



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

ib Lub Phiaj Xwm Medicare Medi-Cal

2025 Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them (Daim Npe Tshuaj Kho Mob los sis Daim Ntawv Teev Npe Tshuaj)

THOV NYEEM: COV NTAUB NTAWV NO MUAJ COV NTAUB NTAWV HAIS TXOG COV TSHUAJ KHO MOB UAS PEB PAB THEM NYOB RAU HAUV LUB PHIAJ XWM NO

Tus ID Kev Xa Daim Ntawv Teev Npe Tshuaj Uas Tau Txais Kev Pom Zoo Ntawm HPMS, 00025316 Tus Nab Npawb Vaws Vaj, 12.

Tau hloov kho tshiab daim ntawv teev npe tshuaj no nyob rau hauv 04/01/2025.

Rau cov ntaub ntawv tshiab tshaj plaws los sis lwm cov lus nug, txuas lus rau peb ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos los sis mus saib <https://www.centralhealthplan.com/PartD/Formulary>.

Lus nthuav qhia

Cov ntaub ntawv no yog hu ua *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* (hu ua *Daim Npe Tshuaj Kho Mob*). ws yuav qhia koj tias seb cov tshuaj raws ntawv sau yuav twg tau txais kev pab them nqi duav roos los ntawm Central Health Medi-Medi Plan I. Dhau li ntawv lawm *Daim Ntawv Teev Npe Tshuaj* kuj yuav qhia koj tias seb puas muaj tej cov kev cai tshwj xeeb los sis cov kev txwv dab tsi rau txhua cov tshuaj uas tau txais kev pab them nqi duav roos los ntawm Central Health Medi-Medi Plan I. Cov lus tseem ceeb thiab peb cov ntsiab lus txhais yuav tshwm nyob rau hauv tshooj kawg nkaus ntawm *Phau Ntawv Qhia Siv Rau Tswv Cuab*.

Daim Phiaj Teev Ntsiab Lus

A. Cov kev tsis lees paub.....	3
B. Cov Lus Nug Uas Nquag Nug (FAQ).....	11
B1. Cov tshuaj kho mob raws ntawv sau yuav twg thiaj li yog <i>Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them?</i> (Peb hu <i>Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them “Daim Npe Tshuaj Kho Mob”</i> ua qhov luv-luv xwb.)	11
B2. Puas yog <i>Daim Npe Tshuaj Kho Mob</i> muaj kev hloov pauv lawm?	12
B3. Yuav muaj dab tsi tshwm sim thaum muaj cov kev hloov pauv rau <i>Daim Npe Tshuaj Kho Mob?</i>	13
B4. Puas yog muaj tej cov kev txwv los sis cov ciam txwv hais txog kev pab them tshuaj kho mob los sis tej cov kev nqis tes uas yuav tsum tau ua txhawm kom tau txais qee cov tshuaj kho mob?	15
B5. Kuv yuav paub tau li cas yog tias kuv xav muaj cov ciam txwv los sis yog tias muaj cov kev nqis tes uas yuav tsum tau ua txhawm kom tau txais qhov tshuaj kho mob?	16
B6. Yuav muaj dab tsi tshwm sim yog tias Central Health Medi-Medi Plan I hloov pauv lawv cov cai hais txog tias seb lawv puas pab them rau qee cov tshuaj kho mob (piv txwv, kev tso cai ua ntej, cov ciam txwv qhov ntau tsawg, thiab/los sis cov kev txwv kev kho mob raws kauj ruam)?	16
B7. Kuv tuaj yeem nrhiav qhov tshuaj kho mob nyob rau hauv <i>Daim Npe Tshuaj Kho Mob</i> li cas?	16

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



B8. Yuav ua li cas yog tias qhov tshuaj kho mob uas kuv xav noj tsis nyob rau hauv <i>Daim Npe Tshuaj Kho Mob?</i>	17
B9. Yuav ua li cas yog tias kuv yog tus tswv cuab ntawm Central Health Medi-Medi Plan I tshiab thiab tsis tuaj yeem nrhiav tau kuv qhov tshuaj kho mob nyob rau hauv <i>Daim Ntawv Teev Npe Tshuaj Kho Mob</i> los sis muaj teeb meem hauv kev tau txais kuv qhov tshuaj kho mob?	17
B10. Puas yog kuv tuaj yeem zam txhawm rau pab them kuv qhov tshuaj kho mob?.....	19
B11. Kuv tuaj yeem thov kev zam tau li cas?.....	19
B12. Nws siv sij hawm ntev npaum li cas los thov kev zam?	19
B13. Cov tshuaj kho mob tsis muaj npe cim lag luam yog dab tsi?	19
B14. Cov khoom ntawm yam muaj sia qub yog dab tsi thiab cov khoom ntawd cuam tshuam rau cov tshuaj kho mob ntawm yam muaj sia li cas?.....	20
B15. Puas yog Central Health Medi-Medi Plan I pab them rau cov khoom OTC uas tsis yog tshuaj kho mob?	20
B16. Puas yog Central Health Medi-Medi Plan I pab them rau cov kev muab tshuaj raws ntawv sau yuav rau ncuaj sij hawm ntev?.....	20
B17. Puas yog kuv tuaj yeem tau txais cov ntawv sau yuav tshuaj uas tau xa tuaj rau ntawm kuv lub tsev los ntawm lub chaw muag tshuaj hauv zos?.....	21
B18. Kuv tus nqi sib koom them yog dab tsi?	21
C. Xam Tag Nrho ntawm <i>Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them</i>	21
C1. <i>Daim Npe Cov Tshuaj Kho Mob Raws Tus Yam Ntxwv Fab Kev Kho Mob</i>	22
D. <i>Kev Taw Qhia Txog Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them</i>	100

A.Cov kev tsis lees paub

Qhov no yog daim ntawv teev npe cov tshuaj uas cov tswv cuab tuaj yeem tau txais nyob rau hauv *Central Health Medi-Medi Plan I*.

- ❖ Koj tuaj yeem ntsuam xyuas Central Health Medi-Medi Plan I *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* Nqi Duav Roos tshiab tshaj plaws hauv oos lais ntawm <https://www.centralhealthplan.com/PartD/Formulary> los sis los ntawm kev hu rau (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj no yog hu dawb xwb.
- ❖ Koj tuaj yeem tau txais cov ntaub ntawv yam tsis xam nqi ua lwm cov qauv ntawv, xws li tus ntawv luam loj, ntawv xuas, los sis ua suab. Hu rau ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb.
- ❖ Central Health Medi-Medi Plan I yog HMO/HMO SNP uas muaj taub ntawv cog lus nrog rau Medicare. Kev sau npe rau hauv Central Health Medi-Medi Plan I yuav nce raws li cov kev txuas sij hawm ntaub ntawv cog lus.
- ❖ Central Health Medi-Medi Plan I yuav ua raws li Tsoom Fwv cov kev cai lij choj hais txog pej xeem cov kev muaj cai uas siv tau thiab yuav tsis pub muaj kev ntxub ntxaug uas saib raws li poj niam txiv neej, haiv neeg, cev nqaij daim ntawv, kev ntseeg, poj koob yawm txwv, teb chaws yug, qhov qhia txog pawg neeg me, hnuv nyoog, kev xiam oob qhab fab siab ntsws, kev xiam oob qhab lub cev, yam ntxwv kev kho mob, ntaub ntawv hais txog caj ces, qhov muaj txij nkawm, qhov yog poj niam txiv neej, qhov qhia tias yog poj niam txiv neej los sis qhov nyiam poj niam txiv neej.

Txhawm rau pab kom koj sib txuas lus nrog peb tau zoo, Central Health Medi-Medi Plan I muab cov kev pab cuam yam tsis xam nqi thiab ncav sij hawm:

- Central Health Medi-Medi Plan I muab cov kev hloov kho raws li muaj kev tsim nyog thiab cov cuab yeej pab uas phim thiab cov kev pab cuam rau cov tib neeg uas xiam oob qhab. Qhov no suav nrog: (1) Cov kws txhais lus uas muaj kev txawj tsim nyog. (2) Cov ntaub ntawv ua lwm cov qauv ntawv, xws li tus ntawv luam loj, ua suab, cov qauv ntawv hauv es les taus niv uas tuaj yeem nkag siv tau, Ntawv Xuas.
- Central Health Medi-Medi Plan I muab cov kev pab cuam txhais lus rau cov neeg tus uas hais lwm hom lus los sis cov tsis txawj Lus Askiv zoo. Qhov no suav nrog: (1) Cov kws

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txhais lus hais ntawm ncauj uas muaj kev txawj tsim nyog. (2) Cov ntaub ntawv uas txhais ua koj hom lus.

Yog tias koj xav tau cov kev pab cuam no, ces tiv tauj rau Lub Chaw Muab Kev Pab Cuam Rau Tus Tswv Cuab ntawm Central Health Medi-Medi Plan I ntawm 1-800-665-3086 los sis TTY/TDD: 711.

Yog tias koj ntseeg tias peb tau ntxub ntxaug saib raws li hnuv nyoog, cev nqaij daim tawv, kev xiam oob qhab, teb chaws yug, haiv neeg, los sis poj niam txiv neej ces koj tuaj yeem xa daim ntawv kev tsis zoo siab. Koj tuaj yeem xa daim ntawv kev tsis zoo siab kiag ntawm tus kheej, hauv xov tooj, hauv kev xa ntawv, email, los sis hauv oos lais. Yog tias koj xav tau kev pab hauv kev sau koj daim ntawv kev tsis zoo siab, ces peb yuav pab koj. Tej zaum koj yuav tau txais tus txheej txheem kev tsis zoo siab los ntawm kev mus saib peb lub vev xaib ntawm <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx> Hu rau peb Tus Kws Lis Hauj Lwm Txog Pej Xeem Cov Kev Muaj Cai ntawm 1-866-606-3889, TTY/TDD: 711 los sis xa koj daim ntawv kev tsis zoo siab rau:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Lub vev xaib: <https://molinahealthcare.Alertline.com>

Dhau li ntawd lawm koj tuaj yeem xa daim ntawv tsis txaus siab (daim ntawv kev tsis zoo siab) txog pej xeem cov kev muaj cai nrog Tebchaws Meskas Lub Tuam Tsev Hauj Lwm Ntsig Txog Cov Kev Pab Cuam Kev Noj Qab Haus Huv thiab Tib Neeg, Lub Chaw Ua Hauj Lwm Saib Xyuas Pej Xeem Cov Kev Muaj Cai, hauv oos lais los ntawm Lub Chaw Ua Hauj Lwm Saib Xyuas Kev Tsis Txaus Siab Txog Pej Xeem Cov Kev Muaj Cai Phab Vev Xaib ntawm: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> los sis los ntawm kev xa ntawv los sis hauv xov tooj ntawm:

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

Cov foos ntawv tsis txaus siab yog muaj ntawm nov:
<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Dhau li ntawd lawm tej zaum koj kuj yuav xa daim ntawv tsis txaus siab txog pej xeem cov kev muaj cai mus rau Xeev California Lub Tuam Tsev Hauj Lwm Ntsig Txog Cov Kev pab Cuam Saib Xyuas Kev Noj Qab Haus Huv, Lub Chaw Ua Hauj Lwm Saib Xyuas Pej Xeem Kev Muaj Cai los ntawm xov tooj, sau ntawv, los sis hauv es les taus niv:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Xov Tooj: 916-440-7370 (los sis (711 rau Qhov Kev Pab Cuam Tus Xov Tooj Neeg Xiam Oob Qhab Txog Cov Kev Sib Txuas Lus Ncua Kev Deb)
Email: CivilRights@dhcs.ca.gov

Cov foos ntawv tsis txaus siab yog muaj nyob ntawm
http://www.dhcs.ca.gov/Pages/Language_Access.aspx



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NOTICE OF AVAILABILITY

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

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

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

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

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

04/01/2025


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

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

ਧਿਆਨ ਦੋ: यदि आपको अपनी भाषा में सहायता चाहिए, तो 1-866-314-2427 (TTY: 711) पर कॉल करें। अपंग लोगों के लिए सहायक यंत्र और सेवाएं भी उपलब्ध हैं, जैसे ब्रेल व बड़े प्रिंट वाले दस्तावेज़। 1-866-314-2427 (TTY: 711) पर कॉल करें। ये सेवाएं मुफ्त हैं।

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

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

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev
 aus ntu, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday
Friday, 8 teev sawv ntxov – 8 teev tsaus ntu, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb
xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm
<https://www.centralhealthplan.com/PartD/Formulary>.

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

ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາ ຂອງທ່ານ, ໃຫ້ໂທຫາ 1-866-314-2427 (TTY: 711). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ, ເຊັ່ນ: ເອກະສານເປັນຕົວອັກສອນນູນ ແລະ ຕົວເລິມໃຫຍ່. ໂທຫາ 1-866-314-2427 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

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

សូមយកចិត្តទុកដាក់៖

ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក

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

និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្តាប

និងការបោះពុម្ពជាអក្សរធំក៏មានផ្តល់ជូនផងដែរ។

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

សេវាកម្មទាំងនេះផ្តល់ជូនដោយឥតគិតថ្លៃ។

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

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

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

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

می‌شوند.

ВНИМАНИЕ! Если вам необходима помощь на родном языке, позвоните по номеру 1-866-314-2427 (TTY (телетайп): 711). Также доступны вспомогательные приспособления и услуги для лиц с инвалидностью, например документы, набранные шрифтом Брайля или крупным шрифтом. Позвоните по номеру 1-866-314-2427 (TTY (телетайп): 711). Эти услуги предоставляются бесплатно.

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev
aus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday
Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb
xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm
<https://www.centralhealthplan.com/PartD/Formulary>.

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

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

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

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

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

- ❖ Cov ntaub ntawv no yog muaj yam tsis xam nqi ua Lus Xab Pes Niv, Lus As Las Npiv, Lus As Mes Nias, Lus Kas Pus Cias, Lus Suav (Lus Suav Sau Luv los sis Lus Suav Ib Txwm), Lus Fas Xis, Lus Hmoob, Lus Kaus Lim, Lus Lav Xias, Lus Tas Kas Lov, thiab Lus Nyab Laj.
- ❖ Koj tuaj yeem thov kom peb xa cov ntaub ntawv rau koj ua hom lus los sis tus qauv ntawv uas koj xav tau tas li. Qhov no hu ua daim ntawv thov sawv cev. Hu rau (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus sawv cev Muab Kev Pab Cuam Tswv Cuab tuaj yeem pab koj ua los sis hloov daim ntawv thov sawv cev. Peb yuav taug qab saib koj daim ntawv thov sawv cev, yog li ntawd koj tsis tas ua cov ntawv thov sib txawv txhua zaus uas peb xa cov ntaub ntawv rau koj.

B. Cov Lus Nug Uas Nquag Nug (FAQ)

Nrhiav cov lus teb rau cov lus nug uas koj muaj hais txog *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* no. Koj tuaj yeem nyeem txhua FAQ txhawm rau kawm paub ntxiv los sis tshawb nrhiav qhov lus teb los sis qhov lus nug.

B1. Cov tshuaj kho mob raws ntawv sau yuav twg thiaj li yog *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them*? (Peb hu *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them “Daim Npe Tshuaj Kho Mob”* ua qhov luv-luv xwb.)

Cov tshuaj kho mob nyob rau hauv *Daim Ntawv Teev Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* Nqi Duav Roos uas pib nyob rau hauv nqe C1 yog cov tshuaj kho mob uas tau txais kev pab them nqi duav roos los ntawm Central Health Medi-Medi Plan I (HMO D-SNP). Cov tshuaj kho mob yog muaj nyob ntawm cov chaw muag tshuaj nyob rau hauv peb lub nev vawj. Chaw muag tshuaj yog nyob rau hauv peb lub nev vawj yog tias peb muaj kev pom zoo nrog cov chaw muag tshuaj ntawd hauv kev ua hauj lwm nrog peb thiab muab cov kev pab cuam rau koj. Peb hu cov chaw muag tshuaj no ua “cov chaw muag tshuaj hauv nev vawj.”

Lwm cov tshuaj kho mob, xws li cov tshuaj kho mob tsis raws ntawv sau yuav (OTC) thiab qee cov vis tas mees, tej zaum yuav tau txais kev pab them los ntawm Medi-Cal Rx. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li ntawd lawm koj kuj tuaj yeem hu rau Medi-Cal Rx Lub Chaw Pab Cuam Tswv Cuab ntawm 800-977-2273.

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



Thov nqa koj Daim Npav Txheeb Xyuas Tus Neeg Tau Txais Txiaj Ntsig Medi-Cal (BIC) thaum mus txais cov ntawv sau yuav tshuaj los ntawm Medi-Cal Rx.

- Central Health Medi-Medi Plan I yuav pab them mqi duav roos rau txhua cov tshuaj kho mob uas muaj kev tsim nyog rau fab kev kho mob nyob rau hauv *Daim Ntawv Teev Npe Tshuaj Kho Mob* yog tias:
 - koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj qhia tias koj yuav tsum siv cov tshuaj ntawd txhawm kom zoo zuj zus tuaj thiab muaj kev noj qab nyob zoo.
 - Central Health Medi-Medi Plan I pom zoo tias qhov tshuaj muaj kev tsim nyog rau fab kev kho mob rau koj, **thiab**
 - koj sau daim ntawv yuav tshuaj nyob ntawm Central Health Medi-Medi Plan I lub chaw muag tshuaj uas koom lag luam.
- Nyob rau hauv qee cov xwm txheej, koj yuav tsum ua qee yam ua ntej koj thiaj li yuav tau txais qhov tshuaj kho mob. Saib qhov lus nug B4 rau cov ntaub ntawv kev paub ntxiv.

Dhau li ntawv lawm koj tuaj yeem nrhiav daim ntawv teev npe cov tshuaj kho mob tshiab tshaj plaws uas peb pab them nyob rau hauv peb lub vev xaib ntawm

<https://www.centralhealthplan.com/PartD/Formulary> los sis hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos.

B2.Puas yog *Daim Npe Tshuaj Kho Mob* muaj kev hloov pauv lawm?

Yog, thiab Central Health Medi-Medi Plan I yuav tsum ua raws li Medicare thiab Medi-Cal cov kev cai thaum ua cov kev hloov pauv. Tej zaum peb yuav ntxiv los sis tshem tawm cov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* nyob rau ncuaj sij hawm lub xyoo.

Dhau li ntawd lawm tej zaum peb kuj yuav hloov peb cov cai hais txog cov tshuaj kho mob. Piv txwv, peb tuaj yeem:

- Txiaj txim seb puas yuav thov los sis tsis thov kev tso cai ua ntej rau qhov tshuaj kho mob. (Kev tso cai ua ntej yog kev tso cai los ntawm Central Health Medi-Medi Plan I ua ntej koj tau txais qhov tshuaj.)
- Ntxiv los sis hloov qhov tshuaj uas koj tuaj yeem tau txais (hu ua cov ciam txwv qhov ntau tsawg).
- Ntxiv los sis hloov cov kev txwv kev kho mob raws kauj ruam nyob rau hauv qhov tshuaj kho mob. (Kev kho mob raws kauj ruam txhais tau tias koj yuav tsum siv ib qhov tshuaj kho mob ua ntej peb mam pab them lwm qhov tshuaj kho mob.)

Rau cov ntaub ntawv kev paub ntiv hais txog cov cai qhia siv tshuaj kho mob no, saib qhov lus nug B4.

Yog tias koj tab tom noj qhov tshuaj kho mob uas tau txais kev pab them thaum **pib** lub xyoo, feem ntau lawm peb yuav tsis tshem tawm los sis hloov qhov kev pab them ntawm qhov tshuaj kho mob ntawd **nyob rau ncuaj sij hawm seem ntawm lub xyootshwj** tsis yog:

- muaj qhov tshuaj kho mob tshiab, pheej yig los rau hauv lub kiab khw uas siv tau zoo ib yam li qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* tam sim no, los sis
- peb paub tias qhov tshuaj kho mob uas yog qhov tsis muaj kev nyab xeeb, los sis
- qhov tshuaj kho mob raug tshem tawm los ntawm lub kiab khw.

Cov lus nug B3 thiab B6 hauv qab no muaj cov ntaub ntawv kev paub ntiv hais txog yam uas yuav tshwm sim thaum *Daim Npe Tshuaj Kho Mob* muaj kev hloov pauv.

- Koj tuaj yeem ntsuam xyuas tau Central Health Medi-Medi Plan I *Daim Npe Tshuaj* uas tshiab tshaj plaws nyob rau tam sim tas li hauv oos lais ntawm <https://www.centralhealthplan.com/PartD/Formulary>. Cov kev hloov kho rau *Daim Npe Tshuaj Kho Mob* yog tau muab tso tawm nyob rau hauv lub vev xaib ib hlis ib zaug.
- Dhau li ntawd lawm koj kuj tuaj yeem hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntov – 8 teev tsaus ntuj, lub sij hawm hauv zos txhawm rau ntsuam xyuas *Daim Npe Tshuaj Kho Mob tam sim no*.

B3. Yuav muaj dab tsi tshwm sim thaum muaj cov kev hloov pauv rau *Daim Npe Tshuaj Kho Mob*?

Qee cov kev hloov pauv rau *Daim Npe Tshuaj Kho Mob* yuav tshwm sim **kiag tam sim ntawd**. Piv txwv:

- **Kev hloov qee hom tshuaj kho mob tshiab.** Tej zaum peb yuav tshem tawm cov tshuaj kho mob ntawm *Daim Npe Tshuaj Kho Mob* kiag tam sim ntawd yog tias peb hloov qhov tshuaj ntawd ua qee hom tshuaj tshiab ntawm qhov tshuaj kho mob ntawd, tab sis mas koj tus nqi rau qhov tshuaj kho mob tshiab yuav seem li \$0. Thaum peb ntiv hom tshuaj kho mob tshiab, tej zaum peb kuj yuav txiav txim yuav ceev qhov tshuaj kho mob muaj npe cim lag luam los sis khoom ntawm yam muaj sia cia rau hauv daim npe tab sis hloov nws cov cai los sis cov ciam txwv kev pab them.

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



- Tej zaum peb yuav tsis qhia rau koj paub ua ntej peb ua qhov kev hloov pauv no, tab sis peb yuav xa cov ntaub ntawv rau koj hais txog kev hloov pauv tshwj xeeb uas peb ua thaum tshwm sim tuaj.
- Peb tuaj yeem ua cov kev hloov pauv no tsuas yog thaum qhov tshuaj kho mob uas peb tab tom ntxiv:
 - yog hom tsis muaj npe cim lag luam tshiab ntawm qhov tshuaj kho mob uas muaj npe cim lag luam, los sis
 - yog qee hom tshuaj ntawm yam muaj siab tshiab ntawm cov khoom ntawm yam muaj sia qub nyob rau hauv *Daim Npe Tshuaj Kho Mob* (piv txwv, kev ntxiv qhov tshuaj ntawm yam muaj sia uas siv hloov tau uas tuaj yeem raug hloov rau qhov khoom ntawm yam muaj sia qub yam tsis muaj daim ntawv sau yuav tshuaj tshiab).
 - Tej zaum qee qhov ntawm cov hom tshuaj kho mob no yuav yog qhov tshiab rau koj. Rau cov ntaub ntawv kev paub ntxiv, saib Ntu B14.
- Koj los sis koj tus kws kho mob tuaj yeem thov kev zam los ntawm cov kev hloov pauv no. Peb yuav xa daim ntawv ceeb toom rau koj nrog rau cov kauj ruam uas koj tuaj yeem ua txhawm rau thov kev zam. Thov saib cov lus nug B10-B12 rau cov ntaub ntawv kev paub ntxiv hais txog cov kev zam.
- **Tau tshem tawm qhov tshuaj kho mob ntawm hauv kiab khw lawm.** Yog tias Lub Chaw Muab Khoom Noj thiab Tshuaj Kho Mob (FDA) hais tias qhov tshuaj kho mob uas koj tab tom noj tsis nyab xeeb los sis siv tsis tau zoo los sis tus neeg tsim tshuaj kho mob tshem tawm qhov tshuaj kho mob ntawm kiab khw, tej zaum peb yuav muab qhov tshuaj kho mob ntawd tshem tawm ntawm *Daim Npe Tshuaj Kho Mob* kiag tam sim ntawd. Yog tias koj tab tom noj qhov tshuaj kho mob, ces peb yuav xa daim ntawv ceeb toom rau koj tom qab peb ua qhov kev hloov pauv. Sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj sib tham txhawm rau nrhiav lwm txoj hauv kev uas nyab xeeb rau koj.

Tej zaum peb yuav ua cov kev hloov pauv uas cuam tshuam rau cov tshuaj kho mob uas ko noj. Peb yuav qhia rau koj paub ua ntej txog lwm cov kev hloov pauv no rau *Daim Npe Tshuaj Kho Mob*. Cov kev hloov pauv no yuav tshwm sim yog tias:

- FDA muab qhov lus qhia tshiab los sis muaj cov lus qhia fab chaw kuaj mob txog qhov tshuaj kho mob.
- Peb tshem tawm qhov tshuaj kho mob muaj npe cim lag luam los ntawm *Daim Npe Tshuaj Kho Mob* thaum ntxiv qhov tshuaj kho mob tsis muaj npe cim lag luam uas tsis yog qhov tshiab rau kiab khw, los sis
- peb tshem tawm qhov khoom ntawm yam muaj sia qub thaum ntxiv rau qhov tshuaj ntawm yam muaj sia, los sis

- peb hloov cov cai los sis cov ciam txwv kev pab them rau qhov tshuaj kho mob muaj npe cim lag luam.

Thaum cov kev hloov pauv no tshwm sim tuaj, ces peb yuav:

- qhia rau koj paub yam tsawg kawg yog 30 hnuv ua ntej peb ua qhov kev hloov pauv rau *Daim Npe Tshuaj Kho Mob los sis*
- qhia rau koj paub thiab muab tshuaj kho mob rau koj 31-hnuv tom qab koj thov kom rov sau.

Qhov no yuav muab lub sij hawm rau koj los sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem pab koj txiav txim:

- seb puas muaj qhov tshuaj kho mob sib thooj nyob rau hauv *Daim Npe Tshuaj Kho Mob* koj tuaj yeem siv hloov los sis
- seb puas yuav thov kev zam los ntawm cov kev hloov pauv no. Txhawm rau kawm paub ntxiv hais txog cov kev zam, saib cov lus nug B10-B12.

B4. Puas yog muaj tej cov kev txwv los sis cov ciam txwv hais txog kev pab them tshuaj kho mob los sis tej cov kev nqis tes uas yuav tsum tau ua txhawm kom tau txais qee cov tshuaj kho mob?

Yog, qee cov tshuaj kho mob muaj cov cai rau kev pab them los sis muaj cov ciam txwv hais txog qhov uas ko tuaj yeem tau txais. Nyob rau hauv qee cov xwm txheej uas koj los sis koj tus kws kho mob los sis lwm tus kws sau yuav tshuaj yuav tsum ua qee yam ua ntej koj tuaj yeem tau txais qhov tshuaj kho mob. Piv txwv:

- **Kev tso cai ua ntej:** Rau qee cov tshuaj kho mob, koj los sis koj tus kws kho mob los sis lwm tus kws sau yuav tshuaj yuav tsum tau txais kev tso cai los ntawm Central Health Medi-Medi Plan I ua ntej koj sau koj daim ntawv yuav tshuaj. Kev tso cai ua ntej yog sib txawv los ntawm kev xa mus. Tej zaum Central Health Medi-Medi Plan I yuav tsis pab them qhov tshuaj yog tias koj tsis tau txais kev tso cai ua ntej.
- **Cov ciam txwv qhov ntau tsawg:** Qee zaus Central Health Medi-Medi Plan I yuav muaj ciam txwv rau qhov ntau ntawm qhov tshuaj uas koj tau txais.
- **Kev kho mob raws kauj ruam:** Qee zaus Central Health Medi-Medi Plan I xav kom koj ua kev kho mob raws kauj ruam. Qhov no txhais tau tias koj yuav tsum sim cov tshuaj kho mob raws ib them zuj zus uas phim rau koj tus yam ntxwv fab kev kho mob. Koj yuav tsum sim ib qhov tshuaj kho mob ua ntej peb mam pab them lwm qhov

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



tshuaj kho mob. Yog tias koj tus kws sau yuav tshuaj xav tias qhov tshuaj kho mob xub thawj siv tsis tau rau koj, ces peb yuav pab them qhov tshuaj kho mob thib ob.

Koj tuaj yeem nrhiav seb koj qhov tshuaj kho mob puas muaj tej cov cai teeb tseg los sis cov ciam txwv txhab ntxiv los ntawm kev tshawb nrhiav nyob rau hauv cov kem ntawv nyob rau hauv ntu C1. Dhau li ntawv lawm koj tuaj yeem tau txais cov ntaub ntawv kev paub ntxiv los ntawm kev mus saib peb lub vev xaib ntawm <https://www.centralhealthplan.com/PartD/Formulary>. Peb tau tso tawm cov ntaub ntawv hauv oos lais uas piav qhia txog peb li kev tso cai ua ntej thiab cov kev txwv kev kho mob raws kauj ruam. Dhau li ntawd lawm tej zaum koj yuav thov kom peb xa daim theej tawm rau koj.

Koj tuaj yeem thov kev zam los ntawm cov ciam txwv no. Qhov no yuav muab lub sij hawm rau koj los sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem pab koj txiav txim seb puas muaj qhov tshuaj kho mob sib thooj nyob rau hauv *Daim Npe Tshuaj Kho Mob* koj tuaj yeem siv hloov los sis seb puas yuav thov tau kev zam. Saib cov lus nug B10-B12 rau cov ntaub ntawv kev paub ntxiv hais txog cov kev zam.

B5. Kuv yuav paub tau li cas yog tias kuv xav muaj cov ciam txwv los sis yog tias muaj cov kev nqis tes uas yuav tsum tau ua txhawm kom tau txais qhov tshuaj kho mob?

Lub kem ntawv nyob rau hauv Daim Npe Cov Tshuaj Kho Mob raws tus yam ntxwv fab kev kho mob uas muaj lub kem ntawv rov ntsug uas muaj npe hu tias “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv.”

B6. Yuav muaj dab tsi tshwm sim yog tias Central Health Medi-Medi Plan I hloov pauv lawv cov cai hais txog tias seb lawv puas pab them rau qee cov tshuaj kho mob (piv txwv, kev tso cai ua ntej, cov ciam txwv qhov ntau tsawg, thiab/los sis cov kev txwv kev kho mob raws kauj ruam)?

Nyob rau hauv qee cov xwm txheej, peb yuav qhia rau koj paub ua ntej yog tias peb ntxiv los sis hloov kev tso cai ua ntej, cov ciam txwv qhov ntau tsawg, thiab/los sis cov kev txwv kev kho mob raws kauj ruam rau qhov tshuaj kho mob. Saib qhov lus nug B3 rau cov ntaub ntawv kev paub ntxiv hais txog daim ntawv ceeb toom ua ntej no thiab cov xwm txheej uas tej zaum peb yuav tsis tuaj yeem qhia rau koj paub ua ntej thaum peb cov cai hais txog cov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* muaj kev hloov pauv.

B7. Kuv tuaj yeem nrhiav qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* li cas?

Muaj ob txoj hauv kev los nrhiav qhov tshuaj kho mob:

- koj tuaj yeem tshawb nrhiav raws tej theem zuj zus, **los sis**
- koj tuaj yeem tshawb nrhiav raws tus yam ntxwv fab kev kho mob.

Txhawm rau tshawb nrhiav **raws tej theem zuj zus**, tshawb nrhiav koj qhov tshuaj kho mob nyob rau hauv ntu Kev Taw Qhia Txog Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them. Koj tuaj yeem nrhiav tau nws nyob rau hauv ntu D.

Txhawm rau tshawb nrhiav **raws tus yam ntxwv fab kev kho mob**, nrhiav ntu C1 uas muaj npe hu ua “Daim Npe Cov Tshuaj Kho Mob Raws Tus Yam Ntxwv Fab Kev Kho Mob”. Cov tshuaj kho mob nyob rau hauv ntu no yog raug faib ua pawg raws cov hom uas nce raws li hom yam ntxwv fab kev kho mob uas lawv siv los kho mob. Piv txwv, yog tias koj muaj tus yam ntxwv mob plawv, ces koj tsim nyog tshawb nrhiav Lub Plawv thiab Hlab Ntshav. Qhov ntawd yog qhov chaw uas koj yuav nrhiav cov tshuaj kho mob los kho cov yam ntxwv mob plawv.

B8. Yuav ua li cas yog tias qhov tshuaj kho mob uas kuv xav noj tsis nyob rau hauv *Daim Npe Tshuaj Kho Mob*?

Yog tias koj tsis nrhiav koj qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob*, hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos thiab nug hais txog nws. Yog tias koj paub tias Central Health Medi-Medi Plan I yuav tsis pab them nqi duav roos rau cov tshuaj kho mob, ces koj tuaj yeem ua ib qho ntawm cov yam no:

- Thov *Cov Chaw Pab Cuam Tswv Cuab* rau daim npe tshuaj kho mob zoo li ib qhov tshuaj kho mob uas koj xav noj. Tag ntawd ces qhia daim npe rau koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem sau yuav qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* uas zoo li ib qhov tshuaj kho mob uas koj xav noj. **Los Sis**
- Koj tuaj yeem thov tau Central Health Medi-Medi Plan I kom ua qhov kev zam los pab them koj qhov tshuaj. Saib cov lus nug B10-B12 rau cov ntaub ntawv kev paub ntxiv hais txog cov kev zam.

B9. Yuav ua li cas yog tias kuv yog tus tswv cuab ntawm Central Health Medi-Medi Plan I tshiab thiab tsis tuaj yeem nrhiav tau kuv qhov tshuaj kho mob nyob rau hauv *Daim Ntawv Teev Npe Tshuaj Kho Mob* los sis muaj teeb meem hauv kev tau txais kuv qhov tshuaj kho mob?

Peb tuaj yeem pab. Tej zaum peb yuav pab them qhov tshuaj txaus siv ib ncuu sij hawm 31-hnuv ntawm koj qhov tshuaj nyob rau ncuu sij hawm thawj 90 hnuv uas koj ua tus tswv cuab ntawm Central Health Medi-Medi Plan I. Qhov no yuav muab sij hawm rau koj los nrog koj tus kws kho mob los sis lwm tus kws kho mob txib yuav tshuaj sib tham. Lawv tuaj yeem pab koj txiav txim seb puas muaj qhov tshuaj kho mob sib thooj nyob rau hauv *Daim Npe Tshuaj Kho Mob* koj tuaj yeem siv hloov los sis seb puas yuav thov tau kev zam.

Yog tias tau sau koj daim ntawv sau yuav tshuaj tsawg hnuv, peb yuav tso cai rau rov sau ntau zaus txhawm rau muab qhov tshuaj kho mob siab txog 31 hnuv.

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



Peb yuav pab them rau kev muab koj qhov tshuaj kho mob 31-hnub yog tias:

- koj tab tom noj qhov tshuaj kho mob uas tsis nyob rau hauv peb *Daim Npe Tshuaj Kho Mob*, **los sis**
- peb cov cai lub phiaj xwm tsis tso cai rau koj txais qhov tshuaj uas koj tus kws sau ntawv yuav tau txib yuav, **los sis**
- qhov tshuaj uas yuav tsum muaj kev tso cai ua ntej los ntawm Central Health Medi-Medi Plan I, **los sis**
- koj tab tom noj qhov tshuaj kho mob uas yog ib feem ntawm kev txwv kev kho mob raws kauj ruam.

Yog tias koj tab tom noj qhov tshuaj kho mob uas Central Health Medi-Medi Plan I tsis xam tias yog qhov tshuaj kho mob Phab D, thiab qhov tshuaj kho mob uas tsis nyob rau hauv Daim Ntawv Teev Npe Tshuaj Kho Mob, thiab koj muaj teeb meem txog kev tau txais qhov tshuaj kho mob, ces tej zaum yuav tau txais kev pab them nqi duav roos los ntawm Medi-Cal Rx. Yog tias qhov tshuaj kho mob uas tsis suav nrog Phab D yuav tsum muaj kev zam, thiab koj muaj xwm txheej ceev, Medi-Cal Rx yuav tso cai muab qhov tshuaj tsawg tsis pub tshaj 72-teev. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li ntawd lawm koj kuj tuaj yeem hu rau Medi-Cal Rx Lub Chaw Pab Cuam Tswv Cuab ntawm 800-977-2273. Thov nqa koj li BIC Medi-Cal thaum mus txais cov ntawv sau yuav tshuaj los ntawm Medi-Cal Rx.

Yog tias koj nyob rau hauv lub tsev tu mob los sis lub chaw saib xyuas ncuaj sij hawm ntev thiab xav tau qhov tshuaj kho mob uas tsis nyob rau hauv *Daim Npe Tshuaj Kho Mob* los sis yog tias koj tsis tuaj yeem tau txais qhov tshuaj kho mob uas koj xav tau yooj yim, peb tuaj yeem pab tau. Yog tias koj nyob rau hauv lub phiaj xwm ntev tshaj 90 hnub, nyob rau hauv lub chaw saib xyuas ncuaj sij hawm ntev, xav tau kev muab kiag tam sim ntawd:

- Peb yuav pab them rau ib qhov tshuaj txaus siv li 31-hnub ntawm qhov tshuaj uas koj xav tau (tshwj tsis yog koj muaj ntawv sau yuav tshuaj rau tsawg hnub), tsis hais koj yuav yog tus tswv cuab ntawm Central Health Medi-Medi Plan I tshiab los sis tsis yog los xij.
- Dhau li ntawv lawm qhov no yog qhov tshuaj txaus siv ib ntus nyob rau ncuaj sij hawm 90 hnub xub thawj uas koj yog tus tswv cuab ntawm Central Health Medi-Medi Plan I.

Central Health Medi-Medi Plan I yuav muab kev sau yuav tshuaj yam tsawg kawg yog 31-hnub (tshwj tsis yog tau sau daim ntawv yuav tshuaj rau qhov tshuaj txaus siv tsawg tshaj 31 hnub los sis yuav them rau daim ntawv yuav tshuaj tsawg tshaj tus nqi uas sau ua ntaub ua ntawv vim yog muaj cov ciam txwv qhov ntau tsawg rau cov hom phiaj kev nyab xeeb los sis kev kho kev siv tshuaj kho mob saib raws li kev lo ntawv qhia rau qhov khoom uas tau txais kev pom zoo, nyob rau hauv qhov xwm txheej uas Central Health Medi-Medi Plan I yuav tso cai sau ntau zaus txhawm rau muab qhov tshuaj kho mob txog 31 hnub xam tag nrho) nyob rau hauv Lub Chaw Teeb Tsim Rau Kev Saib Xyuas Ncuaj Sij Hawm Ntev thaum twg los tau nyob rau ncuaj sij hawm thawj 90 hnub tom qab tus tswv cuab qhov kev tso npe, pib nyob rau hauv tus neeg tso npe lub hnub tim kev pab them uas siv tau.

B10. Puas yog kuv tuaj yeem zam txhawm rau pab them kuv qhov tshuaj kho mob?

Yog. Koj tuaj yeem thov kom Central Health Medi-Medi Plan I ua qhov kev zam txhawm rau pab them qhov tshuaj kho mob uas tsis nyob rau hauv *Daim Npe Tshuaj Kho Mob*.

Dhau li ntawd lawm koj tuaj yeem thov kom peb hloov cov cai hais txog koj qhov tshuaj kho mob.

- Piv txwv, tej zaum Central Health Medi-Medi Plan I yuav muaj ciam txwv rau qhov ntau tsawg ntawm qhov tshuaj uas peb yuav pab them. Yog tias koj qhov tshuaj kho mob muaj ciam txwv, ces koj tuaj yeem thov kom peb hloov qhov ciam txwv thiab pab them ntxiv.
- Lwm cov piv txwv: Koj tuaj yeem thov kom peb tso tseg cov kev txwv kev kho mob raws kauj ruam los sis cov cai teeb tseg rau kev tso cai ua ntej.

B11. Kuv tuaj yeem thov kev zam tau li cas?

Txhawm rau thov kev zam, hu rau *Cov Chaw Pab Cuam Tswv Cuab*. Tus sawv cev Muab Kev Pab Cuam Tswv Cuab yuav ua hauj lwm nrog koj thiab koj tus kws sau ntawv yuav tshuaj txhawm rau pab koj thov kev zam. Dhau li ntawd lawm koj tuaj yeem nyeem **Tshooj 9** ntu G2 ntawm *Tus Tswv Cuab Phau Ntawv Qhia Siv* txhawm rau kawm paub ntxiv txog cov kev zam.

B12. Nws siv sij hawm ntev npaum li cas los thov kev zam?

Tom qab peb tau txais daim ntawv qhia los ntawm koj tus kws sau ntawv yuav tshuaj uas pab txhawb koj li kev thov rau kev zam, peb yuav muab qhov kev txiav txim rau koj kom tsis pub dhau 72 teev. Koj tus kws kho mob los sis tus kws sau ntawv yuav tshuaj tuaj yeem fev los sis xa daim ntawv qhia kev pab txhawb rau peb tau ntawm (866) 290-1309. Dhau li ntawd lawm lawv tuaj yeem qhia rau peb paub los ntawm xov tooj thiab tag ntawd ces fev los sis xa daim ntawv qhia.

Xa daim ntawv qhia rau tus kws sau ntawv yuav tshuaj tau ntawm:
Central Health Medicare Plan
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

Yog tias koj los sis koj tus kws sau ntawv yuav tshuaj xav tias koj li kev noj qab haus huv yuav yog qhov raug puas tsuaj yog tias koj yuav tsum tos 72 teev rau kev txiav txim, ces koj tuaj yeem thov rau kev zam ceev. Qhov no yog qhov kev txiav txim ceev zog. Yog tias koj tus kws sau ntawv yuav tshuaj pab txhawb koj li kev thov, ces peb yuav muab qhov kev txiav txim rau koj kom tsis pub dhau 24 teev tom qab tau txais koj tus kws sau yuav tshuaj daim ntawv qhia kev pab txhawb.

B13. Cov tshuaj kho mob tsis muaj npe cim lag luam yog dab tsi?

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



Cov tshuaj kho mob tsis muaj npe cim lag luam muaj cov feem xyaw zoo ib yam li cov tshuaj kho mob muaj npe cim lag luam thiab. Feem ntau lawm qhov tshuaj kho mob ntau muaj tus nqi tsawg tshaj qhov tshuaj kho mob muaj npe cim lag luam thiab feem ntau lawm siv tau zoo ib yam xwb. Feem ntau lawv tsis muaj cov npe uas paub zoo. Lub Chaw Muab Khoom Noj thiab Tshuaj Kho Mob (FDA) tau pom zoo siv cov tshuaj kho mob uas tsis muaj npe cim lag luam. Muaj cov tshuaj kho mob uas tsis muaj npe cim lag luam rau ntau cov tshuaj kho mob muaj npe cim lag luam. Feem ntau lawv tuaj yeem muaj kev hloov cov tshuaj kho mob uas tsis muaj npe cim lag luam ua cov tshuaj kho mob uas muaj npe cim lag luam ntauwv lub chaw muag tshuaj yam tsis muaj daim ntauwv sau yuav tshuaj tshiab—nce raws li xeev cov cai lij choj.

Central Health Medi-Medi Plan I pab them rau cov tshuaj muaj npe lag luam thiab cov tshuaj tsis muaj npe lag luam tib si.

B14. Cov khoom ntawm yam muaj sia qub yog dab tsi thiab cov khoom ntawd cuam tshuam rau cov tshuaj kho mob ntawm yam muaj sia li cas?

Thaum peb saib rau cov tshuaj kho mob, qhov no txhais tau tias qhov tshuaj kho mob los sis qhov khoom ntawm yam muaj sia. Cov khoom ntawm yam muaj sia yog cov tshuaj kho mob uas muaj ntau dua li cov tshuaj kho mob li ib txwm. Vim yog cov khoom ntawm yam muaj sia muaj ntau tshaj cov tshuaj kho mob li ib txwm, hloov qhov uas yuav muaj daim foos tshuaj tsis muaj npe cim lag luam, lawv muaj cov foos uas hu ua cov tshuaj kho mob ntawm yam muaj sia. Feem ntau lawm, cov tshuaj kho mob ntawm yam muaj sia siv tau zoo ib yam li qhov khoom ntawm yam muaj sia qub thiab tej zaum yuav muaj tus nqi tsawg. Muaj lwm cov hauv kev xaiv tshuaj kho mob ntawm yam muaj sia rau qee cov khoom ntawm yam muaj sia qub. Qee cov tshuaj kho mob ntawm yam muaj sia yog cov tshuaj kho mob uas sib paub tau thiab, nce raws li xeev cov cai lij choj, tej zaum yuav raug hloov ua qhov khoom ntawm yam muaj sia qub nyob ntawm lub chaw muag tshuaj yam tsis muaj kev xav tau daim ntauwv sau yuav tshuaj tshiab, tuaj yeem muaj kev hloov cov tshuaj kho mob uas tsis muaj npe cim lag luam ua cov tshuaj kho mob muaj npe cim lag luam.

Rau cov ntauwv kev paub ntxiv hais txog cov hom tshuaj kho mob, saib **Tshooj 5** ntawm *Tus Tswv Cuab Phau Ntauwv Qhia Siv*.

B15. Puas yog Central Health Medi-Medi Plan I pab them rau cov khoom OTC uas tsis yog tshuaj kho mob?

Central Health Medi-Medi Plan I pab them qee cov khoom OTC uas tsis yog tshuaj kho mob thaum tau sau ua cov ntauwv yuav tshuaj los ntawm koj tus kws muab kev pab cuam.

Koj tuaj yeem nyeem Central Health Medi-Medi Plan I *Daim Npe Tshuaj Kho Mob* txhawm rau nrhiav seb cov khoom OTC uas tsis yog tshuaj kho mob puas tau txais kev pab them.

B16. Puas yog Central Health Medi-Medi Plan I pab them rau cov kev muab tshuaj raws ntauwv sau yuav rau ncuaj sij hawm ntev?

- **Cov Khoos Kas Txib Yuav Hauv Kev Xa Ntauwv.** Peb muaj lub khoos kas txib yuav hauv kev xa ntauwv txhawm kom koj tau txais kev muab koj cov tshuaj kho mob raws

ntawv sau yuav uas tau xa tuaj rau koj lub tsev ncaj ncaim txog 100-hnubKev muab 100-hnub muaj tib tug nqi sib koom them ua qhov kev muab ib hlis.

- **Cov Khoos Kas Chaw Muag Tshuaj Txhem Muag 100-Hnub.** Tej zaum qee cov chaw muag tshuaj txhem muag yuav muaj kev muab cov tshuaj kho mob raws ntawv sau yuav uas tau txais kev pab them txog 100-hnub. Kev muab 100-hnub muaj tib tug nqi sib koom them ua qhov kev muab ib hlis.

B17. Puas yog kuv tuaj yeem tau txais cov ntawv sau yuav tshuaj uas tau xa tuaj rau ntawm kuv lub tsev los ntawm lub chaw muag tshuaj hauv zos?

Tej zaum lub chaw muag tshuaj yuav tuaj yeem xa koj daim ntawv sau yuav tshuaj mus rau koj lub tsev. Koj tuaj yeem hu rau koj lub chaw muag tshuaj txhawm rau nrhiav seb lawv puas muaj kev pab cuam xa tuaj txog ntawm tsev.

B18. Kuv tus nqi sib koom them yog dab tsi?

Cov tswv cuab Central Health Medi-Medi Plan I muaj cai rau cov tshuaj kho mob raws ntawv sau yuav thiab cov tshuaj kho mob OTC thiab cov khoom uas tsis yog tshuaj kho mob yog tias tus tswv cuab ua raws lub phiaj xwm cov cai. Saib cov lus nug B15 thiab B16 rau cov ntaub ntawv kev paub ntxiv hais txog cov tshuaj kho mob OTC thiab cov khoom uas tsis yog tshuaj kho mob.

Theem yog cov pab pawg ntawm cov tshuaj kho mob nyob rau hauv peb *Daim Npe Tshuaj Kho Mob*.

- Cov tshuaj kho mob tsis muaj npe cim lag luam Theem 1 muaj tus nqi sib koom them \$0.
- Cov tshuaj kho mob muaj npe cim lag luam Theem 1 muaj tus nqi sib koom them \$0.

Txhua them tsis muaj tus nqi sib koom them.

Cov OTC muaj tus nqi sib koom them \$0.

Yog tias koj muaj lus nug, hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos.

C. Xam Tag Nrho ntawm *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them*

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



Daim Npe Cov Tshuaj Uas Tau Txais Kev Pab Them yuav muab cov ntaub ntawv rau koj hais txog cov tshuaj uas tau txais kev pab them los ntawm Central Health Medi-Medi Plan I. Yog tias koj muaj teeb meem txog kev nrhiav koj qhov tshuaj nyob rau hauv daim npe, ces mus rau Daim Ntawv Teev Cov Tshuaj Uas Tau Txais Kev Pab Them uas pib nyob rau nqe D. Daim ntawv teev npe txhua cov tshuaj raws tus niam ntawv uas tau txais kev pab them los ntawm Central Health Medi-Medi Plan I.

Lwm cov tshuaj kho mob, xws li cov tshuaj kho mob tsis raws ntawv sau yuav (OTC) thiab qee cov vis tas mees, tej zaum yuav tau txais kev pab them los ntawm Medi-Cal Rx. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li ntawd lawm koj kuj tuaj yeem hu rau Medi-Cal Rx Lub Chaw Pab Cuam Tswv Cuab ntawm 800-977-2273. Thov nqa koj Daim Npav Txheeb Xyuas Tus Neeg Tau Txais Txiaj Ntsig Medi-Cal (BIC) thaum mus txais cov ntawv sau yuav tshuaj los ntawm Medi-Cal Rx.

Cov Kev Thov Kom Rov Qab Txiaj Txim Dua Nyob Rau Hauv Phab D

- Kev thov kom rov qab txiaj txim dua yog ib txoj hauv kev uas raug raws cai ntawm kev thov kom peb tshab xyuas qhov kev txiaj txim uas peb ua hais txog koj qhov kev pab them thiab txhawm rau hloov yog tias koj xav tias peb ua yuam kev.
- Piv txwv, peb yuav txiaj txim tias qhov tshuaj kho mob uas koj xav tau tsis tau txais kev pab them los sis Medicare los sis Medi-Cal yuav tsis pab them mus ntxiv li lawm.
- Yog tias koj los sis koj tus kws sau ntawv yuav tshuaj tsis pom zoo nrog peb qhov kev txiaj txim, ces koj tuaj yeem thov kom rov qab txiaj txim dua. Yog tias koj muaj lus nug, ces hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos.
- Dhau li ntawd lawm koj tuaj yeem nyeem **Tshooj 9** ntawm *Tus Tswv Cuab Phau Ntawv Qhia Siv* txhawm rau kawm paub txog txoj hauv kev thov kom rov qab txiaj txim dua rau qhov kev txiaj txim.
- Cov tshuaj kho mob uas tsis yog qhov tshuaj kho mob Phab D muaj cov cai sib txawv rau cov kev thov kom rov qab txiaj txim dua.

C1. Daim Npe Cov Tshuaj Kho Mob Raws Tus Yam Ntxwv Fab Kev Kho Mob

Cov tshuaj kho mob nyob rau hauv ntu no yog raug faib ua pawg raws cov hom uas nce raws li hom yam ntxwv fab kev kho mob uas lawv siv los kho mob. Piv txwv, yog tias koj muaj tus yam ntxwv mob plawv, ces koj tsim nyog tshawb nrhiav nyob rau hauv hom, Lub Plawv thiab Hlab Ntshav. Qhov ntawd yog qhov chaw uas koj yuav nrhiav cov tshuaj kho mob los kho cov yam ntxwv mob plawv.

Ntawm nov yog cov ntsiab lus ntawm cov khauj uas siv nyob rau hauv “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv” lub kem ntawv rov ntsug:

PA = Kev Tso Cai Ua Ntej (kev pom zoo): koj yuav tsum muaj kev pom zoo ua ntej koj yuav tuaj yeem tau txais qhov tshuaj kho mob no.

QL = Cov Ciam Txwv Qhov Ntau Tsawg: qhov tshuaj kho mob uas lub phiaj xwm yuav pab them tus nqi.

ST = Tus Qauv Cai Kev Kho Mob Raws Kauj Ruam: koj yuav tsum sim lwm qhov tshuaj kho mob ua ntej koj tuaj yeem tau txais qhov tshuaj no.

NM = Txib Yuav Uas Tsis Yog Hauv Kev Xa Ntawv: qhov tshuaj kho mob no tsis tuaj yeem raug sau los ntawm kev txib yuav hauv kev xa ntawv.

B/D = Tej zaum yuav muaj kev pab them qhov tshuaj kho mob no nyob rau hauv Medicare Phab B los sis D uas nce raws li cov xwm txheej.

LA = Qhov Tshuaj Kho Mob Kev Nkag Siv Uas Muaj Ciam Txwv: tej zaum qhov tshuaj kho mob no yuav muaj muag ntawm qee cov chaw muag tshuaj nkaus xwb.

_ = Cov Tshuaj Kho Mob Uas Tsis Yog Phab D, los sis cov khoom OTC uas tau txais kev pab them los ntawm Medicaid.

NDS = Kev Muab Cov Khoom Uas Tsis Muaj Kev Nthuav Dav Cov Hnub: koj yuav raug txwv rau kev muab pes tsawg hnub uas koj tuaj yeem tau txais.

Thawj lub kem ntawv rov ntsug ntawm lub kem ntawv qhia lub npe tshuaj kho mob. Cov tshuaj kho mob tsis muaj npe cim lag luam yog teev tseg ua tus niam ntawv me (piv txwv, *metformin hcl*), cov tshuaj kho mob muaj npe cim lag luam yog tus niam ntawv loj (piv txwv, JANUVIA TABS), Cov ntaub ntawv nyob rau hauv “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv” lub kem ntawv rov ntsug qhia rau koj paub tias seb Central Health Medi-Medi Plan I puas muaj tej cov cai rau kev pab them koj qhov tshuaj kho mo



Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

MOLINA_CY25_1T_SNP_PMOD eff 04/01/2025**Drug Name****Drug Tier Requirements/Limits****ANALGESICS****GOUT**

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

MISCELLANEOUS

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

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

OPIOID ANALGESICS, LONG-ACTING

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin</i> TABS 3mg	1	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

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

Drug Name	Drug Tier	Requirements/Limits
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	NDS, QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	NDS, QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide SOLR 2gm</i>	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

Drug Name	Drug Tier	Requirements/Limits
MATULANE CAPS 50mg	1	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA

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Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

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

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Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA

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

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA
<i>ATTENTION DEFICIT HYPERACTIVITY DISORDER</i>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

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

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
deferasirox TBSO 250mg, 500mg	1	NDS, NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NDS, NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA

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

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NAACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVA SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2- 0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	

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Drug Name	Drug Tier	Requirements/Limits
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

Drug Name	Drug Tier	Requirements/Limits
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

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

DERMATOLOGY, ANTIBIOTICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv.

Drug Name**Drug Tier Requirements/Limits****_PART B*****DIABETIC METERS AND TEST STRIPS***

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

D. Kev Taw Qhia Txog Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them

Nyob rau hauv ntu no, koj tuaj yeem nrhiav qhov tshuaj kho mob los ntawm kev tshawb nrhiav lub npe qhov tshuaj raws ib them zuj zus. Qhov no yuav qhia tus nab npawb nplooj ntawv rau koj uas koj tuaj yeem nrhiav cov ntaub ntawv kev pab them ntxiv rau koj qhov tshuaj kho mob

<i>abacavir sulfate</i> , 28	<i>acetic acid (otic)</i> , 91	AKEEGA TAB
<i>abacavir sulfate-</i>	<i>acetylcysteine</i> , 92	50/500MG, 35
<i>lamivudine tab 600-</i>	<i>acitretin</i> , 96	<i>ala-cort</i> , 96
<i>300 mg</i> , 29	ACTHIB INJ, 85	<i>albendazole</i> , 26
ABELCET, 27	ACTIMMUNE, 85	<i>albuterol sulfate</i> , 92
ABILIFY ASIMTUFII,	<i>acyclovir</i> , 30	<i>alclometasone</i>
54	<i>acyclovir sodium</i> , 30	<i>dipropionate</i> , 96
ABILIFY MAINTENA,	ADACEL INJ, 85	ALCOHOL SWABS: BD-
54	ADALIMUMAB-AACF (2	EMBECTA/MHC/RUG
<i>abiraterone acetate</i> ,	PEN), 82	BY, 68
35	ADALIMUMAB-AACF (2	ALDURAZYME, 75
ABRYSVO, 85	SYRING, 82	ALECENSA, 37
<i>acamprosate calcium</i> ,	ADALIMUMAB-AACF	<i>alendronate sodium</i> ,
65	STARTER P, 82	69
<i>acarbose</i> , 66	<i>adefovir dipivoxil</i> , 30	<i>alfuzosin hcl</i> , 80
<i>accutane</i> , 95	ADMELOG, 68	<i>aliskiren fumarate</i> , 50
<i>acebutolol hcl</i> , 49	ADMELOG SOLOSTAR,	<i>allopurinol</i> , 24
<i>acetaminophen w/</i>	68	<i>alosetron hcl</i> , 79
<i>codeine soln 120-12</i>	ADVAIR HFA AER	<i>alprazolam</i> , 51
<i>mg/5ml</i> , 25	115/21, 94	<i>altavera</i> , 70
<i>acetaminophen w/</i>	ADVAIR HFA AER	ALUNBRIG, 37
<i>codeine tab 300-15</i>	230/21, 94	ALUNBRIG PAK, 37
<i>mg</i> , 25	ADVAIR HFA AER	ALVAIZ, 81
<i>acetaminophen w/</i>	45/21, 94	ALVESCO, 94
<i>codeine tab 300-30</i>	<i>afirmelle</i> , 70	<i>alyacen 1/35</i> , 70
<i>mg</i> , 25	AIMOVIG, 63	<i>alyacen 7/7/7</i> , 70
<i>acetaminophen w/</i>	AIRSUPRA AER 90-	ALYFTREK TAB 10-50-
<i>codeine tab 300-60</i>	80MCG, 94	125, 93
<i>mg</i> , 25	AKEEGA TAB 100/500,	ALYFTREK TAB 4-20-
<i>acetazolamide</i> , 50	35	50, 92
<i>acetic acid</i> , 80		ALYGLO, 84

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

alyq, 51
 amantadine hcl, 53
 ambrisentan, 51
 amethia, 70
 amethyst, 70
 amikacin sulfate, 26
 amiloride &
 hydrochlorothiazide
 tab 5-50 mg, 50
 amiloride hcl, 50
 amiodarone hcl, 47
 amitriptyline hcl, 52
 amlodipine besylate,
 49
 amlodipine besylate-
 benazepril hcl cap
 10-20 mg, 45
 amlodipine besylate-
 benazepril hcl cap
 10-40 mg, 45
 amlodipine besylate-
 benazepril hcl cap
 2.5-10 mg, 45
 amlodipine besylate-
 benazepril hcl cap 5-
 10 mg, 45
 amlodipine besylate-
 benazepril hcl cap 5-
 20 mg, 45
 amlodipine besylate-
 benazepril hcl cap 5-
 40 mg, 45
 amlodipine besylate-
 olmesartan
 medoxomil tab 10-
 20 mg, 46
 amlodipine besylate-
 olmesartan
 medoxomil tab 10-
 40 mg, 46
 amlodipine besylate-
 olmesartan
 medoxomil tab 5-20
 mg, 46
 amlodipine besylate-
 olmesartan
 medoxomil tab 5-40
 mg, 46
 amlodipine besylate-
 valsartan tab 10-160
 mg, 46
 amlodipine besylate-
 valsartan tab 10-320
 mg, 46
 amlodipine besylate-
 valsartan tab 5-160
 mg, 46
 amlodipine besylate-
 valsartan tab 5-320
 mg, 46
 amnesteem, 95
 amoxapine, 52
 amoxicillin, 33
 amoxicillin & k
 clavulanate chew tab
 400-57 mg, 33
 amoxicillin & k
 clavulanate for susp
 200-28.5 mg/5ml,
 33
 amoxicillin & k
 clavulanate for susp
 250-62.5 mg/5ml,
 33
 amoxicillin & k
 clavulanate for susp
 400-57 mg/5ml, 33
 amoxicillin & k
 clavulanate for susp
 600-42.9 mg/5ml,
 33
 amoxicillin & k
 clavulanate tab 250-
 125 mg, 33
 amoxicillin & k
 clavulanate tab 500-
 125 mg, 33
 amoxicillin & k
 clavulanate tab 875-
 125 mg, 33
 amoxicillin & k
 clavulanate tab er
 12hr 1000-62.5 mg,
 33
 amphetamine-
 dextroamphetamine
 cap er 24hr 10 mg,
 61
 amphetamine-
 dextroamphetamine
 cap er 24hr 15 mg,
 61
 amphetamine-
 dextroamphetamine
 cap er 24hr 20 mg,
 61
 amphetamine-
 dextroamphetamine
 cap er 24hr 25 mg,
 61
 amphetamine-
 dextroamphetamine
 cap er 24hr 30 mg,
 61
 amphetamine-
 dextroamphetamine
 cap er 24hr 5 mg,
 61
 amphetamine-
 dextroamphetamine
 tab 10 mg, 61
 amphetamine-
 dextroamphetamine
 tab 12.5 mg, 61
 amphetamine-
 dextroamphetamine
 tab 15 mg, 61
 amphetamine-
 dextroamphetamine
 tab 20 mg, 61
 amphetamine-
 dextroamphetamine
 tab 30 mg, 61
 amphetamine-
 dextroamphetamine
 tab 5 mg, 61
 amphetamine-
 dextroamphetamine
 tab 7.5 mg, 61

amphotericin b, 27
amphotericin b liposome, 27
ampicillin, 33
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm, 33
ampicillin & sulbactam sodium for inj 3 (2-1) gm, 33
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm, 33
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm, 33
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm, 33
ampicillin sodium, 33
anagrelide hcl, 81
anastrozole, 35
 ANORO ELLIPT AER 62.5-25, 91
aprepitant, 77
aprepitant capsule therapy pack 80 & 125 mg, 77
apri, 70
 APTIOM, 57
 APTIVUS, 28
 ARALAST NP, 93
aranella, 70
 ARCALYST, 85
 AREXVY, 86
 ARIKAYCE, 26
aripiprazole, 54, 55
 ARISTADA, 55
 ARISTADA INITIO, 55
armodafinil, 65
 ARNUITY ELLIPTA, 94
asenapine maleate, 55
ashlyna, 70
aspirin-dipyridamole cap er 12hr 25-200 mg, 82
 ASTAGRAF XL, 85
atazanavir sulfate, 28
atenolol, 49
atenolol & chlorthalidone tab 100-25 mg, 49
atenolol & chlorthalidone tab 50-25 mg, 49
atomoxetine hcl, 61
atorvastatin calcium, 48
atovaquone, 26
atovaquone-proguanil hcl tab 250-100 mg, 28
atovaquone-proguanil hcl tab 62.5-25 mg, 28
 ATROPINE SULFATE, 90
atropine sulfate (ophthalmic), 90
 ATROVENT HFA, 91
aubra eq, 70
 AUGTYRO, 37
aurovela 1/20, 70
aurovela 24 fe, 70
aurovela fe 1.5/30, 70
aurovela fe 1/20, 70
 AUSTEDO, 63
 AUSTEDO XR, 63
 AUSTEDO XR TAB TITR KIT, 64
 AUVELITY TAB 45-105MG, 52
aviane, 70
ayuna, 70
 AYVAKIT, 37
azacitidine, 35
azathioprine, 85
azelastine hcl, 91
azelastine hcl (ophth), 90
azithromycin, 32
aztreonam, 26
azurette, 70
bacitracin (ophthalmic), 89
bacitracin-polymyxin b ophth oint, 89
bacitracin-polymyxin-neomycin-hc ophth oint 1%, 89
baclofen, 64
 BAFIERTAM, 64
balsalazide disodium, 78
 BALVERSA, 37
balziva, 70
 BARACLUDGE, 31
 BASAGLAR KWIKPEN, 68
 BCG VACCINE, 86
benazepril & hydrochlorothiazide tab 10-12.5 mg, 45
benazepril & hydrochlorothiazide tab 20-12.5 mg, 45

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benazepril & hydrochlorothiazide tab 20-25 mg, 45
benazepril & hydrochlorothiazide tab 5-6.25mg, 45
benazepril hcl, 45
 BENDAMUSTINE HYDROCHLORID, 34
 BENDEKA, 34
 BENLYSTA, 85
benzoyl peroxide-erythromycin gel 5-3%, 95
benztropine mesylate, 53, 54
 BERINERT, 81
 BESIVANCE, 89
 BESREMI, 36
betaine powder for oral solution, 75
betamethasone dipropionate (topical), 96
betamethasone dipropionate augmented, 96
betamethasone valerate, 97
 BETASERON, 64
betaxolol hcl, 49
betaxolol hcl (ophth), 90
bethanechol chloride, 80
 BETOPTIC-S, 90
 BEVESPI AER 9-4.8MCG, 91
bexarotene, 36
bexarotene (topical), 97
 BEXSERO INJ, 86
bicalutamide, 35
 BICILLIN L-A, 33
 BIKTARVY TAB 30-120-15 MG, 29
 BIKTARVY TAB 50-200-25 MG, 29
bisoprolol & hydrochlorothiazide tab 10-6.25 mg, 49
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 49
bisoprolol & hydrochlorothiazide tab 5-6.25 mg, 49
bisoprolol fumarate, 49
 BIVIGAM, 84
blisovi 24 fe, 70
blisovi fe 1.5/30, 70
 BOOSTRIX INJ, 86
bortezomib, 37
 BORTEZOMIB, 37
bosentan, 51
 BOSULIF, 37, 38
 BRAFTOVI, 38
 BREO ELLIPTA INH 100-25, 94
 BREO ELLIPTA INH 200-25, 94
 BREO ELLIPTA INH 50-25MCG, 94
brey-na, 95
 BREZTRI AERO AER SPHERE, 91
 BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK), 91
briellyn, 70
 BRILINTA, 82
brimonidine tartrate, 90
brinzolamide, 90
 BRIVIACT, 57
bromfenac sodium (ophth), 90
bromocriptine mesylate, 54
 BRONCHITOL, 93
 BRUKINSA, 38
budesonide, 78
budesonide (inhalation), 94
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act, 95
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 95
bumetanide, 50
buprenorphine, 24
buprenorphine hcl, 65
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv), 65
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 65
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 65
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv), 65
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 65
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv), 65
bupropion hcl, 52
bupropion hcl (smoking deterrent), 65
buspironone hcl, 51
butorphanol tartrate, 25
cabergoline, 75
 CABOMETYX, 38

calcipotriene, 96
calcitonin (salmon) spray, 69
calcitrene, 96
calcitriol, 77
calcitriol (oral), 77
 CALQUENCE, 38
camila, 70
camrese, 70
camrese lo, 70
candesartan cilexetil, 47
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 46
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg, 46
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg, 46
 CAPLYTA, 55
 CAPRELSA, 38
captopril, 45
captopril & hydrochlorothiazide tab 25-15 mg, 45
captopril & hydrochlorothiazide tab 25-25 mg, 45
captopril & hydrochlorothiazide tab 50-15 mg, 45
captopril & hydrochlorothiazide tab 50-25 mg, 45
carb/levo orally disintegrating tab 10-100mg, 54
carb/levo orally disintegrating tab 25-100mg, 54
carb/levo orally disintegrating tab 25-250mg, 54
carbamazepine, 57
carbidopa & levodopa tab 10-100 mg, 54
carbidopa & levodopa tab 25-100 mg, 54
carbidopa & levodopa tab 25-250 mg, 54
carbidopa & levodopa tab er 25-100 mg, 54
carbidopa & levodopa tab er 50-200 mg, 54
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 54
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg, 54
carbidopa-levodopa-entacapone tabs 25-100-200 mg, 54
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg, 54
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg, 54
carbidopa-levodopa-entacapone tabs 50-200-200 mg, 54
carboplatin, 34
carglumic acid, 76
carisoprodol, 64
carteolol hcl (ophth), 90
cartia xt, 49
carvedilol, 49
caspofungin acetate, 27
 CAYSTON, 26
cefaclor, 31
cefadroxil, 31
 CEFAZOLIN, 31
 CEFAZOLIN INJ 1GM/50ML, 31
cefazolin sodium, 31
 CEFAZOLIN SOLN 2GM/100ML-4%, 31
 CEFAZOLIN/DEX SOL 1GM/50ML-4%, 31
 CEFAZOLIN/DEX SOL 2GM/50ML-3%, 32
 CEFAZOLIN/DEX SOL 3GM/150ML-4%, 32
cefdinir, 32
cefepime hcl, 32
cefixime, 32
cefotetan disodium, 32
cefoxitin sodium, 32
cefpodoxime proxetil, 32
cefprozil, 32
ceftazidime, 32
ceftriaxone sodium, 32
cefuroxime axetil, 32
cefuroxime sodium, 32

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



celecoxib, 24
cephalexin, 32
 CEQUR SIMPL KIT
 PATCH 2U (3-DAY),
 68
 CEQUR SIMPL KIT
 PATCH 2U (4-DAY),
 68
 CEQUR SIMPL MIS
 INSERTER, 68
 CERDELGA, 76
 CEREZYME, 76
cetirizine hcl, 91
cevimeline hcl, 98
chateal eq, 70
 CHEMET, 70
chlorhexidine
 gluconate (mouth-
 throat), 98
chloroquine
 phosphate, 28
chlorpromazine hcl, 55
chlorthalidone, 50
cholestyramine, 48
cholestyramine light,
 48
ciclopirox, 96
ciclopirox olamine, 96
cilostazol, 81
 CILOXAN, 89
 CIMDUO TAB 300-300,
 29
cinacalcet hcl, 76
ciprofloxacin 200
 mg/100ml in d5w,
 32
ciprofloxacin 400
 mg/200ml in d5w,
 32
ciprofloxacin hcl, 32
ciprofloxacin hcl
 (*ophth*), 89
ciprofloxacin-
 dexamethasone otic
 susp 0.3-0.1%, 91
cisplatin, 34

citalopram
 hydrobromide, 52
claravis, 95
clarithromycin, 32
clindamycin hcl, 26
clindamycin palmitate
 hydrochloride, 26
clindamycin
 phosphate, 26
clindamycin phosphate
 (*topical*), 95
clindamycin phosphate
 in d5w iv soln 300
 mg/50ml, 26
clindamycin phosphate
 in d5w iv soln 600
 mg/50ml, 26
clindamycin phosphate
 in d5w iv soln 900
 mg/50ml, 26
clindamycin phosphate
 vaginal, 81
 CLINDMYC/NAC INJ
 300/50ML, 26
 CLINDMYC/NAC INJ
 600/50ML, 26
 CLINDMYC/NAC INJ
 900/50ML, 26
 CLINIMIX INJ
 4.25/D10, 88
 CLINIMIX INJ
 4.25/D5W, 88
 CLINIMIX INJ
 5%/D15W, 88
 CLINIMIX INJ
 5%/D20W, 88
 CLINIMIX INJ 6/5, 88
 CLINIMIX INJ 8/10, 88
 CLINIMIX INJ 8/14, 88
clinisol sf 15%, 88
 CLINOLIPID EMU 20%,
 88
clobazam, 57
clobetasol propionate,
 97
clobetasol propionate
 e, 97

clomipramine hcl, 52
clonazepam, 57
clonidine, 50
clonidine hcl, 50
clopidogrel bisulfate,
 82
clorazepate
 dipotassium, 58
clotrimazole, 98
clotrimazole (topical),
 96
clotrimazole w/
 betamethasone
 cream 1-0.05%, 96
clozapine, 55
 COARTEM TAB 20-
 120MG, 28
 COBENFY CAP 100-
 20MG, 55
 COBENFY CAP 125-
 30MG, 55
 COBENFY CAP 50-
 20MG, 55
 COBENFY STRT CAP
 PACK, 55
colchicine, 24
colchicine w/
 probenecid tab 0.5-
 500 mg, 24
colesevelam hcl, 48
colestipol hcl, 48
colistimethate sodium,
 26
 COMBIGAN SOL
 0.2/0.5%, 90
 COMBIVENT AER 20-
 100, 91
 COMETRIQ (60MG
 DOSE), 38
 COMETRIQ KIT
 100MG, 38
 COMETRIQ KIT
 140MG, 38
 COMPLERA TAB, 29
compro, 77
constulose, 79
 COPAXONE, 64

COPIKTRA, 38
CORLANOR, 50
COSENTYX, 82
COSENTYX
SENSOREADY PEN,
82
COSENTYX
UNOREADY, 82
COTELLIC, 38
CREON CAP
12000UNT, 79
CREON CAP
24000UNT, 79
CREON CAP
3000UNIT, 79
CREON CAP
36000UNT, 79
CREON CAP
6000UNIT, 79
cromolyn sodium, 93
cromolyn sodium
(mastocytosis), 79
cromolyn sodium
(ophth), 90
cryselle-28, 70
cyclobenzaprine hcl,
65
cyclophosphamide, 34
CYCLOPHOSPHAMIDE,
34
CYCLOPHOSPHAMIDE
MONOHYDR, 34
cycloserine, 30
cyclosporine, 85
cyclosporine modified
(for microemulsion),
85
ciproheptadine hcl, 91
cyred eq, 70
CYSTADROPS, 90
CYSTAGON, 76
CYSTARAN, 90
cytarabine, 35
D10W/NAACL INJ 0.2%,
87
D2.5W/NAACL INJ
0.45%, 87
dabigatran etexilate
mesylate, 81
dalfampridine, 64
danazol, 66
dantrolene sodium, 65
DANZITEN, 38
dapsone, 26
DAPTACEL INJ, 86
daptomycin, 26
DAPTOMYCIN, 26
darunavir, 28
dasatinib, 38
dasetta 1/35, 70
dasetta 7/7/7, 71
DAURISMO, 38
daysee, 71
DAYVIGO, 62
deblitane, 71
deferasirox, 70
DELSTRIGO TAB, 29
DENG VAXIA SUS, 86
DEPO-SUBQ PROVERA
104, 71
depo-testosterone, 66
DESCOVY TAB 120-
15MG, 29
DESCOVY TAB
200/25MG, 29
desipramine hcl, 52
desmopressin acetate,
76
desmopressin acetate
spray, 76
desmopressin acetate
spray refrigerated,
76
desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5),
71
desvenlafaxine
succinate, 52
dexamethasone, 75
DEXAMETHASONE
INTENSOL, 75
dexamethasone
sodium phosphate,
75
dexamethasone
sodium phosphate
(ophth), 90
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, 62
dextrose, 88
dextrose 10% w/
sodium chloride
0.45%, 87
dextrose 2.5% w/
sodium chloride
0.45%, 87

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dextrose 5% in lactated ringers, 87
dextrose 5% w/ sodium chloride 0.2%, 87
dextrose 5% w/ sodium chloride 0.225%, 87
dextrose 5% w/ sodium chloride 0.3%, 87
dextrose 5% w/ sodium chloride 0.45%, 87
dextrose 5% w/ sodium chloride 0.9%, 87
 DIACOMIT, 58
diazepam, 58
diazepam (anticonvulsant), 58
diazepam inj, 58
diazepam intensol, 58
diazoxide, 75
diclofenac potassium, 24
diclofenac sodium, 24
diclofenac sodium (ophth), 90
diclofenac sodium (topical), 98
dicloxacillin sodium, 33
dicyclomine hcl, 78
 DIFICID, 32
diflunisal, 24
difluprednate, 90
digoxin, 50
dihydroergotamine mesylate, 63
 DILANTIN, 58
diltiazem hcl, 49
diltiazem hcl coated beads, 49
diltiazem hcl extended release beads, 49
dilt-xr, 49
 DIP/TET PED INJ 25-5LFU, 86
diphenhydramine hcl, 91
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml, 79
diphenoxylate w/ atropine tab 2.5-0.025 mg, 79
dipyridamole, 82
disopyramide phosphate, 47
disulfiram, 65
divalproex sodium, 58
 DOCETAXEL, 37
 DOCIVYX, 37
dofetilide, 47
dolishale, 71
donepezil hydrochloride, 52
 DOPTLET, 82
dorzolamide hcl, 90
dorzolamide hcl-timolol maleate ophth soln 2-0.5%, 90
dotti, 74
 DOVATO TAB 50-300MG, 30
doxazosin mesylate, 46
doxepin hcl, 52
doxepin hcl (sleep), 62
doxorubicin hcl, 36
doxorubicin hcl liposomal, 36
doxy 100, 34
doxycycline (monohydrate), 34
doxycycline hyclate, 34
 DRIZALMA SPRINKLE, 53
dronabinol, 77
drospirenone-ethinyl estradiol tab 3-0.02 mg, 71
drospirenone-ethinyl estradiol tab 3-0.03 mg, 71
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg, 71
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg, 71
droxidopa, 50, 51
 DULERA AER 100-5MCG, 95
 DULERA AER 200-5MCG, 95
 DULERA AER 50-5MCG, 95
duloxetine hcl, 53
 DUPIXENT, 82
dutasteride, 80
dutasteride-tamsulosin hcl cap 0.5-0.4 mg, 80
e.e.s. 400, 32
econazole nitrate, 96
 EDURANT, 28
efavirenz, 28
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg, 30
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 30
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg, 30
 ELIGARD, 35
elinest, 71
 ELIQUIS, 81
 ELIQUIS STARTER PACK, 81
eluryng, 71

EMGALITY, 63
 EMSAM, 53
emtricitabine, 28
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 30
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg, 30
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg, 30
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg, 30
 EMTRIVA, 29
 EMVERM, 26
emzahn, 71
enalapril maleate, 45
enalapril maleate & hydrochlorothiazide tab 10-25 mg, 45
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 45
 ENBREL, 83
 ENBREL MINI, 83
 ENBREL SURECLICK, 83
endocet tab 10-325mg, 25
endocet tab 2.5-325mg, 25
endocet tab 5-325mg, 25
endocet tab 7.5-325mg, 25
 ENGERIX-B, 86
enilloring, 71
enoxaparin sodium, 81
enpresse-28, 71
enskyce, 71
 ENSTILAR AER, 96
entacapone, 54
entecavir, 31
 ENTRESTO CAP 15-16MG, 46
 ENTRESTO CAP 6-6MG, 46
 ENTRESTO TAB 24-26MG, 46
 ENTRESTO TAB 49-51MG, 46
 ENTRESTO TAB 97-103MG, 46
enulose, 79
 EPCLUSA PAK 150-37.5, 31
 EPCLUSA PAK 200-50MG, 31
 EPCLUSA TAB 200-50MG, 31
 EPCLUSA TAB 400-100, 31
 EPIDIOLEX, 58
epinephrine (anaphylaxis), 51, 93
epitol, 58
eplerenone, 46
 EPRONTIA, 58
ergotamine w/ caffeine tab 1-100 mg, 63
 ERIVEDGE, 38
 ERLEADA, 35
erlotinib hcl, 38
errin, 71
ertapenem sodium, 26
ery, 95
ery-tab, 32
 ERYTHROCIN LACTOBIONATE, 32
erythromycin (acne aid), 95
erythromycin (ophth), 89
erythromycin base, 32
erythromycin ethylsuccinate, 32
erythromycin lactobionate, 32
escitalopram oxalate, 53
esomeprazole magnesium, 80
estarylla, 71
estradiol, 74
estradiol & norethindrone acetate tab 0.5-0.1 mg, 74
estradiol & norethindrone acetate tab 1-0.5 mg, 74
estradiol vaginal, 74
estradiol valerate, 75
eszopiclone, 62
ethambutol hcl, 30
ethosuximide, 58
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 71
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg, 71

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etodolac, 24
etonogestrel-ethinyl
 estradiol va ring
 0.12-0.015
 mg/24hr, 71
etoposide, 37
etravirine, 29
EULEXIN, 35
euthyrox, 77
everolimus, 38, 39
everolimus
 (immunosuppressan
 t), 85
EVOTAZ TAB 300-150,
 30
exemestane, 35
EYSUVIS, 90
ezetimibe, 48
ezetimibe-simvastatin
 tab 10-10 mg, 48
ezetimibe-simvastatin
 tab 10-20 mg, 48
ezetimibe-simvastatin
 tab 10-40 mg, 48
ezetimibe-simvastatin
 tab 10-80 mg, 48
FABRAZYME, 76
falmina, 71
famciclovir, 31
famotidine, 78
famotidine in nacl
 0.9% iv soln 20
 mg/50ml, 78
FANAPT, 55
FANAPT PAK, 55
FARXIGA, 66
FASENRA, 93
FASENRA PEN, 93
felbamate, 58
felodipine, 50
fenofibrate, 48
fenofibrate
 micronized, 48
fentanyl, 24
fesoterodine fumarate,
 80
FETZIMA, 53

FETZIMA CAP
 TITRATIO, 53
FIASP, 68
FIASP FLEXTOUCH, 68
FIASP PENFILL, 68
FIASP PUMPCART, 68
finasteride, 80
fingolimod hcl, 64
FINTEPLA, 58
finzala, 71
FIRMAGON, 35
flac, 91
FLAREX, 90
FLEBOGAMMA DIF, 84
flecainide acetate, 48
fluconazole, 27
fluconazole in nacl
 0.9% inj 200
 mg/100ml, 28
fluconazole in nacl
 0.9% inj 400
 mg/200ml, 28
flucytosine, 28
fludrocortisone
 acetate, 75
flunisolide (nasal), 94
fluocinolone acetonide,
 97
fluocinolone acetonide
 (otic), 91
fluocinonide, 97
fluocinonide emulsified
 base, 97
fluorometholone
 (oophth), 90
fluorouracil, 35
fluorouracil (topical),
 98
fluoxetine hcl, 53
fluphenazine
 decanoate, 55
fluphenazine hcl, 55
flurbiprofen, 24
flurbiprofen sodium,
 90
fluticasone propionate,
 97

fluticasone propionate
 (nasal), 94
fluticasone-salmeterol
 aer powder ba 100-
 50 mcg/act, 95
fluticasone-salmeterol
 aer powder ba 250-
 50 mcg/act, 95
fluticasone-salmeterol
 aer powder ba 500-
 50 mcg/act, 95
fluvoxamine maleate,
 51
fondaparinux sodium,
 81
fosamprenavir
 calcium, 29
fosinopril sodium, 45
fosinopril sodium &
 hydrochlorothiazide
 tab 10-12.5 mg, 45
fosinopril sodium &
 hydrochlorothiazide
 tab 20-12.5 mg, 45
FOTIVDA, 39
FREESTY LIBR KIT 2
 SENSOR, 99
FREESTY LIBR KIT 3
 SENSOR, 99
FREESTY LIBR KIT
 SENSOR, 99
FREESTY LIBR MIS 2
 READER, 99
FREESTY LIBR MIS 3
 READER, 99
FREESTYLE MIS
 READER, 99
FRUZAQLA, 39
FULPHILA, 81
fulvestrant, 35
furosemide, 50
furosemide inj, 50
FUZEON, 29
fyavolv tab 0.5mg-
 2.5mcg, 75
fyavolv tab 1mg-
 5mcg, 75

FYCOMPA, 58, 59
gabapentin, 59
galantamine hydrobromide, 52
gallifrey, 77
 GAMASTAN INJ, 84
 GAMMAGARD LIQUID, 84
 GAMMAGARD S/D IGA LESS TH, 84
 GAMMAKED, 85
 GAMMAPLEX, 85
 GAMUNEX-C, 85
ganciclovir sodium, 31
 GARDASIL 9 INJ, 86
gatifloxacin (ophth), 89
 GATTEX, 79
 GAUZE PADS 2, 68
gavilyte-c, 79
gavilyte-g, 79
gavilyte-n/fluorid pack, 79
 GAVRETO, 39
gefitinib, 39
gemcitabine hcl, 35
gemfibrozil, 48
generlac, 79
gengraf, 85
 GENOTROPIN, 76
 GENOTROPIN MINIQUICK, 76
gentamicin in saline inj 0.8 mg/ml, 26
gentamicin in saline inj 1 mg/ml, 26
gentamicin in saline inj 1.2 mg/ml, 26
gentamicin in saline inj 1.6 mg/ml, 26
gentamicin in saline inj 2 mg/ml, 26
gentamicin sulfate, 26
gentamicin sulfate (ophth), 89
gentamicin sulfate (topical), 95
 GENVOYA TAB, 30
 GILOTRIF, 39
glatiramer acetate, 64
glatopa, 64
 GLEOSTINE, 34
glimepiride, 66
glipizide, 66
glipizide xl, 66
glipizide-metformin hcl tab 2.5-250 mg, 66
glipizide-metformin hcl tab 2.5-500 mg, 66
glipizide-metformin hcl tab 5-500 mg, 66
glycopyrrolate, 78
glydo, 97
 GLYXAMBI TAB 10-5 MG, 66
 GLYXAMBI TAB 25-5 MG, 66
granisetron hcl, 77, 78
griseofulvin microsize, 28
griseofulvin ultramicrosize, 28
guanfacine hcl, 51
guanfacine hcl (adhd), 62
 HAEGARDA, 82
hailey 1.5/30, 71
hailey 24 fe, 71
halobetasol propionate, 97
haloette, 71
haloperidol, 55
haloperidol decanoate, 55
haloperidol lactate, 55
 HARVONI PAK 33.75-150MG, 31
 HARVONI PAK 45-200MG, 31
 HARVONI TAB 45-200MG, 31
 HARVONI TAB 90-400MG, 31
 HAVRIX, 86
heather, 71
 HEP SOD/NACL INJ 25000UNT, 81
heparin sodium (porcine), 81
 HEPLISAV-B, 86
 HERCEP HYLEC SOL 60-10000, 39
 HERCEPTIN, 39
 HERZUMA, 39
 HIBERIX, 86
 HUMIRA, 83
 HUMIRA PEN, 83
 HUMIRA PEN KIT PS/UV, 83
 HUMIRA PEN-CD/UC/HS START, 83
 HUMIRA PEN-PEDIATRIC UC S, 83
 HUMULIN R U-500 (CONCENTR), 68

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntu, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntu, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

HUMULIN R U-500
 KWIKPEN, 68
hydralazine hcl, 51
hydrochlorothiazide,
 50
hydrocodone
bitartrate, 24
hydrocodone-
acetaminophen soln
7.5-325 mg/15ml,
 25
hydrocodone-
acetaminophen tab
10-325 mg, 25
hydrocodone-
acetaminophen tab
5-325 mg, 25
hydrocodone-
acetaminophen tab
7.5-325 mg, 25
hydrocodone-
ibuprofen tab 7.5-
200 mg, 25
hydrocortisone, 75
hydrocortisone
(intrarectal), 78
hydrocortisone
(rectal), 98
hydrocortisone
(topical), 97
hydrocortisone sod
succinate, 75
hydrocortisone
valerate, 97
hydromorphone hcl,
 25
hydroxychloroquine
sulfate, 84
hydroxyurea, 36
hydroxyzine hcl, 92
hydroxyzine pamoate,
 92
ibandronate sodium,
 69
 IBRANCE, 39
ibu, 24
ibuprofen, 24
icatibant acetate, 82
iclevia, 71
 ICLUSIG, 39
 IDACIO (2 PEN), 83
 IDACIO (2 SYRINGE),
 83
 IDACIO CROHN INJ
 DISEASE, 83
 IDACIO PLAQU INJ
 PSORIASIS, 83
 IDHIFA, 39
imatinib mesylate, 39
 IMBRUVICA, 39
imipenem-cilastatin
intravenous for soln
250 mg, 26
imipenem-cilastatin
intravenous for soln
500 mg, 26
imipramine hcl, 53
imiquimod, 98
 IMKELDI, 39
 IMOVAX RABIES
 (H.D.C.V.), 86
 IMPAVIDO, 26
 INBRIJA, 54
incassia, 71
 INCRELEX, 76
 INCRUSE ELLIPTA, 91
indapamide, 50
 INFANRIX INJ, 86
 INFLIXIMAB, 83
 INLYTA, 39
 INQOVI TAB 35-
 100MG, 35
 INREBIC, 39
 INSULIN PEN
 NEEDLES: BD-
 EMBECTA, 68
 INSULIN SAFETY
 NEEDLES: BD-
 EMBECTA, 68
 INSULIN SYRINGES:
 BD-EMBECTA, 68
 INTELENCE, 29
 INTRALIPID, 88
introvale, 71
 INVEGA HAFYERA, 55
 INVEGA SUSTENNA,
 55
 INVEGA TRINZA, 56
 IPOL INJ INACTIVE, 86
ipratropium bromide,
 91
ipratropium bromide
(nasal), 91
ipratropium-albuterol
nebu soln 0.5-2.5(3)
mg/3ml, 91
irbesartan, 47
irbesartan-
hydrochlorothiazide
tab 150-12.5 mg, 46
irbesartan-
hydrochlorothiazide
tab 300-12.5 mg, 46
irinotecan hcl, 36
 ISENTRESS, 29
 ISENTRESS HD, 29
isibloom, 71
 ISOLYTE-P INJ /D5W,
 87
 ISOLYTE-S INJ PH 7.4,
 87
isoniazid, 30
isosorbide dinitrate,
 51
isosorbide
mononitrate, 51
isotretinoin, 95
isradipine, 50
 ITOVEBI, 39, 40
itraconazole, 28
ivabradine hcl, 51
ivermectin, 26
 IWILFIN, 36
 IXCHIQ INJ, 86
 IXIARO INJ, 86
 JAKAFI, 40
jantoven, 81
 JANUMET TAB 50-
 1000, 66
 JANUMET TAB 50-
 500MG, 66

JANUMET XR TAB 100-1000, 66	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj, 87</i>	<i>ketorolac tromethamine (ophth), 90</i>
JANUMET XR TAB 50-1000, 66	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj, 87</i>	KEYTRUDA, 40
JANUMET XR TAB 50-500MG, 66	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj, 87</i>	KINRIX INJ, 86
JANUVIA, 66	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj, 87</i>	<i>kionex, 70</i>
JARDIANCE, 66	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj, 87</i>	KISQALI 200 DOSE, 40
<i>jasmiel, 71</i>	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj, 87</i>	KISQALI 200 PAK FEMARA, 40
<i>javygtor, 76</i>	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj, 87</i>	KISQALI 400 DOSE, 40
JAYPIRCA, 40	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj, 87</i>	KISQALI 400 PAK FEMARA, 40
JENTADUETO TAB 2.5-1000, 67	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj, 87</i>	KISQALI 600 DOSE, 40
JENTADUETO TAB 2.5-500, 66	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj, 87</i>	KISQALI 600 PAK FEMARA, 40
JENTADUETO TAB 2.5-850, 66	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj, 87</i>	<i>klayesta, 96</i>
JENTADUETO TAB XR 2.5-1000MG, 67	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj, 87</i>	<i>klor-con, 88</i>
JENTADUETO TAB XR 5-1000MG, 67	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj, 87</i>	<i>klor-con 10, 88</i>
<i>jinteli, 75</i>	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj, 87</i>	<i>klor-con 8, 88</i>
<i>jolessa, 71</i>	KCL/D5W/NAACL INJ 0.3/0.9%, 87	<i>klor-con m10, 88</i>
<i>juleber, 71</i>	<i>kelnor 1/35, 72</i>	<i>klor-con m15, 88</i>
JULUCA TAB 50-25MG, 30	<i>kelnor 1/50, 72</i>	<i>klor-con m20, 88</i>
<i>junel 1.5/30, 71</i>	KERENDIA, 46	KOSELUGO, 40
<i>junel 1/20, 71</i>	KESIMPTA, 64	<i>kourzeq, 98</i>
<i>junel fe 1.5/30, 71</i>	<i>ketoconazole, 28</i>	KRAZATI, 40
<i>junel fe 1/20, 71</i>	<i>ketoconazole (topical), 96</i>	<i>kurvelo, 72</i>
<i>junel fe 24, 71</i>		<i>labetalol hcl, 49</i>
JYLAMVO, 84		<i>lacosamide, 59</i>
JYNNEOS, 86		<i>lacosamide oral, 59</i>
KADCYLA, 40		<i>lactated ringer's solution, 87</i>
<i>kaitlib fe, 71</i>		<i>lactic acid (ammonium lactate), 98</i>
KALYDECO, 93		<i>lactulose, 79</i>
KANJINTI, 40		
<i>kariva, 72</i>		

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

lactulose
 (encephalopathy),
 79
lamivudine, 29
lamivudine (hbv), 31
lamivudine-zidovudine
 tab 150-300 mg, 30
lamotrigine, 59
lanreotide acetate, 76
lansoprazole, 80
lapatinib ditosylate, 40
larin 1.5/30, 72
larin 1/20, 72
larin 24 fe, 72
larin fe 1.5/30, 72
larin fe 1/20, 72
latanoprost, 90
layolis fe, 72
 LAZCLUZE, 40
leena, 72
leflunomide, 84
lenalidomide, 36
 LENVIMA 10 MG DAILY
 DOSE, 40
 LENVIMA 12MG DAILY
 DOSE, 40
 LENVIMA 20 MG DAILY
 DOSE, 40
 LENVIMA 4 MG DAILY
 DOSE, 40
 LENVIMA 8 MG DAILY
 DOSE, 40
 LENVIMA CAP 14 MG,
 40
 LENVIMA CAP 18 MG,
 41
 LENVIMA CAP 24 MG,
 41
lessina, 72
letrozole, 35
leucovorin calcium, 45
leuprolide acetate, 35
levalbuterol hcl, 92
levalbuterol tartrate,
 92
levetiracetam, 59
 LEVETIRACETAM, 59
levetiracetam in
sodium chloride iv
soln 1000
mg/100ml, 59
levetiracetam in
sodium chloride iv
soln 1500
mg/100ml, 59
levetiracetam in
sodium chloride iv
soln 500 mg/100ml,
 59
levobunolol hcl, 90
levocarnitine
 (metabolic
 modifiers), 76
levocetirizine
dihydrochloride, 92
levofloxacin, 32
levofloxacin in d5w iv
soln 250 mg/50ml,
 32
levofloxacin in d5w iv
soln 500 mg/100ml,
 32
levofloxacin in d5w iv
soln 750 mg/150ml,
 32
levonest, 72
levonor-eth est tab
 0.15-
 0.02/0.025/0.03 mg
 ð est 0.01 mg,
 72
levonorgestrel &
ethinyl estradiol (91-
day) tab 0.15-0.03
mg, 72
levonorgestrel &
ethinyl estradiol tab
 0.1 mg-20 mcg, 72
levonorgestrel &
ethinyl estradiol tab
 0.15 mg-30 mcg, 72
levonorgestrel-eth
estra tab 0.05-
 30/0.075-40/0.125-
 30mg-mcg, 72
levonorgestrel-ethinyl
estradiol
 (continuous) tab 90-
 20 mcg, 72
levonorg-eth est tab
 0.1-0.02mg(84) &
 eth est tab
 0.01mg(7), 72
levonorg-eth est tab
 0.15-0.03mg(84) &
 eth est tab
 0.01mg(7), 72
levora 0.15/30-28, 72
levo-t, 77
levothyroxine sodium,
 77
levoxyl, 77
l-glutamine (sickle
cell), 82
 LIBERVANT, 59
lidocaine, 97
lidocaine hcl, 97
lidocaine hcl (local
anesth.), 24
lidocaine hcl (mouth-
throat), 98
lidocaine-prilocaine
cream 2.5-2.5%, 97
lidocan, 97
 LILETTA, 72
linezolid, 26, 27
 LINEZOLID INJ
 2MG/ML, 27
 LINZESS, 79
liothyronine sodium,
 77
lisinopril, 46
lisinopril &
hydrochlorothiazide
tab 10-12.5 mg, 45
lisinopril &
hydrochlorothiazide
tab 20-12.5 mg, 45

lisinopril & hydrochlorothiazide tab 20-25 mg, 45
lithium, 64
lithium carbonate, 64
 LIVTENCITY, 31
loestrin 1.5/30-21, 72
loestrin 1/20-21, 72
loestrin fe 1.5/30, 72
loestrin fe 1/20, 72
 LOKELMA, 70
 LONSURF TAB 15-6.14, 35
 LONSURF TAB 20-8.19, 35
loperamide hcl, 79
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml), 30
lopinavir-ritonavir tab 100-25 mg, 30
lopinavir-ritonavir tab 200-50 mg, 30
lorazepam, 51
lorazepam intensol, 52
 LORBRENA, 41
loryna, 72
losartan potassium, 47
losartan potassium & hydrochlorothiazide tab 100-12.5 mg, 47
losartan potassium & hydrochlorothiazide tab 100-25 mg, 47
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 46
 LOTEMAX, 90
loteprednol etabonate, 90
lovastatin, 48
low-ogestrel, 72
loxapine succinate, 56
 LUMAKRAS, 41
 LUMIGAN, 90
 LUMIZYME, 76
 LUPRON DEPOT (1-MONTH), 36
 LUPRON DEPOT (3-MONTH), 36
 LUPRON DEPOT-PED (1-MONTH, 76
 LUPRON DEPOT-PED (3-MONTH, 76
 LUPRON DEPOT-PED (6-MONTH, 76
lurasidone hcl, 56
lutera, 72
 LYBALVI TAB 10-10MG, 56
 LYBALVI TAB 15-10MG, 56
 LYBALVI TAB 20-10MG, 56
 LYBALVI TAB 5-10MG, 56
lyleq, 72
lyllana, 75
 LYNPARZA, 41
 LYSODREN, 36
 LYTGOBI (12 MG DAILY DOSE), 41
 LYTGOBI (16 MG DAILY DOSE), 41
 LYTGOBI (20 MG DAILY DOSE), 41
lyza, 72
magnesium sulfate, 87
 MAGNESIUM SULFATE, 87
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml, 87
malathion, 98
maraviroc, 29
marlissa, 72
 MARPLAN, 53
 MATULANE, 37
 MAVYRET PAK 50-20MG, 31
 MAVYRET TAB 100-40MG, 31
meclizine hcl, 78
medroxyprogesterone acetate, 77
medroxyprogesterone acetate (contraceptive), 72
mefloquine hcl, 28
megestrol acetate, 36, 77
megestrol acetate (appetite), 77
 MEKINIST, 41
 MEKTOVI, 41
meloxicam, 24
memantine hcl, 52
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack, 52
memantine hcl-donepezil hcl cap er 24hr 14-10 mg, 52
memantine hcl-donepezil hcl cap er 24hr 28-10 mg, 52

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

MENACTRA INJ, 86
 MENQUADFI INJ, 86
 MENVEO INJ, 86
 MENVEO SOL, 86
mercaptapurine, 35
meropenem, 27
mesalamine, 78
mesalamine w/ cleanser, 79
mesna, 45
 MESNEX, 45
metformin hcl, 67
methadone hcl, 25
methadone hydrochloride i, 25
methazolamide, 50
methenamine hippurate, 27
methimazole, 77
methocarbamol, 65
methotrexate sodium, 35, 84
methsuximide, 59
methylphenidate hcl, 62
methylprednisolone, 75
methylprednisolone acetate, 75
methylprednisolone sod succ, 75
methyltestosterone, 66
metoclopramide hcl, 78
metolazone, 50
metoprolol & hydrochlorothiazide tab 100-25 mg, 49
metoprolol & hydrochlorothiazide tab 100-50 mg, 49
metoprolol & hydrochlorothiazide tab 50-25 mg, 49
metoprolol succinate, 49
metoprolol tartrate, 49
metronidazole, 27
metronidazole (topical), 98
metronidazole vaginal, 81
metyrosine, 51
mibelas 24 fe, 72
micafungin sodium, 28
microgestin 1.5/30, 72
microgestin 1/20, 72
microgestin fe 1.5/30, 73
microgestin fe 1/20, 73
midodrine hcl, 51
 MIEBO, 91
mifepristone (hyperglycemia), 76
mili, 73
mimvey, 75
minocycline hcl, 34
minoxidil, 51
mirtazapine, 53
misoprostol, 79
 MITIGARE, 24
 M-M-R II INJ, 86
 M-NATAL PLUS TAB, 88
modafinil, 65
moexipril hcl, 46
molindone hcl, 56
mometasone furoate, 97
 MONJUVI, 41
mono-lynyah, 73
montelukast sodium, 92
morphine sulfate, 25
 MOUNJARO, 67
 MOVANTIK, 79
moxifloxacin hcl, 33
moxifloxacin hcl (ophth), 89
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj, 33
 MRESVIA, 86
 MULTAQ, 48
multiple electrolytes ph 5.5, 88
multiple electrolytes ph 7.4, 88
mupirocin, 95
mycophenolate mofetil, 85
mycophenolate sodium, 85
 MYRBETRIQ, 80
nabumetone, 24
nadolol, 49
nafcillin sodium, 33
 NAGLAZYME, 76
nalbuphine hcl, 25
naloxone hcl, 65
naltrexone hcl, 66
 NAMZARIC CAP 14-10MG, 52
 NAMZARIC CAP 21-10MG, 52
 NAMZARIC CAP 28-10MG, 52
 NAMZARIC CAP 7-10MG, 52
 NAMZARIC CAP PACK, 52
naproxen, 24
naproxen dr, 24
naproxen sodium, 24
naratriptan hcl, 63
nateglinide, 67
 NAYZILAM, 59
nebivolol hcl, 49
necon 0.5/35-28, 73
nefazodone hcl, 53
neomycin sulfate, 27
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin, 89
neomycin-polymygramicid op sol 1.75-10000-

0.025mg-unt-
 mg/ml, 89
 neomycin-polymyxin-
 dexamethasone
 ophth oint 0.1%, 89
 neomycin-polymyxin-
 dexamethasone
 ophth susp 0.1%, 89
 neomycin-polymyxin-
 hc ophth susp, 89
 neomycin-polymyxin-
 hc otic soln 1%, 91
 neomycin-polymyxin-
 hc otic susp 3.5
 mg/ml-10000
 unit/ml-1%, 91
 neo-polycin 5(3.5)mg-
 400unt-10000unt op
 oin, 89
 neo-polycin hc ophth
 oint 1%, 89
 NERLYNX, 41
 nevirapine, 29
 NEXLETOL, 48
 NEXLIZET TAB
 180/10MG, 48
 NEXPLANON, 73
 niacin
 (antihyperlipidemic),
 48
 nicardipine hcl, 50
 NICOTROL INHALER,
 66
 NICOTROL NS, 66
 nifedipine, 50
 nikki, 73
 nilutamide, 36
 nimodipine, 50
 NINLARO, 41
 nitazoxanide, 27
 nitisinone, 76
 NITRO-BID, 51
 nitrofurantoin
 macrocrystal, 27
 nitrofurantoin
 monohyd macro, 27
 nitroglycerin, 51
 nitroglycerin (intra-
 anal), 98
 nizatidine, 78
 nora-be, 73
 norelgestromin-ethinyl
 estradiol td ptwk
 150-35 mcg/24hr,
 73
 norethindrone &
 ethinyl estradiol-fe
 chew tab 0.4 mg-35
 mcg, 73
 norethindrone &
 ethinyl estradiol-fe
 chew tab 0.8 mg-25
 mcg, 73
 norethindrone
 (contraceptive), 73
 norethindrone ace &
 ethinyl estradiol tab
 1 mg-20 mcg, 73
 norethindrone ace &
 ethinyl estradiol tab
 1.5 mg-30 mcg, 73
 norethindrone ace &
 ethinyl estradiol-fe
 tab 1 mg-20 mcg,
 73
 norethindrone ace-eth
 estradiol-fe chew tab
 1 mg-20 mcg (24),
 73
 norethindrone acetate,
 77
 norethindrone acetate-
 ethinyl estradiol tab
 0.5 mg-2.5 mcg, 75
 norethindrone acetate-
 ethinyl estradiol tab
 1 mg-5 mcg, 75
 norethindrone ac-
 ethinyl estrad-fe tab
 1-20/1-30/1-35 mg-
 mcg, 73
 norgestimate & ethinyl
 estradiol tab 0.25
 mg-35 mcg, 73
 norgestimate-eth
 estrad tab 0.18-
 25/0.215-25/0.25-
 25 mg-mcg, 73
 norgestimate-eth
 estrad tab 0.18-
 35/0.215-35/0.25-
 35 mg-mcg, 73
 norlyroc, 73
 nortrel 0.5/35 (28), 73
 nortrel 1/35 (21), 73
 nortrel 1/35 (28), 73
 nortrel 7/7/7, 73
 nortriptyline hcl, 53
 NORVIR, 29
 NOVOLIN INJ 70/30,
 68
 NOVOLIN INJ 70/30
 FP, 68
 NOVOLIN N, 68
 NOVOLIN N FLEXPEN,
 68

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

NOVOLIN R, 68
 NOVOLIN R FLEXPEN, 68
 NOVOLOG, 68
 NOVOLOG FLEXPEN, 68
 NOVOLOG MIX INJ 70/30, 68
 NOVOLOG MIX INJ FLEXPEN, 68
 NOVOLOG PENFILL, 68
 NUBEQA, 36
 NUDEXTA CAP 20-10MG, 64
 NULOJIX, 85
 NUPLAZID, 56
 NURTEC, 63
 NUTRILIPID, 88
 NUZYRA, 34
nyamyc, 96
nylia 1/35, 73
nylia 7/7/7, 73
nystatin, 28
nystatin (mouth-throat), 98
nystatin (topical), 96
nystop, 96
ocella, 73
 OCTAGAM, 85
octreotide acetate, 76
 ODEFSEY TAB, 30
 ODOMZO, 41
 OFEV, 93
ofloxacin (ophth), 89
ofloxacin (otic), 91
 OGIVRI, 41
 OGSIVEO, 41
 OJEMDA, 41
 OJJAARA, 41
olanzapine, 56
olmesartan medoxomil, 47
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 47
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg, 47
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg, 47
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 47
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg, 47
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg, 47
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg, 47
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg, 47
omega-3-acid ethyl esters cap 1 gm, 48
omeprazole, 80
 OMNIPOD 5 DX KIT INT G7G6, 69
 OMNIPOD 5 DX MIS POD G7G6, 69
 OMNIPOD 5 G7 KIT INTRO, 69
 OMNIPOD 5 G7 MIS PODS, 69
 OMNIPOD 5 LB KIT INTRO G6, 69
 OMNIPOD 5 LB MIS PODS G6, 69
 OMNIPOD DASH KIT INTRO, 69
 OMNIPOD DASH MIS PODS, 69
 OMNIPOD GO KIT 10UNT/DY, 69
 OMNIPOD GO KIT 15UNT/DY, 69
 OMNIPOD GO KIT 20UNT/DY, 69
 OMNIPOD GO KIT 25UNT/DY, 69
 OMNIPOD GO KIT 30UNT/DY, 69
 OMNIPOD GO KIT 35UNT/DY, 69
 OMNIPOD GO KIT 40UNT/DY, 69
 OMNIPOD MIS CLASSIC, 69
ondansetron, 78
ondansetron hcl, 78
 ONTRUZANT, 41
 ONUREG, 35
 OPIPZA, 56
 OPSUMIT, 51
 ORGOVYX, 36
 ORKAMBI GRA 100-125, 93
 ORKAMBI GRA 150-188, 93
 ORKAMBI GRA 75-94MG, 93
 ORKAMBI TAB 100-125, 93
 ORKAMBI TAB 200-125, 93
 ORSERDU, 36
oseltamivir phosphate, 31
oxacillin sodium, 33
oxaliplatin, 35
oxcarbazepine, 59
oxybutynin chloride, 80
oxycodone hcl, 25

oxycodone w/ acetaminophen tab 10-325 mg, 25
oxycodone w/ acetaminophen tab 2.5-325 mg, 25
oxycodone w/ acetaminophen tab 5-325 mg, 25
oxycodone w/ acetaminophen tab 7.5-325 mg, 25
 OXYCONTIN, 25
 OZEMPIC (0.25 OR 0.5 MG/DOSE), 67
 OZEMPIC (0.25 OR 0.5MG/DOSE), 67
 OZEMPIC (1MG/DOSE), 67
 OZEMPIC (2MG/DOSE), 67
pacerone, 48
paclitaxel, 37
paclitaxel inj 100mg, 37
paliperidone, 56
pamidronate disodium, 69
 PAMIDRONATE DISODIUM, 69
 PANRETIN, 98
pantoprazole sodium, 80
 PANZYGA, 85
paricalcitol, 77
paroxetine hcl, 53
 PAXLOVID TAB 150-100, 31
 PAXLOVID TAB 300-100, 31
pazopanib hcl, 42
 PEDIARIX INJ 0.5ML, 86
 PEDVAX HIB, 86
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm, 79
peg 3350-kcl-sod bicarb-nacl for soln 420 gm, 79
 PEGASYS, 31
 PEMAZYRE, 42
pemetrexed disodium, 35
 PENBRAYA INJ, 86
penicillamine, 70
penicillin g potassium, 33
penicillin g sodium, 33
penicillin v potassium, 33
 PENTACEL INJ, 86
pentamidine isethionate inh, 27
pentamidine isethionate inj, 27
pentoxifylline, 82
perindopril erbumine, 46
perio gard, 98
permethrin, 98
perphenazine, 56
pfizerpen, 33
phenelzine sulfate, 53
phenobarbital, 59
phenobarbital sodium, 59
phenytek, 59
phenytoin, 59
phenytoin sodium, 59
phenytoin sodium extended, 59
 PHESGO SOL, 42
philith, 73
 PIFELTRO, 29
pilocarpine hcl, 90
pilocarpine hcl (oral), 98
pimecrolimus, 98
pimozide, 56
pimtrex, 73
pindolol, 49
pioglitazone hcl, 67
pioglitazone hcl-metformin hcl tab 15-500 mg, 67
pioglitazone hcl-metformin hcl tab 15-850 mg, 67
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm), 34
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm), 34
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 34
piperacillin sod-tazobactam sod for

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

inj 4.5 gm (4-0.5 gm), 34
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm), 34
 PIQRAY 200MG DAILY DOSE, 42
 PIQRAY 250MG TAB DOSE, 42
 PIQRAY 300MG DAILY DOSE, 42
pirfenidone, 93
piroxicam, 24
plenamine, 89
 PLENVU SOL, 79
podofilox, 98
polycin ophth oint, 89
polymyxin b sulfate, 27
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%, 89
 POMALYST, 36
portia-28, 73
posaconazole, 28
 POT CHL 20MEQ/L IN NACL 0.45% INJ, 88
 POT CHL 20MEQ/L IN NACL 0.9% INJ, 88
 POT CHL 40MEQ/L IN NACL 0.9% INJ, 88
potassium chloride, 88
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj, 88
potassium chloride microencapsulated crystals er, 88
potassium citrate (alkalinizer), 80
pramipexole dihydrochloride, 54
prasugrel hcl, 82
pravastatin sodium, 48
praziquantel, 27
prazosin hcl, 46
prednisolone, 75
prednisolone acetate (ophth), 90
 PREDNISOLONE SODIUM PHOSP, 90
prednisolone sodium phosphate, 75
prednisone, 75
 PREDNISON INTENSOL, 75
pregabalin, 59, 60
 PREMASOL SOL 10%, 89
 PRENATAL TAB 27-1MG, 88
 PRENATAL TAB PLUS, 88
prevalite, 48
 PREVYMIS, 31
 PREZCOBIX TAB 800-150, 30
 PREZISTA, 29
 PRIFTIN, 30
primaquine phosphate, 28
 PRIMAQUINE PHOSPHATE, 28
primidone, 60
 PRIORIX INJ, 86
 PRIVIGEN, 85
probenecid, 24
prochlorperazine, 78
prochlorperazine edisylate, 78
prochlorperazine maleate, 78
 PROCROT, 81
proctocort, 98
procto-med hc, 98
proctosol hc, 98
proctozone-hc, 98
progesterone, 77
 PROGRAF, 85
 PROLASTIN-C, 93
 PROLIA, 69
promethazine hcl, 78
propafenone hcl, 48
proparacaine hcl, 91
propranolol hcl, 49
propylthiouracil, 77
 PROQUAD INJ, 86
 PROSOL INJ 20%, 89
protriptyline hcl, 53
 PULMOZYME, 93
 PURIXAN, 35
pyrazinamide, 30
pyridostigmine bromide, 64
pyrimethamine, 27
 QINLOCK, 42
 QUADRACEL INJ 0.5ML, 86
quetiapine fumarate, 56
quinapril hcl, 46
quinidine sulfate, 48
quinine sulfate, 28
 QULIPTA, 63
 RABAVERT INJ, 86
rabeprazole sodium, 80
raloxifene hcl, 76
ramipril, 46
ranolazine, 51
rasagiline mesylate, 54
reclipsen, 73
 RECOMBIVAX HB, 86
 REGRANEX, 98
 RELENZA DISKHALER, 31
 RELISTOR, 79
 REMICADE, 83
 RENFLEXIS, 83
repaglinide, 67
 REPATHA, 48
 REPATHA PUSHTRONEX SYSTEM, 48
 REPATHA SURECLICK, 49
 RESTASIS, 91

RESTASIS
 MULTIDOSE, 91
 RETEVMO, 42
 REVUFORJ, 42
 REXULTI, 56
 REYATAZ, 29
 REZLIDHIA, 42
 REZUROCK, 85
 RHOPRESSA, 90
ribavirin (hepatitis c),
 31
rifabutin, 30
rifampin, 30
riluzole, 64
rimantadine
 hydrochloride, 31
 RINVOQ, 83
 RINVOQ LQ, 83
risedronate sodium,
 69
risperidone, 57
risperidone
 microspheres, 57
ritonavir, 29
rivastigmine, 52
rivastigmine tartrate,
 52
rivelsa, 73
rizatriptan benzoate,
 63
 ROCKLATAN DRO, 90
roflumilast, 93
ropinirole
 hydrochloride, 54
rosuvastatin calcium,
 48
 ROTARIX SUS, 86
 ROTATEQ SOL, 86
roweepra, 60

 ROZLYTREK, 42
 RUBRACA, 42
rufinamide, 60
 RUKOBIA, 29
 RYBELSUS, 67
 RYDAPT, 42
sajazir, 82
 SANTYL, 98
sapropterin
 dihydrochloride, 76
 SCEMBLIX, 42
scopolamine, 78
 SECUADO, 57
selegiline hcl, 54
selenium sulfide, 96
 SELZENTRY, 29
 SEREVENT DISKUS,
 92
sertraline hcl, 53
setlakin, 73
sharobel, 73
 SHINGRIX, 86
 SIGNIFOR, 76
 SIKLOS, 82
sildenafil citrate
 (pulmonary
 hypertension), 51
silver sulfadiazine, 95
 SIMBRINZA SUS 1-
 0.2%, 90
simliya, 73
simpesse, 73
simvastatin, 48
sirolimus, 85
 SIRTURO, 30
 SKYRIZI, 83
 SKYRIZI PEN, 84
sod sulfate-pot sulf-
 mg sulf oral sol
 17.5-3.13-1.6
 gm/177ml, 79
sodium chloride, 88
sodium chloride (gu
 irrigant), 98
sodium fluoride chew;
 tab; 1.1 (0.5 f)
 mg/ml soln, 88
 SODIUM OXYBATE, 65
sodium
 phenylbutyrate, 76
sodium polystyrene
 sulfonate powder,
 70
solifenacin succinate,
 80
 SOLIQUA INJ 100/33,
 69
 SOLTAMOX, 36
 SOLU-CORTEF, 75
 SOMATULINE DEPOT,
 76
 SOMAVERT, 77
sorafenib tosylate, 42
sotalol hcl, 48
sotalol hcl (afib/afl),
 48
 SOTYKTU, 84
spironolactone, 46
spironolactone &
 hydrochlorothiazide
 tab 25-25 mg, 50
sprintec 28, 74
 SPRITAM, 60
sps, 70
sps rectal, 70
sronyx, 74
ssd, 96
 STELARA, 84

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

STIVARGA, 42
streptomycin sulfate, 27
 STRIBILD TAB, 30
subvenite, 60
sucrafate, 79
sulfacetamide sodium (acne), 95
sulfacetamide sodium (ophth), 89
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%, 89
sulfadiazine, 27
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml, 27
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml, 27
sulfamethoxazole-trimethoprim tab 400-80 mg, 27
sulfamethoxazole-trimethoprim tab 800-160 mg, 27
 SULFAMYLON, 96
sulfasalazine, 79
sulindac, 24
sumatriptan, 63
sumatriptan succinate, 63
sunitinib malate, 43
 SUNLENCA, 29
syeda, 74
 SYMDEKO TAB 100-150, 93
 SYMDEKO TAB 50-75MG, 93
 SYMPAZAN, 60
 SYMTUZA TAB, 30
 SYNAREL, 77
 SYNJARDY TAB 12.5-1000MG, 67
 SYNJARDY TAB 12.5-500, 67
 SYNJARDY TAB 5-1000MG, 67
 SYNJARDY TAB 5-500MG, 67
 SYNJARDY XR TAB 10-1000, 67
 SYNJARDY XR TAB 12.5-1000, 67
 SYNJARDY XR TAB 25-1000, 67
 SYNJARDY XR TAB 5-1000MG, 67
 SYNTHROID, 77
 TABRECTA, 43
tacrolimus, 85
tacrolimus (topical), 98
tadalafil, 80
tadalafil (pulmonary hypertension), 51
 TAFINLAR, 43
 TAGRISSO, 43
 TALZENNA, 43
tamoxifen citrate, 36
tamsulosin hcl, 80
tarina 24 fe, 74
tarina fe 1/20 eq, 74
 TASIGNA, 43
tasimelteon, 62
 TAVNEOS, 82
tazarotene, 96
tazicef, 32
 TAZORAC, 96
 TAZVERIK, 43
 TECENTRIQ, 43
 TECENTRIQ INJ HYBREZA, 43
 TEFLARO, 32
telmisartan, 47
telmisartan-amlodipine tab 40-10 mg, 47
telmisartan-amlodipine tab 40-5 mg, 47
telmisartan-amlodipine tab 80-10 mg, 47
telmisartan-amlodipine tab 80-5 mg, 47
telmisartan-hydrochlorothiazide tab 40-12.5 mg, 47
telmisartan-hydrochlorothiazide tab 80-12.5 mg, 47
telmisartan-hydrochlorothiazide tab 80-25 mg, 47
 temazepam, 62
 TENIVAC INJ 5-2LF, 86
tenofovir disoproxil fumarate, 29
 TEPMETKO, 43
terazosin hcl, 46
terbinafine hcl, 28
terbutaline sulfate, 92
terconazole vaginal, 81
 TERIPARATIDE, 69
testosterone, 66
testosterone cypionate, 66
testosterone enanthate, 66
testosterone pump, 66
tetrabenazine, 64
tetracycline hcl, 34
 THALOMID, 36
 THEO-24, 93
theophylline, 93
thioridazine hcl, 57
thiothixene, 57
tiadylt er, 50
tiagabine hcl, 60
 TIBSOVO, 43
 TICOVAC, 86
tigecycline, 34
tilia fe, 74
timolol maleate, 49

timolol maleate (ophth), 90
tinidazole, 27
 TIVICAY, 29
 TIVICAY PD, 29
tizanidine hcl, 65
 TOBI PODHALER, 27
 TOBRADEX OIN 0.3-0.1%, 89
tobramycin, 27
tobramycin (ophth), 89
tobramycin sulfate, 27
tobramycin-dexamethasone ophth susp 0.3-0.1%, 89
tolterodine tartrate, 80
topiramate, 60
toremifene citrate, 36
torpenz, 43
torse mide, 50
 TOUJEO MAX SOLOSTAR, 69
 TOUJEO SOLOSTAR, 69
 TPN ELECTROL INJ, 88
 TRADJENTA, 67
tramadol hcl, 25
tramadol-acetaminophen tab 37.5-325 mg, 25
trandolapril, 46
tranexamic acid, 82
tranylcypromine sulfate, 53
 TRAVASOL INJ 10%, 89
 TRAZIMERA, 43
trazodone hcl, 53
 TRECATOR, 30
 TRELEGY AER ELLIPTA 100-62.5-25 MCG, 91
 TRELEGY AER ELLIPTA 200-62.5-25 MCG, 91
 TREMFYA, 84
treprostinil, 51
 TRESIBA, 69
 TRESIBA FLEXTOUCH, 69
tretinoin, 95
tretinoin (chemotherapy), 37
triamcinolone acetonide (mouth), 98
triamcinolone acetonide (topical), 97
triamterene & hydrochlorothiazide cap 37.5-25 mg, 50
triamterene & hydrochlorothiazide tab 37.5-25 mg, 50
triamterene & hydrochlorothiazide tab 75-50 mg, 50
tridacaine ii, 97
triderm, 97
trientine hcl, 70
tri-estarylla, 74
trifluoperazine hcl, 57
trifluridine, 89
trihexyphenidyl hcl, 54
 TRIJARDY XR TAB ER 24HR 10-5-1000MG, 67
 TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG, 67
 TRIJARDY XR TAB ER 24HR 25-5-1000MG, 67
 TRIJARDY XR TAB ER 24HR 5-2.5-1000MG, 67
 TRIKAFTA PAK 59.5MG, 94
 TRIKAFTA PAK 75MG, 94
 TRIKAFTA TAB 100-50-75MG & 150MG, 94
 TRIKAFTA TAB 50-25-37.5MG & 75MG, 94
tri-legend fe, 74
tri-lynyah, 74
tri-lo-estarylla, 74
tri-lo-marzia, 74
tri-lo-mili, 74
tri-lo-sprintec, 74
trimethoprim, 27
tri-mili, 74
trimipramine maleate, 53
 TRINTELLIX, 53
tri-nymyo, 74
tri-sprintec, 74
 TRIUMEQ PD TAB, 30
 TRIUMEQ TAB, 30
trivora-28, 74
tri-vylibra, 74
tri-vylibra lo, 74

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.

TROGARZO, 29
 TROPHAMINE INJ
 10%, 89
tropium chloride, 80
 TRUE METRIX KIT AIR,
 99
 TRUE METRIX KIT
 METER, 99
 TRUE METRIX STRIPS,
 99
 TRULICITY, 67
 TRUMENBA INJ, 86
 TRUQAP, 43
 TRUXIMA, 43
 TUKYSA, 43
 TURALIO, 43
turqoz, 74
twice-daily
 clindamycin
 phosphate (topical),
 95
 TWINRIX INJ, 86
 TYBOST, 29
tydemy, 74
 TYENNE, 84
 TYPHIM VI, 87
 UBRELVY, 63
unithroid, 77
ursodiol, 79
valacyclovir hcl, 31
 VALCHLOR, 98
valganciclovir hcl, 31
valproate sodium, 60
valproic acid, 60
valsartan, 47
valsartan-
 hydrochlorothiazide
 tab 160-12.5 mg, 47
valsartan-
 hydrochlorothiazide
 tab 160-25 mg, 47
valsartan-
 hydrochlorothiazide
 tab 320-12.5 mg, 47
valsartan-
 hydrochlorothiazide
 tab 320-25 mg, 47
valsartan-
 hydrochlorothiazide
 tab 80-12.5 mg, 47
 VALTOCO 10 MG
 DOSE, 60
 VALTOCO 15 MG
 DOSE, 60
 VALTOCO 20 MG
 DOSE, 60
 VALTOCO 5 MG DOSE,
 60
vancomycin hcl, 27
 VANCOMYCIN INJ 1
 GM, 27
 VANCOMYCIN INJ
 500MG, 27
 VANCOMYCIN INJ
 750MG, 27
 VANFLYTA, 43
 VAQTA, 87
varenicline tartrate, 66
varenicline tartrate tab
 11 x 0.5 mg & 42 x
 1 mg start pack, 66
 VARIVAX, 87
 VASCEPA, 49
 VAXCHORA SUS, 87
velivet, 74
 VELSIPITY, 84
 VENCLEXTA, 43
 VENCLEXTA TAB
 START PK, 43
venlafaxine hcl, 53
 VENTOLIN HFA, 92
 VENTOLIN HFA
 (INSTITUTIONAL
 PACK), 92
 VEOZAH, 77
verapamil hcl, 50
 VERQUVO, 51
 VERSACLOZ, 57
 VERZENIO, 44
vestura, 74
vienva, 74
vigabatrin, 60
vigadrone, 60
 VIGAFYDE, 60
vigpoder, 60
vilazodone hcl, 53
vincristine sulfate, 37
vinorelbine tartrate,
 37
viorele, 74
 VIRACEPT, 29
 VIREAD, 29
 VITRAKVI, 44
 VIVITROL, 66
 VIZIMPRO, 44
 VONJO, 44
 VORANIGO, 44
voriconazole, 28
 VOSEVI TAB, 31
 VOWST CAP, 79
 VRAYLAR, 57
vyfemla, 74
vylibra, 74
 VYZULTA, 90
warfarin sodium, 81
water for irrigation,
 sterile irrigation
 soln, 98
 WELIREG, 37
wera, 74
 WESTAB PLUS TAB
 27-1MG, 88
wixela inhub, 95
wymzya fe, 74
 XALKORI, 44
 XARELTO, 81
 XARELTO STAR TAB
 15/20MG, 81
 XATMEP, 84
 XCOPRI, 61
 XCOPRI PAK 100-150,
 61
 XCOPRI PAK 12.5-25,
 61
 XCOPRI PAK 150-
 200MG
 (MAINTENANCE), 61
 XCOPRI PAK 150-
 200MG
 (TITRATION), 61

XCOPRI PAK 50-100MG, 61	XPOVIO PAK (60 MG ONCE WEEKLY), 44	ZENPEP CAP 25000UNT, 80
XDEMVIY, 89	XPOVIO PAK (60 MG TWICE WEEKLY), 44	ZENPEP CAP 3000UNIT, 79
XELJANZ, 84	XPOVIO PAK (80 MG ONCE WEEKLY), 44	ZENPEP CAP 40000UNT, 80
XELJANZ XR, 84	XPOVIO PAK (80 MG TWICE WEEKLY), 44	ZENPEP CAP 5000UNIT, 80
XERMELO, 79	XTANDI, 36	ZENPEP CAP 60000UNT, 80
XGEVA, 70	<i>xulane</i> , 74	<i>zidovudine</i> , 29
XHANCE, 94	XULTOPHY INJ 100/3.6, 69	<i>ziprasidone hcl</i> , 57
XIFAXAN, 79	YF-VAX INJ, 87	<i>ziprasidone mesylate</i> , 57
XIGDUO XR TAB 10-1000, 68	<i>yuvafem</i> , 75	ZIRABEV, 44
XIGDUO XR TAB 10-500MG, 68	<i>zafemy</i> , 74	ZIRGAN, 89
XIGDUO XR TAB 2.5-1000, 67	<i>zafirlukast</i> , 92	<i>zoledronic acid</i> , 70
XIGDUO XR TAB 5-1000MG, 67	<i>zaleplon</i> , 62	ZOLINZA, 44
XIGDUO XR TAB 5-500MG, 67	ZARXIO, 81	<i>zolpidem tartrate</i> , 63
XIIDRA, 91	ZEGALOGUE, 75	ZONISADE, 61
XOFLUZA, 31	ZEJULA, 44	<i>zonisamide</i> , 61
XOLAIR, 94	ZELBORAF, 44	<i>zovia 1/35</i> , 74
XOSPATA, 44	ZEMAIRA, 94	ZTALMY, 61
XPOVIO PAK (100 MG ONCE WEEKLY), 44	<i>zenatane</i> , 95	<i>zumandimine</i> , 74
XPOVIO PAK (40 MG ONCE WEEKLY), 44	ZENPEP CAP 10000UNT, 80	ZURZUVAE, 53
XPOVIO PAK (40 MG TWICE WEEKLY), 44	ZENPEP CAP 15000UNT, 80	ZYDELIG, 44
	ZENPEP CAP 20000UNT, 80	ZYKADIA, 45
		ZYLET SUS 0.5-0.3%, 89

Yog tias koj muaj lus nug, thov hu rau Central Health Medicare Plan ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb. **Rau ntaub ntawv kawm paub ntau ntxiv**, mus saib tau rau ntawm <https://www.centralhealthplan.com/PartD/Formulary>.



Central Health Medi-Medi Plan I (HMO D-SNP) ib Lub Phiaj Xwm Medicare Medi-Cal

Tau hloov kho tshiab daim ntawv teev npe tshuaj no nyob rau hauv 04/01/2025

Rau cov ntaub ntawv tshiab tshaj plaws los sis lwm cov lus nug, txuas lus rau peb ntawm (800) 665-3086, TTY: 711 Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos los sis mus saib <https://www.centralhealthplan.com/PartD/Formulary>.