50-25MCG, 94
breyna, 94
 BREZTRI AERO AER SPHERE, 90
 BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK), 90
briellyn, 65
brimonidine tartrate, 89
brinzolamide, 89
 BRIVIACT, 51
bromocriptine mesylate, 46
 BRUKINSA, 26
budesonide, 74
budesonide (inhalation), 94
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act, 94
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 94
bumetanide, 41
buprenorphine, 10
buprenorphine hcl, 60
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv), 60
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 60
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 60
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 60
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 60
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv), 60
bupropion hcl, 44
bupropion hcl (smoking deterrent), 60
buspirone hcl, 43
butorphanol tartrate, 11
cabergoline, 71
 CABOMETYX, 26
calcipotriene, 96
calcitonin (salmon) spray, 64
calcitrene, 96
calcitriol, 73
calcitriol (oral), 73
 CALQUENCE, 26
camila, 65
camrese, 65
camrese lo, 65
candesartan cilexetil, 37
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 36
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg, 36
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg, 36
 CAPLYTA, 47
 CAPRELSA, 26
captopril, 35
captopril & hydrochlorothiazide tab 25-15 mg, 35
captopril & hydrochlorothiazide tab 25-25 mg, 35

captopril & hydrochlorothiazide tab 50-15 mg, 35
captopril & hydrochlorothiazide tab 50-25 mg, 35
carb/levo orally disintegrating tab 10-100mg, 46
carb/levo orally disintegrating tab 25-100mg, 46
carb/levo orally disintegrating tab 25-250mg, 46
carbamazepine, 51
carbidopa, 46
carbidopa & levodopa tab 10-100 mg, 46
carbidopa & levodopa tab 25-100 mg, 46
carbidopa & levodopa tab 25-250 mg, 46
carbidopa & levodopa tab er 25-100 mg, 46
carbidopa & levodopa tab er 50-200 mg, 46
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 46
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg, 46
carbidopa-levodopa-entacapone tabs 25-100-200 mg, 46
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg, 46
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg, 46
carbidopa-levodopa-entacapone tabs 50-200-200 mg, 47
carboplatin, 21
carglumic acid, 71
carisoprodol, 59
carteolol hcl (ophth), 89
cartia xt, 40
carvedilol, 39
caspofungin acetate, 14
 CAYSTON, 12
cefaclor, 18
cefadroxil, 18
 CEFAZOLIN, 18
 CEFAZOLIN INJ 1GM/50ML, 18
cefazolin sodium, 18
 CEFAZOLIN SOLN 2GM/100ML-4%, 18
 CEFAZOLIN/DEX SOL 1GM/50ML-4%, 18
 CEFAZOLIN/DEX SOL 2GM/50ML-3%, 18
 CEFAZOLIN/DEX SOL 3GM/150ML-4%, 18
 CEFAZOLIN/DEX SOL 3GM/50ML-2%, 18
cefdinir, 18
cefepime hcl, 19
cefixime, 19
cefotetan disodium, 19
cefoxitin sodium, 19
cefpodoxime proxetil, 19
cefprozil, 19
ceftaroline fosamil, 19
ceftazidime, 19
ceftriaxone sodium, 19
cefuroxime axetil, 19
cefuroxime sodium, 19
celecoxib, 10
cephalexin, 19
 CEQUR SIMPL KIT PATCH 2U (3-DAY), 62
 CEQUR SIMPL KIT PATCH 2U (4-DAY), 62
 CEQUR SIMPL MIS INSERTER, 62
 CERDELGA, 71
 CEREZYME, 71
cetirizine hcl, 90
cevimeline hcl, 99
chateal eq, 65
 CHEMET, 64
chlorhexidine gluconate (mouth-throat), 99
chloroquine phosphate, 15
chlorpromazine hcl, 47
chlorthalidone, 41
cholestyramine, 38
cholestyramine light, 38
choline fenofibrate, 38
ciclopirox, 95
ciclopirox olamine, 95
cilostazol, 78
 CILOXAN, 88
 CIMDUO TAB 300-300, 16
cinacalcet hcl, 71
 CIPRO, 19
ciprofloxacin 200 mg/100ml in d5w, 19
ciprofloxacin 400 mg/200ml in d5w, 19
ciprofloxacin hcl, 19
ciprofloxacin hcl (ophth), 88
ciprofloxacin-dexamethasone otic susp 0.3-0.1%, 90
cisplatin, 21
citalopram hydrobromide, 44
claravis, 95
clarithromycin, 19
clindamycin hcl, 12

clindamycin palmitate hydrochloride, 12
clindamycin phosphate, 12
clindamycin phosphate (topical), 95
clindamycin phosphate in d5w iv soln 300 mg/50ml, 12
clindamycin phosphate in d5w iv soln 600 mg/50ml, 12
clindamycin phosphate in d5w iv soln 900 mg/50ml, 12
clindamycin phosphate vaginal, 77
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%, 95
 CLINDMYC/NAC INJ 300/50ML, 12
 CLINDMYC/NAC INJ 600/50ML, 12
 CLINDMYC/NAC INJ 900/50ML, 12
 CLINIMIX INJ 4.25/D10, 87
 CLINIMIX INJ 4.25/D5W, 87
 CLINIMIX INJ 5%/D15W, 87
 CLINIMIX INJ 5%/D20W, 87
 CLINIMIX INJ 6/5, 87
 CLINIMIX INJ 8/10, 87
 CLINIMIX INJ 8/14, 87
clinisol sf 15%, 87
 CLINOLIPID EMU 20%, 87
clobazam, 51
clobetasol propionate, 97
clobetasol propionate e, 97
clodan, 97
clomipramine hcl, 44
clonazepam, 51
clonidine, 42
clonidine hcl, 42
clopidogrel bisulfate, 79
clorazepate dipotassium, 51
clotrimazole, 99
clotrimazole (topical), 95
clotrimazole w/ betamethasone cream 1-0.05%, 95
clozapine, 47, 48
 COARTEM TAB 20-120MG, 15
 COBENFY CAP 100-20MG, 48
 COBENFY CAP 125-30MG, 48
 COBENFY CAP 50-20MG, 48
 COBENFY STRT CAP PACK, 48
colchicine, 10
colchicine w/ probenecid tab 0.5-500 mg, 10
colesevelam hcl, 38
colestipol hcl, 38
colistimethate sodium, 12
 COMBIGAN SOL 0.2/0.5%, 89
 COMBIVENT AER 20-100, 90
 COMETRIQ (60MG DOSE), 26
 COMETRIQ KIT 100MG, 26
 COMETRIQ KIT 140MG, 26
compro, 73
constulose, 75
 COPAXONE, 58
 COPIKTRA, 26
 CORLANOR, 42
 COTELLIC, 26
 CREON CAP 12000UNT, 75
 CREON CAP 24000UNT, 75
 CREON CAP 3000UNIT, 75
 CREON CAP 36000UNT, 75
 CREON CAP 6000UNIT, 75
 CRESEMBA, 14
cromolyn sodium, 92
cromolyn sodium (mastocytosis), 75
cromolyn sodium (ophth), 89
cryselle, 65
cyclobenzaprine hcl, 59
cyclophosphamide, 21, 22
 CYCLOPHOSPHAMIDE, 22
 CYCLOPHOSPHAMIDE MONOHYDR, 22
cycloserine, 17
cyclosporine, 83
cyclosporine modified (for microemulsion), 83
cyproheptadine hcl, 91
cyred eq, 65
 CYSTADROPS, 89
 CYSTAGON, 71
 CYSTARAN, 89
cytarabine, 22
 D10W/NAACL INJ 0.2%, 85

D10W/NAACL INJ 0.45%,
85
D2.5W/NAACL INJ 0.45%,
85
D5W/NAACL INJ 0.2%, 85
D5W/NAACL INJ 0.45%,
85
*dabigatran etexilate
mesylate*, 77
dalfampridine, 58
danazol, 60
dantrolene sodium, 59
DANZITEN, 26
*dapagliflozin
propanediol*, 61
dapsone, 12
DAPTACEL INJ, 84
daptomycin, 12
DAPTOMYCIN, 12
*darifenacin
hydrobromide*, 77
darunavir, 15
dasatinib, 26
dasetta 1/35, 65
dasetta 7/7/7, 65
DAURISMO, 26
daysee, 65
DAYVIGO, 57
deblitane, 65
deferasirox, 64
DELSTRIGO TAB, 16
DENG VAXIA SUS, 84
DEPO-SUBQ PROVERA
104, 65
depo-testosterone, 60
DESCOVY TAB 120-
15MG, 16
DESCOVY TAB
200/25MG, 16
desipramine hcl, 44
desloratadine, 91
desmopressin acetate,
71
*desmopressin acetate
spray*, 71
*desmopressin acetate
spray refrigerated*, 71
*desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5)*,
65
*desvenlafaxine
succinate*, 44
dexamethasone, 70
DEXAMETHASONE
INTENSOL, 70
*dexamethasone sodium
phosphate*, 70
*dexamethasone sodium
phosphate (ophth)*, 88
DEXCOM G6 MIS
RECEIVER, 99
DEXCOM G6 MIS
SENSOR, 99
DEXCOM G6 MIS
TRANSMIT, 99
DEXCOM G7 MIS
RECEIVER, 99
DEXCOM G7 MIS
SENSOR, 99
dexmethylphenidate hcl,
56
dextrose, 87
DEXTROSE 10%, 87
*dextrose 2.5% w/
sodium chloride
0.45%*, 85
*dextrose 5% in lactated
ringers*, 85
*dextrose 5% w/ sodium
chloride 0.225%*, 85
*dextrose 5% w/ sodium
chloride 0.3%*, 85
*dextrose 5% w/ sodium
chloride 0.45%*, 85
*dextrose 5% w/ sodium
chloride 0.9%*, 85
DEXTROSE 70%, 87
DIACOMIT, 51
diazepam, 51
*diazepam
(anticonvulsant)*, 51
diazepam inj, 51
diazepam intensol, 52
diazoxide, 71
diclofenac potassium, 10
diclofenac sodium, 10
*diclofenac sodium
(ophth)*, 88
*diclofenac sodium
(topical)*, 98
*diclofenac w/
misoprostol tab
delayed release 50-0.2
mg*, 10
*diclofenac w/
misoprostol tab
delayed release 75-0.2
mg*, 10
dicloxacillin sodium, 20
dicyclomine hcl, 74
DIFICID, 19
diflunisal, 10
difluprednate, 88
digoxin, 42
*dihydroergotamine
mesylate*, 57
DILANTIN, 52
diltiazem hcl, 40
*diltiazem hcl coated
beads*, 40
*diltiazem hcl extended
release beads*, 40
dilt-xr, 40
diphenhydramine hcl, 91
*diphenoxylate w/
atropine tab 2.5-0.025
mg*, 75
dipyridamole, 79
*disopyramide
phosphate*, 37

disulfiram, 60
divalproex sodium, 52
docetaxel, 25
 DOCETAXEL, 25
DOCIVYX, 25
dofetilide, 37
dolishale, 65
donepezil hydrochloride, 43, 44
 DOPTLET, 78
 DOPTLET SPRINKLE, 78
dorzolamide hcl, 89
dorzolamide hcl-timolol maleate ophth soln 2-0.5%, 89
dotti, 70
 DOVATO TAB 50-300MG, 16
doxazosin mesylate, 35
doxepin hcl, 44
doxepin hcl (sleep), 57
doxercalciferol, 73
doxorubicin hcl, 24
doxorubicin hcl liposomal, 24
doxy 100, 21
doxycycline (monohydrate), 21
doxycycline hyclate, 21
 DRIZALMA SPRINKLE, 45
dronabinol, 73
drospirenone-ethinyl estradiol tab 3-0.02 mg, 66
drospirenone-ethinyl estradiol tab 3-0.03 mg, 66
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg, 65
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg, 66
 DROXIA, 78
droxidopa, 42
 DULERA AER 100-5MCG, 94
 DULERA AER 200-5MCG, 94
 DULERA AER 50-5MCG, 94
duloxetine hcl, 45
 DUPIXENT, 79
dutasteride, 76
dutasteride-tamsulosin hcl cap 0.5-0.4 mg, 76
e.e.s. 400, 19
econazole nitrate, 96
 EDARBI, 37
 EDARBYCLOR TAB 40-12.5, 36
 EDARBYCLOR TAB 40-25MG, 36
 EDURANT, 15
 EDURANT PED, 15
efavirenz, 15
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg, 16
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 16
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg, 16
 ELIGARD, 23
elinest, 66
 ELIQUIS, 77
 ELIQUIS (1.5MG PACK) 3 X, 77
 ELIQUIS (2MG PACK) 4 X, 77
 ELIQUIS STARTER PACK, 77
eluryng, 66
 EMGALITY, 57
 EMSAM, 45
emtricitabine, 15
emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg, 16
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 16
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, 17
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg, 17
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg, 17
 EMTRIVA, 15
 EMVERM, 12
emzahh, 66
enalapril maleate, 35
enalapril maleate & hydrochlorothiazide tab 10-25 mg, 35
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 35
 ENBREL, 79
 ENBREL MINI, 79
 ENBREL SURECLICK, 80
endocet tab 10-325mg, 11
endocet tab 2.5-325mg, 11
endocet tab 5-325mg, 11
endocet tab 7.5-325mg, 11
 ENGERIX-B, 84
enilloring, 66
enoxaparin sodium, 78
 ENSACOVE, 27
enskyce, 66

ENSTILAR AER, 96
entacapone, 47
entecavir, 17
 ENTRESTO CAP 15-16MG, 36
 ENTRESTO CAP 6-6MG, 36
enulose, 75
 EPCLUSA PAK 150-37.5, 17
 EPCLUSA PAK 200-50MG, 17
 EPCLUSA TAB 200-50MG, 17
 EPCLUSA TAB 400-100, 18
 EPIDIOLEX, 52
epinephrine
 (*anaphylaxis*), 42, 92
eplerenone, 35
ergotamine w/ caffeine
 tab 1-100 mg, 57
 ERIVEDGE, 27
 ERLEADA, 23
erlotinib hcl, 27
errin, 66
ertapenem sodium, 13
ery, 95
 ERYTHROCIN
 LACTOBIONATE, 19
erythromycin (acne aid), 95
erythromycin (ophth), 88
erythromycin base, 19
erythromycin ethylsuccinate, 19
erythromycin lactobionate, 19
 ERZOFRI, 48
escitalopram oxalate, 45
eslicarbazepine acetate, 52
esomeprazole magnesium, 76
estarylla, 66
estradiol, 70
estradiol & norethindrone acetate
 tab 0.5-0.1 mg, 70
estradiol & norethindrone acetate
 tab 1-0.5 mg, 70
estradiol vaginal, 70
estradiol valerate, 70
ethambutol hcl, 17
ethosuximide, 52
ethynodiol diacetate & ethinyl estradiol
 tab 1 mg-50 mcg, 66
etodolac, 10
etonogestrel-ethinyl estradiol va ring
 0.12-0.015 mg/24hr, 66
etoposide, 25
etravirine, 15
 EUCRISA, 98
 EULEXIN, 23
everolimus, 27
everolimus (immunosuppressant), 83
 EVOTAZ TAB 300-150, 17
exemestane, 23
 EXXUA, 45
 EXXUA TITRATION PACK, 45
 EYSUVIS, 89
 EZALLOR SPRINKLE, 38
ezetimibe, 38
ezetimibe-simvastatin
 tab 10-10 mg, 39
ezetimibe-simvastatin
 tab 10-20 mg, 39
ezetimibe-simvastatin
 tab 10-40 mg, 39
ezetimibe-simvastatin
 tab 10-80 mg, 39
 FABRAZYME, 71
falmina, 66
famciclovir, 18
famotidine, 74
famotidine in nacl 0.9% iv soln
 20 mg/50ml, 74
 FANAPT, 48
 FANAPT PAK PACK A, 48
 FANAPT PAK PACK B, 48
 FANAPT PAK PACK C, 48
 FARXIGA, 61
 FASENRA, 92
 FASENRA PEN, 92
febuxostat, 10
feirza 1.5/30, 66
feirza 1/20, 66
felbamate, 52
felodipine, 40
fenofibrate, 38
fenofibrate micronized, 38
fentanyl, 11
fesoterodine fumarate, 77
 FETZIMA, 45
 FETZIMA CAP TITRATIO, 45
 FIASP, 62
 FIASP FLEXTOUCH, 62
 FIASP PENFILL, 62
 FIASP PUMPCART, 62
fidaxomicin, 19
finasteride, 76
ingolimod hcl, 58
 FINTEPLA, 52
finzala, 66
 FIRMAGON, 23
flac, 90
 FLEBOGAMMA DIF, 82
flecainide acetate, 37
fluconazole, 14

*fluconazole in nacl 0.9%
inj 200 mg/100ml, 14*
*fluconazole in nacl 0.9%
inj 400 mg/200ml, 14*
flucytosine, 14
*fludrocortisone acetate,
70*
flunisolide (nasal), 93
*fluocinolone acetonide,
97*
*fluocinolone acetonide
(otic), 90*
fluocinonide, 97
*fluocinonide emulsified
base, 97*
*fluorometholone
(ophth), 88*
fluorouracil, 22
fluorouracil (topical), 98
fluoxetine hcl, 45
*fluphenazine decanoate,
48*
fluphenazine hcl, 48
flurbiprofen, 10
flurbiprofen sodium, 88
*fluticasone propionate,
97*
*fluticasone propionate
(nasal), 93*
*fluticasone-salmeterol
aer powder ba 100-50
mcg/act, 94*
*fluticasone-salmeterol
aer powder ba 250-50
mcg/act, 94*
*fluticasone-salmeterol
aer powder ba 500-50
mcg/act, 94*
fluvastatin sodium, 38
fluvoxamine maleate, 43
fondaparinux sodium, 78
formoterol fumarate, 91
*fosamprenavir calcium,
15*

*fosfomycin
tromethamine, 13*
fosinopril sodium, 35
*fosinopril sodium &
hydrochlorothiazide
tab 10-12.5 mg, 35*
*fosinopril sodium &
hydrochlorothiazide
tab 20-12.5 mg, 35*
FOTIVDA, 27
*FREESTYLE LB KIT
14D/SEN, 99*
*FREESTYLE LB KIT
2/SENSOR, 99*
*FREESTYLE LB KIT
3/SENSOR, 99*
*FREESTYLE LB MIS
2/READER, 99*
*FREESTYLE LB MIS
3/READER, 99*
*FREESTYLE MIS
READER, 99*
FRINDOVYX, 22
FRUZAQLA, 27
FULPHILA, 78
fulvestrant, 23
furosemide, 41
furosemide inj, 41
*fyavolv tab 0.5mg-
2.5mcg, 70*
*fyavolv tab 1mg-5mcg,
70*
FYCOMPA, 52
gabapentin, 52
*galantamine
hydrobromide, 44*
galbriela, 66
gallifrey, 72
GAMASTAN INJ, 82
*GAMMAGARD LIQUID,
82*
*GAMMAGARD LIQUID
ERC, 82*

*GAMMAGARD S/D IGA
LESS TH, 82*
GAMMAKED, 82
GAMMAPLEX, 82
GAMUNEX-C, 82
ganciclovir sodium, 18
GARDASIL 9, 84
gatifloxacin (ophth), 88
GATTEX, 75
GAUZE PADS 2, 62
gavilyte-c, 75
gavilyte-g, 75
*gavilyte-n/flavor pack,
75*
GAVRETO, 27
gefitinib, 27
gemcitabine hcl, 22
gemfibrozil, 38
GEMTESA, 77
generlac, 75
gengraf, 83
GENOTROPIN, 71
*GENOTROPIN
MINIQUICK, 71*
*gentamicin in saline inj
0.8 mg/ml, 13*
*gentamicin in saline inj
1 mg/ml, 13*
*gentamicin in saline inj
1.2 mg/ml, 13*
*gentamicin in saline inj
1.6 mg/ml, 13*
*gentamicin in saline inj
2 mg/ml, 13*
gentamicin sulfate, 13
*gentamicin sulfate
(ophth), 88*
*gentamicin sulfate
(topical), 95*
GENVOYA TAB, 17
GILOTRIF, 27
glatiramer acetate, 59
glatopa, 59
GLEOSTINE, 22

glimepiride, 61
glipizide, 61
glipizide-metformin hcl tab 2.5-250 mg, 61
glipizide-metformin hcl tab 2.5-500 mg, 61
glipizide-metformin hcl tab 5-500 mg, 61
glycopyrrolate, 74
glydo, 97
 GLYXAMBI TAB 10-5 MG, 61
 GLYXAMBI TAB 25-5 MG, 61
 GOMEKLI, 27
granisetron hcl, 73
griseofulvin microsize, 14
griseofulvin ultramicrosize, 14
guanfacine hcl, 42
guanfacine hcl (adhd), 56
 HADLIMA, 80
 HADLIMA PUSH TOUCH, 80
 HAEGARDA, 78
hailey 1.5/30, 66
hailey 24 fe, 66
hailey fe 1/20, 66
halobetasol propionate, 97
haloperidol, 48
haloperidol decanoate, 48
haloperidol lactate, 48
 HAVRIX, 84
heather, 66
 HEP SOD/NACL INJ 25000UNT, 78
heparin sodium (porcine), 78
 HEPLISAV-B, 84
 HERCEP HYLEC SOL 60-10000, 27
 HERCEPTIN, 27
 HERCESSI, 27
 HERNEXEOS, 27
 HERZUMA, 27
 HIBERIX, 84
 HUMIRA, 80
 HUMIRA PEN, 80
 HUMIRA PEN KIT PS/UV, 80
 HUMIRA PEN-CD/UC/HS START, 80
 HUMULIN R U-500 (CONCENTR), 62
 HUMULIN R U-500 KWIKPEN, 63
hydralazine hcl, 42
hydrochlorothiazide, 41
hydrocodone bitartrate, 11
hydrocodone-acetaminophen soln 7.5-325 mg/15ml, 11
hydrocodone-acetaminophen tab 10-325 mg, 11
hydrocodone-acetaminophen tab 5-325 mg, 11
hydrocodone-acetaminophen tab 7.5-325 mg, 11
hydrocodone-ibuprofen tab 7.5-200 mg, 11
hydrocortisone, 70
hydrocortisone (intrarectal), 74
hydrocortisone (rectal), 98
hydrocortisone (topical), 97
hydrocortisone sod succinate, 70
hydrocortisone valerate, 97
hydrocortisone w/ acetic acid otic soln 1-2%, 90
hydromorphone hcl, 11
hydroxychloroquine sulfate, 82
hydroxyurea, 24
hydroxyzine hcl, 91
hydroxyzine pamoate, 91
 HYRNUO, 27
ibandronate sodium, 64
 IBRANCE, 28
 IBTROZI, 28
ibu, 10
ibuprofen, 10
icatibant acetate, 79
iclevia, 66
 ICLUSIG, 28
 IDHIFA, 28
imatinib mesylate, 28
 IMBRUVICA, 28
imipenem-cilastatin intravenous for soln 250 mg, 13
imipenem-cilastatin intravenous for soln 500 mg, 13
imipramine hcl, 45
imiquimod, 98
 IMKELDI, 28
 IMOVAX RABIES (H.D.C.V.), 84
 IMPAVIDO, 13
 INBRIJA, 47
incassia, 66
 INCRELEX, 71
 INCRUSE ELLIPTA, 90
indapamide, 41
 INFANRIX INJ, 84
 INFLIXIMAB, 80
 INLURIYO, 23

INLYTA, 28
 INQOVI TAB 35-100MG, 22
 INREBIC, 28
 INSULIN PEN NEEDLES:
 EMBECTA-BD, 63
 INSULIN SAFETY
 NEEDLES: EMBECTA-
 BD, 63
 INSULIN SYRINGES:
 EMBECTA-BD, 63
 INTELENCE, 15
 INTRALIPID, 87
introvale, 66
 INVEGA HAFYERA, 48
 INVEGA SUSTENNA, 48
 INVEGA TRINZA, 48
 IPOL INJ INACTIVE, 84
ipratropium bromide, 90
ipratropium bromide
 (*nasal*), 90
ipratropium-albuterol
 nebu soln 0.5-2.5(3)
 mg/3ml, 90
irbesartan, 37
irbesartan-
 hydrochlorothiazide
 tab 150-12.5 mg, 36
irbesartan-
 hydrochlorothiazide
 tab 300-12.5 mg, 36
irinotecan hcl, 24
 ISENTRESS, 15
 ISENTRESS HD, 15
isibloom, 66
 ISOLYTE-P INJ /D5W, 85
 ISOLYTE-S INJ PH 7.4,
 85
isoniazid, 17
isosorbide dinitrate, 42
isosorbide mononitrate,
 42
isotretinoin, 95
isradipine, 40
 ITOVEBI, 28
itraconazole, 14
ivabradine hcl, 42
ivermectin, 13
 IWILFIN, 24
 IXIARO INJ, 84
jaimiess, 66
 JAKAFI, 28
jantoven, 78
 JANUMET TAB 50-1000,
 61
 JANUMET TAB 50-
 500MG, 61
 JANUMET XR TAB 100-
 1000, 61
 JANUMET XR TAB 50-
 1000, 61
 JANUMET XR TAB 50-
 500MG, 61
 JANUVIA, 61
 JARDIANCE, 61
jasmiel, 66
javygtor, 71
 JAYPIRCA, 28
jencycla, 66
 JENTADUETO TAB 2.5-
 1000, 61
 JENTADUETO TAB 2.5-
 500, 61
 JENTADUETO TAB 2.5-
 850, 61
 JENTADUETO TAB XR
 2.5-1000MG, 61
 JENTADUETO TAB XR 5-
 1000MG, 61
jinteli, 70
jolessa, 66
juleber, 66
 JULUCA TAB 50-25MG,
 17
junel 1.5/30, 66
junel 1/20, 66
junel fe 1.5/30, 66
junel fe 1/20, 66
junel fe 24, 66
 JYLAMVO, 82
 JYNNEOS, 84
 KADCYLA, 28
kaitlib fe, 66
 KALETRA SOL, 17
 KALYDECO, 92
 KANJINTI, 28
kariva, 66
kcl 10 meq/l (0.075%)
 in dextrose 5% & nacl
 0.45% inj, 85
kcl 20 meq/l (0.149%)
 in nacl 0.45% inj, 85
kcl 20 meq/l (0.149%)
 in nacl 0.9% inj, 85
kcl 20 meq/l (0.15%) in
 dextrose 5% & nacl
 0.45% inj, 85
kcl 20 meq/l (0.15%) in
 dextrose 5% & nacl
 0.9% inj, 85
kcl 20 meq/l (0.15%) in
 nacl 0.45% inj, 85
kcl 20 meq/l (0.15%) in
 nacl 0.9% inj, 85
kcl 30 meq/l (0.224%)
 in dextrose 5% & nacl
 0.45% inj, 85
kcl 40 meq/l (0.298%)
 in nacl 0.9% inj, 86
kcl 40 meq/l (0.3%) in
 dextrose 5% & nacl
 0.45% inj, 86
kcl 40 meq/l (0.3%) in
 dextrose 5% & nacl
 0.9% inj, 86
kcl 40 meq/l (0.3%) in
 nacl 0.9% inj, 86
 KCL/D5W/NACL INJ
 0.15/0.2, 86
 KCL/D5W/NACL INJ
 0.3/0.9%, 86
kelnor 1/35, 66

KERENDIA, 35
 KESIMPTA, 59
 ketoconazole, 14
 ketoconazole (topical), 96
 ketorolac tromethamine (ophth), 88, 89
 KEYTRUDA, 28
 KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML, 29
 KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML, 29
 KINERET, 80
 KINRIX INJ, 84
 kionex, 64
 KISQALI 200 DOSE, 29
 KISQALI 400 DOSE, 29
 KISQALI 400 PAK FEMARA, 29
 KISQALI 600 DOSE, 29
 KISQALI 600 PAK FEMARA, 29
 klayesta, 96
 klor-con, 86
 klor-con 10, 86
 KLOR-CON 10, 86
 KLOR-CON 8, 86
 klor-con m10, 86
 klor-con m15, 86
 klor-con m20, 86
 KLOXXADO, 60
 KOMZIFTI, 29
 KOSELUGO, 29
 kourzeq, 99
 KRAZATI, 29
 kurvelo, 67
 labetalol hcl, 39
 lacosamide, 52
 lacosamide oral, 52
 LACTATED RIN INJ, 86
 lactated ringer's solution, 86
 lactic acid (ammonium lactate), 98
 lactulose, 75
 lactulose (encephalopathy), 75
 lamivudine, 15
 lamivudine (hbv), 18
 lamivudine-zidovudine tab 150-300 mg, 17
 lamotrigine, 52
 lanreotide acetate, 71
 lansoprazole, 76
 LANTUS, 63
 LANTUS SOLOSTAR, 63
 lapatinib ditosylate, 29
 larin 1.5/30, 67
 larin 1/20, 67
 larin 24 fe, 67
 larin fe 1.5/30, 67
 larin fe 1/20, 67
 latanoprost, 89
 LAZCLUZE, 29
 leflunomide, 82
 lenalidomide, 24
 LENVIMA 10 MG DAILY DOSE, 29
 LENVIMA 12MG DAILY DOSE, 29
 LENVIMA 20 MG DAILY DOSE, 29
 LENVIMA 4 MG DAILY DOSE, 29
 LENVIMA 8 MG DAILY DOSE, 29
 LENVIMA CAP 14 MG, 30
 LENVIMA CAP 18 MG, 30
 LENVIMA CAP 24 MG, 30
 lessina, 67
 letrozole, 23
 leucovorin calcium, 24
 LEUKERAN, 22
 leuprolide acetate, 23
 levalbuterol hcl, 91
 levalbuterol tartrate, 91
 levetiracetam, 52, 53
 levetiracetam in sodium chloride iv soln 1000 mg/100ml, 53
 levetiracetam in sodium chloride iv soln 1500 mg/100ml, 53
 levetiracetam in sodium chloride iv soln 500 mg/100ml, 53
 levobunolol hcl, 89
 levocarnitine (metabolic modifiers), 72
 levocetirizine dihydrochloride, 91
 levofloxacin, 19, 20
 levofloxacin in d5w iv soln 250 mg/50ml, 20
 levofloxacin in d5w iv soln 500 mg/100ml, 20
 levofloxacin in d5w iv soln 750 mg/150ml, 20
 levonest, 67
 levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg, 67
 levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg, 67
 levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 67
 levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg, 67
 levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg, 67

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7), 67
levora 0.15/30-28, 67
levo-t, 73
levothyroxine sodium, 73
levoxyl, 73
l-glutamine (sickle cell), 79
lidocaine, 97
lidocaine hcl, 97
lidocaine hcl (local anesth.), 10
lidocaine hcl (mouth-throat), 99
lidocaine-prilocaine cream 2.5-2.5%, 98
lidocan, 98
 LILETTA, 67
linezolid, 13
 LINEZOLID INJ 2MG/ML, 13
 LINZESS, 75
liomny, 73
liothyronine sodium, 73
lisdexamfetamine dimesylate, 56
lisinopril, 35
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 35
lisinopril & hydrochlorothiazide tab 20-12.5 mg, 35
lisinopril & hydrochlorothiazide tab 20-25 mg, 35
lithium, 58
lithium carbonate, 58
 LIVTENCITY, 18
loestrin 1.5/30-21, 67
loestrin 1/20-21, 67
loestrin fe 1.5/30, 67
loestrin fe 1/20, 67
lojaimiess, 67
 LOKELMA, 64
lomustine, 22
 LONSURF TAB 15-6.14, 22
 LONSURF TAB 20-8.19, 22
loperamide hcl, 75
lopinavir-ritonavir tab 100-25 mg, 17
lopinavir-ritonavir tab 200-50 mg, 17
lorazepam, 43
lorazepam intensol, 43
 LORBRENA, 30
loryna, 67
losartan potassium, 37
losartan potassium & hydrochlorothiazide tab 100-12.5 mg, 36
losartan potassium & hydrochlorothiazide tab 100-25 mg, 36
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 36
 LOTEMAX, 89
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%, 87
lovastatin, 38
low-ogestrel, 67
loxapine succinate, 49
luizza 1.5/30, 67
luizza 1/20, 67
 LUMAKRAS, 30
 LUMIGAN, 89
 LUMIZYME, 72
 LUPRON DEPOT (1-MONTH), 23
 LUPRON DEPOT (3-MONTH), 23
 LUPRON DEPOT-PED (1-MONTH), 72
 LUPRON DEPOT-PED (3-MONTH), 72
 LUPRON DEPOT-PED (6-MONTH), 72
lurasidone hcl, 49
lutera, 67
 LYBALVI TAB 10-10MG, 49
 LYBALVI TAB 15-10MG, 49
 LYBALVI TAB 20-10MG, 49
 LYBALVI TAB 5-10MG, 49
lyleq, 67
lyllana, 70
 LYNPARZA, 30
 LYSODREN, 23
 LYTGOBI (12 MG DAILY DOSE), 30
 LYTGOBI (16 MG DAILY DOSE), 30
 LYTGOBI (20 MG DAILY DOSE), 30
lyza, 67
magnesium sulfate, 86
 MAGNESIUM SULFATE, 86
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml, 86
malathion, 98
maraviroc, 15
marlissa, 67
 MARPLAN, 45
 MATULANE, 24
matzim la, 40
 MAVYRET PAK 50-20MG, 18
 MAVYRET TAB 100-40MG, 18
meclizine hcl, 74

medroxyprogesterone acetate, 72
medroxyprogesterone acetate (contraceptive), 67
mefloquine hcl, 15
megestrol acetate, 23, 73
megestrol acetate (appetite), 73
 MEKINIST, 30
 MEKTOVI, 30
meleya, 67
meloxicam, 10
memantine hcl, 44
memantine hcl-donepezil hcl cap er 24hr 14-10 mg, 44
memantine hcl-donepezil hcl cap er 24hr 21-10 mg, 44
memantine hcl-donepezil hcl cap er 24hr 28-10 mg, 44
 MENQUADFI, 84
 MENVEO INJ, 84
 MENVEO SOL, 84
mercaptopurine, 22
meropenem, 13
mesalamine, 74, 75
mesalamine w/ cleanser, 75
mesna, 24
metformin hcl, 61
methadone hcl, 11
methadone hydrochloride i, 11
methazolamide, 41
methenamine hippurate, 13
methimazole, 73
methocarbamol, 59
methotrexate sodium, 22, 82
methoxsalen rapid, 96
methsuximide, 53
methylphenidate hcl, 56
methylprednisolone, 70
methylprednisolone acetate, 70
methylprednisolone sod succ, 71
metoclopramide hcl, 74
metolazone, 41
metoprolol & hydrochlorothiazide tab 100-25 mg, 39
metoprolol & hydrochlorothiazide tab 100-50 mg, 39
metoprolol & hydrochlorothiazide tab 50-25 mg, 39
metoprolol succinate, 39
metoprolol tartrate, 39
metronidazole, 13
metronidazole (topical), 98
metronidazole vaginal, 77
metyrosine, 42
mibelas 24 fe, 67
micafungin sodium, 14
microgestin 1.5/30, 67
microgestin 1/20, 67
microgestin fe 1.5/30, 67
microgestin fe 1/20, 68
midodrine hcl, 42
 MIEBO, 89
mifepristone (hyperglycemia), 72
mili, 68
mimvey, 70
minocycline hcl, 21
minoxidil, 42
mirtazapine, 45
misoprostol, 75
 M-M-R II INJ, 84
 M-NATAL PLUS TAB, 86
modafinil, 59, 60
 MODEYSO, 24
moexipril hcl, 35
molindone hcl, 49
mometasone furoate, 97
mometasone furoate (nasal), 93
 MONJUVI, 30
mono-lynyah, 68
montelukast sodium, 92
morphine sulfate, 11, 12
 MOUNJARO, 61
 MOVANTIK, 75
moxifloxacin hcl, 20
moxifloxacin hcl (ophth), 88
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj, 20
 MRESVIA, 84
 MULTAQ, 37
multiple electrolytes ph 5.5, 86
mupirocin, 95
mycophenolate mofetil, 83
mycophenolate sodium, 83
 MYRBETRIQ, 77
nabumetone, 10
nadolol, 39
nafcillin sodium, 20
 NAGLAZYME, 72
naloxone hcl, 60
naltrexone hcl, 60
 NAMZARIC CAP 7-10MG, 44
naproxen, 10
naproxen sodium, 10
naratriptan hcl, 57
 NATACYN, 88
nateglinide, 62

NAYZILAM, 53
nebivolol hcl, 39
necon 0.5/35-28, 68
nefazodone hcl, 45
neomycin sulfate, 13
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin, 88
neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml, 88
neomycin-polymyxin-dexamethasone ophth oint 0.1%, 87
neomycin-polymyxin-dexamethasone ophth susp 0.1%, 88
neomycin-polymyxin-hc ophth susp, 88
neomycin-polymyxin-hc otic soln 1%, 90
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%, 90
 NERLYNX, 30
neuac, 95
nevirapine, 15, 16
 NEXLETOL, 39
 NEXLIZET TAB 180/10MG, 39
 NEXPLANON, 68
niacin (antihyperlipidemic), 39
nicardipine hcl, 40
 NICOTROL NS, 60
nifedipine, 40
nikki, 68
nilotinib hcl, 30
nilutamide, 23
nimodipine, 40
 NINLARO, 30
nisoldipine, 40
nitazoxanide, 13
nitisinone, 72
 NITRO-BID, 42
nitrofurantoin macrocrystal, 13
nitrofurantoin monohyd macro, 13
nitroglycerin, 42
nitroglycerin (intra-anal), 98
nizatidine, 74
nora-be, 68
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr, 68
norethindrone (contraceptive), 68
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 68
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg, 68
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 68
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24), 68
norethindrone acetate, 73
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 70
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg, 70
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg, 68
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg, 68
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 68
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg, 68
norlyroc, 68
nortrel 0.5/35 (28), 68
nortrel 1/35 (21), 68
nortrel 1/35 (28), 68
nortrel 7/7/7, 68
nortriptyline hcl, 45
 NORVIR, 16
 NOVOLIN INJ 70/30, 63
 NOVOLIN INJ 70/30 FP, 63
 NOVOLIN N, 63
 NOVOLIN N FLEXPEN, 63
 NOVOLIN R, 63
 NOVOLIN R FLEXPEN, 63
 NOVOLOG, 63
 NOVOLOG FLEXPEN, 63
 NOVOLOG FLEXPEN RELION, 63
 NOVOLOG MIX INJ 70/30, 63
 NOVOLOG MIX INJ FLEXPEN, 63
 NOVOLOG PENFILL, 63
 NOVOLOG RELION, 63
 NUBEQA, 23
 NUEDEXTA CAP 20-10MG, 58
 NULOJIX, 83
 NUPLAZID, 49
 NURTEC, 57
 NUTRILIPID, 87
 NUZYRA, 21
nyamyc, 96
nylia 1/35, 68
nylia 7/7/7, 68

nystatin, 14
nystatin (mouth-throat), 99
nystatin (topical), 96
nystop, 96
 OCTAGAM, 83
octreotide acetate, 72
 ODEFSEY TAB, 17
 ODOMZO, 30
 OFEV, 92
ofloxacin (ophth), 88
ofloxacin (otic), 90
 OGIVRI, 31
 OGSIVEO, 31
 OJEMDA, 31
 OJJAARA, 31
olanzapine, 49
olmesartan medoxomil, 37
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 36
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 36
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg, 36
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 36
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg, 37
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg, 37
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg, 36
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg, 37
olopatadine hcl (nasal), 91
omega-3-acid ethyl esters cap 1 gm, 39
omeprazole, 76
 OMNIPOD 5 DX KIT INT G7G6, 63
 OMNIPOD 5 DX MIS POD G7G6, 63
 OMNIPOD 5 L2 KIT INTRO G6, 63
 OMNIPOD 5 L2 MIS PODS G6, 63
 OMNIPOD DASH KIT INTRO, 63
 OMNIPOD DASH MIS PODS, 63
ondansetron, 74
ondansetron hcl, 74
 ONTRUZANT, 31
 ONUREG, 22
 OPIPZA, 49
 OPSUMIT, 43
 ORGOVYX, 23
 ORKAMBI GRA 100-125, 92
 ORKAMBI GRA 150-188, 92
 ORKAMBI GRA 75-94MG, 92
 ORKAMBI TAB 100-125, 92
 ORKAMBI TAB 200-125, 92
orquidea, 68
 ORSERDU, 23
oseltamivir phosphate, 18
 OSPOMYV, 64
oxacillin sodium, 20
oxaliplatin, 22
oxaprozin, 10
oxcarbazepine, 53
oxybutynin chloride, 77
oxycodone hcl, 12
oxycodone w/acetaminophen tab 10-325 mg, 12
oxycodone w/acetaminophen tab 2.5-325 mg, 12
oxycodone w/acetaminophen tab 5-325 mg, 12
oxycodone w/acetaminophen tab 7.5-325 mg, 12
 OXYCONTIN, 11
 OZEMPIC (0.25 OR 0.5MG/DOSE), 62
 OZEMPIC (1MG/DOSE), 62
 OZEMPIC (2MG/DOSE), 62
pacerone, 38
paclitaxel, 25
paclitaxel inj 100mg, 25
paliperidone, 49
pamidronate disodium, 64
 PAMIDRONATE DISODIUM, 64
 PANRETIN, 98
pantoprazole sodium, 76
 PANZYGA, 83
paricalcitol, 73
paroxetine hcl, 45
 PAXLOVID PAK, 18
 PAXLOVID TAB 150-100, 18
 PAXLOVID TAB 300-100, 18
pazopanib hcl, 31
 PEDIARIX INJ 0.5ML, 84
 PEDVAX HIB, 84
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, 75

peg 3350-kcl-sod bicarb-nacl for soln
 420 gm, 75
 PEGASYS, 18
 PEMAZYRE, 31
pemetrexed disodium,
 23
 PENBRAYA INJ, 84
penicillamine, 64
penicillin g potassium,
 21
penicillin g sodium, 21
penicillin v potassium,
 21
 PENMENVY INJ, 84
 PENTACEL INJ, 84
pentamidine isethionate
inh, 13
pentamidine isethionate
inj, 13
pentoxifylline, 79
perampanel, 53
perindopril erbumine, 35
periogard, 99
permethrin, 98
perphenazine, 49
pfizerpen, 21
phenelzine sulfate, 45
phenobarbital, 53
phenobarbital sodium,
 53
phenytek, 53
phenytoin, 53
phenytoin sodium, 53
phenytoin sodium
extended, 53
 PHESGO SOL, 31
philith, 68
 PIFELTRO, 16
pilocarpine hcl, 89
pilocarpine hcl (oral), 99
pimecrolimus, 98
pimozide, 49
pimtree, 68
pindolol, 40
pioglitazone hcl, 62
pioglitazone hcl-
metformin hcl tab 15-
 500 mg, 62
pioglitazone hcl-
metformin hcl tab 15-
 850 mg, 62
piperacillin sod-
tazobactam na for inj
 3.375 gm (3-0.375
 gm), 21
piperacillin sod-
tazobactam sod for inj
 13.5 gm (12-1.5 gm),
 21
piperacillin sod-
tazobactam sod for inj
 2.25 gm (2-0.25 gm),
 21
piperacillin sod-
tazobactam sod for inj
 4.5 gm (4-0.5 gm), 21
piperacillin sod-
tazobactam sod for inj
 40.5 gm (36-4.5 gm),
 21
 PIQRAY 200MG DAILY
 DOSE, 31
 PIQRAY 250MG TAB
 DOSE, 31
 PIQRAY 300MG DAILY
 DOSE, 31
pirfenidone, 93
piroxicam, 10
pitavastatin calcium, 38
plenamine, 87
 PLENVU SOL, 75
podofilox, 98
polymyxin b sulfate, 13
polymyxin b-
trimethoprim ophth
soln 10000 unit/ml-
 0.1%, 88
 POMALYST, 24
portia-28, 68
posaconazole, 14
 POT CHL 20MEQ/L IN
 NACL 0.45% INJ, 86
 POT CHL 20MEQ/L IN
 NACL 0.9% INJ, 86
 POT CHL 40MEQ/L IN
 NACL 0.9% INJ, 86
potassium chloride, 86,
 87
potassium chloride 20
meq/l (0.15%) in
dextrose 5% inj, 86
potassium chloride
microencapsulated
crystals er, 87
potassium citrate
(alkalinizer), 77
pramipexole
dihydrochloride, 47
prasugrel hcl, 79
pravastatin sodium, 38
praziquantel, 13
prazosin hcl, 35
prednisolone, 71
prednisolone acetate
(ophth), 89
 PREDNISOLONE
 SODIUM PHOSP, 89
prednisolone sodium
phosphate, 71
prednisone, 71
 PREDNISONE
 INTENSOL, 71
pregabalin, 53, 54
 PREMASOL SOL 10%, 87
 PRENATAL TAB 27-1MG,
 87
 PRENATAL TAB PLUS, 87
prevalite, 39
 PREVYMIS, 18
 PREZCOBIX TAB
 675/150, 17

PREZCOBIX TAB 800-150, 17
 PREZISTA, 16
 PRIFTIN, 17
primaquine phosphate, 15
 PRIMAQUINE PHOSPHATE, 15
primidone, 54
 PRIORIX INJ, 84
 PRIVIGEN, 83
probenecid, 10
prochlorperazine, 74
prochlorperazine edisylate, 74
prochlorperazine maleate, 74
 PROCROT, 78
proctocort, 98
procto-med hc, 98
proctosol hc, 98
proctozone-hc, 98
progesterone, 73
 PROGRAF, 83
 PROLASTIN-C, 93
 PROLIA, 64
promethazine hcl, 74
propafenone hcl, 38
proparacaine hcl, 89
propranolol hcl, 40
propylthiouracil, 73
 PROQUAD INJ, 84
 PROSOL INJ 20%, 87
protriptyline hcl, 45
 PULMOZYME, 93
pyrazinamide, 17
pyridostigmine bromide, 58
pyrimethamine, 13
 PYZCHIVA, 80
 QINLOCK, 31
 QUADRACEL INJ 0.5ML, 84
quetiapine fumarate, 49
quinapril hcl, 35
quinidine sulfate, 38
quinine sulfate, 15
 QULIPTA, 57
 RABAVERT INJ, 84
rabeprazole sodium, 76
 RALDESY, 45
raloxifene hcl, 72
ramelteon, 57
ramipril, 35
ranolazine, 42
rasagiline mesylate, 47
reclipsen, 68
 RECOMBIVAX HB, 84
 RELENZA DISKHALER, 18
 RELISTOR, 76
 REMICADE, 80
 RENFLEXIS, 80
repaglinide, 62
 REPATHA, 39
 REPATHA SURECLICK, 39
 RESTASIS, 89
 RESTASIS MULTIDOSE, 89
 RETEVMO, 31
 REVCOVI, 72
 REVUFORJ, 31
 REXULTI, 49, 50
 REYATAZ, 16
 REZDIFFRA, 72
 REZLIDHIA, 31
 REZUROCK, 83
 RHOPRESSA, 89
ribavirin (hepatitis c), 18
rifabutin, 17
rifampin, 17
riluzole, 58
rimantadine hydrochloride, 18
 RINVOQ, 80
 RINVOQ LQ, 80
risedronate sodium, 64
risperidone, 50
risperidone microspheres, 50
ritonavir, 16
rivaroxaban, 78
rivastigmine, 44
rivastigmine tartrate, 44
rivelsa, 68
rizatriptan benzoate, 57
 ROCKLATAN DRO, 89
roflumilast, 93
 ROMVIMZA, 31
ropinirole hydrochloride, 47
rosuvastatin calcium, 38
rosyrah, 68
 ROTARIX SUS, 84
 ROTATEQ SOL, 84
roweepra, 54
 ROZLYTREK, 31, 32
 RUBRACA, 32
rufinamide, 54
 RUKOBIA, 16
 RYBELSUS, 62
 RYDAPT, 32
sacubitril-valsartan tab 24-26 mg, 37
sacubitril-valsartan tab 49-51 mg, 37
sacubitril-valsartan tab 97-103 mg, 37
sajazir, 79
 SANTYL, 98
sapropterin dihydrochloride, 72
 SCEMBLIX, 32
scopolamine, 74
 SECUADO, 50
selegiline hcl, 47
selenium sulfide, 96
 SELZENTRY, 16
 SEREVENT DISKUS, 91
sertraline hcl, 45
setlakin, 68

sharobel, 68
 SHINGRIX, 84
 SIGNIFOR, 72
 SIKLOS, 79
sildenafil citrate
 (*pulmonary*
 hypertension), 43
silodosin, 76
silver sulfadiazine, 95
 SIMBRINZA SUS 1-
 0.2%, 89
simliya, 69
simpesse, 69
simvastatin, 38
sirolimus, 83
 SIRTURO, 17
 SKYRIZI, 81
 SKYRIZI PEN, 81
sod sulfate-pot sulf-mg
 sulf oral sol 17.5-3.13-
 1.6 gm/177ml, 75
sodium chloride, 86
sodium chloride (gu
 irrigant), 99
sodium fluoride chew;
 tab; 1.1 (0.5 f) mg/ml
 soln, 87
sodium oxybate, 60
sodium phenylbutyrate,
 72
sodium polystyrene
 sulfonate, 64
sodium polystyrene
 sulfonate powder, 64
solifenacin succinate, 77
 SOLIQUA INJ 100/33, 63
 SOLTAMOX, 24
 SOLU-CORTEF, 71
 SOMATULINE DEPOT, 72
 SOMAVERT, 72
sorafenib tosylate, 32
sotalol hcl, 38
sotalol hcl (afib/af), 38
 SOTYKTU, 81
 SPIRIVA RESPIMAT, 90
spironolactone, 35
spironolactone &
 hydrochlorothiazide
 tab 25-25 mg, 41
sprintec 28, 69
 SPRITAM, 54
sps, 64
sps rectal, 64
sronyx, 69
ssd, 95
 STELARA, 81
 STIVARGA, 32
streptomycin sulfate, 13
 STRIBILD TAB, 17
subvenite, 54
 SUBVENITE, 54
sucrafate, 76
sulfacetamide sodium
 (*acne*), 95
sulfacetamide sodium
 (*ophth*), 88
sulfacetamide sodium-
 prednisolone ophth
 soln 10-0.23(0.25)%,
 88
sulfadiazine, 13
sulfamethoxazole-
 trimethoprim iv soln
 400-80 mg/5ml, 13
sulfamethoxazole-
 trimethoprim susp
 200-40 mg/5ml, 14
sulfamethoxazole-
 trimethoprim tab 400-
 80 mg, 14
sulfamethoxazole-
 trimethoprim tab 800-
 160 mg, 14
 SULFAMYLON, 95
sulfasalazine, 75
sulindac, 10
sumatriptan, 57
sumatriptan succinate,
 57
sunitinib malate, 32
 SUNLENCA, 16
syeda, 69
 SYMDEKO TAB 100-150,
 93
 SYMDEKO TAB 50-
 75MG, 93
 SYMPAZAN, 54
 SYMTUZA TAB, 17
 SYNAREL, 72
 SYNTHROID, 73
 TABLOID, 23
 TABRECTA, 32
tacrolimus, 83
tacrolimus (topical), 98
tadalafil, 76
tadalafil (pulmonary
 hypertension), 43
 TAFINLAR, 32
 TAGRISSO, 32
 TALZENNA, 32
tamoxifen citrate, 24
tamsulosin hcl, 77
tarina 24 fe, 69
tarina fe 1/20 eq, 69
tasimelteon, 57
 TAVNEOS, 79
tazarotene, 96
tazicef, 19
 TAZVERIK, 32
 TECENTRIQ, 32
 TECENTRIQ INJ
 HYBREZA, 32
 TEFLARO, 19
telmisartan, 37
telmisartan-amlodipine
 tab 40-10 mg, 37
telmisartan-amlodipine
 tab 40-5 mg, 37
telmisartan-amlodipine
 tab 80-10 mg, 37

telmisartan-amlodipine tab 80-5 mg, 37
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 37
telmisartan-hydrochlorothiazide tab 80-12.5 mg, 37
telmisartan-hydrochlorothiazide tab 80-25 mg, 37
temazepam, 57
 TENIVAC INJ 5-2LF, 85
tenofovir disoproxil fumarate, 16
 TEPMETKO, 32
terazosin hcl, 35
terbinafine hcl, 15
terbutaline sulfate, 91
terconazole vaginal, 77
teriparatide, 64
 TERIPARATIDE, 64
testosterone, 60
testosterone cypionate, 60
testosterone enanthate, 60
testosterone pump, 61
tetrabenazine, 58
tetracycline hcl, 21
 THALOMID, 24
theophylline, 93
thioridazine hcl, 50
thiothixene, 50
tiadylt er, 40
tiagabine hcl, 54
 TIBSOVO, 32
ticagrelor, 79
 TICOVAC, 85
tigecycline, 21
tilia fe, 69
timolol maleate, 40
timolol maleate (ophth), 89
tinidazole, 14
 TIVICAY, 16
 TIVICAY PD, 16
tizanidine hcl, 59
 TOBI PODHALER, 14
 TOBRADEX OIN 0.3-0.1%, 88
tobramycin, 14
tobramycin (ophth), 88
tobramycin sulfate, 14
tobramycin-dexamethasone ophth susp 0.3-0.1%, 88
tolterodine tartrate, 77
tolvaptan, 72
tolvaptan tab therapy pack 30 & 15 mg, 72
tolvaptan tab therapy pack 45 & 15 mg, 72
tolvaptan tab therapy pack 60 & 30 mg, 72
tolvaptan tab therapy pack 90 & 30 mg, 72
topiramate, 54
toremifene citrate, 24
torpenz, 32
toremide, 41
 TOUJEO MAX SOLOSTAR, 63
 TOUJEO SOLOSTAR, 63
 TPN ELECTROL INJ, 86
 TRADJENTA, 62
tramadol hcl, 12
tramadol-acetaminophen tab 37.5-325 mg, 12
trandolapril, 35
tranexamic acid, 79
tranylcypromine sulfate, 46
 TRAVASOL INJ 10%, 87
travoprost, 89
 TRAZIMERA, 33
trazodone hcl, 46
 TRELEGY AER ELLIPTA 100-62.5-25 MCG, 90
 TRELEGY AER ELLIPTA 200-62.5-25 MCG, 90
 TREMFYA, 81
 TREMFYA INDUCTION PACK FO, 81
 TREMFYA PEN, 81
treprostinil, 43
tretinoin, 95
tretinoin (chemotherapy), 25
triamcinolone acetonide (mouth), 99
triamcinolone acetonide (topical), 97
triamterene & hydrochlorothiazide cap 37.5-25 mg, 41
triamterene & hydrochlorothiazide tab 37.5-25 mg, 41
triamterene & hydrochlorothiazide tab 75-50 mg, 41
tridacaine ii, 98
triderm, 97
trientine hcl, 65
tri-estarylla, 69
trifluoperazine hcl, 50
trifluridine, 88
trihexyphenidyl hcl, 47
 TRIJARDY XR TAB ER 24HR 10-5-1000MG, 62
 TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG, 62
 TRIJARDY XR TAB ER 24HR 25-5-1000MG, 62
 TRIJARDY XR TAB ER 24HR 5-2.5-1000MG, 62

TRIKAFTA PAK 59.5MG, 93
 TRIKAFTA PAK 75MG, 93
 TRIKAFTA TAB 100-50-75MG & 150MG, 93
 TRIKAFTA TAB 50-25-37.5MG & 75MG, 93
tri-legest fe, 69
tri-linyah, 69
tri-lo-estarylla, 69
tri-lo-marzia, 69
tri-lo-mili, 69
tri-lo-sprintec, 69
trimethoprim, 14
tri-mili, 69
trimipramine maleate, 46
 TRINTELLIX, 46
tri-sprintec, 69
 TRIUMEQ PD TAB, 17
 TRIUMEQ TAB, 17
tri-vylibra, 69
tri-vylibra lo, 69
 TROGARZO, 16
 TROPHAMINE INJ 10%, 87
tropium chloride, 77
 TRUE METRIX KIT AIR, 99
 TRUE METRIX KIT METER, 99
 TRUE METRIX STRIPS, 99
 TRULICITY, 62
 TRUMENBA, 85
 TRUQAP, 33
 TRUXIMA, 33
 TUKYSA, 33
 TURALIO, 33
turqoz, 69
twice-daily clindamycin phosphate (topical), 95
 TWINRIX INJ, 85
 TYBOST, 16
tydemy, 69
 TYENNE, 81
 TYPHIM VI, 85
 UBRELVY, 58
unithroid, 73
 UPTRAVI, 43
 UPTRAVI PACK TAB 200/800, 43
ursodiol, 76
 USTEKINUMAB, 81
valacyclovir hcl, 18
 VALCHLOR, 98
valganciclovir hcl, 18
valproate sodium, 54
valproic acid, 54
valsartan, 37
valsartan-hydrochlorothiazide tab 160-12.5 mg, 37
valsartan-hydrochlorothiazide tab 160-25 mg, 37
valsartan-hydrochlorothiazide tab 320-12.5 mg, 37
valsartan-hydrochlorothiazide tab 320-25 mg, 37
valsartan-hydrochlorothiazide tab 80-12.5 mg, 37
 VALTOCO 10 MG DOSE, 54
 VALTOCO 15 MG DOSE, 54
 VALTOCO 20 MG DOSE, 54
 VALTOCO 5 MG DOSE, 54
valtya 1/35, 69
valtya 1/50, 69
vancomycin hcl, 14
 VANCOMYCIN INJ 1 GM, 14
 VANCOMYCIN INJ 500MG, 14
 VANCOMYCIN INJ 750MG, 14
 VANFLYTA, 33
 VAQTA, 85
varenicline tartrate, 60
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack, 60
 VARIVAX, 85
 VASCEPA, 39
 VAXCHORA SUS, 85
velivet, 69
 VELSIPITY, 81
 VENCLEXTA, 33
 VENCLEXTA TAB START PK, 33
venlafaxine hcl, 46
 VENTOLIN HFA, 92
 VENTOLIN HFA (INSTITUTIONAL PACK), 92
verapamil hcl, 40
 VERQUVO, 42
 VERSACLOZ, 50
 VERZENIO, 33
vestura, 69
vienna, 69
vigabatrin, 54, 55
vigadrone, 55
 VIGAFYDE, 55
vilazodone hcl, 46
 VIMKUNYA, 85
vincristine sulfate, 25
vinorelbine tartrate, 25
violele, 69
 VIRACEPT, 16
 VIREAD, 16
 VITRAKVI, 33
 VIVIMUSTA, 22
 VIVITROL, 60

VIVOTIF CAP EC, 85
VIZIMPRO, 33
VONJO, 33
VOQUEZNA PAK DUAL
PAK, 76
VOQUEZNA PAK TRIP
PK, 76
VORANIGO, 33
voriconazole, 15
VOSEVI TAB, 18
VOWST CAP, 76
VRAYLAR, 50
vyfemla, 69
vylibra, 69
VYZULTA, 89
warfarin sodium, 78
water for irrigation,
sterile irrigation soln,
99
WELIREG, 25
wera, 69
WESTAB PLUS TAB 27-
1MG, 87
WINREVAIR, 43
WINREVAIR INJ 45MG,
43
WINREVAIR INJ 60MG,
43
wixela inhub, 95
wymzya fe, 69
WYOST, 64
XALKORI, 33
xarah fe, 69
XARELTO, 78
XARELTO STAR TAB
15/20MG, 78
XATMEP, 82
XCOPRI, 55
XCOPRI PAK 100-150,
55
XCOPRI PAK 12.5-25, 55
XCOPRI PAK 150-200MG
(MAINTENANCE), 55
XCOPRI PAK 150-200MG
(TITRATION), 55
XCOPRI PAK 50-100MG,
55
XDEMVY, 88
XELJANZ, 81, 82
XELJANZ XR, 82
xelria fe, 69
XERMELO, 76
XHANCE, 93
XIFAXAN, 76
XIGDUO XR TAB 10-
1000, 62
XIGDUO XR TAB 10-
500MG, 62
XIGDUO XR TAB 2.5-
1000, 62
XIGDUO XR TAB 5-
1000MG, 62
XIGDUO XR TAB 5-
500MG, 62
XIIDRA, 89
XOLAIR, 93
XOSPATA, 33
XPOVIO PAK (100 MG
ONCE WEEKLY), 34
XPOVIO PAK (40 MG
ONCE WEEKLY), 34
XPOVIO PAK (40 MG
TWICE WEEKLY), 34
XPOVIO PAK (60 MG
ONCE WEEKLY), 34
XPOVIO PAK (60 MG
TWICE WEEKLY), 34
XPOVIO PAK (80 MG
ONCE WEEKLY), 34
XPOVIO PAK (80 MG
TWICE WEEKLY), 34
XTANDI, 24
XTRENBO, 64
xulane, 69
XULTOPHY INJ 100/3.6,
63
YESINTEK, 82
YF-VAX INJ, 85
YONSA, 24
YUTREPIA, 43
yuvafem, 70
zafemy, 69
zafirlukast, 92
ZARXIO, 78
ZEGALOGUE, 71
ZEJULA, 34
ZELBORAF, 34
zelvysia, 72
ZEMAIRA, 93
zenatane, 95
ZENPEP CAP 10000UNT,
76
ZENPEP CAP 15000UNT,
76
ZENPEP CAP 20000UNT,
76
ZENPEP CAP 25000UNT,
76
ZENPEP CAP 3000UNIT,
76
ZENPEP CAP 40000UNT,
76
ZENPEP CAP 5000UNIT,
76
ZENPEP CAP 60000UNT,
76
ZERVIAE, 89
zidovudine, 16
ziprasidone hcl, 50
ziprasidone mesylate, 50
ZIRABEV, 34
ZIRGAN, 88
zoledronic acid, 64
ZOLINZA, 34
zolpidem tartrate, 57
ZONISADE, 55
zonisamide, 55
zovia 1/35, 69
ZTALMY, 55
zumandimine, 69
ZURZUVAE, 46

ZYDELIG, 34
ZYKADIA, 34

ZYLET SUS 0.5-0.3%,
88

ZYPITAMAG, 38
ZYPREXA RELPREVV, 50



Na-update ang pormularyong ito noong 04/01/2026. Para sa higit pang bagong impormasyon o iba pang mga tanong, makipag-ugnayan sa Mga serbisyo para sa Miyembro ng Central Health Medicare Plan sa (800) 665-3086 (dapat tumawag ang mga gumagamit ng TTY sa 711), Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras, o bisitahin ang centralhealthplan.com/PartD/Formulary.