



My Choice Wisconsin Medicare Dual Advantage thiab

My Choice Wisconsin Partnership

2025 Formulary

(Daim Npe Cov Tshuaj Pab Them Rau los sis “Daim Npe Tshuaj”)

**THOV NYEEM: DAIM NTAWV NO MUAJ COV NTAUB NTAWV
HAIS TXOG NTAWM COV TSHUAJ UAS PEB PAB THEM RAU NYOB HAU LUB PHIAJ
XWM**

HPMS Tau Pom Zoo Rau Tus Qauv Tshuaj Lawm Daim Ntawv Tus Npawb 00025316

Tau hloov kho tshiab daim ntawv teev npe tshuaj no nyob rau thaum 10/01/2024. Rau lus qhia ntxiv los sis lwm yam lus nug, thov txuas lus nrog My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086 (cov siv TTY hu rau 711), lub Kaum Hlis Ntuj Tim 1 – Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos los sis mus saib Mychoicewi.org.

Lus cim tseg rau cov tswv cuab qub: Tus Qauv Tshuaj No tau muaj kev hloov pauv txij xyoo tag los. Thov tsab xyuas cov ntaub ntawv ua kom paub tseeb tias nws tseem muaj cov tshuaj uas koj noj.

Thaum tus Daim Npe Tshuaj (Qauv Tshuaj) hais txog "peb," "peb li" los sis "peb qhov," nws txhais tias **My Choice Wisconsin**. Thaum nws hais txog "phiaj xwm" los sis "peb lub phiaj xwm," nws txhais tias My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership.

Daim ntawv no muaj Daim Npe Tshuaj (tus qauv tshuaj) rau peb lub phiaj xwm tam sim no uas siv thaum 01/01/2025. Rau Daim Npe Tshuaj (tus qauv tshuaj) kho tshiab, thov txuas lus nrog peb. Peb cov ntaub ntawv sib txuas lus, nrog rau hnub tim peb hloov kho Daim Npe Tshuaj (tus qauv tshuaj), pom nyob rau sab xub ntiag thiab sab nrab qaum ntawm cov phab ntawv.

Koj yuav tsum siv cov khw muag tshuaj hauv nev vawj los siv koj li tshuaj muaj ntawv sau yuav cov txiaj ntsig. Cov txiaj ntsig, tus qauv tshuaj, khw muag tshuaj hauv nev vawj, thiab/los sis cov kev them nqi/sib koom tuav pov hwm yuav hloov pauv nyob rau lub Ib Hlis Ntuj Tim 1, 2025 thiab ib lub sij hawm rau ib lub sij hawm ncua sij hawm thaum lub xyoo.

Lub My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership tus qauv tshuaj muaj li cas?

Nyob hauv daim ntawv no, peb siv lo lus Daim Npe Tshuaj thiab tus qauv tshuaj nws muaj ntsiab lus ib Yam. Tus qauv tshuaj yog daim npe cov tshuaj uas pab them rau tau xaiv los ntawm peb lub phiaj xwm nyob rau kev sab laj nrog pab pawg kws kho mob, uas sawv cev rau cov kev kho uas muaj ntaub ntawv ntseeg tias yuav yog feem xyuam tsim nyog ntawm lub khoos kas kho zoo. Li ib txwm lawm peb lub phiaj xwm yuav pab them rau cov tshuaj muaj npe hauv peb tus qauv tshuaj mus ntev li ntev tau thaum qhov tshuaj tsim nyog rau kev kho mob, mus nqa tshuaj ntawm lub khw hauv peb lub phiaj xwm, thiab tau ua raws lub phiaj xwm cov cai. Rau kev paub ntxiv nyob rau txoj hauv kev los xa koj cov ntawv kws kho mob sau txib yuav tshuaj, peb yuav tshab xyuas koj Qhov Pov Thawj Kev Pab Them Rau.

Tus qauv tshuaj puas hloov paув tau?

Cov hloov paув feem ntau nyob hauv qhov pab them rau tshuaj pib tshwm sim nyob rau lub Ib Hlis Ntuj Tim 1, tab sis peb lub phiaj xwm yuav txhab ntxiv los sis tshem tawm cov tshuaj hauv tus qauv tshuaj thaum twg los tau ntawm lub xyoo, mus rau theem sib pab them uas sib txawv, los sis muaj qhov txwv ntxiv rau. Peb yuav tsum ua raws li Medicare cov cai nyob rau kev ua kom cov no tshwm sim. Qhov hloov kho tshiab ntawm tus qauv tshuaj yuav muab tso tawm txhua hli hauv peb lub vev xaib: Mychoicewi.org.

Cov hloov paув pib cuam tshuam koj nyob rau xyoo no: Hauv qab no yog cov xwm txheej, koj yuav raug kev cuam tshuam los ntawm hloov qhov pab them rau ncua sij hawm ntawm lub xyoo.

- Cov kev xa mus tam sim ntawm qee hov tshiab ntawm cov tshuaj muaj npe lag luam thiab cov tshuaj ua ntawm yam mua sia xub thawj.** Peb yuav muab nws tshem tawm tam sim los ntawm peb tus qauv tshuaj yog tias muaj hom tshuaj tshiab los hloov tam lawm uas nws kho tau ib yam los sis nqi sib faib them qis zog thiab zoo ib yam los sis muaj qhov txwv txawg zog. Thaum peb ntxiv hom tshiab ntawm qhov tshuaj rau peb tus qauv tshuaj, peb yuav txiav txim khaws hom tshuaj muaj npe lag luam qub los sis hom tshuaj kho mob siv yam muaj sia ua qub rau hauv peb tus qauv tshuaj, tab sis yuav muab txav mus rau theem sib faib them uas txawv lawm los sis txhab ntxiv qhov txwv rau.

Peb yuav ua kev hloov pauv tam sim yog tias peb txhab ntxiv hom tshuaj muaj npe lag luam tshiab, los sis kev txhab ntxiv qee hom tshuaj siv Yam muaj sia ua xub thawj, uas twb muaj lawm hauv tus qauv tshuaj (piv txwv li, kev txhab ntxiv hom tshuaj uas siv sib hloov tau zoo ib Yam uas muaj feem sib pauv siv tau rau qhov tshuaj siv Yam muaj sia ua los ntawm lub khw Yam tsis tas siv daim ntawv sau yuav tshiab).

Yog tias tam sim no koj tab tom nrhiav hom tshuaj muaj npe lag luam tshiab los sis hom tshuaj siv Yam muaj sia ua, pb yuav tsis qhia koj ua ntej peb ua kev hloov pauv, tab sis peb yuav qhia koj tuaj tom qab los muab lus qhia rau koj txog ntawm qhov hloov pauv tshwj xeeb uas peb ua.

Yog tias peb hloov pauv, koj los sis koj tus kws sau ntawv yuav tshuaj nug tau peb kom zam, thiab pab them txuas ntxiv rau koj qhov tshuaj uas twb hloov lawm. Rau lus qhia ntxiv, saib nqe lus hauv qab no muaj npe "kuv yuav thov kom zam li cas rau My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership tus Qauv Tshuaj?"

Tej zaum qee qhov ntawm cov hom tshuaj kho mob no yuav yog qhov tshiab rau koj. Rau lus qhia ntxiv, saib nqe lus hauv qab no muaj npe "Yam tshuaj siv Yam muaj sia ua xub thawj thiab nws cuam tshuam li cas rau qhov tshuaj zoo sib thooj?"

- **Qhov tshuaj kho mob raug tshem tawm los ntawm kiab khw.** Yog tias qhov tshuaj raug tshem tawm lub chaw tsim tsis muag lawm los sis lub Koom Hauj Tswj Khoom Noj thiab Tshuaj (Food and Drug Administration, FDA) txiav txim tshem tawm rau kev nyab xeeb los sis laj thawj qhov siv tau zoo, peb yuav cia li muab qhov tshuaj tshem tawm ntawm tus qauv tshuaj thiab mam li muab lus qhia rau tswv cuab tus uas siv qhov tshuaj tuaj tom qab.
- **Lwm cov kev hloov pauv.** Peb ua lwm Yam kev hloov pauv uas cuam tshuam rau cov tswv cuab tam sim no tab tom noj qhov tshuaj. Rau xwm txheej li no, peb yuav tshem tawm hom tshuaj muaj npe lag luam tawm ntawm tus qauv tshuaj thaum qhov tshuaj muab txhab ntxiv ntawd siv tau zoo ib Yam los sis muab Yam tshuaj uas siv Yam muaj sia ua xub thawj ntawd tshem tawm thaum muaj hom zoo ib Yam lawm. Tej zaum peb yuav txwv hom tshuaj muaj npe lag luam tshiab los sis hom tshuaj siv Yam muaj sia ua xub thawj, los sis muab tshem mus rau theem sib faib them uas sib txawv, los sis ob Yam tib sib. Peb yuav hloov pauv saib raws cov cai tshiab rau kev kho mob. Yog tias peb tshem cov tshuaj tawm ntawm tus qauv tshuaj, txhab ntxiv kev tso cai ua ntej, ciam txwv qhov ntau thiab/los sis cov txwv kauj ruam kho uas siv qhov tshuaj, los sis muab qhov tshuaj txav mus rau theem sib faib them uas siab zog, peb yuav tsum ceeb toom rau cov tswv cuab uas raug kev cuam tshuam Yam tsawg kawg 30 hnub ua nej yuav pib siv qhov hloov pauv. Dhau no lawm, thaum tus tswv cuab thov mus nqa tshuaj dua, lawv yuav tau txais kev xa tshuaj 31 hnub ntawm qhov tshuaj thiab tau txais lus ceeb toom txog qhov hloov pauv.

Yog tias peb ua kev hloov pauv lwm Yam, koj los sis koj tus kws sau ntawv yuav tshuaj yuav nug tau peb kom zam rau koj thiab muab kev pab them qhov tshuaj uas koj tseem noj txuas ntxiv. Qhov lus ceeb toom peb muab rau koj yuav muaj cov ntaub ntawv hais txog qhov zam, thiab koj yuav pom cov ntaub ntawv nyob rau nqe lus hauv qab no muaj npe "Kuv yuav thov zam li cas raul lub My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership Tus Qauv Tshuaj?"

Cov hloov pauv yuav tsis cuam tshuam koj yog tias tam sim no koj tab tom noj qhov tshuaj. Li ib txwm lawm, yog tias koj tab tom noj qhov tshuaj nyob rau peb tus qauv tshuaj xyoo 2025 uas pab them nyob rau thaum pib ntawm lub xyoo, peb yuav tsis muab txuas ntxiv los sis txo qhov pab them rau ntawm qhov tshuaj ncua sij hawm kev pab them xyoo 2025 tsis suav nrog qhov tau piav qhia saum toj no. Qhov no txhais tias cov tshuaj tseem muaj nyob rau tus nqi sib faib them li qub thiab yuav tsis muaj kev txaww tshiab rau cov tswv cuab uas noj qhov tshuaj rau qhov tshuaj uas pab them seem ntawm lub xyoo. Koj yuav tsis tau txais lus ceeb toom qhia ncaj nrail nyob rau xyoo no txog ntawm cov hloov pauv uas tsis cuam tshuam rau koj. Txawm li cas los, nyob rau Lub Ib Hlis Ntuj Tim 1 ntawm xyoo tom ntej, cov hloov pauv ntawd yuav cuam tshuam rau koj, thiab nws tseem ceeb yuav tau ntsuam xyuas tus qauv tshuaj rau cov txiaj ntsig xyoo tshiab seb puas muaj qhov hloov pauv li cas rau cov tshuaj.

Tus qauv tshuaj xa tuaj nrog no yog thaum 10/01/2024. Kom tau txais cov ntaub ntawv txog ntawm cov tshuaj tau pab them los nawm peb lub phiaj xwm thov txuas lus nrog peb. Peb cov ntaub ntawv sib txuas lus yuav pom tshwm nyob rau sab xub ntiag thib sab nrab qaum ntawm daim plhaub khwb.

Kuv yuav siv tus Qauv Tshuaj no li cas?

Nws muaj ob txoj hauv kev los nrhiav koj qhov yeeb tshuaj nrog rau tus qauv tshuaj:

Yam Ntxwv Kho Mob

Tus qauv tshuaj peb siv nyob rau nplooj ntawv 7. Cov yeeb tshuaj nyob rau tus qauv tshuaj no yog ua pab ua pawg nce raws hom ntawm cov Yam Ntxwv Kho Mob uas lawv yuav siv los kho. Piv txwv, cov yeeb tshuaj raug siv los kho Yam Ntxwv mob plawv uas tau teev npe nyob rau hauv hom, Mob Plawv. Yog tias koj paub tias qhov yeeb tshuaj twg uas raug siv rau, saib rau ntawm daim ntawv qhia hom npe nyob rau daim npe nyob rau nplooj ntawv 6. Tag ntawd saib nyob rau hauv qab ntawm hom npe rau koj qhov yeeb tshuaj.

Kev Teev Npe Raws Niam Ntawv

Yog koj paub tsis meej tias hom npe twg uas koj yuav tau saib, koj tsim nyog saib nyob rau ntawm Daim Phiaj Qhia ntawv pib nyob rau 88. Daim Phiaj Qhia ntawv qhia ua daim npe niam ntawv ntawm txhua cov yeeb tshuaj xam nrog rau nyob rau hauv daim ntawv no. Tag nrho ob yam ntawm cov yeeb tshuaj muaj npe lag luam thiab cov yeeb tshuaj siv ncua dav yog muaj npe nyob rau hauv daim Phiaj Qhia ntawv. Saib nyob rau daim Phiaj Qhia ntawv thiab nrhiav koj qhov yeeb tshuaj. Nyob tom ntej ntawm koj qhov yeeb tshuaj, koj yuav pom tus nab npawb nplooj ntawv qhov uas koj nrhiav pom ntaub ntawv qhov pab them rau. Nthuav nplooj ntawv nyob rau ntawm Daim Phiaj Qhia ntawv thiab nrhiav lub npe ntawm koj qhov yeeb tshuaj nyob rau thawj kem ntawv ntawm daim npe.

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

Peb lub phiaj xwm pab them rau ob hom tshuaj muaj npe lag luam thiab cov tshuaj siv tau raws ncua dav. Qhov yeeb tshuaj ncua dav tau kev pom zoo los ntawm lub FDA ua nws muaj kuab ib yam qhov yeeb tshuaj muaj npe-lag luam. Feem ntau lawm, cov tshuaj siv tau raws ncua dav yuav siv tau zoo ib yam thiab tus nqi yuav qis dua hom tshuaj muaj npe lag luam. Muaj cov tshuaj kho mob uas tsis muaj npe lag luam siv tau tam ntau cov tshuaj kho mob muaj npe cim lag luam. Feem ntau lawv tuaj yeem muaj kev hloov cov tshuaj kho mob uas tsis muaj npe cim lag luam ua cov tshuaj kho mob uas muaj npe cim lag luam ntawm lub chaw muag tshuaj yam tsis muaj daim ntawv sau yuav tshuaj tshiab nce raws li xeev cov cai lij choj.

Cov khoom ntawm yam muaj sia qub yog dab ts'i thiab cov khoom ntawd cuam tshuam rau cov tshuaj kho mob ntawm yam muaj sia li cas?

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

- Rau kev sib tham txog cov hom tshuaj, thov saib qhov Pov Thawj ntawm Qhov Pab Them Rau, Tshooj 5, Nqe 3.1, “Daim ‘Npe Tshuaj’ qhiab seb Phab D cov tshuaj puas pab them rau.”

Puas muaj ciam txwv nyob rau kuv qhov pab them rau?

Qee cov yeeb tshuaj uas tau pab them rau yuav muaj cov cai ntxiv los sis muaj ciam txwv nyob rau kev pab them rau. Cov cai thiab cov ciam txwv no yuav muaj nrog:

- **Kev Tso Cai Ua Ntej:** Peb lub phiaj xwm yuav kom koj los sis koj tus kws sau ntawv yuav tshuaj yuav tsum tau kev tso cai ua ntej rau qee cov yeeb tshuaj. Qhov no txhais tias koj yuav tsum tau kev pom zoo ua ntej los ntawm peb lub phiaj xwm ua ntej koj mus nqa tshuaj rau koj cov ntawv kws kho mob sau txib yuav tshuaj. Yog tias koj tau kev pom zoo, peb lub phiaj xwm yuav tsis them rau qhov yeeb tshuaj.
- **Ciam Txwv Qhov Ntau:** Rau qee cov yeeb tshuaj, peb lub phiaj xwm yuav muaj ciam txwv qhov ntau ntawm qhov yeeb tshuaj uas phiaj xwm yuav them rau. Piv txwv, peb lub phiaj xwm muab 30 ntsiav tshuaj rau 30 hnub rau ib daim ntawv yuav tshuaj rau qhov tshuaj esomeprazole 40 mg. Qhov no yuav muab txhab ntxiv rau ib hlis raus qauv cai los sis xa tshuaj txog peb-hlis.
- **Kauj Ruam Kho Mob:** Nyob rau qee cov xwm txheej, peb lub phiaj xwm yuav kom koj sim qee cov yeeb tshuaj ua ntej los kho koj tus yam ntxwv mob ua ntej peb yuav pab them rau lwm qhov yeeb tshuaj siv rau tus yam ntxwv mob ntawd. Rau piv txwv, yog tias qhov Tshuaj A thiab Tshuaj B ob yam kho tau koj tus yam ntxwv mob, peb lub phiaj xwm yuav tsis them rau qhov Yeeb Tshuaj B tshwj tsis yog tias koj twb tau sim qhov Tshuaj A ua ntej tso. Yog tias Qhov Tshuaj A siv tsis haum rau koj, ces peb lub phiaj xwm mam them rau qhov Tshuaj B.

Koj yuav nrhiav saib tau seb qhov tshuaj koj muaj puas mua cai ntxiv los sis puas muaj ciam txwv los ntawm saib hauv tus qauv tshuaj uas pib nyob rau nplooj 7. Koj los kuj yuav tau txais ntaub ntawv ntxiv txog ntawm cov ciam txwv uas siv rau cov yeeb tshuaj uas pab them rau nyob rau ntawm peb lub vev xaib. Peb tau tso tawm cov ntaub ntawv hauv oos uas piav qhia txog peb li kev tso cai ua ntej thiab cov kev txwv kev kho mob raws kauj ruam. Dhau li ntawd lawm tej zaum koj yuav thov kom peb xa daim theej tawm rau koj. Peb cov ntaub ntawv sib txuas lus, nrog rau hnub tim peb hloov kho tus qauv tshuaj, pom nyob rau sab xub ntiag thiab sab nrab qaum ntawm daim plhaub khwb.

Koj nug tau peb lub phiaj xwm kom zam rau cov kev txwv no los sis cov txwv los sis rau daim npe ntawm lwm yam, cov tshuaj zoo sib thooj uas yuav kho tau koj tus yam ntxwv mob.Saib nqe "Kuv yuav thov rau lub My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership tus qauv tshauj li cas?" nyob rau nplooj 4 rau lus qhia txog ntawm thov hauv kev thov zam.

Yuav ua li cas yog tias kuv qhov yeeb tshuaj tsis nyob hauv daim npe Qauv Tshuaj?

Yog tias koj qhov yeeb tshuaj tsis muaj nyob hauv tus qauv tshuaj no (daim npe cov tshuaj uas pab them rau), koj tsim nyog txuas lus nrog Lub Chaw Pab Cuam Tswv Cuab thiab seb puas pab them rau koj qhov tshuaj.

Yog koj paub tias peb lub phiaj xwm tsis kam pab them rau koj qhov yeeb tshuaj, koj muaj ob txoj hauv kev:

- Koj nug tau lub Chaw Pab Cuam Tswv Cuab rau daim npe tshuaj zoo sib thooj uas pab them los ntawm peb lub phiaj xwm. Thaum koj tau txais daim npe tshuaj, nws qhia tias koj tus kws kho mob thiab nug lawv rau daim npe tshuaj uas zoo sib thooj uas pab them los ntawm peb lub phiaj xwm.
- Koj nug tau rau peb lub phiaj xmw los ua qhov kom txhob xam nrog thiab pab them rau qhov yeeb tshuaj. Saib hauv qab no rau kev paub txog ntawm txoj hauv kev thov rau qhov tsis xam nrog.Saib ntaub ntawv hauv qab no txog ntawm txoj hauv kev thov qhov tsis xam nrog.

Kuv yuav thov kom zam li cas rau My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership tus Qauv Tshuaj?

Koj nug tau rau peb lub phiaj xwm los ua qhov tsis xam nrog mus rau peb cov cai pab them rau.Nws muaj ntau hom ntawm cov tsis xam nrog uas koj hais tau kom peb ua.

- Koj tuaj yeem hais rau peb los pab them rau qhov tshuaj tab txawm tias nws tsis yog peb tus qauv tshuaj.Yog tau kev pom zoo, qhov tshuaj no yuav pab them nyob rau qib txiav txim ua ntej tus nqi sib faib them, thiab koj yuav tsis tau nug peb kom muab qhov tshuaj nyob rau theem tus nqi faib them qis.
- koj nug tau peb kom zam qhov txwv kev pab them suav nrog rau kev tso cai ua ntej, theem kho, los sis ciamb txwv qhov ntau nyob rau koj qhov tshuaj.Piv txwv, rau qee yam tshuaj, peb lub phiaj xwm yuav muaj ciamb txwv qhov ntau ntawm qhov yeeb tshuaj uas peb yuav pab them rau.Yog tias koj qhov tshuaj kho mob muaj ciamb txwv, ces koj tuaj yeem thov kom peb hloov qhov ciamb txwv thiab them rau qhov tshuaj ntau zog.
- Koj hais tau peb kom pab them rau qhov tshuaj hauv tus qauv tshuaj nyob rau tus nqi sib faib them qis zog tshwj tsis yog qhov tshuaj nyob rau theem tshwj xeeb. Yog tias pom zoo lawm, qhov no yuav qis zog tus nqi koj yuav tau them rau koj qhov tshuaj.

Feeem ntau lawm, peb lub phiaj xwm tsuas pom zoo rau qhov koj thov tuaj kom zam yog tias lwm cov tshuaj muaj nyob hauv lub phiaj xwm, tus nqi sib faib them qis zog, los sis kev siv qhov txwv yuav tsis cuam tshuam rau koj thiab/los sis yuav tsim ua rau koj fab tshuaj tsis zoo.

Koj los sis koj tus kws sau ntawv yuav tshuaj tsim nyog txuas lus rau peb los nug rau theem tshuaj, los sis kev zam tus qauv tshuaj, suav nrog rau qhov zam rau kev txwv qhov pab them rau.**Thaum koj thov zam, koj tus kws sau ntawv yuav tshuaj yuav tau piav qhia cov laj thawj mob tias vim li cas koj yuav xav**

tau qhov zam. Feem ntau lawm, peb yuav muab kev txiav txim siab txog peb qhov kev txiav txim siab nyob rau 72 teev ntawm kev tau txais koj tus kws sau ntawv yuav tshuaj li lus pab txhawb. Koj tuaj yeem thov kom txiav txim sai (ceev) yog koj ntseeg tias, peb pom zoo tias koj kev noj qab haus huv yuav tsim kev puas tsuaj loj yog tos ntev txog 72 teev rau kev txiav txim siab. Yog tias peb pom zoo, los sis yog tias koj tus kws sau ntawv yuav tshuaj nug rau kom txiav txim ceev, peb yuav muab kev txiav txim tsis pub dhau 24 teev tom qab peb tau txais koj tus kws sau ntawv yuav tshuaj li lus pab txhawb.

Yam peb ua tau yog tias qhov tshuaj tsis nyob hauv tus qauv tshuaj los sis raug txwv?

Tam li yog ib tus tswv cuab tshiab los sis ua tswv cuab nyob rau peb lub phiaj xwm, koj yuav tau noj cov yeeb tshuaj uas tsis nyob rau hauv peb daim qauv tshuaj. Los sis, koj yuav tau noj qhov yeeb tshuaj uas nyob rau peb tus qauv tshuaj tab sis muaj qhov txwv kev pab them rau xws li kev tso cai ua ntej. Koj tsim nyog sib tham nrog koj tus kws sau ntawv yuav tshuaj txog ntawm kev thov kom txiav txim siab pab them rau los qhia tias koj muaj thooj li cov cai rau kev pom zoo, pauv mus siv lwm yam tshuaj peb pab them rau, los sis thov rau zam tus qauv tshuaj kom peb muab kev pab them rau qhov tshuaj uas koj noj. Thaum koj nrog koj thiab koj tus kws kho mob los txiav txim txog qhov muaj cai txog qhov kev nqis tes rau koj, peb yuav pab them rau koj qhov tshuaj nyob rau qee xwm txheej ncua sij hawm 90 hnub xub thawj koj yog ib tus tswv cuab ntawm peb lub phiaj xwm.

Rau txhua qhov tshuaj uas tsis nyob hauv peb tus qauv tshuaj los sis muaj qhov txwv kev pab them rau, peb yuav pab them ncua sij hawm luv li 31-hnub xa tshuaj. Yog tias tau sau koj daim ntawv sau yuav tshuaj tsawg hnub, peb yuav tso cai rau rov mus nqa tshuaj tau ntev txog 31 hnub. Yog tias tsis tau kev pom zoo, tom qab koj thawj 31-hnub kev xa tshuaj, peb yuav tsis them rau cov tshuaj no, txawm tias koj yog ib tus tswv cuab ntawm lub phiaj xwm luv tshaj 90 hnub.

Yog tias koj nyob rau lub chaw kho mob ncua sij hawm ntev thiab koj xav tau qhvo tshuaj uas tsis nyob hauv peb tus qauv tshuaj los sis yog tias koj muaj peev xwm tau txais koj qhov tshuaj muaj ciamb txwv, tab sis koj twb dhau 90 hnub ntawm kev ua tswv cuab nyob hauv peb lub phiaj xwm, peb yuav pab them rau 31-hnub xwm txheej ceev ntawm qhov tshuaj thaum koj ua raws qhov kev zam tus qauv tshuaj.

Rau kev paub ntxiv

Rau lus qhia ntxiv txog ntawm koj lub phiaj xwm tshuaj muaj ntawv sau yuav, thov saib koj li Pov Thawj ntawm Qhov Pab Them Rau thiab lub phiaj xwm lwm cov ntaub ntawv.

Yog tias koj muaj lus nug txog ntawm peb lub phiaj xwm, thov txuas lus nrog: Peb cov ntaub ntawv sib txuas lus, nrog rau hnub tim peb hloov kho tus qauv tshuaj, pom nyob rau sab xub ntiag thiab sab nrab qaum ntawm daim plhaub khwb.

Yog koj muaj lus nug txog ntawm Medicare kev pab them rau cov tshuaj muaj ntawv txib yuav tshuaj, thov hu rau Medicare ntawm 1-800-MEDICARE (1-800-633-4227) 24 teev rau ib hnub/7 hnub rau ib vij. Cov neeg siv TTY tsim nyog hu 1-877-486-2048. Los sis, mus saib <http://www.medicare.gov>.

My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership Tus Qauv Tshuaj

Tus qauv tshuaj hauv qab no muaj cov ntaub ntawv kev pab them rau txog ntawm cov tshuaj uas pab them rau los ntawm peb lub phiaj xwm. Yog tias koj muaj teeb meem nyob rau kev nrhiav koj qhov yeeb tshuaj hauv daim npe tshuaj, nthuav mus rau Daim Phiaj qhia ntawv pib nyob rau nplooj 88.

Thawj lub kem ntawv nyob rau daim npe tshuaj yog lub npe tshuaj. Cov tshuaj muaj npe lag luam yog ua tus niam ntawv loj (piv txwv CIPRO) thiab cov tshuaj siv raws ncua dav muab teev npe ua tus niam ntawv me-qaij (piv txwv ciprofloxacin).

Cov ntaub ntawv nyob rau kem Cov Cai/Cov Ciam Txwv qhia koj yog tias peb lub phiaj xwm muaj cov cai tshwj xeeb rau kev pab them rau ntawm koj qhov tshuaj.

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

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

ST = Tus Qauv Cai Kev Kho Mob Raws Kauj Ruam: koj tuaj yeem sim lwm qhov tshuaj kho mob ua ntej koj tuaj yeem tau txais ib qhov tshuaj kho mob.

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

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

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

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

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

MOLINA_CY25_1T_SNPMOD eff 01/01/2025

Drug Name	Drug Tier	Requirements/Limits
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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	
<i>MITIGARE</i> 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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate 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		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	1	
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)
endocet tab 5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
fentanyl citrate LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	1	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	1	
oxycodone hcl CONC 100mg/5ml	1	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL (900 mL / 30 days)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	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 TABS 50mg</i>	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 TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>EMVERM CHEW 100mg</i>	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>IMPAVIDO CAPS 50mg</i>	1	NDS, PA
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	
<i>pentamidine isethionate inh SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	1	
<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>praziquantel TABS 600mg</i>	1	
<i>pyrimethamine TABS 25mg</i>	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	1	NDS
<i>sulfadiazine TABS 500mg</i>	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 TABS 250mg, 500mg</i>	1	
<i>TOBI PODHALER CAPS 28mg</i>	1	NDS, NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	1	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>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	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name		Drug Tier	Requirements/Limits
<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	
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	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN 20mg/ml; TABS 75mg	1	NDS, NM
SELZENTRY TABS 25mg	1	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, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
<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	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECATOR 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
entecavir TABS .5mg, 1mg	1	NM
EPCLUSIA PAK 150-37.5	1	NDS, NM, PA
EPCLUSIA PAK 200-50MG	1	NDS, NM, PA
EPCLUSIA TAB 200-50MG	1	NDS, NM, PA
EPCLUSIA TAB 400-100	1	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium 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) TABS 100mg</i>	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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	
<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	

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Drug Name	Drug Tier Requirements/Limits
<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
<i>TEFLARO</i> SOLR 400mg, 600mg	1
	NDS
<i>ERYTHROMYCINS/MACROLIDES</i>	
<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
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	1
<i>e.e.s. 400</i> TABS 400mg	1
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1
<i>ERYTHROCIN LACTOBIONATE</i> 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
<i>FLUOROQUINOLONES</i>	
<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
<i>PENICILLINS</i>	
<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

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Drug Name	Drug Tier Requirements/Limits
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1
<i>ampicillin CAPS 500mg</i>	1
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1
<i>nafcillin sodium SOLR 10gm</i>	1 NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1
<i>penicillin g sodium SOLR 5000000unit</i>	1
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>NUZYRA SOLR 100mg</i>	1	NDS, NM
<i>NUZYRA TABS 150mg</i>	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		
<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	1	NDS, B/D, NM
<i>BENDEKA SOLN 100mg/4ml</i>	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
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	1	NDS, B/D
<i>cyclophosphamide SOLR 2gm</i>	1	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	1	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	1	NDS, B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	1	NM
<i>GLEOSTINE CAPS 100mg</i>	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
ANTIMETABOLITES		
<i>azacitidine SUSR 100mg</i>	1	NDS, B/D, NM
<i>cytarabine SOLN 20mg/ml</i>	1	B/D
<i>fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<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
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<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> INJ 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
<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>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
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
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
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
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
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
everolimus 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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
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
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
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

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
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
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name		Drug Tier	Requirements/Limits
sunitinib malate 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
TEPMETKO TABS 225mg		1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg		1	NDS, QL (60 tabs / 30 days), NM, PA
torpenz 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
TRUXIMA SOLN 100mg/10ml, 500mg/50ml		1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg		1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg		1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg		1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg		1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg		1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg		1	NDS, QL (180 tabs / 30 days), NM, PA

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
<i>KERENDIA</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 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)
<i>ENTRESTO CAP 6-6MG</i>	1	QL (240 caps / 30 days)
<i>ENTRESTO CAP 15-16MG</i>	1	QL (240 caps / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	1	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	1	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	1	QL (60 tabs / 30 days)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<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>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide 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)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1
<i>MULTAQ</i> TABS 400mg	1
<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/afl)</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
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1

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
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
prevalite PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1

BETA-BLOCKERS

<i>acebutolol hcl 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
<i>nebivolol hcl TABS 20mg</i>	1
<i>pindolol TABS 5mg, 10mg</i>	1

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier Requirements/Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1
<i>isradipine</i> CAPS 2.5mg, 5mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1
<i>nimodipine</i> CAPS 30mg	1
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	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 TABS 150mg, 300mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i>	1	PA; PA applies if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NDS, NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	1	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<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</i> tab 28 x 5 mg & 21 x 10 mg <i>titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<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	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<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</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<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 TABS 200mg</i>	1	
<i>INBRIJA CAPS 42mg</i>	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
<i>ariPIPRAZOLE SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>ariPIPRAZOLE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>ariPIPRAZOLE TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days), ST
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>	1	NDS, QL (1 syringe / 28 days)
<i>ARISTADA PRSY 1064mg/3.9ml</i>	1	NDS, QL (1 syringe / 56 days)
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	1	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
<i>CAPLYTA CAPS 10.5mg, 21mg, 42mg</i>	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine TABS 25mg, 50mg</i>	1	
<i>clozapine TABS 100mg</i>	1	QL (270 tabs / 30 days)
<i>clozapine TABS 200mg</i>	1	QL (120 tabs / 30 days)
<i>clozapine TBDP 12.5mg, 25mg</i>	1	PA
<i>clozapine TBDP 100mg</i>	1	QL (270 tabs / 30 days), PA
<i>clozapine TBDP 150mg</i>	1	QL (180 tabs / 30 days), PA

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
<i>FANAPT</i> TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
<i>FANAPT</i> PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
<i>INVEGA HAFYERA</i> SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
<i>INVEGA SUSTENNA</i> SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
<i>INVEGA SUSTENNA</i> SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
<i>INVEGA TRINZA</i> SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
<i>NUPLAZID</i> CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>NUPLAZID</i> 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
<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)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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
<i>REXULTI</i> TABS 3mg, 4mg		1	NDS, QL (30 tabs / 30 days)
<i>REXULTI</i> 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)
<i>SECUADO</i> 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	
<i>VERSACLOZ</i> SUSP 50mg/ml		1	NDS, QL (600 mL / 30 days), PA
<i>VRAYLAR</i> CAPS 1.5mg		1	NDS, QL (60 caps / 30 days)
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg		1	NDS, QL (30 caps / 30 days)
<i>VRAYLAR</i> CAP 1.5-3MG		1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg		1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg		1	QL (6 injections / 3 days)
<i>ZYPREXA RELPREVV</i> SUSR 210mg		1	QL (2 vials / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; 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

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

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Drug Name		Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>		1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>		1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>		1	
<i>LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg</i>	1		QL (10 buccal films / 30 days)
<i>methsuximide CAPS 300mg</i>	1		
<i>NAYZILAM SOLN 5mg/0.1ml</i>	1		QL (10 nasal units per 30 days)
<i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	1		
<i>phenobarbital ELIX 20mg/5ml</i>	1		QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1		QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	1		PA; PA applies if 70 years and older
<i>phenytek CAPS 200mg, 300mg</i>	1		
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	1		
<i>phenytoin sodium SOLN 50mg/ml</i>	1		
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	1		
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i>	1		QL (120 caps / 30 days), PA
<i>pregabalin CAPS 200mg</i>	1		QL (90 caps / 30 days), PA
<i>pregabalin CAPS 225mg, 300mg</i>	1		QL (60 caps / 30 days), PA
<i>pregabalin SOLN 20mg/ml</i>	1		QL (900 mL / 30 days), PA
<i>primidone TABS 50mg, 125mg, 250mg</i>	1		
<i>roweepra TABS 500mg</i>	1		
<i>rufinamide SUSP 40mg/ml</i>	1		NDS, QL (2400 mL / 30 days), PA
<i>rufinamide TABS 200mg</i>	1		QL (480 tabs / 30 days), PA
<i>rufinamide TABS 400mg</i>	1		NDS, QL (240 tabs / 30 days), PA
<i>SPRITAM TB3D 250mg</i>	1		QL (360 tabs / 30 days)
<i>SPRITAM TB3D 500mg</i>	1		QL (180 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
subvenite 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	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid 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)
vigabatrin PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
vigadroner PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
vigadroner TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
vigpoder 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)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
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
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl 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
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
methocarbamol 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
methocarbamol 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
tizanidine hcl TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil 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		
acamprosate calcium TBEC 333mg	1	
buprenorphine hcl SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs / 30 days)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	1	
naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
varenicline tartrate TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	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)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
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 SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-500 mg	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

CHELATIN AGENTS

CHEMET CAPS 100mg	1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
deferasirox TBSO 250mg, 500mg	1	NDS, NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NDS, NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NDS, NM, PA

CONTRACEPTIVES

afirmelle	1
altavera	1
alyacen 1/35	1
alyacen 7/7/7	1
amethia	1
amethyst	1
apri	1
aranelle	1
ashlyna	1
aubra eq	1
aurovela 1/20	1
aurovela 24 fe	1
aurovela fe 1.5/30	1
aurovela fe 1/20	1
aviane	1
ayuna	1
azurette	1
balziva	1
blisovi 24 fe	1
blisovi fe 1.5/30	1
briellyn	1
camila TABS .35mg	1

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<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>lutera</i>	1	
<i>lyeq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>SUSP 150mg/ml; SUSY 150mg/ml</i>		
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethynodiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethynodiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethynodiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethynodiol-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethynodiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethynodiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-ethynodiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethynodiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-ethynodiol tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1
<i>norlyroc TABS .35mg</i>	1
<i>nortrel 0.5/35 (28)</i>	1
<i>nortrel 1/35 (21)</i>	1
<i>nortrel 1/35 (28)</i>	1
<i>nortrel 7/7/7</i>	1
<i>nylia 1/35</i>	1
<i>nylia 7/7/7</i>	1
<i>nymyo</i>	1
<i>ocella</i>	1
<i>philith</i>	1
<i>pimtrea</i>	1
<i>portia-28</i>	1
<i>reclipsen</i>	1
<i>rivelsa</i>	1
<i>setlakin</i>	1
<i>sharobel TABS .35mg</i>	1
<i>simliya</i>	1
<i>simpesse</i>	1
<i>sprintec 28</i>	1
<i>sronyx</i>	1
<i>syeda</i>	1
<i>tarina 24 fe</i>	1
<i>tarina fe 1/20 eq</i>	1
<i>tilia fe</i>	1
<i>tri-estarrylla</i>	1
<i>tri-legest fe</i>	1
<i>tri-linyah</i>	1
<i>tri-lo-estarrylla</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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier Requirements/Limits
<i>vestura</i>	1
<i>vienva</i>	1
<i>viorele</i>	1
<i>vyfemla</i>	1
<i>vylibra</i>	1
<i>wera</i>	1
<i>wymzya fe</i>	1
<i>xulane</i>	1
<i>zafemy</i>	1
<i>zovia 1/35</i>	1
<i>zumandimine</i>	1
<i>ESTROGENS</i>	
<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
<i>GLUCOCORTICOIDS</i>	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1
<i>DEXAMETHASONE INTENSOL CONC</i> 1mg/ml	1

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<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>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	

GLUCOSE ELEVATING AGENTS

<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	

MISCELLANEOUS

<i>ALDURAZYME</i> 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

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Drug Name	Drug Tier	Requirements/Limits
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
javygtor PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	1	NDS, NM, PA
levocarnitine (metabolic modifiers) 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
mifepristone (hyperglycemia) TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
raloxifene hcl TABS 60mg	1	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, 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		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	

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Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	1	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
compro SUPP 25mg	1	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
gransetron hcl SOLN 1mg/ml, 4mg/4ml	1	
gransetron hcl TABS 1mg	1	B/D
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<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</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<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	
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Drug Name	Drug Tier	Requirements/Limits
<i>enulose SOLN 10gm/15ml</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac SOLN 10gm/15ml</i>	1	
<i>lactulose SOLN 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	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	
<i>PLENUV SOL</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	

MISCELLANEOUS

<i>alosetron hcl TABS 1mg</i>	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	1	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	1	
<i>CREON CAP 6000UNIT</i>	1	
<i>CREON CAP 12000UNT</i>	1	
<i>CREON CAP 24000UNT</i>	1	
<i>CREON CAP 36000UNT</i>	1	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	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	
<i>GATTEX KIT 5mg</i>	1	NDS, NM, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	1	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
<i>VOWST CAP</i>	1	NDS, QL (12 caps / 30 days), NM, PA
<i>XERMELO TABS 250mg</i>	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>XIFAXAN TABS 550mg</i>	1	NDS, PA
<i>ZENPEP CAP 3000UNIT</i>	1	
<i>ZENPEP CAP 5000UNIT</i>	1	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<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
DROXIA CAPS 200mg, 300mg, 400mg	1	
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
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
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

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 100mg/0.67ml	1	NDS, 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 PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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 SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, 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
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM

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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	
IPOP 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	

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Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIOSUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	1
D10W/NAACL INJ 0.2%	1
dextrose 2.5% w/ sodium chloride 0.45%	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3%	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225%	1
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	1
ISOLYTE-S INJ PH 7.4	1
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1

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Drug Name	Drug Tier	Requirements/Limits
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	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	
magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	1	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
multiple electrolytes ph 5.5	1	
multiple electrolytes ph 7.4	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	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
<u>ELECTROLYTES/MINERALS/VITAMINS, ORAL</u>		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
klor-con 10 TBCR 10meq	1	
klor-con m10 TBCR 10meq	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> <i>er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml</i> <i>soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	

IV NUTRITION

<i>CLINIMIX INJ 4.25/D5W</i>	1	B/D
<i>CLINIMIX INJ 4.25/D10</i>	1	B/D
<i>CLINIMIX INJ 5%/D15W</i>	1	B/D
<i>CLINIMIX INJ 5%/D20W</i>	1	B/D
<i>CLINIMIX INJ 6/5</i>	1	B/D
<i>CLINIMIX INJ 8/10</i>	1	B/D
<i>CLINIMIX INJ 8/14</i>	1	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>CLINOLIPID EMU 20%</i>	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
<i>INTRALIPID EMUL 20gm/100ml, 30gm/100ml</i>	1	B/D
<i>NUTRILIPID EMUL 20gm/100ml</i>	1	B/D
<i>plenamine</i>	1	B/D
<i>PREMASOL SOL 10%</i>	1	NDS, B/D
<i>PROSOL INJ 20%</i>	1	B/D
<i>TRAVASOL INJ 10%</i>	1	B/D
<i>TROPHAMINE INJ 10%</i>	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	1	
<i>neomycin-polymyxin-dexamethasone ophth</i> <i>susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL (12 mL / 30 days)
neo-polycin 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polomy-gramcid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin (ophth) SOLN .3%	1	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	1	
XDEMVY SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth) SOLN .07%, .075%	1	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
diclofenac sodium (ophth) SOLN .1%	1	
diluprednate EMUL .05%	1	
FLAREX SUSP .1%	1	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
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</i> 0.3-0.1%	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Drug Name	Drug Tier	Requirements/Limits
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	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) SOLN .3%</i>	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	

ANTIHISTAMINES

<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

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

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

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Drug Name	Drug Tier	Requirements/Limits
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

flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	1	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
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)
breyna	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)

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

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoi</i> n 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)

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Drug Name	Drug Tier	Requirements/Limits
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLYON CREA 85mg/gm	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

ciclopirox SHAM 1%	1	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
econazole nitrate CREA 1%	1	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	1	

DERMATOLOGY, ANTIPSORIATICS

acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
tazarotene CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan PTCH 5%</i>	1	QL (3 patches / 1 day), PA
<i>tridacaine ii PTCH 5%</i>	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) GEL 1%</i>	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical) SOLN 1.5%</i>	1	QL (300 mL / 28 days)
<i>fluorouracil (topical) CREA 5%</i>	1	QL (40 gm / 30 days)
<i>fluorouracil (topical) SOLN 2%, 5%</i>	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal) CREA 1%, 2.5%</i>	1	
<i>imiquimod CREA 5%</i>	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) CREA 12%; LOTN 12%</i>	1	
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	1	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal) OINT .4%</i>	1	QL (30 gm / 30 days)
<i>PANRETIN GEL .1%</i>	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus CREA 1%</i>	1	QL (100 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	1	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	1	
<i>proctocort CREA 1%</i>	1	
<i>proctosol hc CREA 2.5%</i>	1	
<i>proctozone-hc CREA 2.5%</i>	1	
<i>tacrolimus (topical) OINT .03%, .1%</i>	1	QL (100 gm / 30 days), PA
<i>VALCHLOR GEL .016%</i>	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion LOTN .5%</i>	1	QL (59 mL / 30 days)
<i>permethrin CREA 5%</i>	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
<i>REGRANEX GEL .01%</i>	1	NDS, QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog lub ntsiab lus ntawm cov cim thiab cov ntawv sau luv nyob rau hauv lub kem ntawv no tau los ntawm kev mus rau hauv tus nab npawb nplooj ntawv 7.

Daim Phiaj ntawm Cov Tshuaj

<i>abacavir sulfate</i>	13	ADVAIR HFA AER 230/21	82	<i>amiodarone hcl</i>	33
<i>abacavir sulfate-</i>		ADVAIR HFA AER 45/21		<i>amitriptyline hcl</i>	38
<i>lamivudine tab 600-</i>				<i>amlodipine besylate</i> ...	35
<i>300 mg</i>	14	<i>afirmelle</i>	56	<i>amlodipine besylate-</i>	
<i>ABELCET</i>	12	<i>AIMOVIG</i>	49	<i>benazepril hcl cap 10-</i>	
<i>abiraterone acetate</i> ...	20	<i>AKEEGA TAB 100/500</i> 20		<i>20 mg</i>	30
<i>ABRYSVO</i>	73	<i>AKEEGA TAB 50/500MG</i>		<i>amlodipine besylate-</i>	
<i>acamprosate calcium</i> .51				<i>benazepril hcl cap 10-</i>	
<i>acarbose</i>	52	<i>ala-cort</i>	84	<i>40 mg</i>	30
<i>accutane</i>	83	<i>albendazole</i>	10	<i>amlodipine besylate-</i>	
<i>acebutolol hcl</i>	34	<i>albuterol sulfate</i>	80	<i>benazepril hcl cap 2.5-</i>	
<i>acetaminophen w/</i>		<i>alclometasone</i>		<i>10 mg</i>	30
<i>codeine soln 120-12</i>		<i>dipropionate</i>	84	<i>amlodipine besylate-</i>	
<i>mg/5ml</i>	9	<i>ALCOHOL SWABS: BD-</i>		<i>benazepril hcl cap 5-</i>	
<i>acetaminophen w/</i>		<i>EMBECTA/MHC/RUGBY</i>		<i>20 mg</i>	30
<i>codeine tab 300-15</i>				<i>amlodipine besylate-</i>	
<i>mg</i>	9	<i>ALDURAZYME</i>	62	<i>benazepril hcl cap 5-</i>	
<i>acetaminophen w/</i>		<i>ALECENSA</i>	22	<i>40 mg</i>	30
<i>codeine tab 300-30</i>		<i>alendronate sodium</i> ..	55	<i>amlodipine besylate-</i>	
<i>mg</i>	9	<i>alfuzosin hcl</i>	67	<i>olmesartan medoxomil</i>	
<i>acetaminophen w/</i>		<i>aliskiren fumarate</i>	36	<i>tab 10-20 mg</i>	31
<i>codeine tab 300-60</i>		<i>allopurinol</i>	8	<i>amlodipine besylate-</i>	
<i>mg</i>	9	<i>alosetron hcl</i>	66	<i>olmesartan medoxomil</i>	
<i>acetazolamide</i>	35	<i>alprazolam</i>	37	<i>tab 10-40 mg</i>	31
<i>acetic acid</i>	67	<i>altavera</i>	56	<i>amlodipine besylate-</i>	
<i>acetic acid (otic)</i>	78	<i>ALUNBRIG</i>	22	<i>olmesartan medoxomil</i>	
<i>acetylcysteine</i>	80	<i>ALUNBRIG PAK</i>	22	<i>tab 5-20 mg</i>	31
<i>acitretin</i>	84	<i>ALVAIZ</i>	68	<i>amlodipine besylate-</i>	
<i>ACTHIB INJ</i>	73	<i>ALVESCO</i>	82	<i>olmesartan medoxomil</i>	
<i>ACTIMMUNE</i>	72	<i>alyacen 1/35</i>	56	<i>tab 5-40 mg</i>	31
<i>acyclovir</i>	15	<i>alyacen 7/7/7</i>	56	<i>amlodipine besylate-</i>	
<i>acyclovir sodium</i>	15	<i>ALYGLO</i>	72	<i>olmesartan medoxomil</i>	
<i>ADACEL INJ</i>	73	<i>alyq</i>	37	<i>tab 5-40 mg</i>	31
<i>ADALIMUMAB-AACF (2</i>		<i>amantadine hcl</i>	39	<i>amlodipine besylate-</i>	
<i>PEN)</i>	69	<i>ambrisentan</i>	37	<i>valsartan tab 10-160</i>	
<i>ADALIMUMAB-AACF (2</i>		<i>amethia</i>	56	<i>mg</i>	31
<i>SYRING</i>	69	<i>amethyst</i>	56	<i>amlodipine besylate-</i>	
<i>adefovir dipivoxil</i>	15	<i>amikacin sulfate</i>	10	<i>valsartan tab 10-320</i>	
<i>ADMELOG</i>	54	<i>amiloride &</i>		<i>mg</i>	31
<i>ADMELOG SOLOSTAR</i> 54		<i>hydrochlorothiazide</i>		<i>amlodipine besylate-</i>	
<i>ADVAIR HFA AER</i>		<i>tab 5-50 mg</i>	35	<i>valsartan tab 5-160</i>	
<i>115/21</i>	82	<i>amiloride hcl</i>	35	<i>mg</i>	31

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<i>mg</i>	<i>31</i>
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<i>amoxicillin</i>	<i>17</i>
<i>amoxicillin & k</i>	
<i>clavulanate chew tab</i>	
<i>400-57 mg</i>	<i>17</i>
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<i>clavulanate for susp</i>	
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<i>amoxicillin & k</i>	
<i>clavulanate tab 875-</i>	
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<i>dextroamphetamine</i>	
<i>cap er 24hr 10 mg..</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 15 mg..</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 20 mg..</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 25 mg..</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
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<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
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<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
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<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 12.5 mg</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 15 mg</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 20 mg</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 30 mg</i>	<i>47</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
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<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
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<i>ampicillin & sulbactam</i>	
<i>sodium for inj 3 (2-1)</i>	
<i>gm</i>	<i>18</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 1.5</i>	
<i>(1-0.5) gm</i>	<i>18</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 15</i>	
<i>(10-5) gm</i>	<i>18</i>
<i>ampicillin & sulbactam</i>	
<i>sodium for iv soln 3</i>	
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<i>kcl 20 meq/l (0.15%)</i>	75
<i> in dextrose 5% & nacl</i>	75
<i> 0.2% inj</i>	75
<i>kcl 20 meq/l (0.15%)</i>	75
<i> in dextrose 5% & nacl</i>	75
<i> 0.45% inj</i>	75
<i>kcl 20 meq/l (0.15%)</i>	75
<i> in dextrose 5% & nacl</i>	75
<i> 0.9% inj</i>	75
<i>kcl 20 meq/l (0.15%)</i>	75
<i> in nacl 0.45% inj</i>	75
<i>kcl 20 meq/l (0.15%)</i>	75
<i> in nacl 0.9% inj</i>	75
<i>kcl 30 meq/l (0.224%)</i>	75
<i> in dextrose 5% & nacl</i>	75
<i> 0.45% inj</i>	75
<i>kcl 40 meq/l (0.3%)</i>	75
<i> in dextrose 5% & nacl</i>	75
<i> 0.45% inj</i>	75
<i>kcl 40 meq/l (0.3%)</i>	75
<i> in dextrose 5% & nacl</i>	75
<i> 0.9% inj</i>	75
<i>kcl 40 meq/l (0.3%)</i>	75
<i> in nacl 0.9% inj</i>	75
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oxycodone w/	66	tazobactam na for inj
acetaminophen tab	PEGASYS	3.375 gm (3-0.375
2.5-325 mg	16	gm)
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325 mg	PENBRAYA INJ.....	tazobactam sod for inj
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ROCKLATAN DRO	78	<i>sulf oral sol 17.5-3.13-</i>	<i>prednisolone ophth</i>
<i>roflumilast</i>	81	<i>1.6 gm/177ml</i>	<i>soln 10-0.23(0.25)%</i>
<i>ropinirole hydrochloride</i>		77
.....40			
<i>rosuvastatin calcium</i>	33	<i>sulfadiazine</i>11
ROTARIX SUS	74	<i>sulfamethoxazole-</i>	
ROTATEQ SOL	74	<i>trimethoprim iv soln</i>	
<i>roweepra</i>	45	<i>400-80 mg/5ml</i>11
ROZLYTREK	27	<i>sulfamethoxazole-</i>	
RUBRACA	27	<i>trimethoprim susp</i>	
<i>rufinamide</i>	45	<i>200-40 mg/5ml</i>11
RUKOBIA	13	<i>sulfamethoxazole-</i>	
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<i>sirolimus</i>	73	<i>SYNJARDY TAB 5-500MG</i>	
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SKYRIZI PEN	71	<i>1000</i>53
		<i>SYNJARDY XR TAB 12.5-</i>	
		<i>1000</i>54

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VIVITROL	52	1000	54	ZENPEP CAP 15000UNT	
VIZIMPRO	29	XIGDUO XR TAB 10-			67
VONJO	29	500MG	54	ZENPEP CAP 20000UNT	
<i>voriconazole</i>	12	XIGDUO XR TAB 2.5-			67
VOSEVI TAB	16	1000	54	ZENPEP CAP 25000UNT	
VOWST CAP	66	XIGDUO XR TAB 5-			67
VRAYLAR	42	1000MG	54	ZENPEP CAP 3000UNIT	
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		500MG	54	ZENPEP CAP 40000UNT	
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	86	XPOVIO PAK (40 MG		<i>ziprasidone hcl</i>	42
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Wera	61	XPOVIO PAK (40 MG		ZIRABEV	29
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1MG	76	XPOVIO PAK (60 MG		<i>zoledronic acid</i>	56
wixela inhub	83	ONCE WEEKLY)	29	ZOLINZA	29
wymzya fe	61	XPOVIO PAK (60 MG		<i>zolpidem tartrate</i>	48
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(TITRATION)	46	zafemy	61		
XCOPRI PAK 50-100MG		zafirlukast	80		
	46	zaleplon	48		

My Choice Wisconsin by Molina Healthcare ua raws li Tsoom Fwv txoj cai txog pej xeem kev muaj cai thiab yuav tsis ntxub ntxaug saib raws hnub nyoog, xim tawv nqaij, kev xiam oob qhab, haiv neeg keeb kwm (suav nrog kev paub ntaww Askiv tsis zoo), haiv neeg los sis poj niam txiv neej (thooj li txoj cai hais txog kev ntxub ntxaug poj niam txiv neej piav tseg nyob hauv nqe § 92.101(a)).

Txhawm rau pab kom koj sib txuas lus nrog peb tau zoo, My Choice Wisconsin muab cov kev pab cuam yam tsis xam nqi thiab ncav sij hawm:

- My Choice Wisconsin muab cov Yam pab kev yooj yim uas muaj zoo laj thawj thiab cov kev pab thiab cov kev pab cuam uas phim rau cov neeg uas muaj cov kev xiam oob qhab. Qhov no suav nrog: (1) Cov kws txhais lus uas muaj kev txawj tsim nyog. (2) Cov ntaub ntaww ua lwm cov qauv ntaww, xws li tus ntaww luam loj, ua suab, cov qauv ntaww hauv es les taus niv uas tuaj yeem nkag siv tau, Ntaww Xuas.
- My Choice Wisconsin muab cov kev pab cuam txhais lus rau cov neeg tus uas hais lwm hom lus los sis cov tsis txawv Lus Askiv zoo. Qhov no suav nrog: (1) Cov kws txhais lus hais ntawm ncauj uas muaj kev txawj tsim nyog. (2) Cov ntaub ntaww uas txhais ua koj hom lus.

Yog tias koj xav tau cov kev pab cuam no, ces txuas lus rau My Choice Wisconsin los ntawm Molina Healthcare Lub Chaw Pab Cuam Tswv Cuab ntawm 1-800-963-0035 los sis TTY/TDD: 711, 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnub rau ib vij.

Yog tias koj ntseeg tias peb tau ntxub ntxaug saib raws li hnub nyoog, cev nqaij daim tawv, kev xiam oob qhab, teb chaws yug, haiv neeg, los sis poj niam txiv neej ces koj tuaj yeem xa daim ntawv kev tsis zoo siab. Koj tuaj yeem xa daim ntawv kev tsis zoo siab kiag ntawm tus kheej, hauv xov tooj, hauv kev xa ntawv, email, los sis hauv oos lais. Yog tias koj xav tau kev pab hauv kev sau koj daim ntawv kev tsis zoo siab, ces peb yuav pab koj. Koj yuav tau txhais peb li txheej txheem hais kev tsis txaus siab los ntawm kev mus saib peb lub vev xaib ntawm <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Hu peb Tus Ua Hauj Lwm Saib Xyuas Kev Tsis Txaus Siab Txog Pej Xeem Cov Cai ntawm 1-866-606-3889, TTY/TDD: 711 los sis xa koj daim ntawv kev tsis zoo siab rau:

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201
Xov Tooj: 1-800-368-1019
TTY/TDD: 800-537-7697

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

Molina Healthcare yog lub phiaj xwm C-SNP, D-SNP thiab HMO uas muaj ntaub ntawv cog lus Medicare. Cov phiaj xwm D-SNP muaj ntaub ntawv cog lus nrog lub khoos kas Medicaid ntawm xeev. Kev tso npe nce raws li kev txuas sij hawm ntaub ntawv cog lus.

Muab khoom thiab kev pab cuam pab dawb, xws li kws txhais lus piav tes thiab muab cov ntaub ntawv txhais ua lwm tus qauv ntawv rau koj. Hu rau 1-800-963-0035 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-963-0035 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-963-0035 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-963-0035 (TTY: 711)。说普通话的人士会帮助您。这是免费服务。

Chinese Cantonese:

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-800-963-0035 (TTY: 711) 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

Tagalog:

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-963-0035 (TTY: 711). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-963-0035 (TTY: 711). Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi của bạn về chương trình bảo hiểm sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-963-0035. Một người nói tiếng Việt sẽ giúp bạn. Dịch vụ này miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-963-0035 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-963-0035 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-963-0035 (TTY: 711). Вам бесплатно поможет русскоязычный сотрудник.

Arabic: إننا مدقن تامدخ مجرتملا يروفلا قيناجملا قياجلا نع يا فلئساً فلعتت تحصلاب وأ لودج قيودلاً انيدل. لوصلحل بلع مجرتم يروف، سيل كيلع بوس لاصنلا انب بلع مقرلا (TTY: 711) 1-800-963-0035. موقفس شخص ثدحتي قبير علا كند عاسمب. هذه قمدخ قيناجم.

Hindi:

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-963-0035 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-963-0035 (TTY: 711). Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-963-0035 (TTY:711). Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-963-0035. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-963-0035 (TTY: 711). Ta usługa jest bezpłatna.

Japanese:

当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-963-0035 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Albanian:

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rrëth planit tone shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-800-963-0035 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

Laotian:

ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບຫຼືແຜນການ ຍາຊອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພູມເຕັມໃຫ້ພາວກເຮົາທີ່ເປີ 1-800-963-0035 (TTY: 711). ຄົນທີ່ວ່າພາສາວານາມາດຊ່ວຍເລົາໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

Hmong:

Peb muaj cov kev pab cuam kws txhais lus yam tsis xam nqi los teb cov lus nug uas koj muaj hais txog peb lub phiaj xwm kev noj qab haus huv los sis tshuaj kho mob. Yog xav tau ib tug neeg txhais lus, tsuas yog hu rau peb ntawm 1-800-963-0035 (TTY: 711). Ib tug uas hais lus Hmoob pab tau koj. Nov yog ib qho kev pab cuam pub dawb xwb.

Pennsylvanian Dutch:

Mir hen koschdelos Iwwersetze Services um eeniche Frooge die du hoscht iwwer en Health odder Drug Blan zu antwadde. Um en Iwwersetzer zu griege, yuscht ruf uns um 1-800-963-0035 (TTY: 711). Epper der Deitsch schwetzt kann dir helfe. Des iss en koschdelos Service.

Serbo-Croatian:

Имамо бесплатне услуге преводиоца да одговоримо на сва питања која имате о нашем здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на 1-800-963-0035 (ТТИ: 711). Може вам помоћи неко ко говори српски. Ово је бесплатна услуга.

Somali:

Waxaan haynaa adeegyada turjubaanka bilaashka ah ee kaaga jawaabayo su'aalo walba ee laga yaabo inaad ka qabtid qorshaheena caafimaadka ama daawada. Si aad u heshid turjubaan, kaliya naga soo wac 1-800-963-0035 (TTY: 711). Qof ku hadlaa af Somali ayaa ku caawin kara. Kan waa adeeg bilaash ah.



BY MOLINA HEALTHCARE

Tau hloov kho tshiab daim ntawv teev npe tshuaj no nyob rau thaum 10/01/2024. Rau lus qhia ntxiv los sis lwm yam lus nug, thov txuas lus nrog My Choice Wisconsin Medicare Dual Advantage thiab My Choice Wisconsin Partnership lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086 (cov siv TTY hu rau 711), lub Kaum Hlis Ntuj Tim 1 – Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos los sis mus saib Mychoicewi.org.