



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

一项 Medicare Medi-Cal Plan

2025 《承保药物清单》（《药物清单》或处方集）

请阅读：本文件包含我们在本计划中承保的药物的相关信息

HPMS 批准的处方集文件提交 ID, 00025316 版本号, 12。

本处方集于 2025/04/01 更新。

如需了解最新信息或其他问题，请致电我们：(800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00，或请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

简介

本文件称为《承保药物清单》（也称为《药物清单》）。它告诉您 Central Health Medi-Medi Plan I 承保哪些处方药。《药物清单》还告诉您，对于 Central Health Medi-Medi Plan I 承保的任何药物，是否有任何特殊规则或限制。关键术语及其定义见《会员手册》最后一章。

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如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086, TTY 用户请拨打: 711, 10月1日至3月31日: 当地时间每周7天上午8:00至下午8:00, 4月1日至9月30日: 当地时间星期一至星期五上午8:00至下午8:00。此电话免费。更多信息, 请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

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A. 免责声明

这是会员可在 *Central Health Medi-Medi Plan I* 中获得的药物清单。

- ❖ 您可以随时在线查看 *Central Health Medi-Medi Plan I* 的最新《承保药物清单》，请访问 <https://www.centralhealthplan.com/PartD/Formulary> 或致电 (800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。
- ❖ 您可以其他格式免费获取此文件，如大字版、盲文或音频。请致电 (800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。
- ❖ *Central Health Medi-Medi Plan I* 是具有 Medicare 合同的 HMO/HMO SNP。能否参加 *Central Health Medi-Medi Plan I* 取决于合同续签情况。
- ❖ *Central Health Medi-Medi Plan I* 遵守适用的联邦民权法，不会基于生理性别、种族、肤色、宗教、血统、国籍、族群认同、年龄、精神残疾、身体残疾、健康状况、遗传信息、婚姻状况、社会性别、性别认同或性取向而有任何歧视。

为了帮助您与我们进行有效沟通，*Central Health Medi-Medi Plan I* 及时提供以下免费服务：

- *Central Health Medi-Medi Plan I* 为残疾人士提供合理的修改以及适当的辅助和服务。这包括：(1) 合格的译员。(2) 其他格式的资料，例如大字版、音频版、可访问的电子版及盲文版。
- *Central Health Medi-Medi Plan I* 为说另一种语言或英语能力有限的人士提供语言服务。这包括：(1) 合格的口译员。(2) 翻译成您的语言的资料。

如果您需要这些服务，请联系 *Central Health Medi-Medi Plan I* 会员服务部，致电 1-800-665-3086 或 TTY/TDD 用户请拨打：711。

如果您认为我们存在基于年龄、肤色、残疾状况、国籍、种族或性别的歧视，您可以提出申诉。您可以通过当面、邮件、电子邮件或在线联系的形式提交申诉。如果您在申诉书写方面需要帮助，我们可以帮助您。您可以访问我们的网站

<https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx> 获取我们的申诉程序，请联系我们的民权协调员，致电 1-866-606-3889，TTY/TDD 用户请拨打：711 或将您的申诉提交至：

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
电子邮箱：civil.rights@molinahealthcare.com
网址：<https://molinahealthcare.Alertline.com>



如果您有任何疑问，请致电 *Central Health Medicare Plan*：(800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

您也可以向 U.S. Department of Health and Human Services 的 Office for Civil Rights（民权办公室）提出民权投诉（申诉），在线方式通过民权办公室投诉门户网站 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或通过下列邮件或电话：

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

您可以通过此处链接获取投诉表：<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>。

您可以通过电话、书面形式或电子方式向 California Department of Health Care Services 的民权办公室提出民权投诉：

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
电话：916-440-7370（或 711 电信中继服务）
电邮：CivilRights@dhcs.ca.gov

您可以通过以下链接获取投诉表：http://www.dhcs.ca.gov/Pages/Language_Access.aspx

NOTICE OF AVAILABILITY

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

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

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

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

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086, TTY 用户请拨打: 711, 10月1日至3月31日: 当地时间每周7天上午8:00至下午8:00, 4月1日至9月30日: 当地时间星期一至星期五上午8:00至下午8:00。此电话免费。更多信息，请访问



<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。

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 ການບໍລິການສໍາລັບຄົນລົບກວາງ, ເຊັ່ນ: ເອກະສານເປັນຕົວອັກສອນນູນ ແລະ ຕົວເລິມໃຫຍ່. ໂທຫາ 1-866-314-2427 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ.

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

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086, TTY 用户请拨打: 711, 10 月 1 日至 3 月 31 日: 当地时间每周 7 天上午 8:00 至下午 8:00, 4 月 1 日至 9 月 30 日: 当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

សូមយកចិត្តទុកដាក់៖

ប្រសិនបើអ្នកត្រូវការជំនួយភាសារបស់អ្នក

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.

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

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

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

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

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

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086, TTY 用户请拨打: 711, 10 月 1 日至 3 月 31 日: 当地时间每周 7 天上午 8:00 至下午 8:00, 4 月 1 日至 9 月 30 日: 当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

- ❖ 本文件免费提供西班牙语、阿拉伯语、亚美尼亚语、柬埔寨语、中文（简体或繁体）、波斯语、赫蒙语、韩语、俄语、菲律宾语和越南语版本。
- ❖ 您可以要求我们始终以您需要的语言或格式向您发送信息。这称为长期申请。请致电 (800) 665-3086, TTY 用户请拨打: 711, 10 月 1 日至 3 月 31 日: 当地时间每周 7 天上午 8:00 至下午 8:00, 4 月 1 日至 9 月 30 日: 当地时间星期一至星期五上午 8:00 至下午 8:00。会员服务代表可以帮助您提出或更改长期申请。我们将跟踪您的长期申请, 确保您无需在每次我们向您发送信息时单独提出申请。

B. 常见问题解答 (FAQ)

在此处查找有关此《承保药物清单》的问题答案。您可以阅读所有 FAQ 以了解更多信息或查找问题和答案。

B1. 《承保药物清单》中有哪些处方药? (我们将《承保药物清单》简称为《药物清单》。)

第 C1 节开始的《承保药物清单》中的药物是 Central Health Medi-Medi Plan I (HMO D-SNP) 承保的药物。此类药物在我们网络内的药房有售。如果我们与一家药房达成协议, 让他们与我们合作并为您提供服务, 那么这家药房便在我们的网络内。我们将这些药房称为“网络内药房”。

Medi-Cal Rx 可能承保其他药物, 例如一些非处方 (OTC) 药物和某些维生素。更多信息, 请访问 Medi-Cal Rx 网站 (www.medi-calrx.dhcs.ca.gov)。您也可以致电 Medi-Cal Rx 客户服务中心: 800-977-2273。通过 Medi-Cal Rx 获取处方药物时, 请携带您的 Medi-Cal 受益人身份证 (BIC)。

- 在以下情况下, Central Health Medi-Medi Plan I 将承保《药物清单》上所有医疗所需药物:
 - 您的医生或其他开处方者表示您需要这些药物来改善或保持健康,
 - Central Health Medi-Medi Plan I 同意该药物对您来说是医疗所需药物, 并且
 - 您在 Central Health Medi-Medi Plan I 网络内药房按处方配药。
- 在某些情况下, 您必须先做一些事情才能获得药物。更多信息, 请参阅问题 B4。

如需查看我们承保的最新药物清单, 您可以访问我们的网站

<https://www.centralhealthplan.com/PartD/Formulary>, 也可致电会员服务部: (800) 665-3086, TTY 用户请拨打: 711, 10 月 1 日至 3 月 31 日: 当地时间每周 7 天上午 8:00 至下午 8:00, 4 月 1 日至 9 月 30 日: 当地时间星期一至星期五上午 8:00 至下午 8:00。

B2. 《药物清单》是否会发生变化？

是的，并且 Central Health Medi-Medi Plan I 在进行更改时必须遵守 Medicare 和 Medi-Cal 规则。我们可能会在承保年份中添加或删除《药物清单》上的药物。

我们还可能改变我们有关药物的规则。例如，我们可能会：

- 决定要求或不要求就某种药物获得预先授权。（预先授权是在您获得药物之前获得 Central Health Medi-Medi Plan I 的许可。）
- 添加或更改您可以获得的药物数量（称为数量限制）。
- 添加或更改药物的逐步疗法限制。（逐步疗法是指您必须先尝试一种药物，之后我们才能承保另一种药物。）

有关这些药物规则的更多信息，请参阅问题 B4。

如果您正在服用年初承保的药物，我们通常不会在**该年度剩余时间内**取消或更改该药物的承保范围，除非：

- 一种新的、更便宜的药物面市，疗效与现在《药物清单》上的药物一样好，或者
- 我们了解到某种药物不安全，或者
- 一种药物从市场上撤出。

下面的问题 B3 和 B6 提供了更多关于《药物清单》变化的信息。

- 您可以随时在 <https://www.centralhealthplan.com/PartD/Formulary> 上在线查看 Central Health Medi-Medi Plan I 的最新《药物清单》。《药物清单》的更新每月发布在网站上。
- 您也可致电会员服务部：(800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00，以查看当前的《药物清单》。

B3. 《药物清单》变化时会发生什么情况？

对《药物清单》的一些更改将**立即**进行。例如：

- **替换为某些药物的新版本。**如果我们用药物的某些新版本替换该药物，我们可能会立即从《药物清单》中删除该药物，但您购买新药的费用将仍为 \$0。当我们添加一种药物的新版本时，我们也可能会决定将该品牌药或原研生物制剂保留在清单中，但会更改其承保规则或限制。
 - 在进行此更改之前，我们可能不会告诉您，但一旦发生具体更改，我们将向您发送有关所做更改的信息。
 - 只有在我们添加的药物符合以下条件时，我们才能进行这些更改：

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

- 是品牌药的新仿制药版本，或
 - 是《药物清单》上原研生物制剂的某种新生物类似药版本（例如，添加可互换生物类似药，无需新处方即可替代原研生物制剂）。
 - 您可能不熟悉其中一些药物类型。有关更多信息，请参阅第 B14 节。
- 您或您的提供者可以要求例外处理这些更改。我们将向您发送一份通知，说明您可以采取哪些步骤来请求例外情况。有关例外情况的更多信息，请参阅问题 B10-B12。
- **一种药物从市场上撤出。**如果 Food and Drug Administration (FDA) 表示您服用的药物不安全或没有效果，或者该药物的制造商将某种药物从市场上撤出，我们会立即把它从《药物清单》中删除。如果您正在服用该药物，我们将在更改后向您发送一份通知。请与您的医生或其他开处方者沟通，寻找对您安全的替代药物。

我们可能会做出其他影响您服用药物的改变。我们将提前告知您对《药物清单》的此类其他更改。在以下情况下，可能会发生这些变化：

- FDA 提供了新的指南，或者有新的有关药物的临床指南。
- 当添加非新上市的仿制药时，我们会从《药物清单》中删除品牌药，或者
- 我们在添加生物类似药时删除原研生物制剂，或者
- 我们更改品牌药的承保规则或限制。

发生这些变化时，我们将：

- 在我们更改《药物清单》之前至少提前 30 天告知您，**或者**
- 告诉您，并在您要求重新配药后给您 31 天的配药。

这将让您有时间与您的医生或其他开处方者沟通。它们可以帮助您决定：

- 如果《药物清单》上有一种类似的药物，您可以用它来代替，或者
- 是否要求例外处理这些更改。要了解有关例外情况的更多信息，参阅问题 B10-B12。

B4. 对药物承保范围是否有任何限制或限制，或者是否需要采取任何必要措施来获取某些药物？

是的，有些药物具有承保规则，或者对您可以获得的数量有限制。在某些情况下，您或您的医生或其他开处方者必须先做一些事情才能获得药物。例如：

- **预先授权：**对于某些药物，您或您的医生或其他开处方者必须在您按处方配药之前获得 Central Health Medi-Medi Plan I 的授权。预先授权不同于转诊。如果您未获得预先授权，Central Health Medi-Medi Plan I 可能不承保该药物。
- **数量限制：**有时，Central Health Medi-Medi Plan I 会限制您可以获得的药物量。

- **逐步疗法：**有时，Central Health Medi-Medi Plan I 会要求您进行逐步疗法。这意味着您必须按照一定的顺序针对您的医疗状况服用药物。您可能必须先尝试一种药物，之后我们才会承保另一种药物。如果您的开处方者认为第一种药物对您不起作用，我们将承保第二种药物。

您可以查看第 C1 节上的表格，了解您的药物是否有任何其他要求或限制。您也可以访问我们的网站 <https://www.centralhealthplan.com/PartD/Formulary> 获取更多信息。我们已发布在线文档，介绍我们的预先授权和逐步疗法限制。您也可以要求我们向您发送一份副本。

您可以要求例外处理这些限制。这将让您有时间与您的医生或其他开处方者沟通。他们可以帮助您决定《药物清单》上是否有一种类似的药物供您服用，或者是否要申请例外处理。有关例外情况的更多信息，参阅问题 B10-B12。

B5. 我如何知道我想要的药物是否有限制，或者是否需要采取必要的行动来获得该药物？

《药物清单》上的药物按疾病分类的表格中有一列标有“必要的行动、限制或使用限制”。

B6. 如果 Central Health Medi-Medi Plan I 更改其关于如何承保某些药物的规则（例如，预先授权、数量限制和/或逐步疗法限制），会发生什么？

在某些情况下，如果我们添加或更改某种药物的预先授权、数量限制和/或逐步疗法限制，我们会提前告诉您。请参阅问题 B3，了解有关此预先通知的更多信息，以及当我们对《药物清单》上的药物的规定发生变化时，我们可能无法提前告知您的情况。

B7. 如何在《药物清单》中查找药物？

有两种方法可以找到药物：

- 您可以按字母顺序搜索，或者
- 按医疗状况搜索。

若要按字母顺序搜索，请在“承保药物索引”一节中查找您的药物。您可以在第 D 节中找到它。

若要按医疗状况搜索，请查找标有“按医疗状况列出的药物清单”的第 C1 节。本节中的药物根据用于治疗的医疗状况类型分为不同的类别。例如，如果您患有心脏病，则应在心血管疾病中查找。在这里，您可以找到心脏病的治疗药物。

B8. 如果我想服用的药物不在《药物清单》上，该怎么办？

如果您在《药物清单》上找不到您的药物，请致电会员服务部：(800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00，询问相关信息。如果您得知该药物不在 Central Health Medi-Medi Plan I 的承保范围，可以采取以下措施之一：

- 向会员服务部索取与您想要服用的药物相类似的药物的清单。然后向您的医生或其他开处方者出示此清单。他们可以开具《药物清单》上与您想要服用的药物相似的药物。或者

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086，TTY 用户请拨打：

711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：

当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问

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

- 您可以要求 Central Health Medi-Medi Plan I 例外处理您的药物。有关例外情况的更多信息，参阅问题 B10-B12。

B9. 如果我是新的 Central Health Medi-Medi Plan I 会员，但在《药物清单》中找不到我的药物，或者在获取我的药物时遇到问题，该怎么办？

我们可以为您提供帮助。我们可能会在您成为 Central Health Medi-Medi Plan I 会员后 90 天内为您提供为期 31 天的临时药物供应。这将让您有时间与您的医生或其他开处方者沟通。他们可以帮助您决定《药物清单》上是否有一种类似的药物供您服用，或者是否要申请例外处理。

如果您的处方开具的服药天数少于这个期限，我们将允许多次补充药物，最多可提供 31 天的药物。

在以下情况下，我们将承保 31 天的药物供应：

- 您所服用的药物不在我们的《药物清单》中，**或者**
- 我们的计划规则不允许您获得您的开处方者开具的药量，**或者**
- 该药物需要 Central Health Medi-Medi Plan I 的预先授权，**或者**
- 您所服用的药物属于逐步疗法限制的一部分。

如果您正在服用 Central Health Medi-Medi Plan I 不认为是 D 部分药的药物，并且该药物不在《药物清单》上，并且您在获取药物时遇到问题，则可能通过 Medi-Cal Rx 进行承保。如果 D 部分排除的药物需要例外处理，并且您有紧急情况，Medi-Cal Rx 将允许您获得不少于 72 小时的药物供应。更多信息，请访问 Medi-Cal Rx 网站 (www.medi-calrx.dhcs.ca.gov)。您也可以致电 Medi-Cal Rx 客户服务中心：800-977-2273。通过 Medi-Cal Rx 获取处方药物时，请携带您的 Medi-Cal BIC。

如果您在疗养院或其他长期护理机构内，需要不在《药物清单》上的药物，或者如果您无法便捷地获得所需药物，我们可以提供帮助。如果您已加入计划 90 天以上，住在长期护理机构，并且需要立即获得药物：

- 无论您是否是 Central Health Medi-Medi Plan I 的新会员，我们都将承保您所需要的 31 天药物供应（除非您的处方开具的服药天数少于这个期限）。
- 这是除了在您成为 Central Health Medi-Medi Plan I 会员后头 90 天内的临时供应之外，额外向您提供的。

Central Health Medi-Medi Plan I 将在长期护理环境中，在会员加入后 90 天内的任何时间，从投保人的承保生效日期开始提供至少 31 天的临时配药（除非处方开具的供应量少于 31 天，或者由于安全性目的有数量限制或根据批准的药品标示信息的药物使用编辑而配发的处方药物少于开具的药物量，在这种情况下，Central Health Medi-Medi Plan I 将允许多次配药，以提供总共 31 天的药物）。

B10. 我可以要求例外承保我的药物吗？

可以。您可以要求 Central Health Medi-Medi Plan I 例外承保不在《药物清单》中的药物。

您还可以要求我们更改您的药物承保规则。

- 例如，Central Health Medi-Medi Plan I 可能会限制我们将承保的药物量。如果您的药物有数量限制，您可以要求我们更改数量限制并承保更多内容。
- 其他示例：您可以要求我们放弃逐步治疗限制或预先授权要求。

B11.如何申请例外？

要申请例外，请致电会员服务部。一位会员服务部的代表将与您和您的开处方者合作，帮助您申请例外。您还可以阅读《会员手册》第 G2 节第 9 章，了解有关例外的更多信息。

B12.申请例外情况需要多长时间？

在我们收到您的处方医生支持您的例外申请的声明后，我们会在 72 小时内对您的申请作出决定。您的医生或其他开处方者可以将支持声明传真至 (866) 290-1309 或邮寄给我们。他们也可以先通过电话告诉我们，然后传真或邮寄该声明。

将开处方者声明发送至：

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

如果您或您的处方医生认为，等待我们 72 小时做出决定可能会损害您的健康，您可以申请紧急例外。紧急例外的决策流程更快。如果您的处方医生支持您的请求，我们将在收到处方医生的支持声明后 24 小时内对您的申请作出决定。

B13.什么是仿制药？

仿制药的活性成分与品牌药相同。它们通常比品牌药便宜，效果通常也一样好。仿制药通常没有众所周知的药名。仿制药是由 Food and Drug Administration (FDA) 批准的。有许多品牌药的仿制药可供选择。根据各州法律，仿制药通常可以替代药房的品牌药，而无需新处方。

Central Health Medi-Medi Plan I 承保品牌药和仿制药。

B14.什么是原研生物制剂，它们与生物类似药有何关系？

当我们提到药物时，这可能是指一种药物或生物制剂。生物制剂是比典型药物更复杂的药物。由于生物制剂比典型药物更复杂，因此它们没有仿制药形式，而是具有称为生物类似药的形式。一般来说，生物类似药的作用与原研生物制剂一样好，并且可能价格更低。一些原研生物制剂有生物类似药替代品。一些生物类似药是可互换生物类似药，根据各州法律，可以替代药房的原研生物制剂而无需要新处方，就像仿制药可以替代品牌药一样。

有关药物类型的更多信息，请参阅《会员手册》第 5 章。

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086, TTY 用户请拨打: 711, 10 月 1 日至 3 月 31 日: 当地时间每周 7 天上午 8:00 至下午 8:00, 4 月 1 日至 9 月 30 日: 当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

B15. Central Health Medi-Medi Plan I 是否承保非药物 OTC 产品？

Central Health Medi-Medi Plan I 承保一些非药物 OTC 产品，前提是您的提供者在处方中开具这些产品。

您可以阅读 Central Health Medi-Medi Plan I 《药物清单》，了解哪些非药物 OTC 产品在承保范围。

B16. Central Health Medi-Medi Plan I 是否承保长期处方药供应？

- **邮购计划。**我们提供邮购计划，将最长 100 天的处方药供应直接送到您家中。100 天药量的分摊付款额与一个月药量的分摊付款额相同。
- **100 天零售药房计划。**一些零售药房也可能提供最长 100 天的承保处方药供应。100 天药量的分摊付款额与一个月药量的分摊付款额相同。

B17. 我可以当地药房将处方药送到我家中吗？

您的当地药房可能可以将您的处方药送到您家中。您可以致电您的药房，了解他们是否提供送药上门服务。

B18. 我的定额分摊费 (copay) 是多少？

如果 Central Health Medi-Medi Plan I 会员遵循该计划的规则，则会员可以获得处方药、OTC 药和非药物产品。有关 OTC 药和非药物产品的更多信息，参阅问题 B15 和 B16。

分级是我们《药物清单》上的药物分组。

- 1 级仿制药的分摊费为 \$ 0。
- 1 级品牌药的分摊费为 \$ 0。

所有等级均无分摊费。

OTC 药的共付额为 \$ 0。

若您有任何疑问，请致电会员服务部：(800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。

C. 《承保药物清单》概述

《承保药物清单》为您提供有关 Central Health Medi-Medi Plan I 承保的药物的信息。如果您在列表中找不到您的药物，请转到从第 D 节开始的承保药物索引。该索引按字母顺序列出了 Central Health Medi-Medi Plan I 承保的所有药物。

Medi-Cal Rx 可能承保其他药物，例如一些非处方 (OTC) 药物和某些维生素。更多信息，请访问 Medi-Cal Rx 网站 (www.medi-calrx.dhcs.ca.gov)。您也可以致电 Medi-Cal Rx 客户服务中心：800-977-2273。通过 Medi-Cal Rx 获取处方药物时，请携带您的 Medi-Cal 受益人身份证 (BIC)。

D 部分下的申诉

- 申诉是要求我们审查我们对您的承保范围所做的决定的正式方式，如果您认为我们犯了错误，您可以要求我们改变决定。
- 例如，我们可能会决定您想要的药物不在 Medicare 或 Medi-Cal 的承保范围内。
- 如果您或您的开处方这点不同意我们的决定，您可以提出申诉。如果您有疑问，请致电会员服务部：(800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。
- 您还可以阅读《会员手册》第 9 章，了解如何对决定提出申诉。
- 不属于 D 部分药物的药物有不同的上诉规则。

C1. 按医疗状况列出的药物清单

本节中的药物根据用于治疗医疗状况类型分为不同的类别。例如，如果您患有心脏病，则应在心血管疾病类别中查找。在这里，您可以找到心脏病的治疗药物。

以下是“必要的行动、限制或使用限制”一栏中所用代码的含义：

PA = 预先授权（批准）：您必须获得批准才能获得此药物。

QL = 数量限制：计划承保的药物数量。

ST = 逐步疗法标准：您必须先尝试另一种药物，之后才能获得该药物。

NM = 非邮购药物：此药物不能通过邮购方式购得。

B/D = 根据具体情况，此药物可能属于 Medicare B 部分或 D 部分。

LA = 受限渠道药物：此药物可能仅在某些药房购买。

_ = 非 D 部分药物，或 Medicaid 承保的 OTC 药物。

NDS = 无延长天数供应：限制您能获得多少天的药物供应。

表格的第一列列出了药物的名称。仿制药以小写斜体列出（例如，二巯双胍 *hcl*），品牌药以大写列出（例如，JANUVIA-TABS），“必要的行动、限制或使用限制”列中的信息告诉您 Central Health Medi-Medi Plan I 是否对承保您的药物有任何规则。

如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086，TTY 用户请拨打：711，10 月 1 日至 3 月 31 日：当地时间每周 7 天上午 8:00 至下午 8:00，4 月 1 日至 9 月 30 日：当地时间星期一至星期五上午 8:00 至下午 8:00。此电话免费。更多信息，请访问 <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
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

您可以通过转到页码来了解本表中符号和缩写的含义。17

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 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)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA

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

您可以通过转到页码来了解本表中符号和缩写的含义。17

Drug Name	Drug Tier	Requirements/Limits
<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>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA

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

您可以通过转到页码来了解本表中符号和缩写的含义。17

Drug Name	Drug Tier	Requirements/Limits
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 600-300 mg</i>	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
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
<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
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir TABS .5mg, 1mg</i>	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	

Drug Name	Drug Tier	Requirements/Limits
<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>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
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	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	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</i> CAPS 500mg	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</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	1	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg</i>	1	B/D
<i>oxaliplatin SOLR 100mg</i>	1	NDS, B/D

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Drug Name	Drug Tier	Requirements/Limits
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
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
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
MATULANE CAPS 50mg	1	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
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</i> 100mg	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

Drug Name	Drug Tier	Requirements/Limits
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
pazopanib hcl 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
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS

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	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO 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)

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl 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	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<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

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANSXIETY		
<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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
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)

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

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

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Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepira</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
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)

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Drug Name	Drug Tier	Requirements/Limits
<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
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
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	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 CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam CAPS 15mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
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
<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)

Drug Name	Drug Tier	Requirements/Limits
<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) TB12 150mg</i>	1	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate TABS .5mg, 1mg</i>	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 CAPS 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>methyltestosterone CAPS 10mg</i>	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	1	PA
<i>testosterone pump GEL 1.62%</i>	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl TB24 10mg</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
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)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQR 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)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 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	

Drug Name	Drug Tier	Requirements/Limits
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
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>abra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>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	

Drug Name	Drug Tier	Requirements/Limits
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel</i> 1.5/30	1	
<i>junel</i> 1/20	1	
<i>junel fe</i> 1.5/30	1	
<i>junel fe</i> 1/20	1	
<i>junel fe</i> 24	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor</i> 1/35	1	
<i>kelnor</i> 1/50	1	
<i>kurvelo</i>	1	
<i>larin</i> 1.5/30	1	
<i>larin</i> 1/20	1	
<i>larin</i> 24 fe	1	
<i>larin fe</i> 1.5/30	1	
<i>larin fe</i> 1/20	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab</i> 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	1	
<i>levonorg-eth est tab</i> 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
<i>levonorg-eth est tab</i> 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab</i> 0.15-0.03 mg	1	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 mg-20 mcg	1	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.15 mg- 30 mcg	1	
<i>levonorgestrel-eth estra tab</i> 0.05-30/0.075- 40/0.125-30mg-mcg	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab</i> 90-20 mcg	1	
<i>levora</i> 0.15/30-28	1	
LILETTA IUD 20.1mcg/day	1	NM
<i>loestrin</i> 1.5/30-21	1	

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Drug Name	Drug Tier	Requirements/Limits
<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)</i> SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-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</i> <i>mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-</i> <i>30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i> <i>20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1</i> <i>mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i> <i>mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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>yuvafem</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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
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>levoxyI</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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<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> TBP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
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	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	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	

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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>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
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

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D

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<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
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
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO 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	
IPOLE 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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<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
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose 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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>XDEMZY SOLN .25%</i>	1	NDS, NM, PA
<i>ZIRGAN GEL .15%</i>	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
<i>FLAREX SUSP .1%</i>	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
<i>LOTEMAX OINT .5%</i>	1	
<i>loteprednol etabonate SUSP .2%</i>	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	1	
<i>BETOPTIC-S SUSP .25%</i>	1	
<i>brimonidine tartrate SOLN .15%, .2%</i>	1	
<i>brinzolamide SUSP 1%</i>	1	
<i>carteolol hcl (ophth) SOLN 1%</i>	1	
<i>COMBIGAN SOL 0.2/0.5%</i>	1	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 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)

Drug Name	Drug Tier	Requirements/Limits
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>cyproheptadine 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	
<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

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
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

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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act	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</i> 100-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)
TOPICAL		
<i>DERMATOLOGY, ACNE</i>		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	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)

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> 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>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (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

您可以通过转到页码来了解本表中符号和缩写的含义。17

Drug Name	Drug Tier	Requirements/Limits
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<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	

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

您可以通过转到页码来了解本表中符号和缩写的含义。17

Drug Name	Drug Tier	Requirements/Limits
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)
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	
_PART B		
DIABETIC METERS AND TEST STRIPS		
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR KIT 3 SENSOR	0	PA
FREESTY LIBR KIT SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTY LIBR MIS 3 READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

D. 承保药物索引

在本节中，您可以通过按字母顺序搜索其名称来查找药物。这将告诉您页码，您可以在该页中找到您的药物的其他承保信息。

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<i>mg</i> 19	80MCG89	<i>amethyst</i>64
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<i>codeine tab 300-30</i>29	<i>amiloride &</i>
<i>mg</i> 19	AKEEGA TAB	<i>hydrochlorothiazide</i>
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<i>codeine tab 300-60</i>	<i>ala-cort</i>91	<i>amiloride hcl</i>44
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如果您有任何疑问，请致电 Central Health Medicare Plan: (800) 665-3086, TTY 用户请拨打: 711, 10月1日至3月31日: 当地时间每周7天上午8:00至下午8:00, 4月1日至9月30日: 当地时间星期一至星期五上午8:00至下午8:00。此电话免费。更多信息, 请访问 <https://www.centralhealthplan.com/PartD/Formulary>。

<i>amlodipine besylate- benazepril hcl cap 5- 10 mg</i> 39	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> .27	<i>amphetamine- dextroamphetamine tab 15 mg</i>56
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<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i> 40	<i>amoxicillin & k clavulanate tab 500- 125 mg</i>27	<i>amphetamine- dextroamphetamine tab 7.5 mg</i>55
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<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i> 40	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> 27	<i>amphotericin b liposome</i>21
<i>amlodipine besylate- valsartan tab 10-160 mg</i> 40	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i> 55	<i>ampicillin</i>27
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<i>amnestem</i> 89	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i> 55	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>27
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<i>chlorthalidone tab</i>		<i>bacitracin-polymyxin b</i>		<i>betamethasone</i>	
<i>100-25 mg</i>	43	<i>ophth oint</i>	83	<i>dipropionate</i>	
<i>atenolol &</i>		<i>bacitracin-polymyxin-</i>		(<i>topical</i>)	91
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<i>50-25 mg</i>	43	<i>oint 1%</i>	83	<i>dipropionate</i>	
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<i>atovaquone-proguanil</i>		BASAGLAR KWIKPEN		<i>bethanechol chloride</i>	74
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ATROPINE SULFATE	85	<i>benazepril &</i>		4.8MCG	85
<i>atropine sulfate</i>		<i>hydrochlorothiazide</i>		<i>bexarotene</i>	30
(<i>ophthalmic</i>).....	85	<i>tab 10-12.5 mg</i>	39	<i>bexarotene (topical)</i>	92
ATROVENT HFA	86	<i>benazepril &</i>		BEXSERO INJ	80
<i>abra eq</i>	64	<i>hydrochlorothiazide</i>		<i>bicalutamide</i>	29
AUGTYRO.....	31	<i>tab 20-12.5 mg</i>	39	BICILLIN L-A	27
<i>aurovela 1/20</i>	64	<i>benazepril &</i>		BIKTARVY TAB 30-	
<i>aurovela 24 fe</i>	64	<i>hydrochlorothiazide</i>		120-15 MG	23
<i>aurovela fe 1.5/30</i> ...	64	<i>tab 20-25 mg</i>	39	BIKTARVY TAB 50-	
<i>aurovela fe 1/20</i>	64			200-25 MG	23
AUSTEDO.....	58				



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<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> 43	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>89	<i>calcitriol</i>72
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> ... 43	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>.....89	<i>calcitriol (oral)</i> .....72
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> 43	<i>bumetanide</i>.....44	CALQUENCE.....32
<i>bisoprolol fumarate</i> . 43	<i>buprenorphine</i>.....18	<i>camila</i> .....65
BIVIGAM 79	<i>buprenorphine hcl</i> ....59	<i>camrese</i>.....65
<i>blisovi 24 fe</i> 65	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....60	<i>camrese lo</i> .....65
<i>blisovi fe 1.5/30</i> 65	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....59	<i>candesartan cilexetil 41</i>
BOOSTRIX INJ 80	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....59	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> ....40
<i>bortezomib</i> 31	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....59	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> ....40
BOORTEZOMIB..... 31	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....60	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....40
<i>bosentan</i> 45	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....60	CAPLYTA.....49
BOSULIF 31, 32	<i>bupropion hcl</i> .....46, 47	CAPRELSA.....32
BRAFTOVI..... 32	<i>(smoking deterrent)</i> .....60	<i>captopril</i> .....40
BREO ELLIPTA INH 100-25..... 89	<i>buspirone hcl</i>.....46	<i>captopril & hydrochlorothiazide tab 25-15 mg</i> .....39
BREO ELLIPTA INH 200-25..... 89	<i>butorphanol tartrate</i> 19	<i>captopril & hydrochlorothiazide tab 25-25 mg</i> .....39
BREO ELLIPTA INH 50-25MCG..... 89	<i>cabergoline</i> .....70	<i>captopril & hydrochlorothiazide tab 50-15 mg</i> .....39
<i>breyana</i> 89	CABOMETYX.....32	<i>captopril & hydrochlorothiazide tab 50-25 mg</i> .....39
BREZTRI AERO AER SPHERE 85	<i>calcipotriene</i> .....90	<i>carb/levo orally disintegrating tab 10-100mg</i> .....48
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 85	<i>calcitonin (salmon) spray</i> .....64	<i>carb/levo orally disintegrating tab 25-100mg</i> .....48
<i>briellyn</i> 65	<i>calcitrene</i>.....90	<i>carb/levo orally disintegrating tab 25-250mg</i> .....48
BRILINTA..... 76		<i>carbamazepine</i>.....52
<i>brimonidine tartrate</i> 84		<i>carbidopa & levodopa tab 10-100 mg</i> ....48
<i>brinzolamide</i> 84		<i>carbidopa & levodopa tab 25-100 mg</i> .....48
BRIVIACT..... 51, 52		<i>carbidopa & levodopa tab 25-250 mg</i> .....48
<i>bromfenac sodium (ophth)</i> 84		
<i>bromocriptine mesylate</i> 48		
BRONCHITOL..... 87		
BRUKINSA..... 32		
<i>budesonide</i> 73		
<i>budesonide (inhalation)</i> 89		

<i>carbidopa & levodopa tab er 25-100 mg.</i>	48	CEFAZOLIN/DEX SOL 3GM/150ML-4%	25	<i>ciprofloxacin 200 mg/100ml in d5w</i>	.26
<i>carbidopa & levodopa tab er 50-200 mg.</i>	48	<i>cefdinir</i>	26	<i>ciprofloxacin 400 mg/200ml in d5w</i>	.26
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg ...</i>	48	<i>cefepime hcl</i>	26	<i>ciprofloxacin hcl</i>	26
<i>carbidopa-levodopa- entacapone tabs 18.75-75-200 mg.</i>	48	<i>cefixime</i>	26	<i>ciprofloxacin hcl (ophth)</i>	83
<i>carbidopa-levodopa- entacapone tabs 25- 100-200 mg</i>	48	<i>cefotetan disodium</i> ...	26	<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>	85
<i>carbidopa-levodopa- entacapone tabs 31.25-125-200 mg</i>	48	<i>cefoxitin sodium</i>	26	<i>cisplatin</i>	28
<i>carbidopa-levodopa- entacapone tabs 37.5-150-200 mg.</i>	48	<i>cefpodoxime proxetil</i>	26	<i>citalopram hydrobromide</i>	47
<i>carbidopa-levodopa- entacapone tabs 50- 200-200 mg</i>	48	<i>cefprozil</i>	26	<i>claravis</i>	89
<i>carboplatin</i>	28	<i>ceftazidime</i>	26	<i>clarithromycin</i>	26
<i>carglumic acid</i>	70	<i>ceftriaxone sodium</i> ...	26	<i>clindamycin hcl</i>	20
<i>carisoprodol</i>	59	<i>cefuroxime axetil</i>	26	<i>clindamycin palmitate hydrochloride</i>	20
<i>carteolol hcl (ophth)</i>	84	<i>cefuroxime sodium</i> ...	26	<i>clindamycin phosphate</i>	20
<i>cartia xt</i>	43	<i>celecoxib</i>	18	<i>clindamycin phosphate (topical)</i>	89, 90
<i>carvedilol</i>	43	<i>cephalexin</i>	26	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	20
<i>caspofungin acetate</i>	21	CEQUR SIMPL KIT PATCH 2U (3-DAY)	62	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	20
CAYSTON	20	CEQUR SIMPL KIT PATCH 2U (4-DAY)	62	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	20
<i>cefaclor</i>	25	CEQUR SIMPL MIS INSERTER	62	<i>clindamycin phosphate vaginal</i>	75
<i>cefadroxil</i>	25	CERDELGA	70	CLINDMYC/NAC INJ 300/50ML	20
CEFAZOLIN	25	CEREZYME	70	CLINDMYC/NAC INJ 600/50ML	20
CEFAZOLIN INJ 1GM/50ML	25	<i>cetirizine hcl</i>	86	CLINDMYC/NAC INJ 900/50ML	20
<i>cefazolin sodium</i>	25	<i>cevimeline hcl</i>	93	CLINIMIX INJ 4.25/D10	83
CEFAZOLIN SOLN 2GM/100ML-4% ...	25	<i>chateal eq</i>	65	CLINIMIX INJ 4.25/D5W	83
CEFAZOLIN/DEX SOL 1GM/50ML-4%.....	25	CHEMET	64		
CEFAZOLIN/DEX SOL 2GM/50ML-3%.....	25	<i>chlorhexidine gluconate (mouth- throat)</i>	93		
		<i>chloroquine phosphate</i>	22		
		<i>chlorpromazine hcl</i> ...	49		
		<i>chlorthalidone</i>	44		
		<i>cholestyramine</i>	42		
		<i>cholestyramine light</i>	42		
		<i>ciclopirox</i>	90		
		<i>ciclopirox olamine</i>	90		
		<i>cilostazol</i>	76		
		CILOXAN.....	83		
		CIMDUO TAB 300-300	23		
		<i>cinacalcet hcl</i>	70		



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CLINIMIX INJ	COMBIGAN SOL	<i>cyclosporine modified</i>
5%/D15W 83	0.2/0.5%84	(for microemulsion)
CLINIMIX INJ	COMBIVENT AER 20-	.....79
5%/D20W 83	100 .....85	<i>cyproheptadine hcl</i> ...86
CLINIMIX INJ 6/5 83	COMETRIQ (60MG	<i>cyred eq</i> .....65
CLINIMIX INJ 8/10 .. 83	DOSE) .....32	CYSTADROPS 85
CLINIMIX INJ 8/14 .. 83	COMETRIQ KIT 100MG	CYSTAGON.....70
<i>clinisol sf 15%</i> 83	.....32	CYSTARAN 85
CLINOLIPID EMU 20%	COMETRIQ KIT 140MG	<i>cytarabine</i> .....29
..... 83	.....32	D10W/NACL INJ 0.2%
<i>clobazam</i> 52	COMPLERA TAB.....23	.....81
<i>clobetasol propionate</i>	<i>compro</i> .....72	D2.5W/NACL INJ
..... 91	<i>constulose</i>.....73	0.45% .....81
<i>clobetasol propionate</i>	COPAXONE.....58	<i>dabigatran etexilate</i>
<i>e</i> 91	COPIKTRA .....32	<i>mesylate</i> .....75
<i>clomipramine hcl</i> 47	CORLANOR.....45	<i>dalfampridine</i> .....58
<i>clonazepam</i> 52	COSENTYX .....77	<i>danazol</i> .....60
<i>clonidine</i> 45	COSENTYX	<i>dantrolene sodium</i> ...59
<i>clonidine hcl</i> 45	SENSOREADY PEN 77	DANZITEN.....32
<i>clopidogrel bisulfate</i> 76	COSENTYX UNOREADY	<i>dapsone</i>.....20
<i>clorazepate</i>	.....77	DAPTACEL INJ.....80
<i>dipotassium</i> 52	COTELLIC .....32	<i>daptomycin</i> .....20
<i>clotrimazole</i> 93	CREON CAP 12000UNT	DAPTOMYCIN .....20
<i>clotrimazole (topical)</i>	.....73	<i>darunavir</i>.....22
..... 90	CREON CAP 24000UNT	<i>dasatinib</i> .....32
<i>clotrimazole w/</i>	.....73	<i>dasetta 1/35</i>.....65
<i>betamethasone</i>	CREON CAP 3000UNIT	<i>dasetta 7/7/7</i> .....65
<i>cream 1-0.05%</i> 90	.....73	DAURISMO.....32
<i>clozapine</i> 49	CREON CAP 36000UNT	<i>daysee</i> .....65
COARTEM TAB 20-	.....73	DAYVIGO.....56
120MG 22	CREON CAP 6000UNIT	<i>deblitane</i> .....65
COBENFY CAP 100-	.....73	<i>deferasirox</i>.....64
20MG 49	<i>cromolyn sodium</i> .....87	DELSTRIGO TAB .....23
COBENFY CAP 125-	<i>cromolyn sodium</i>	DENG VAXIA SUS .....80
30MG 49	(<i>mastocytosis</i>).....73	DEPO-SUBQ PROVERA
COBENFY CAP 50-	<i>cromolyn sodium</i>	104 .....65
20MG 49	(<i>ophth</i>).....84	<i>depo-testosterone</i>....60
COBENFY STRT CAP	<i>cryselle-28</i> .....65	DESCOVY TAB 120-
PACK 49	<i>cyclobenzaprine hcl</i> ..59	15MG.....23
<i>colchicine</i> 18	<i>cyclophosphamide</i>....28	DESCOVY TAB
<i>colchicine w/</i>	CYCLOPHOSPHAMIDE	200/25MG .....23
<i>probenecid tab 0.5-</i>	.....28	<i>desipramine hcl</i> .....47
<i>500 mg</i> 18	CYCLOPHOSPHAMIDE	<i>desmopressin acetate</i>
<i>colesevelam hcl</i> 42	MONOHYDR.....28	.....70
<i>colestipol hcl</i> 42	<i>cycloserine</i> .....24	<i>desmopressin acetate</i>
<i>colistimethate sodium</i>	<i>cyclosporine</i>.....79	<i>spray</i> .....70
..... 20		

<i>desmopressin acetate spray refrigerated</i>	<i>dextrose 5% w/ sodium chloride 0.3%</i>	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>
70	81	73
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	<i>dextrose 5% w/ sodium chloride 0.45%</i>	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>
65	81	73
<i>desvenlafaxine succinate</i>	<i>dextrose 5% w/ sodium chloride 0.9%</i>	<i>dipyridamole</i>
47	81	76
<i>dexamethasone</i>	DIACOMIT	<i>disopyramide phosphate</i>
69	52	42
DEXAMETHASONE INTENSOL	<i>diazepam</i>	<i>disulfiram</i>
69	52	60
<i>dexamethasone sodium phosphate</i>	<i>diazepam (anticonvulsant)</i>	<i>divalproex sodium</i>
69	52	52
<i>dexamethasone sodium phosphate (ophth)</i>	<i>diazepam inj</i>	<i>docetaxel</i>
84	52	31
DEXCOM G6 MIS RECEIVER	<i>diazepam intensol</i>	DOCETAXEL
93	52	31
DEXCOM G6 MIS SENSOR	<i>diazepam</i>	DOCIVYX
93	52	31
DEXCOM G6 MIS TRANSMIT	<i>diazoxide</i>	<i>dofetilide</i>
93	70	42
DEXCOM G7 MIS RECEIVER	<i>diclofenac potassium</i>	<i>dolishale</i>
93	18	65
DEXCOM G7 MIS SENSOR	<i>diclofenac sodium</i>	<i>donepezil hydrochloride</i>
93	18	46
<i>dexmethylphenidate hcl</i>	<i>diclofenac sodium (ophth)</i>	DOPTELET
56	84	76
<i>dextrose</i>	<i>diclofenac sodium (topical)</i>	<i>dorzolamide hcl</i>
83	92	84
<i>dextrose 10% w/ sodium chloride 0.45%</i>	<i>dicloxacin sodium</i>	<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>
81	27	84
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	<i>dicyclomine hcl</i>	<i>dotti</i>
81	72	69
<i>dextrose 5% in lactated ringers</i>	DIFICID	DOVATO TAB 50-300MG
81	26	23
<i>dextrose 5% w/ sodium chloride 0.2%</i>	<i>diflunisal</i>	<i>doxazosin mesylate</i>
81	18	40
<i>dextrose 5% w/ sodium chloride 0.225%</i>	<i>difluprednate</i>	<i>doxepin hcl</i>
81	84	47
	<i>digoxin</i>	<i>doxepin hcl (sleep)</i>
	45	56
	<i>dihydroergotamine mesylate</i>	<i>doxorubicin hcl</i>
	57	30
	DILANTIN	<i>doxorubicin hcl liposomal</i>
	52	30
	<i>diltiazem hcl</i>	<i>doxy 100</i>
	44	28
	<i>diltiazem hcl coated beads</i>	<i>doxycycline (monohydrate)</i>
	44	28
	<i>diltiazem hcl extended release beads</i>	<i>doxycycline hyclate</i>
	44	28
	<i>dilt-xr</i>	DRIZALMA SPRINKLE
	43	47
	DIP/TET PED INJ 25-5LFU	<i>dronabinol</i>
	80	72
	<i>diphenhydramine hcl</i>	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>
	86	65



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<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	65	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	24	ENTRESTO TAB 49-51MG.....	41
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	65	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	24	ENTRESTO TAB 97-103MG.....	41
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	65	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	24	<i>enulose</i>	73
<i>droxidopa</i>	45	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	24	EPCLUSA PAK 150-37.5	24
DULERA AER 100-5MCG.....	89	EMTRIVA.....	22	EPCLUSA PAK 200-50MG.....	25
DULERA AER 200-5MCG.....	89	EMVERM	20	EPCLUSA TAB 200-50MG.....	25
DULERA AER 50-5MCG	89	<i>emzahh</i>	65	EPCLUSA TAB 400-100	25
<i>duloxetine hcl</i>	47	<i>enalapril maleate</i>	40	EPIDIOLEX	52
DUPIXENT	77	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	39	<i>epinephrine (anaphylaxis)</i> ...45, 87	
<i>dutasteride</i>	74	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	39	<i>epitol</i>	52
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	74	ENBREL.....	77	<i>epiphenone</i>	40
<i>e.e.s. 400</i>	26	ENBREL MINI.....	77	EPRONTIA	53
<i>econazole nitrate</i>	90	ENBREL SURECLICK.....	77	<i>ergotamine w/ caffeine tab 1-100 mg</i>	57
EDURANT	22	<i>endocet tab 10-325mg</i>	19	ERIVEDGE.....	32
<i>efavirenz</i>	22	<i>endocet tab 2.5-325mg</i>	19	ERLEADA.....	29
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	23	<i>endocet tab 5-325mg</i>	19	<i>erlotinib hcl</i>	32
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	24	<i>endocet tab 7.5-325mg</i>	19	<i>errin</i>	65
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	24	ENGERIX-B	80	<i>ertapenem sodium</i> ...	20
ELIGARD.....	29	<i>enilloring</i>	65	<i>ery</i>	90
<i>elinest</i>	65	<i>enoxaparin sodium</i> ...75		<i>ery-tab</i>	26
ELIQUIS	75	<i>enpresse-28</i>	65	ERYTHROCIN LACTOBIONATE.....	26
ELIQUIS STARTER PACK.....	75	<i>enskyce</i>	65	<i>erythromycin (acne aid)</i>	90
<i>eluryng</i>	65	ENSTILAR AER	91	<i>erythromycin (ophth)</i>	83
EMGALITY.....	57	<i>entacapone</i>	48	<i>erythromycin base</i> ...	26
EMSAM.....	47	<i>entecavir</i>	24	<i>erythromycin ethylsuccinate</i>	26
<i>emtricitabine</i>	22	ENTRESTO CAP 15-16MG.....	40	<i>erythromycin lactobionate</i>	26
		ENTRESTO CAP 6-6MG	40	<i>escitalopram oxalate</i> 47	
		ENTRESTO TAB 24-26MG.....	40	<i>esomeprazole magnesium</i>	74
				<i>estarylla</i>	65
				<i>estradiol</i>	69
				<i>estradiol & norethindrone</i>	

acetate tab 0.5-0.1 mg.....	69	FABRAZYME	70	flucytosine	21
estradiol & norethindrone acetate tab 1-0.5 mg.....	69	falmina.....	65	fludrocortisone acetate	69
estradiol vaginal.....	69	famciclovir.....	25	flunisolide (nasal).....	88
estradiol valerate.....	69	famotidine.....	72	fluocinolone acetonide	91
eszopiclone	56	famotidine in nacl 0.9% iv soln 20 mg/50ml.....	72	fluocinolone acetonide (otic)	85
ethambutol hcl	24	FANAPT	49	fluocinonide	91
ethosuximide	53	FANAPT PAK.....	49	fluocinonide emulsified base.....	91
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	65	FARXIGA.....	60	fluorometholone (ophth).....	84
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	65	FASENRA	87	fluorouracil.....	29
etodolac	18	FASENRA PEN.....	87	fluorouracil (topical)	92
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	65	felbamate	53	fluoxetine hcl.....	47
etoposide.....	31	felodipine.....	44	fluphenazine decanoate.....	49
etravirine	22	fenofibrate	42	fluphenazine hcl.....	49
EULEXIN	29	fenofibrate micronized	42	flurbiprofen	18
euthyrox	71	fentanyl	18	flurbiprofen sodium..	84
everolimus	32, 33	fesoterodine fumarate	75	fluticasone propionate	91
everolimus (immunosuppressan t)	79	FETZIMA	47	fluticasone propionate (nasal)	88
EVOTAZ TAB 300-150	24	FETZIMA CAP TITRATIO	47	fluticasone-salmeterol aer powder ba 100- 50 mcg/act.....	89
exemestane	29	FIASP	62	fluticasone-salmeterol aer powder ba 250- 50 mcg/act.....	89
EYSUVIS	85	FIASP FLEXTOUCH ...	62	fluticasone-salmeterol aer powder ba 500- 50 mcg/act.....	89
ezetimibe.....	42	FIASP PENFILL	62	fluvoxamine maleate	46
ezetimibe-simvastatin tab 10-10 mg.....	42	FIASP PUMPCART	62	fondaparinux sodium	75
ezetimibe-simvastatin tab 10-20 mg.....	42	finasteride	74	fosamprenavir calcium	22
ezetimibe-simvastatin tab 10-40 mg.....	42	finzolmod hcl.....	58	fosinopril sodium	40
ezetimibe-simvastatin tab 10-80 mg.....	42	FINTEPLA.....	53		
		finzala	65		
		FIRMAGON	29		
		flac.....	85		
		FLAREX	84		
		FLEBOGAMMA DIF ...	79		
		flecainide acetate	42		
		fluconazole.....	21		
		fluconazole in nacl 0.9% inj 200 mg/100ml.....	21		
		fluconazole in nacl 0.9% inj 400 mg/200ml.....	21		



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<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	39	<i>gavilyte-c</i>	73	GLYXAMBI TAB 25-5	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	39	<i>gavilyte-g</i>	73	MG	61
FOTIVDA	33	<i>gavilyte-n/ flavor pack</i>	73	<i>granisetron hcl</i>	72
FREESTY LIBR KIT 2		GAVRETO	33	<i>griseofulvin microsize</i>	22
SENSOR	93	<i>gefitinib</i>	33	<i>griseofulvin ultramicrosize</i>	22
FREESTY LIBR KIT 3		<i>gemcitabine hcl</i>	29	<i>guanfacine hcl</i>	45
SENSOR	93	<i>gemfibrozil</i>	42	<i>guanfacine hcl (adhd)</i>	56
FREESTY LIBR KIT		<i>generlac</i>	73	HAEGARDA	76
SENSOR	93	<i>gengraf</i>	80	<i>hailey 1.5/30</i>	65
FREESTY LIBR MIS 2		GENOTROPIN	70	<i>hailey 24 fe</i>	65
READER	93	GENOTROPIN		<i>halobetasol propionate</i>	91
FREESTY LIBR MIS 3		MINIQUICK	70	<i>haloette</i>	65
READER	93	<i>gentamicin in saline inj 0.8 mg/ml</i>	20	<i>haloperidol</i>	50
FREESTYLE MIS		<i>gentamicin in saline inj 1 mg/ml</i>	20	<i>haloperidol decanoate</i>	50
READER	93	<i>gentamicin in saline inj 1.2 mg/ml</i>	20	<i>haloperidol lactate</i>	50
FRUZAQLA	33	<i>gentamicin in saline inj 1.6 mg/ml</i>	20	HARVONI PAK 33.75-150MG	25
FULPHILA	76	<i>gentamicin in saline inj 2 mg/ml</i>	20	HARVONI PAK 45-200MG	25
<i>fulvestrant</i>	29	<i>gentamicin sulfate</i>	20	HARVONI TAB 45-200MG	25
<i>furosemide</i>	44	<i>gentamicin sulfate (ophth)</i>	84	HARVONI TAB 90-400MG	25
<i>furosemide inj</i>	44	<i>gentamicin sulfate (topical)</i>	90	HAVRIX	80
FUZEON	22	GENVOYA TAB	24	<i>heather</i>	66
<i>fyavolv tab 0.5mg-2.5mcg</i>	69	GILOTRIF	33	HEP SOD/NACL INJ 25000UNT	75
<i>fyavolv tab 1mg-5mcg</i>	69	<i>glatiramer acetate</i>	58	<i>heparin sodium (porcine)</i>	75
FYCOMPA	53	<i>glatopa</i>	58	HEPLISAV-B	80
<i>gabapentin</i>	53	GLEOSTINE	28	HERCEP HYLEC SOL 60-10000	33
<i>galantamine hydrobromide</i>	46	<i>glimepiride</i>	60	HERCEPTIN	33
<i>gallifrey</i>	71	<i>glipizide</i>	60	HERZUMA	33
GAMASTAN INJ	79	<i>glipizide xl</i>	60	HIBERIX	80
GAMMAGARD LIQUID	79	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	60	HUMIRA	77
GAMMAGARD S/D IGA LESS TH	79	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	60	HUMIRA PEN	77
GAMMAKED	79	<i>glipizide-metformin hcl tab 5-500 mg</i>	61	HUMIRA PEN KIT PS/UV	77
GAMMAPLEX	79	<i>glycopyrrolate</i>	72	HUMIRA PEN-CD/UC/HS START	77
GAMUNEX-C	79	<i>glydo</i>	92		
<i>ganciclovir sodium</i> ...	25	GLYXAMBI TAB 10-5 MG	61		
GARDASIL 9 INJ	80				
<i>gatifloxacin (ophth)</i>	83				
GATTEX	74				
GAUZE PADS 2	62				

HUMIRA PEN-	<i>ibandronate sodium</i> .64	INSULIN SAFETY
PEDIATRIC UC S... 77	IBRANCE.....33	NEEDLES: BD-
HUMULIN R U-500	<i>ibu</i> .....18	EMBECTA.....62
(CONCENTR..... 62	<i>ibuprofen</i>.....18	INSULIN SYRINGES:
HUMULIN R U-500	<i>icatibant acetate</i> .....76	BD-EMBECTA .....62
KWIKPEN 62	<i>iclevia</i>.....66	INTELENCE .....23
<i>hydralazine hcl</i> 45	ICLUSIG.....33	INTRALIPID .....83
<i>hydrochlorothiazide</i> .44	IDACIO (2 PEN) .....77	<i>introvale</i> .....66
<i>hydrocodone bitartrate</i>	IDACIO (2 SYRINGE)	INVEGA HAFYERA.....50
..... 18	.....77	INVEGA SUSTENNA..50
<i>hydrocodone-</i>	IDACIO CROHN INJ	INVEGA TRINZA.....50
<i>acetaminophen soln</i>	DISEASE .....77	IPOL INJ INACTIVE ..80
7.5-325 mg/15ml. 19	IDACIO PLAQU INJ	<i>ipratropium bromide</i> 86
<i>hydrocodone-</i>	PSORIASIS .....78	<i>ipratropium bromide</i>
<i>acetaminophen tab</i>	IDHIFA.....33	(<i>nasal</i>) .....86
10-325 mg..... 19	<i>imatinib mesylate</i> ....33	<i>ipratropium-albuterol</i>
<i>hydrocodone-</i>	IMBRUVICA.....33	<i>nebu soln 0.5-2.5(3)</i>
<i>acetaminophen tab</i>	<i>imipenem-cilastatin</i>	<i>mg/3ml</i> .....85
5-325 mg..... 19	<i>intravenous for soln</i>	<i>irbesartan</i> .....41
<i>hydrocodone-</i>	250 mg.....20	<i>irbesartan-</i>
<i>acetaminophen tab</i>	<i>imipenem-cilastatin</i>	<i>hydrochlorothiazide</i>
7.5-325 mg 19	<i>intravenous for soln</i>	<i>tab 150-12.5 mg...41</i>
<i>hydrocodone-</i>	500 mg.....20	<i>irbesartan-</i>
<i>ibuprofen tab 7.5-</i>	<i>imipramine hcl</i> .....47	<i>hydrochlorothiazide</i>
200 mg..... 19	<i>imiquimod</i> .....92	<i>tab 300-12.5 mg...41</i>
<i>hydrocortisone</i> 69	IMKELDI .....33	<i>irinotecan hcl</i>.....30
<i>hydrocortisone</i>	IMOVAX RABIES	ISENTRESS .....23
(<i>intrarectal</i>) 73	(H.D.C.V.) .....80	ISENTRESS HD .....23
<i>hydrocortisone (rectal)</i>	IMPAVIDO .....20	<i>isibloom</i> .....66
..... 92	INBRIJA .....48	ISOLYTE-P INJ /D5W
<i>hydrocortisone</i>	<i>incassia</i>.....66	.....81
(<i>topical</i>)..... 91	INCRELEX.....70	ISOLYTE-S INJ PH 7.4
<i>hydrocortisone sod</i>	INCRUSE ELLIPTA.....86	.....81
<i>succinate</i> 69	<i>indapamide</i>44	<i>isoniazid</i>24
<i>hydrocortisone</i>	INFANRIX INJ80	<i>isosorbide dinitrate</i> ..45
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<i>hydromorphone hcl</i> . 19	INLYTA.....3345
<i>hydroxychloroquine</i>	INQOVI TAB 35-	<i>isotretinoin</i>90
<i>sulfate</i> 78	100MG.....29	<i>isradipine</i> .....44
<i>hydroxyurea</i> 30	INREBIC.....33	ITOVEBI.....34
<i>hydroxyzine hcl</i> 86	INSULIN PEN	<i>itraconazole</i> .....22
<i>hydroxyzine pamoate</i>	NEEDLES: BD-	<i>ivabradine hcl</i>45
..... 86	EMBECTA62	<i>ivermectin</i>20



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IWILFIN	30	<i>kcl 10 meq/l (0.075%)</i>	KISQALI 400 DOSE ..	34
IXCHIQ INJ.....	80	<i>in dextrose 5% &</i>	KISQALI 400 PAK	
IXIARO INJ.....	80	<i>nacl 0.45% inj</i>	FEMARA	34
JAKAFI.....	34	<i>kcl 20 meq/l (0.149%)</i>	KISQALI 600 DOSE ..	34
<i>jantoven</i>	75	<i>in nacl 0.45% inj...81</i>	KISQALI 600 PAK	
JANUMET TAB 50-		<i>kcl 20 meq/l (0.15%)</i>	FEMARA	34
1000	61	<i>in dextrose 5% &</i>	<i>klayesta</i>	90
JANUMET TAB 50-		<i>nacl 0.2% inj</i>	<i>klor-con</i>	82
500MG.....	61	<i>kcl 20 meq/l (0.15%)</i>	<i>klor-con 10</i>	82
JANUMET XR TAB 100-		<i>in dextrose 5% &</i>	<i>klor-con 8</i>	82
1000	61	<i>nacl 0.45% inj</i>	<i>klor-con m10</i>	82
JANUMET XR TAB 50-		<i>kcl 20 meq/l (0.15%)</i>	<i>klor-con m15</i>	82
1000	61	<i>in dextrose 5% &</i>	<i>klor-con m20</i>	82
JANUMET XR TAB 50-		<i>nacl 0.9% inj</i>	KOSELUGO.....	34
500MG.....	61	<i>kcl 20 meq/l (0.15%)</i>	<i>kourzeq</i>	93
JANUVIA	61	<i>in nacl 0.45% inj..81</i>	KRAZATI.....	34
JARDIANCE	61	<i>kcl 20 meq/l (0.15%)</i>	<i>kurvelo</i>	66
<i>jasmiel</i>	66	<i>in nacl 0.9% inj.....81</i>	<i>labetalol hcl</i>	43
<i>javygtor</i>	70	<i>kcl 30 meq/l (0.224%)</i>	<i>lacosamide</i>	53
JAYPIRCA.....	34	<i>in dextrose 5% &</i>	<i>lacosamide oral</i>	53
JENTADUETO TAB 2.5-		<i>nacl 0.45% inj</i>	<i>lactated ringer's</i>	
1000	61	<i>kcl 40 meq/l (0.3%) in</i>	<i>solution</i>	82
JENTADUETO TAB 2.5-		<i>dextrose 5% & nacl</i>	<i>lactic acid (ammonium</i>	
500.....	61	<i>0.45% inj.....82</i>	<i>lactate)</i>	92
JENTADUETO TAB 2.5-		<i>kcl 40 meq/l (0.3%) in</i>	<i>lactulose</i>	73
850.....	61	<i>dextrose 5% & nacl</i>	<i>lactulose</i>	
JENTADUETO TAB XR		<i>0.9% inj.....82</i>	<i>(encephalopathy)..73</i>	
2.5-1000MG	61	<i>kcl 40 meq/l (0.3%) in</i>	<i>lamivudine</i>	23
JENTADUETO TAB XR		<i>nacl 0.9% inj</i>	<i>lamivudine (hbv)</i>	25
5-1000MG.....	61	KCL/D5W/NAACL INJ	<i>lamivudine-zidovudine</i>	
<i>jinteli</i>	69	0.3/0.9%	<i>tab 150-300 mg</i>	24
<i>jolessa</i>	66	<i>kelnor 1/35</i>	<i>lamotrigine</i>	53
<i>juleber</i>	66	<i>kelnor 1/50</i>	<i>lanreotide acetate</i> ...	70
JULUCA TAB 50-25MG		KERENDIA.....	<i>lansoprazole</i>	74
.....	24	KESIMPTA	<i>lapatinib ditosylate</i> ..	34
<i>junel 1.5/30</i>	66	<i>ketoconazole</i>	<i>larin 1.5/30</i>	66
<i>junel 1/20</i>	66	<i>ketoconazole (topical)</i>	<i>larin 1/20</i>	66
<i>junel fe 1.5/30</i>	66	.....	<i>larin 24 fe</i>	66
<i>junel fe 1/20</i>	66	<i>ketorolac</i>	<i>larin fe 1.5/30</i>	66
<i>junel fe 24</i>	66	<i>tromethamine</i>	<i>larin fe 1/20</i>	66
JYLAMVO.....	78	<i>(ophth)</i>	<i>latanoprost</i>	85
JYNNEOS	80	KEYTRUDA	<i>layolis fe</i>	66
KADCYLA	34	KINRIX INJ.....	LAZCLUZE.....	34
<i>kaitlib fe</i>	66	<i>kionex</i>	<i>leena</i>	66
KALYDECO.....	87	KISQALI 200 DOSE ..	<i>leflunomide</i>	79
KANJINTI	34	KISQALI 200 PAK	<i>lenalidomide</i>	30
<i>kariva</i>	66	FEMARA.....		34

LENVIMA 10 MG DAILY DOSE	34	levofloxacin in d5w iv soln 500 mg/100ml	26	<i>l</i> -glutamine (sickle cell).....	76
LENVIMA 12MG DAILY DOSE	34	levofloxacin in d5w iv soln 750 mg/150ml	26	LIBERVANT	53
LENVIMA 20 MG DAILY DOSE	34	levonest.....	66	lidocaine	92
LENVIMA 4 MG DAILY DOSE	34	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg ..	66	lidocaine hcl.....	92
LENVIMA 8 MG DAILY DOSE	34	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	66	lidocaine hcl (local anesth.)	18
LENVIMA CAP 14 MG35		levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	66	lidocaine hcl (mouth-throat).....	93
LENVIMA CAP 18 MG35		levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg ...	66	lidocaine-prilocaine cream 2.5-2.5%....	92
LENVIMA CAP 24 MG35		levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	66	lidocan	92
lessina	66	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	66	LILETTA	66
letrozole.....	29	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	66	linezolid	20
leucovorin calcium... ..	39	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	66	LINEZOLID INJ 2MG/ML	20
leuprolide acetate	29	levora 0.15/30-28	66	LINZESS	74
levabuterol hcl.....	86	levo-t	71	liothyronine sodium .71	
levabuterol tartrate	86	levothyroxine sodium	71	lisinopril.....	40
levetiracetam.....	53	levoxyI	71	lisinopril & hydrochlorothiazide tab 10-12.5 mg	39
LEVETIRACETAM	53			lisinopril & hydrochlorothiazide tab 20-12.5 mg	39
levetiracetam in sodium chloride iv soln 1000 mg/100ml	53			lisinopril & hydrochlorothiazide tab 20-25 mg	40
levetiracetam in sodium chloride iv soln 1500 mg/100ml	53			lithium	58
levetiracetam in sodium chloride iv soln 500 mg/100ml	53			lithium carbonate	58
levobunolol hcl	85			LIVTENCITY	25
levocarnitine (metabolic modifiers)	70			loestrin 1.5/30-21	66
levocetirizine dihydrochloride	86			loestrin 1/20-21	67
levofloxacin	26			loestrin fe 1.5/30	67
levofloxacin in d5w iv soln 250 mg/50ml	26			loestrin fe 1/20	67



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<i>lopinavir-ritonavir soln</i> 400-100 mg/5ml (80-20 mg/ml).....	24	LYBALVI TAB 20-10MG	50	<i>memantine hcl tab 28</i> <i>x 5 mg & 21 x 10</i> <i>mg titration pack ..</i>	46
<i>lopinavir-ritonavir tab</i> 100-25 mg.....	24	LYBALVI TAB 5-10MG	50	<i>memantine hcl-</i> <i>donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	46
<i>lopinavir-ritonavir tab</i> 200-50 mg.....	24	<i>lyleq</i>	67	<i>memantine hcl-</i> <i>donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	46
<i>lorazepam</i>	46	<i>lyllana</i>	69	MENACTRA INJ.....	80
<i>lorazepam intensol</i> ..	46	LYNPARZA.....	35	MENQUADFI INJ.....	80
LORBRENA.....	35	LYSODREN	30	MENVEO INJ	80
<i>loryna</i>	67	LYTGOBI (12 MG DAILY DOSE)	35	MENVEO SOL.....	80
<i>losartan potassium</i> ..	41	LYTGOBI (16 MG DAILY DOSE)	35	<i>mercaptapurine</i>	29
<i>losartan potassium &</i> <i>hydrochlorothiazide</i> <i>tab 100-12.5 mg</i> ..	41	LYTGOBI (20 MG DAILY DOSE)	35	<i>meropenem</i>	20
<i>losartan potassium &</i> <i>hydrochlorothiazide</i> <i>tab 100-25 mg</i>	41	<i>lyza</i>	67	<i>mesalamine</i>	73
<i>losartan potassium &</i> <i>hydrochlorothiazide</i> <i>tab 50-12.5 mg</i>	41	<i>magnesium sulfate</i> ...	82	<i>mesalamine w/</i> <i>cleanser</i>	73
LOTEMAX	84	MAGNESIUM SULFATE	82	<i>mesna</i>	39
<i>loteprednol etabonate</i>	84	<i>magnesium sulfate in</i> <i>dextrose 5% iv soln</i> <i>1 gm/100ml</i>	82	MESNEX.....	39
<i>lovastatin</i>	42	<i>malathion</i>	92	<i>metformin hcl</i>	61
<i>low-ogestrel</i>	67	<i>maraviroc</i>	23	<i>methadone hcl</i>	18, 19
<i>loxapine succinate</i> ...	50	<i>marlissa</i>	67	<i>methadone</i> <i>hydrochloride i</i>	19
LUMAKRAS	35	MARPLAN.....	47	<i>methazolamide</i>	44
LUMIGAN	85	MATULANE	30	<i>methenamine</i> <i>hippurate</i>	20
LUMIZYME	70	MAVYRET PAK 50- 20MG	25	<i>methimazole</i>	71
LUPRON DEPOT (1- MONTH).....	29	MAVYRET TAB 100- 40MG	25	<i>methocarbamol</i>	59
LUPRON DEPOT (3- MONTH).....	29	<i>meclizine hcl</i>	72	<i>methotrexate sodium</i>	29, 79
LUPRON DEPOT-PED (1-MONTH.....	70	<i>medroxyprogesterone</i> <i>acetate</i>	71	<i>methsuximide</i>	53
LUPRON DEPOT-PED (3-MONTH.....	70	<i>medroxyprogesterone</i> <i>acetate</i> (<i>contraceptive</i>).....	67	<i>methylphenidate hcl</i>	56
LUPRON DEPOT-PED (6-MONTH.....	70	<i>mefloquine hcl</i>	22	<i>methylprednisolone</i> .	69
<i>lurasidone hcl</i>	50	<i>megestrol acetate</i> ...	30, 71	<i>methylprednisolone</i> <i>acetate</i>	69
<i>lutera</i>	67	<i>megestrol acetate</i> (<i>appetite</i>)	71	<i>methylprednisolone</i> <i>sod succ</i>	69
LYBALVI TAB 10-10MG	50	MEKINIST	35	<i>methyltestosterone</i> ..	60
LYBALVI TAB 15-10MG	50	MEKTOVI	35	<i>metoclopramide hcl</i> .	72
		<i>meloxicam</i>	18	<i>metolazone</i>	44
		<i>memantine hcl</i>	46	<i>metoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 100-25 mg</i>	43
				<i>metoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 100-50 mg</i>	43

<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	43	<i>moxifloxacin hcl (ophth)</i>	84	<i>neomycin sulfate</i>	21
<i>metoprolol succinate</i>	43	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> ...	26	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	84
<i>metoprolol tartrate</i> ..	43	MRESVIA	80	<i>neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	84
<i>metronidazole</i>	21	MULTAQ.....	42	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	83
<i>metronidazole (topical)</i>	92	<i>multiple electrolytes ph 5.5</i>	82	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> ..	83
<i>metronidazole vaginal</i>	75	<i>multiple electrolytes ph 7.4</i>	82	<i>neomycin-polymyxin-hc ophth susp</i>	83
<i>metyrosine</i>	45	<i>mupirocin</i>	90	<i>neomycin-polymyxin-hc otic soln 1%</i>	85
<i>mibelas 24 fe</i>	67	<i>mycophenolate mofetil</i>	80	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	85
<i>micafungin sodium</i> ..	22	<i>mycophenolate sodium</i>	80	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	84
<i>microgestin 1.5/30</i> ..	67	MYRBETRIQ	75	<i>neo-polycin hc ophth oint 1%</i>	83
<i>microgestin 1/20</i>	67	<i>nabumetone</i>	18	NERLYNX.....	35
<i>microgestin fe 1.5/30</i>	67	<i>nadolol</i>	43	<i>nevirapine</i>	23
<i>microgestin fe 1/20</i> ..	67	<i>nafcillin sodium</i>	27	NEXLETOL	42
<i>midodrine hcl</i>	45	NAGLAZYME.....	71	NEXLIZET TAB 180/10MG	42
MIEBO	85	<i>nalbuphine hcl</i>	19	NEXPLANON.....	67
<i>mifepristone (hyperglycemia)</i> ...	70	<i>naloxone hcl</i>	60	<i>niacin (antihyperlipidemic)</i>	43
<i>mili</i>	67	<i>naltrexone hcl</i>	60	<i>nicardipine hcl</i>	44
<i>mimvey</i>	69	NAMZARIC CAP 14-10MG	46	NICOTROL INHALER	60
<i>minocycline hcl</i>	28	NAMZARIC CAP 21-10MG	46	NICOTROL NS	60
<i>minoxidil</i>	45	NAMZARIC CAP 28-10MG	46	<i>nifedipine</i>	44
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<i>nilutamide</i>	30	<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	69	NUTRILIPID	83
<i>nimodipine</i>	44	<i>norethindrone acetate-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	67	NUZYRA.....	28
NINLARO.....	35	<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	67	<i>nyamyc</i>	90
<i>nitazoxanide</i>	21	<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	67	<i>nylia 1/35</i>	68
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<i>nitrofurantoin macrocrystal</i>	21	<i>nortrel 0.5/35 (28)</i> ...67		<i>nystatin (mouth-throat)</i>	93
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<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> .	67	NOVOLOG.....	63	OGSIVEO.....	35
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<i>norethindrone acetate</i>	71	NOVOLOG MIX INJ 70/30.....	63	OJJAARA.....	36
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> ...	69	NOVOLOG MIX INJ FLEXPEN	63	<i>olanzapine</i>	50
		NOVOLOG PENFILL...63		<i>olmesartan medoxomil</i>	41
		NUBEQA.....	30	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	41
		NUEDEXTA CAP 20-10MG	58	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	41
		NULOJIX	80	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	41
		NUPLAZID	50	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> .	41
		NURTEC	57	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	41

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		<i>oxybutynin chloride</i> ..	75	PEDVAX HIB	80
		<i>oxycodone hcl</i>	19	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i>	236 gm
		<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	19	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	73
		<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	19	PEGASYS.....	25
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<i>penicillin g sodium</i> ... 27	<i>piperacillin sod-</i>	<i>pramipexole</i>
<i>penicillin v potassium</i>	<i>tazobactam sod for</i>	<i>dihydrochloride</i>48
..... 27	<i>inj 2.25 gm (2-0.25</i>	<i>prasugrel hcl</i>76
PENTACEL INJ..... 81	<i>gm)</i>28	<i>pravastatin sodium</i> ..42
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<i>isethionate inh</i> 21	<i>tazobactam sod for</i>	<i>prazosin hcl</i>40
<i>pentamidine</i>	<i>inj 4.5 gm (4-0.5</i>	<i>prednisolone</i>69
<i>isethionate inj</i> 21	<i>gm)</i>28	<i>prednisolone acetate</i>
<i>pentoxifylline</i> 76	<i>piperacillin sod-</i>	<i>(ophth)</i>84
<i>perindopril erbumine</i> 40	<i>tazobactam sod for</i>	PREDNISOLONE
<i>periogard</i> 93	<i>inj 40.5 gm (36-4.5</i>	SODIUM PHOSP ...84
<i>permethrin</i> 92	<i>gm)</i>28	<i>prednisolone sodium</i>
<i>perphenazine</i> 50	PIQRAY 200MG DAILY	<i>phosphate</i>70
<i>pfizerpen</i> 27	DOSE36	<i>prednisone</i>70
<i>phenelzine sulfate</i> 47	PIQRAY 250MG TAB	PREDNISONE
<i>phenobarbital</i> 53, 54	DOSE36	INTENSOL.....70
<i>phenobarbital sodium</i>	PIQRAY 300MG DAILY	<i>pregabalin</i>54
..... 54	DOSE36	PREMASOL SOL 10%
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<i>phenytoin</i> 54	<i>piroxicam</i>18	PRENATAL TAB 27-
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<i>15-500 mg</i> 61	NACL 0.9% INJ.....82	<i>probenecid</i>18
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<i>metformin hcl tab</i>	NACL 0.9% INJ.....82	<i>prochlorperazine</i>
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<i>piperacillin sod-</i>	<i>potassium chloride 20</i>	<i>prochlorperazine</i>
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<i>piperacillin sod-</i>	<i>microencapsulated</i>	<i>procto-med hc</i>92
<i>tazobactam sod for</i>	<i>crystals er</i>82	<i>proctosol hc</i>92
<i>inj 13.5 gm (12-1.5</i>	<i>potassium citrate</i>	<i>proctozone-hc</i>92
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<i>propylthiouracil</i>	71	85	<i>dihydrochloride</i>	71
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<i>pyrazinamide</i>	24	REZUROCK.....	80	SELZENTRY.....	23
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.....	81	<i>riluzole</i>	58	SIGNIFOR	71
<i>quetiapine fumarate</i> 50,		<i>rimantadine</i>		SIKLOS	76
51		<i>hydrochloride</i>	25	<i>sildenafil citrate</i>	
<i>quinapril hcl</i>	40	RINVOQ	78	<i>(pulmonary</i>	
<i>quinidine sulfate</i>	42	RINVOQ LQ.....	78	<i>hypertension)</i>	45
<i>quinine sulfate</i>	22	<i>risedronate sodium</i> ..	64	<i>silver sulfadiazine</i>	90
QULIPTA	57	<i>risperidone</i>	51	SIMBRINZA SUS 1-	
RABAVERT INJ.....	81	<i>risperidone</i>		0.2%	85
<i>rabeprazole sodium</i> ..	74	<i>microspheres</i>	51	<i>simliya</i>	68
<i>raloxifene hcl</i>	71	<i>ritonavir</i>	23	<i>simpesse</i>	68
<i>ramipril</i>	40	<i>rivastigmine</i>	46	<i>simvastatin</i>	42
<i>ranolazine</i>	45	<i>rivastigmine tartrate</i>	46	<i>sirolimus</i>	80
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.....	25	<i>hydrochloride</i>	48	<i>17.5-3.13-1.6</i>	
RELISTOR.....	74	<i>rosuvastatin calcium</i>	42	<i>gm/177ml</i>	73
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<i>repaglinide</i>	61	<i>roweepra</i>	54	<i>irrigant)</i>	93
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sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	83	<i>sulfamethoxazole- trimethoprim susp</i> 200-40 mg/5ml	21	<i>tadalafil (pulmonary hypertension)</i>	45
SODIUM OXYBATE ...	59	<i>sulfamethoxazole- trimethoprim tab</i> 400-80 mg	21	TAFINLAR	37
<i>sodium phenylbutyrate</i>	71	<i>sulfamethoxazole- trimethoprim tab</i> 800-160 mg	21	TAGRISSO	37
<i>sodium polystyrene sulfonate powder..</i>	64	SULFAMYLON	90	TALZENNA	37
<i>solifenacin succinate</i>	75	<i>sulfasalazine</i>	73	<i>tamoxifen citrate</i>	30
SOLIQUA INJ 100/33	63	<i>sulindac</i>	18	<i>tamsulosin hcl</i>	74
SOLTAMOX	30	<i>sumatriptan</i>	57	<i>tarina 24 fe</i>	68
SOLU-CORTEF	70	<i>sumatriptan succinate</i>	57	<i>tarina fe 1/20 eq</i>	68
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<i>sorafenib tosylate</i>	37	<i>syeda</i>	68	TAVNEOS	76
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<i>spironolactone</i>	40	SYMTUZA TAB	24	TAZVERIK	37
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	44	SYNAREL	71	TECENTRIQ	37
<i>sprintec 28</i>	68	SYNJARDY TAB 12.5- 1000MG	61	TECENTRIQ INJ HYBREZA	37
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<i>sps</i>	64	SYNJARDY TAB 5- 1000MG	61	<i>telmisartan</i>	41
<i>sps rectal</i>	64	SYNJARDY TAB 5- 1000MG	61	<i>telmisartan- amlodipine tab 40- 10 mg</i>	41
<i>sronyx</i>	68	SYNJARDY TAB 5- 1000MG	61	<i>telmisartan- amlodipine tab 40-5 mg</i>	41
<i>ssd</i>	90	SYNJARDY XR TAB 10- 1000	62	<i>telmisartan- amlodipine tab 80- 10 mg</i>	41
STELARA	78	SYNJARDY XR TAB 12.5-1000	62	<i>telmisartan- amlodipine tab 80-5 mg</i>	41
STIVARGA	37	SYNJARDY XR TAB 25- 1000	62	<i>telmisartan- hydrochlorothiazide tab 40-12.5 mg</i>	41
<i>streptomycin sulfate</i>	21	SYNJARDY XR TAB 5- 1000MG	61	<i>telmisartan- hydrochlorothiazide tab 80-12.5 mg</i>	41
STRIBILD TAB	24	SYNTHROID	71	<i>telmisartan- hydrochlorothiazide tab 80-25 mg</i>	41
<i>subvenite</i>	54	TABRECTA	37	<i>temazepam</i>	56
<i>sucralfate</i>	74	<i>tacrolimus</i>	80	TENIVAC INJ 5-2LF ..	81
<i>sulfacetamide sodium (acne)</i>	90	<i>tacrolimus (topical)</i> ..	92	<i>tenofovir disoproxil fumarate</i>	23
<i>sulfacetamide sodium (ophth)</i>	84	<i>tadalafil</i>	74	TEPMETKO	37
<i>sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%</i>	83				
<i>sulfadiazine</i>	21				
<i>sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml</i>	21				

<i>terazosin hcl</i>	40	<i>toremifene citrate</i>	30	<i>triamterene &</i>	
<i>terbinafine hcl</i>	22	<i>torpenz</i>	37	<i>hydrochlorothiazide</i>	
<i>terbutaline sulfate</i> ...	87	<i>torsemide</i>	44	<i>tab 75-50 mg</i>	44
<i>terconazole vaginal</i> .	75	TOUJEO MAX		<i>tridacaine ii</i>	92
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<i>testosterone cypionate</i>		TPN ELECTROL INJ ...	82	<i>tri-estarylla</i>	68
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<i>testosterone</i>		<i>tramadol hcl</i>	19	<i>trifluridine</i>	84
<i>enantate</i>	60	<i>tramadol-</i>		<i>trihexyphenidyl hcl</i> ...	48
<i>testosterone pump</i> ..	60	<i>acetaminophen tab</i>		TRIJARDY XR TAB ER	
<i>tetrabenazine</i>	58	<i>37.5-325 mg</i>	19	24HR 10-5-1000MG	
<i>tetracycline hcl</i>	28	<i>trandolapril</i>	40	.....	62
THALOMID.....	30	<i>tranexamic acid</i>	76	TRIJARDY XR TAB ER	
THEO-24	88	<i>tranylcypromine</i>		24HR 12.5-2.5-	
<i>theophylline</i>	88	<i>sulfate</i>	47	1000MG	62
<i>thioridazine hcl</i>	51	TRAVASOL INJ 10% .	83	TRIJARDY XR TAB ER	
<i>thiothixene</i>	51	TRAZIMERA.....	37	24HR 25-5-1000MG	
<i>tiadylt er</i>	44	<i>trazodone hcl</i>	47	.....	62
<i>tiagabine hcl</i>	54	TRECTOR.....	24	TRIJARDY XR TAB ER	
TIBSOVO	37	TRELEGY AER ELLIPTA		24HR 5-2.5-1000MG	
TICOVAC.....	81	100-62.5-25 MCG .	85	.....	62
<i>tigecycline</i>	28	TRELEGY AER ELLIPTA		TRIKAFTA PAK 59.5MG	
<i>tilia fe</i>	68	200-62.5-25 MCG .	86	.....	88
<i>timolol maleate</i>	43	TREMFYA	78	TRIKAFTA PAK 75MG	
<i>timolol maleate</i>		<i>treprostinil</i>	45	.....	88
<i>(ophth)</i>	85	TRESIBA	63	TRIKAFTA TAB 100-	
<i>tinidazole</i>	21	TRESIBA FLEXTOUCH		50-75MG & 150MG	
TIVICAY	23	.....	63	.....	88
TIVICAY PD	23	<i>tretinoin</i>	90	TRIKAFTA TAB 50-25-	
<i>tizanidine hcl</i>	59	<i>tretinoin</i>		37.5MG & 75MG....	88
TOBI PODHALER	21	<i>(chemotherapy)</i>	30	<i>tri-legest fe</i>	68
TOBRADEX OIN 0.3-		<i>triamcinolone</i>		<i>tri-lynyah</i>	68
0.1%	83	<i>acetonide (mouth)</i> 93		<i>tri-lo-estarylla</i>	68
<i>tobramycin</i>	21	<i>triamcinolone</i>		<i>tri-lo-marzia</i>	68
<i>tobramycin (ophth)</i> .	84	<i>acetonide (topical)</i> 91		<i>tri-lo-mili</i>	68
<i>tobramycin sulfate</i> ...	21	<i>triamterene &</i>		<i>tri-lo-sprintec</i>	68
<i>tobramycin-</i>		<i>hydrochlorothiazide</i>		<i>trimethoprim</i>	21
<i>dexamethasone</i>		<i>cap 37.5-25 mg</i>	44	<i>tri-mili</i>	68
<i>ophth susp 0.3-</i>		<i>triamterene &</i>		<i>trimipramine maleate</i>	
<i>0.1%</i>	83	<i>hydrochlorothiazide</i>		.....	47
<i>tolterodine tartrate</i> ..	75	<i>tab 37.5-25 mg</i>	44	TRINTELLIX	47
<i>topiramate</i>	54			<i>tri-nymyo</i>	68



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<i>tri-sprintec</i>	68	<i>valsartan-</i>		VERZENIO	38
TRIUMEQ PD TAB.....	24	<i>hydrochlorothiazide</i>		<i>vestura</i>	68
TRIUMEQ TAB.....	24	<i>tab 320-12.5 mg</i> ...	41	<i>vienva</i>	68
<i>trivora-28</i>	68	<i>valsartan-</i>		<i>vigabatrin</i>	55
<i>tri-vylibra</i>	68	<i>hydrochlorothiazide</i>		<i>vigadrone</i>	55
<i>tri-vylibra lo</i>	68	<i>tab 320-25 mg</i>	41	VIGAFYDE	55
TROGARZO.....	23	<i>valsartan-</i>		<i>vigpoder</i>	55
TROPHAMINE INJ 10%		<i>hydrochlorothiazide</i>		<i>vilazodone hcl</i>	48
.....	83	<i>tab 80-12.5 mg</i>	41	<i>vincristine sulfate</i>	31
<i>tropium chloride</i>	75	VALTOCO 10 MG		<i>vinorelbine tartrate</i> ..	31
TRUE METRIX KIT AIR		DOSE	54	<i>viorele</i>	68
.....	93	VALTOCO 15 MG		VIRACEPT	23
TRUE METRIX KIT		DOSE	54	VIREAD	23
METER	93	VALTOCO 20 MG		VITRAKVI	38
TRUE METRIX STRIPS		DOSE	54	VIVITROL	60
.....	93	VALTOCO 5 MG DOSE		VIZIMPRO	38
TRULICITY.....	62	.....	54	VONJO	38
TRUMENBA INJ	81	<i>vancomycin hcl</i>	21	VORANIGO.....	38
TRUQAP	37	VANCOMYCIN INJ 1		<i>voriconazole</i>	22
TRUXIMA	37	GM.....	21	VOSEVI TAB	25
TUKYSA.....	37	VANCOMYCIN INJ		VOWST CAP	74
TURALIO	37	500MG.....	21	VRAYLAR	51
<i>turqoz</i>	68	VANCOMYCIN INJ		<i>vyfemla</i>	68
<i>twice-daily</i>		750MG.....	21	<i>vylibra</i>	68
<i>clindamycin</i>		VANFLYTA	37	VYZULTA	85
<i>phosphate (topical)</i>		VAQTA.....	81	<i>warfarin sodium</i>	75
.....	90	<i>varenicline tartrate</i> ...60		<i>water for irrigation,</i>	
TWINRIX INJ.....	81	<i>varenicline tartrate tab</i>		<i>sterile irrigation soln</i>	
TYBOST.....	23	<i>11 x 0.5 mg & 42 x</i>		.....	93
<i>tydemy</i>	68	<i>1 mg start pack</i>	60	WELIREG.....	31
TYENNE.....	78	VARIVAX.....	81	<i>wera</i>	68
TYPHIM VI	81	VASCEPA	43	WESTAB PLUS TAB	
UBRELVY.....	57	VAXCHORA SUS.....	81	27-1MG.....	83
<i>unithroid</i>	72	<i>velivet</i>	68	<i>wixela inhub</i>	89
<i>ursodiol</i>	74	VELSIPITY	78	<i>wymzya fe</i>	68
<i>valacyclovir hcl</i>	25	VENCLEXTA.....	37, 38	XALKORI.....	38
VALCHLOR.....	92	VENCLEXTA TAB		XARELTO	75
<i>valganciclovir hcl</i>	25	START PK.....	38	XARELTO STAR TAB	
<i>valproate sodium</i>	54	<i>venlafaxine hcl</i>	47	15/20MG.....	75
<i>valproic acid</i>	54	VENTOLIN HFA.....	87	XATMEP	79
<i>valsartan</i>	41, 42	VENTOLIN HFA		XCOPRI.....	55
<i>valsartan-</i>		(INSTITUTIONAL		XCOPRI PAK 100-150	
<i>hydrochlorothiazide</i>		PACK)	87	.....	55
<i>tab 160-12.5 mg</i> ..	41	VEOZAH.....	71	XCOPRI PAK 12.5-25	
<i>valsartan-</i>		<i>verapamil hcl</i>	44	.....	55
<i>hydrochlorothiazide</i>		VERQUVO	45		
<i>tab 160-25 mg</i>	41	VERSACLOZ	51		

XCOPRI PAK 150-200MG (MAINTENANCE)...	55	XPOVIO PAK (40 MG ONCE WEEKLY)	38	ZENPEP CAP 20000UNT	74
XCOPRI PAK 150-200MG (TITRATION)	55	XPOVIO PAK (40 MG TWICE WEEKLY).....	38	ZENPEP CAP 25000UNT	74
XCOPRI PAK 50-100MG	55	XPOVIO PAK (60 MG ONCE WEEKLY)	38	ZENPEP CAP 3000UNIT	74
XDEMVY	84	XPOVIO PAK (60 MG TWICE WEEKLY).....	38	ZENPEP CAP 40000UNT	74
XELJANZ	78	XPOVIO PAK (80 MG ONCE WEEKLY)	38	ZENPEP CAP 5000UNIT	74
XELJANZ XR	78	XPOVIO PAK (80 MG TWICE WEEKLY).....	38	ZENPEP CAP 60000UNT	74
XERMELO	74	XTANDI	30	<i>zidovudine</i>	23
XGEVA	64	<i>xulane</i>	68	<i>ziprasidone hcl</i>	51
XHANCE	88	XULTOPHY INJ 100/3.6	64	.....	51
XIFAXAN	74	YF-VAX INJ	81	ZIRABEV	39
XIGDUO XR TAB 10-1000	62	<i>yuvafem</i>	69	ZIRGAN	84
XIGDUO XR TAB 10-500MG	62	<i>zafemy</i>	69	<i>zoledronic acid</i>	64
XIGDUO XR TAB 2.5-1000	62	<i>zafirlukast</i>	87	ZOLINZA	39
XIGDUO XR TAB 5-1000MG	62	<i>zaleplon</i>	57	<i>zolpidem tartrate</i>	57
XIGDUO XR TAB 5-500MG	62	ZARXIO	76	ZONISADE	55
XIIDRA	85	ZEGALOGUE	70	<i>zonisamide</i>	55
XOFLUZA	25	ZEJULA	38	<i>zovia 1/35</i>	69
XOLAIR	88	ZELBORAF	39	ZTALMY	55
XOSPATA	38	ZEMAIRA	88	<i>zumandimine</i>	69
XPOVIO PAK (100 MG ONCE WEEKLY).....	38	<i>zenatane</i>	90	ZURZUVAE	48
		ZENPEP CAP 10000UNT	74	ZYDELIG	39
		ZENPEP CAP 15000UNT	74	ZYKADIA	39
				ZYLET SUS 0.5-0.3%	83



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Central Health Medi-Medi Plan I (HMO D-SNP) 一项 Medicare Medi-Cal Plan

本处方集于 2025/04/01 更新。

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