



My Choice Wisconsin Medicare Dual Advantage ແລະ

My Choice Wisconsin ການຮ່ວມມື

ສູດຢາ 2025

(ລາຍຊື່ຢາທີ່ຢູ່ໃນການຄຸ້ມຄອງ ຫຼື “ລາຍຊື່ຢາ”)

ກະລຸນາອ່ານ: ເອກະສານສະບັບນີ້ປະກອບດ້ວຍຂໍ້ມູນ
ກ່ຽວກັບຢາທີ່ພວກເຮົາຄຸ້ມຄອງໃນແຜນນີ້

ການສົ່ງໄຟລ໌ສູດຢາ HPMS ທີ່ຜ່ານການອະນຸມັດ ID 00025316

ສູດຢາໄດ້ຖືກອັບເດດໃນວັນທີ 03/01/2025. ສໍາລັບຂໍ້ມູນຫຼ້າສຸດ ຫຼື ຄໍາຖາມອື່ນໆ, ກະລຸນາຕິດຕໍ່
ຜ່ານບໍລິການສະມາຊິກການຮ່ວມມື My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice
Wisconsin ທີ່ (800) 665-3086 (ຜູ້ໃຊ້ TTY ຄວນໂທຫາ 711), ວັນທີ 1 ຕຸລາ – 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, 8
ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - 30 ກັນຍາ: ວັນຈັນ – ວັນສຸກ, 8 ໂມງເຊົ້າ – 8
ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ ຫຼື ເຂົ້າເບິ່ງ Mychoicewi.org.

ໝາຍເຫດສໍາລັບສະມາຊິກປັດຈຸບັນ: ສູດຢາທີ່ມີການປ່ຽນແປງ ຕັ້ງແຕ່ປີຜ່ານມາ. ກະລຸນາກວດເບິ່ງເອກະສານສະບັບນີ້ ເພື່ອໃຫ້ແນ່ໃຈວ່າມັນຍັງມີຢາທີ່ທ່ານໃຊ້.

ເມື່ອລາຍຊື່ຢາ (ສູດຢາ) ນີ້ເວົ້າເຖິງ “ພວກເຮົາ”, “ເຮົາ” ຫຼື “ຂອງພວກເຮົາ”, ມັນໝາຍເຖິງ **My Choice Wisconsin**. ເມື່ອມັນເວົ້າເຖິງ “ແຜນ” ຫຼື “ແຜນຂອງພວກເຮົາ”, ມັນໝາຍເຖິງ ການຮ່ວມມື **My Choice Wisconsin Medicare Dual Advantage** ແລະ **My Choice Wisconsin**.

ເອກະສານສະບັບນີ້ປະກອບດ້ວຍລາຍຊື່ຢາ (ສູດຢາ) ສໍາລັບແຜນຂອງພວກເຮົາ ເຊິ່ງຫຼ້າສຸດແມ່ນສໍາລັບວັນທີ 03/01/2025. ສໍາລັບລາຍຊື່ຢາ (ສູດຢາ) ທີ່ອັບເດດແລ້ວ, ກະລຸນາຕິດຕໍ່ຫາພວກເຮົາ. ຂໍ້ມູນຕິດຕໍ່ຂອງພວກເຮົາ ພ້ອມກັບວັນທີທີ່ພວກເຮົາອັບເດດລາຍຊື່ຢາ (ສູດຢາ) ແມ່ນຈະປາກົດຢູ່ໃນໜ້າບົກ ແລະ ຫຼັງບົກ.

ໂດຍທົ່ວໄປແລ້ວ ທ່ານຕ້ອງໃຊ້ຮ້ານຂາຍຢາໃນເຄືອຂ່າຍ ເພື່ອໃຊ້ຜົນປະໂຫຍດຢາຕາມໃບສັ່ງແພດຂອງທ່ານ. ຜົນປະໂຫຍດ, ສູດຢາ, ເຄືອຂ່າຍຮ້ານຂາຍຢາ ແລະ/ຫຼື ການຈ່າຍເງິນຮ່ວມ/ການປະກັນໄພຮ່ວມ ອາດມີການປ່ຽນແປງໃນວັນທີ 1 ມັງກອນ 2025 ແລະ ໃນແຕ່ລະໄລຍະໃນລະຫວ່າງປີ.

ແມ່ນຫຍັງຄືສູດຢາການຮ່ວມມື My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice Wisconsin?

ໃນເອກະສານສະບັບນີ້, ພວກເຮົາຈະນໍາໃຊ້ຄໍາວ່າ ລາຍຊື່ຢາ ແລະ ສູດຢາ ເພື່ອໝາຍເຖິງສິ່ງດຽວກັນ. ສູດຢາແມ່ນລາຍຊື່ຢາທີ່ຢູ່ໃນການຄຸ້ມຄອງ ເຊິ່ງແຜນຂອງພວກເຮົາໄດ້ຄັດເລືອກ ຜ່ານການປຶກສາຫາລືກັບທີມຜູ້ໃຫ້ບໍລິການດູແລສຸຂະພາບ ທີ່ເປັນຕົວແທນໃຫ້ການບໍາບັດຢາຕາມໃບສັ່ງແພດ ເຊິ່ງເຊື່ອວ່າເປັນສ່ວນຈໍາເປັນໃນໂຄງການປິ່ນປົວທີ່ມີຄຸນນະພາບ. ໂດຍທົ່ວໄປແລ້ວ, ແຜນຂອງພວກເຮົາຈະຄຸ້ມຄອງຢາທີ່ລະບຸໄວ້ໃນສູດຢາຂອງພວກເຮົາ ຕາບໃດທີ່ຢາຊະນິດດັ່ງກ່າວມີຄວາມຈໍາເປັນທາງການແພດ, ຢາຕາມໃບສັ່ງແພດແມ່ນເຕີມຢູ່ຮ້ານຂາຍຢາໃນເຄືອຂ່າຍຂອງແຜນ ແລະ ມີການປະຕິບັດຕາມກົດລະບຽບອື່ນໆຂອງແຜນ. ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບວິທີການເຕີມຢາຕາມໃບສັ່ງແພດຂອງທ່ານ, ກະລຸນາກວດເບິ່ງຫຼັກຖານການຄຸ້ມຄອງຂອງທ່ານ.

ສູດຢາສາມາດປ່ຽນແປງໄດ້ບໍ?

ການປ່ຽນແປງສ່ວນໃຫຍ່ໃນການຄຸ້ມຄອງຢາ ເກີດຂຶ້ນໃນວັນທີ 1 ມັງກອນ, ແຕ່ແຜນຂອງພວກເຮົາອາດເພີ່ມເຂົ້າ ຫຼື ນໍາອອກຢາໃນສູດຢາ ໃນລະຫວ່າງປີ, ຍ້າຍພວກມັນເຂົ້າໃສ່ຂັ້ນຄ່າໃຊ້ຈ່າຍອື່ນໆ ຫຼື ເພີ່ມຂໍ້ຈ່າຍໃໝ່. ພວກເຮົາຕ້ອງປະຕິບັດຕາມກົດລະບຽບຂອງ Medicare ເພື່ອດໍາເນີນການປ່ຽນແປງເຫຼົ່ານີ້. ມີການເຜີຍແຜ່ການອັບເດດສູດຢາ ໃນເວັບໄຊຂອງພວກເຮົາຢູ່ບ່ອນນີ້: Mychoicewi.org.

ການປ່ຽນແປງທີ່ສາມາດສົ່ງຜົນກະທົບຕໍ່ທ່ານໃນປີນີ້: ໃນກໍລະນີຂ້າງລຸ່ມ, ທ່ານຈະໄດ້ຮັບຜົນກະທົບຈາກການປ່ຽນແປງໃນການຄຸ້ມຄອງ ໃນລະຫວ່າງປີ:

- ການປ່ຽນແປງເວີຊັນໃໝ່ຂອງຢາທີ່ມີອິທິ ແລະ ຜະລິດຕະພັນທາງຊີວະພາບເຕີມ ໃນທັນທີ. ພວກເຮົາອາດນໍາອອກຢາຈາກສູດຢາຂອງພວກເຮົາໃນທັນທີ ຖ້າພວກເຮົາກໍາລັງປ່ຽນມັນເປັນເວີຊັນໃໝ່ຂອງຢາຊະນິດດັ່ງກ່າວ

ເຊິ່ງຈະບາກົດຢູ່ຂັ້ນຄ່າໃຊ້ຈ່າຍຮ່ວມເດີມ ຫຼື ຫຼຸດລົງ ແລະ ມີຂໍ້ຈຳກັດເດີມ ຫຼື ໜ້ອຍລົງ.
ເມື່ອພວກເຮົາເພີ່ມເວີຊັນໃໝ່ຂອງຢາໃສ່ສູດຢາຂອງພວກເຮົາ,
ພວກເຮົາອາດຕັດສິນໃຈເກັບຮັກສາຢາທີ່ມີອິທິ ຫຼື
ຜະລິດຕະພັນທາງຊີວະພາບເດີມໃນສູດຢາຂອງພວກເຮົາ,
ແຕ່ຍ້າຍມັນເຂົ້າໃສ່ຂັ້ນຄ່າໃຊ້ຈ່າຍຮ່ວມອື່ນໃນທັນທີ ຫຼື ເພີ່ມຂໍ້ຈຳກັດໃໝ່.

ພວກເຮົາສາມາດດຳເນີນການປ່ຽນແປງເຫຼົ່ານີ້ໃນທັນທີ
ພຽງແຕ່ຖ້າພວກເຮົາກຳລັງເພີ່ມເວີຊັນທົ່ວໄປຂອງຢາທີ່ມີອິທິເຂົ້າໃໝ່ ຫຼື
ເພີ່ມເວີຊັນທີ່ມີລັກສະນະຊີວະພາບຄ້າຍຄືກັນຂອງຜະລິດຕະພັນທາງຊີວະພາບເດີມເຂົ້າໃໝ່
ເຊິ່ງຢູ່ໃນສູດຢາຂອງພວກເຮົາແລ້ວ (ຕົວຢ່າງ:
ການເພີ່ມຜະລິດຕະພັນທາງຊີວະພາບທີ່ສາມາດໃຊ້ແທນກັນໄດ້
ເຊິ່ງສາມາດໃຊ້ແທນຜະລິດຕະພັນທາງຊີວະພາບເດີມໂດຍຮ້ານຂາຍຢາ ໂດຍບໍ່ມີໃບສັ່ງແພດໃໝ່).

ຖ້າໃນບັດຈຸບັນ ທ່ານກຳລັງໃຊ້ຢາທີ່ມີອິທິ ຫຼື ຜະລິດຕະພັນທາງຊີວະພາບເດີມ,
ພວກເຮົາຈະບໍ່ບອກທ່ານລ່ວງໜ້າ ກ່ອນທີ່ພວກເຮົາຈະດຳເນີນການປ່ຽນແປງໃນທັນທີ,
ແຕ່ພວກເຮົາຈະໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນພາຍຫຼັງ
ກ່ຽວກັບການປ່ຽນແປງສະເພາະທີ່ພວກເຮົາໄດ້ດຳເນີນການ.

ຖ້າພວກເຮົາດຳເນີນການປ່ຽນແປງດັ່ງກ່າວ, ທ່ານ ຫຼື
ຜູ້ສັ່ງຢາຂອງທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຍົກເວັ້ນ ແລະ ສືບຕໍ່ຄຸ້ມຄອງຢາທີ່ກຳລັງປ່ຽນ
ໃຫ້ແກ່ທ່ານ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ໃຫ້ເບິ່ງຂໍ້ຂ້າງລຸ່ມທີ່ມີຫົວຂໍ້ວ່າ
“ຂ້າພະເຈົ້າຈະສາມາດຮ້ອງຂໍການຍົກເວັ້ນສຳລັບສູດຢາການຮ່ວມມື My Choice Wisconsin
Medicare Dual Advantage ແລະ My Choice Wisconsin ໄດ້ແນວໃດ?”

ຢາບາງຊະນິດເຫຼົ່ານີ້ອາດໃໝ່ສຳລັບທ່ານ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ໃຫ້ເບິ່ງຂໍ້ຂ້າງລຸ່ມທີ່ມີຫົວຂໍ້ວ່າ
“ແມ່ນຫຍັງຄືຜະລິດຕະພັນທາງຊີວະພາບເດີມ ແລະ
ພວກມັນກ່ຽວຂ້ອງແນວໃດກັບຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ?”

- **ຢາຖືກເອົາອອກຈາກຕະຫຼາດ.** ຖ້າມີການຖອນຢາຈາກການຂາຍໂດຍຜູ້ຜະລິດ ຫຼື
ອົງການຄຸ້ມຄອງອາຫານ ແລະ ຢາ (FDA) ກຳນົດໃຫ້ຖອນອອກ ດ້ວຍເຫດຜົນດ້ານຄວາມປອດໄພ
ຫຼື ປະສິດທິພາບ, ພວກເຮົາອາດນຳຢາອອກຈາກສູດຢາຂອງພວກເຮົາໃນທັນທີ ແລະ
ໃຫ້ແຈ້ງການແກ່ສະມາຊິກທີ່ໃຊ້ຢາໃນພາຍຫຼັງ.
- **ການປ່ຽນແປງອື່ນໆ.** ພວກເຮົາອາດດຳເນີນການປ່ຽນແປງອື່ນໆ
ທີ່ສົ່ງຜົນກະທົບຕໍ່ສະມາຊິກທີ່ກຳລັງໃຊ້ຢາໃນບັດຈຸບັນ. ຕົວຢ່າງ:
ພວກເຮົາອາດນຳຢາທີ່ມີອິທິອອກຈາກສູດຢາ ເມື່ອກຳລັງເພີ່ມຢາທົ່ວໄປທີ່ທຽບເທົ່າກັນ ຫຼື
ນຳຜະລິດຕະພັນທາງຊີວະພາບເດີມອອກ
ເມື່ອກຳລັງເພີ່ມຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ. ນອກຈາກນັ້ນ,
ພວກເຮົາອາດນຳໃຊ້ຂໍ້ຈຳກັດໃໝ່ສຳລັບຢາທີ່ມີອິທິ ຫຼື ຜະລິດຕະພັນທາງຊີວະພາບເດີມ ຫຼື
ຍ້າຍມັນໃສ່ຂັ້ນຄ່າໃຊ້ຈ່າຍຮ່ວມອື່ນ ຫຼື ທັງສອງ. ພວກເຮົາອາດດຳເນີນການປ່ຽນແປງ

ອີງໃສ່ຄໍາແນະນໍາທາງຄລິນິກໃໝ່. ຖ້າພວກເຮົານໍາຢາອອກຈາກສູດຢາຂອງພວກເຮົາ, ເພີ່ມການອະນຸຍາດລ່ວງໜ້າ, ຂີດຈໍາກັດດ້ານປະລິມານ ແລະ/ຫຼື ຂໍ້ຈໍາກັດການບໍາບັດເປັນຂັ້ນຕອນສໍາລັບຢາ ຫຼື ຍ້າຍຢາເຂົ້າໃສ່ຂັ້ນຄ່າໃຊ້ຈ່າຍຮ່ວມທີ່ສູງຂຶ້ນ, ພວກເຮົາຕ້ອງແຈ້ງໃຫ້ສະມາຊິກທີ່ໄດ້ຮັບຜົນກະທົບ ຮັບຊາບເຖິງການປ່ຽນແປງຢ່າງໜ້ອຍ 30 ວັນ ກ່ອນທີ່ການປ່ຽນແປງຈະເລີ່ມມີຜົນນໍາໃຊ້. ອີກຢ່າງ ເມື່ອສະມາຊິກຮ້ອງຂໍເຕີມຢາ, ເຂົາເຈົ້າອາດໄດ້ຮັບປະລິມານຢາ 31 ວັນ ແລະ ແຈ້ງການກ່ຽວກັບການປ່ຽນແປງ.

ຖ້າພວກເຮົາດໍາເນີນການປ່ຽນແປງເຫຼົ່ານີ້, ທ່ານ ຫຼື ຜູ້ສັ່ງຢາຂອງທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຍົກເວັ້ນສໍາລັບທ່ານ ແລະ ສືບຕໍ່ຄຸ້ມຄອງຢາທີ່ທ່ານກໍາລັງໃຊ້. ນອກຈາກນັ້ນ, ແຈ້ງການທີ່ພວກເຮົາໃຫ້ແກ່ທ່ານຍັງຈະປະກອບດ້ວຍຂໍ້ມູນກ່ຽວກັບວິທີການຮ້ອງຂໍການຍົກເວັ້ນ ແລະ ທ່ານຍັງສາມາດຊອກຫາຂໍ້ມູນໃນຂໍ້ຂ້າງລຸ່ມທີ່ມີຫົວຂໍ້ວ່າ “ຂ້າພະເຈົ້າຈະສາມາດຮ້ອງຂໍການຍົກເວັ້ນສໍາລັບສູດຢາການຮ່ວມມີ My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice Wisconsin ໄດ້ແນວໃດ?”

ການປ່ຽນແປງທີ່ຈະບໍ່ສົ່ງຜົນກະທົບແກ່ທ່ານ ຖ້າທ່ານກໍາລັງໃຊ້ຢາໃນປັດຈຸບັນ. ໂດຍທົ່ວໄປແລ້ວ ຖ້າທ່ານກໍາລັງໃຊ້ຢາໃນສູດຢາ 2025 ຂອງພວກເຮົາ ທີ່ຢູ່ໃນການຄຸ້ມຄອງໃນຊ່ວງຕົ້ນປີ, ພວກເຮົາຈະບໍ່ຍົກເລີກ ຫຼື ຫຼຸດການຄຸ້ມຄອງຢາໃນລະຫວ່າງປີຄຸ້ມຄອງ 2025 ຍົກເວັ້ນດັ່ງທີ່ອະທິບາຍຢູ່ຂ້າງເທິງ. ນີ້ໝາຍຄວາມວ່າ ຢາເຫຼົ່ານີ້ແມ່ນຍັງຈະມີໃຫ້ໃນຄ່າໃຊ້ຈ່າຍຮ່ວມເຕີມ ແລະ ບໍ່ມີຂໍ້ຈໍາກັດໃໝ່ສໍາລັບສະມາຊິກເຫຼົ່ານັ້ນທີ່ກໍາລັງໃຊ້ພວກມັນ ສໍາລັບສ່ວນທີ່ເຫຼືອຂອງປີຄຸ້ມຄອງ. ທ່ານຈະບໍ່ໄດ້ຮັບແຈ້ງການໂດຍກົງໃນປີນີ້ ກ່ຽວກັບການປ່ຽນແປງທີ່ບໍ່ມີຜົນກະທົບຕໍ່ທ່ານ. ເຖິງຢ່າງໃດກໍຕາມ, ໃນວັນທີ 1 ມັງກອນຂອງປີຖັດໄປ, ການປ່ຽນແປງດັ່ງກ່າວຈະສົ່ງຜົນກະທົບຕໍ່ທ່ານ ແລະ ມັນເປັນສິ່ງສໍາຄັນທີ່ຈະກວດເບິ່ງສູດຢາສໍາລັບປີຜົນປະໂຫຍດໃໝ່ ເພື່ອຫາການປ່ຽນແປງໃດໜຶ່ງກ່ຽວກັບຢາ. ສູດຢາທີ່ແນບຕິດມາ ແມ່ນຫຼ້າສຸດສໍາລັບ 03/01/2025. ເພື່ອຮັບຂໍ້ມູນທີ່ອັບເດດແລ້ວ ກ່ຽວກັບຢາທີ່ຢູ່ໃນການຄຸ້ມຄອງຂອງແຜນພວກເຮົາ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ. ຂໍ້ມູນຕິດຕໍ່ຂອງພວກເຮົາ ແມ່ນຈະປາກົດຢູ່ໃນໜ້າບົກ ແລະ ຫຼັງບົກ.

ຂ້າພະເຈົ້າຈະໃຊ້ສູດຢາໄດ້ແນວໃດ?

ມີສອງວິທີເພື່ອຊອກຫາຢາຂອງທ່ານພາຍໃນສູດຢາ:

ອາການທາງການແພດ

ສູດຢາເລີ່ມຕົ້ນໃນໜ້າທີ 7. ຢາໃນສູດຢານີ້ແມ່ນຈັດເປັນໝວດໜູ່ ຂຶ້ນກັບປະເພດອາການທາງການແພດທີ່ໃຊ້ຢາເພື່ອປິ່ນປົວ. ຕົວຢ່າງ: ຢາທີ່ໃຊ້ເພື່ອປິ່ນປົວອາການຫົວໃຈແມ່ນລະບຸໄວ້ຢູ່ກ້ອງໝວດໜູ່ ຫົວໃຈ ແລະ ຫຼອດເລືອດ. ຖ້າທ່ານຮູ້ວ່າຢາຂອງທ່ານແມ່ນໃຊ້ສໍາລັບຫຍັງ, ໃຫ້ຊອກຫາຊື່ໝວດໜູ່ ໃນລາຍຊື່ທີ່ເລີ່ມຕົ້ນໃນໜ້າທີ 6. ຈາກນັ້ນໃຫ້ຊອກຫາຢາຂອງທ່ານ ຢູ່ກ້ອງຊື່ໝວດໜູ່.

ການຈັດລາຍຊື່ຕາມຕົວອັກສອນ

ຖ້າທ່ານບໍ່ແນ່ໃຈວ່າ ຕ້ອງຊອກຫາຢູ່ກ້ອງໝວດໝູ່ໃດ, ທ່ານຄວນຊອກຫາຢາຂອງທ່ານໃນດັດຊະນີທີ່ເລີ່ມຕົ້ນໃນໜ້າ 91. ດັດຊະນີຈະໃຫ້ລາຍຊື່ຢາທຸກຊະນິດຕາມຕົວອັກສອນທີ່ລວມໄວ້ໃນເອກະສານສະບັບນີ້. ທັງຢາທີ່ມີອີ່ຫໍ້ ແລະ ຢາທີ່ໄປແມ່ນລະບຸໄວ້ໃນດັດຊະນີ. ເບິ່ງໃນດັດຊະນີ ແລະ ຊອກຫາຢາຂອງທ່ານ. ຖ້າຈາກຢາຂອງທ່ານ, ທ່ານຈະເຫັນໝາຍເລກໜ້າທີ່ທ່ານສາມາດຊອກຫາຂໍ້ມູນການຄຸ້ມຄອງ. ເປີດໄປໜ້າທີ່ລະບຸຢູ່ໃນດັດຊະນີ ແລະ ຊອກຫາຊື່ຢາຂອງທ່ານໃນຖັນທໍາອິດຂອງລາຍຊື່.

ແມ່ນຫຍັງຄືຢາທີ່ໄປ?

ແຜນຂອງພວກເຮົາຈະຄຸ້ມຄອງທັງຢາທີ່ມີອີ່ຫໍ້ ແລະ ຢາທີ່ໄປ. ຢາທີ່ໄປແມ່ນຖືກອະນຸມັດໂດຍ FDA ຍ້ອນມີສ່ວນປະສົມອອກລິດແບບດຽວກັນກັບຢາທີ່ມີອີ່ຫໍ້. ໂດຍທົ່ວໄປແລ້ວ, ຢາທີ່ໄປແມ່ນໃຊ້ໄດ້ດີສຳກັບ ແລະ ໂດຍປົກກະຕິແມ່ນມີຄ່າໃຊ້ຈ່າຍໜ້ອຍກວ່າຢາທີ່ມີອີ່ຫໍ້. ມີຢາທີ່ໄປທີ່ໃຊ້ແທນຢາທີ່ມີອີ່ຫໍ້ຫຼາຍຊະນິດ. ໂດຍປົກກະຕິແລ້ວ, ຢາທີ່ໄປແມ່ນສາມາດໃຊ້ແທນໃຫ້ຢາທີ່ມີອີ່ຫໍ້ຢູ່ຮ້ານຂາຍຢາ ໂດຍບໍ່ຈຳເປັນຕ້ອງມີໃບສັ່ງແພດໃໝ່ ຂຶ້ນກັບກົດໝາຍຂອງລັດ.

ແມ່ນຫຍັງຄືຜະລິດຕະພັນທາງຊີວະພາບເດີມ ແລະ ພວກມັນກ່ຽວຂ້ອງແນວໃດກັບຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ?

ໃນສູດຢາ ເມື່ອພວກມັນເວົ້າເຖິງຢາ, ສິ່ງນີ້ສາມາດໝາຍເຖິງ ຢາ ຫຼື ຜະລິດຕະພັນທາງຊີວະພາບ. ຜະລິດຕະພັນທາງຊີວະພາບແມ່ນຢາທີ່ມີຄວາມຊັບຊ້ອນຫຼາຍກວ່າຢາປົກກະຕິ. ຍ້ອນຜະລິດຕະພັນທາງຊີວະພາບມີຄວາມຊັບຊ້ອນຫຼາຍກວ່າຢາປົກກະຕິ, ແທນທີ່ຈະມີຮູບແບບທົ່ວໄປ ພວກມັນມີທາງເລືອກທີ່ເອີ້ນ ຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ. ໂດຍທົ່ວໄປແລ້ວ, ຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ ແມ່ນໃຊ້ໄດ້ດີສຳກັບຜະລິດຕະພັນທາງຊີວະພາບເດີມ ແລະ ອາດມີລາຄາຖືກກວ່າ. ມີທາງເລືອກຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ ສຳລັບຜະລິດຕະພັນທາງຊີວະພາບເດີມບາງຊະນິດ. ຜະລິດຕະພັນທາງຊີວະພາບທີ່ຄ້າຍຄືກັນ ແມ່ນຜະລິດຕະພັນທາງຊີວະພາບທີ່ສາມາດປ່ຽນແທນກັນໄດ້ ຂຶ້ນກັບກົດໝາຍຂອງລັດ, ອາດໃຊ້ແທນຜະລິດຕະພັນທາງຊີວະພາບເດີມຢູ່ຮ້ານຂາຍຢາ ໂດຍບໍ່ຈຳເປັນຕ້ອງມີໃບສັ່ງແພດໃໝ່, ເຊິ່ງດຽວກັນກັບທີ່ສາມາດປ່ຽນຢາທີ່ໄປສຳລັບຢາທີ່ມີອີ່ຫໍ້.

- ສຳລັບການສົນທະນາກ່ຽວກັບຊະນິດຢາ, ກະລຸນາເບິ່ງ ຫຼັກຖານການຄຸ້ມຄອງ, ບົດທີ 5, ຂໍ້ທີ 3.1, “ລາຍຊື່ຢາ” ຈະບອກວ່າ ຢາຊະນິດໃດໃນ ພາກ D ແມ່ນຢູ່ໃນການຄຸ້ມຄອງ.”

ມີຂໍ້ຈຳກັດໃດໜຶ່ງສຳລັບການຄຸ້ມຄອງຂອງຂ້າພະເຈົ້າບໍ?

ຢາທີ່ຢູ່ໃນການຄຸ້ມຄອງບາງຊະນິດ ອາດມີເງື່ອນໄຂ ຫຼື ຂີດຈຳກັດເພີ່ມເຕີມກ່ຽວກັບການຄຸ້ມຄອງ. ເງື່ອນໄຂ ແລະ ຂີດຈຳກັດເຫຼົ່ານີ້ອາດລວມເຖິງ:

- **ການອະນຸຍາດລ່ວງໜ້າ:** ແຜນຂອງພວກເຮົາຮຽກຮ້ອງໃຫ້ທ່ານ ຫຼື ຜູ້ສັ່ງຢາຂອງທ່ານຮັບການອະນຸຍາດລ່ວງໜ້າ ສຳລັບຢາບາງຊະນິດ. ສິ່ງນີ້ໝາຍຄວາມວ່າ ທ່ານຈຳເປັນຕ້ອງຮັບການອະນຸມັດຈາກແຜນຂອງພວກເຮົາ ກ່ອນທີ່ທ່ານຈະເຕີມຢາຕາມໃບສັ່ງແພດຂອງທ່ານ. ຖ້າທ່ານບໍ່ໄດ້ຮັບການອະນຸມັດ, ແຜນຂອງພວກເຮົາອາດບໍ່ຄຸ້ມຄອງຢາ.

- **ຂີດຈຳກັດດ້ານປະລິມານ:** ສຳລັບຢາບາງຊະນິດ, ແຜນຂອງພວກເຮົາຈະຈຳກັດປະລິມານຢາທີ່ແຜນຂອງພວກເຮົາຈະຄຸ້ມຄອງ. ຕົວຢ່າງ: ແຜນຂອງພວກເຮົາຈະໃຫ້ 30 ແມັດຕໍ່ 30 ວັນ ສຳລັບຢາຕາມໃບສັງແລດ esomeprazole 40 mg. ສິ່ງນີ້ອາດເພີ່ມເຕີມໃສ່ການສະໜອງຢາໜຶ່ງເດືອນ ຫຼື ສາມເດືອນທີ່ເປັນມາດຕະຖານ.
- **ການບຳບັດເປັນຂັ້ນຕອນ:** ໃນບາງກໍລະນີ, ແຜນຂອງພວກເຮົາຮຽກຮ້ອງໃຫ້ທ່ານລອງໃຊ້ຢາຊະນິດໃດໜຶ່ງກ່ອນ ເພື່ອປຸ້ນປົວອາການທາງການແພດຂອງທ່ານ ກ່ອນທີ່ພວກເຮົາຈະຄຸ້ມຄອງຢາອີກຊະນິດສຳລັບອາການນັ້ນ. ຕົວຢ່າງ: ຖ້າທ່ານຢາ A ແລະ ຢາ B ປຸ້ນປົວອາການທາງການແພດຂອງທ່ານ, ແຜນຂອງພວກເຮົາອາດບໍ່ຄຸ້ມຄອງຢາ B ເວັ້ນເສຍແຕ່ວ່າທ່ານໄດ້ລອງໃຊ້ຢາ A ກ່ອນ. ຖ້າຢາ A ໃຊ້ບໍ່ໄດ້ກັບທ່ານ, ຈາກນັ້ນແຜນຂອງພວກເຮົາຈະຄຸ້ມຄອງຢາ B.

ທ່ານສາມາດກວດເບິ່ງວ່າ ຢາຂອງທ່ານມີເງື່ອນໄຂ ຫຼື ຂໍ້ຈຳກັດເພີ່ມເຕີມ ຫຼື ບໍ່ ໂດຍເບິ່ງສູດຢາທີ່ເລີ່ມຕົ້ນໃນໜ້າທີ 7. ນອກຈາກນັ້ນ, ທ່ານຍັງສາມາດຮັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບຂໍ້ຈຳກັດ ທີ່ມີຜົນນຳໃຊ້ກັບຢາບາງຊະນິດທີ່ຢູ່ໃນການຄຸ້ມຄອງ ໂດຍເຂົ້າເບິ່ງເວັບໄຊຂອງພວກເຮົາ. ພວກເຮົາໄດ້ເຜີຍແຜ່ເອກະສານທາງອອນລາຍ ເພື່ອອະທິບາຍກ່ຽວກັບການອະນຸຍາດລ່ວງໜ້າຂອງພວກເຮົາ ແລະ ຂໍ້ຈຳກັດການບຳບັດເປັນຂັ້ນຕອນ. ທ່ານຍັງສາມາດຂໍໃຫ້ພວກເຮົາສົ່ງສຳເນົາໄປໃຫ້ທ່ານ. ຂໍ້ມູນຕິດຕໍ່ຂອງພວກເຮົາ ພ້ອມກັບວັນທີທີ່ພວກເຮົາອັບເດດສູດຢາ ແມ່ນຈະປາກົດຢູ່ໃນໜ້າປົກ ແລະ ຫຼັງປົກ.

ທ່ານສາມາດຂໍໃຫ້ແຜນຂອງພວກເຮົາຍົກເວັ້ນຂໍ້ຈຳກັດ ຫຼື ຂີດຈຳກັດເຫຼົ່ານີ້ ຫຼື ລາຍຊື່ຢາຊະນິດອື່ນທີ່ຄ້າຍຄືກັນ ເຊິ່ງອາດປຸ້ນປົວອາການທາງສຸຂະພາບຂອງທ່ານ. ເບິ່ງຂໍ້ “ຂ້າພະເຈົ້າຈະຮ້ອງຂໍການຍົກເວັ້ນສຳລັບສູດຢາການຮ່ວມມື My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice Wisconsin ໄດ້ແນວໃດ?” ໃນໜ້າທີ 4 ສຳລັບຂໍ້ມູນກ່ຽວກັບວິທີການຮ້ອງຂໍການຍົກເວັ້ນ.

ຕ້ອງເຮັດແນວໃດ ຖ້າຢາຂອງຂ້າພະເຈົ້າບໍ່ໄດ້ຢູ່ໃນສູດຢາ?

ຖ້າຢາຂອງທ່ານບໍ່ໄດ້ລວມໄວ້ໃນສູດຢາ (ລາຍຊື່ຢາທີ່ຢູ່ໃນການຄຸ້ມຄອງ) ນີ້, ທ່ານຄວນຕິດຕໍ່ຝ່າຍບໍລິການສະມາຊິກກ່ອນ ແລະ ຖາມວ່າຢາຂອງທ່ານຢູ່ໃນການຄຸ້ມຄອງ ຫຼື ບໍ່.

ຖ້າທ່ານຮູ້ວ່າແຜນຂອງພວກເຮົາບໍ່ໄດ້ຄຸ້ມຄອງຢາຂອງທ່ານ, ທ່ານມີສອງຕົວເລືອກ:

- ທ່ານສາມາດຂໍລາຍຊື່ຢາທີ່ຄ້າຍຄືກັນ ເຊິ່ງຢູ່ໃນການຄຸ້ມຄອງຂອງແຜນພວກເຮົາ ຈາກຝ່າຍບໍລິການສະມາຊິກ. ເມື່ອທ່ານໄດ້ຮັບລາຍຊື່, ສະແດງມັນໃຫ້ທ່ານໜ້າຂອງທ່ານ ແລະ ຂໍໃຫ້ເຂົາເຈົ້າສົ່ງຢາທີ່ຄ້າຍຄືກັນ ເຊິ່ງຢູ່ໃນການຄຸ້ມຄອງຂອງແຜນພວກເຮົາ.
- ທ່ານສາມາດຂໍໃຫ້ແຜນຂອງພວກເຮົາຍົກເວັ້ນ ແລະ ຄຸ້ມຄອງຢາຂອງທ່ານ. ເບິ່ງຂ້າງລຸ່ມສຳລັບຂໍ້ມູນກ່ຽວກັບວິທີການຮ້ອງຂໍການຍົກເວັ້ນ.

ຂ້າພະເຈົ້າຈະຮ້ອງຂໍການຍົກເວັ້ນສໍາລັບສູດຢາການຮ່ວມມື My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice Wisconsin ໄດ້ແນວໃດ?

ທ່ານສາມາດຂໍໃຫ້ແຜນຂອງພວກເຮົາຍົກເວັ້ນກົດລະບຽບການຄຸ້ມຄອງຂອງພວກເຮົາ. ມີການຍົກເວັ້ນຫຼາຍປະເພດທີ່ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາດໍາເນີນການ.

- ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຄຸ້ມຄອງຢາ ເຖິງແມ່ນວ່າມັນບໍ່ໄດ້ຢູ່ໃນສູດຢາຂອງພວກເຮົາ. ຖ້າອະນຸມັດແລ້ວ, ຢາຊະນິດນີ້ຈະຢູ່ໃນການຄຸ້ມຄອງ ໃນລະດັບຄ່າໃຊ້ຈ່າຍຮ່ວມທີ່ກຳນົດໄວ້ລ່ວງໜ້າ ແລະ ທ່ານຈະບໍ່ສາມາດຂໍໃຫ້ພວກເຮົາສະໜອງຢາ ໃນລະດັບຄ່າໃຊ້ຈ່າຍຮ່ວມທີ່ຫຼຸດລົງ.
- ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາລະເວັ້ນຂໍ້ຈຳກັດການຄຸ້ມຄອງ ລວມເຖິງການອະນຸຍາດລ່ວງໜ້າ, ການບໍາບັດເປັນຂັ້ນຕອນ ຫຼື ຂີດຈຳກັດດ້ານປະລິມານສໍາລັບຢາຂອງທ່ານ. ຕົວຢ່າງ: ສໍາລັບຢາບາງຊະນິດ ແຜນຂອງພວກເຮົາຈະຈຳກັດປະລິມານຢາທີ່ພວກເຮົາຈະຄຸ້ມຄອງ. ຖ້າຢາຂອງທ່ານມີຂີດຈຳກັດດ້ານປະລິມານ, ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາລະເວັ້ນຂີດຈຳກັດ ແລະ ຄຸ້ມຄອງໃນປະລິມານທີ່ຫຼາຍຂຶ້ນ.
- ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຄຸ້ມຄອງຢາໃນສູດຢາ ໃນລະດັບຄ່າໃຊ້ຈ່າຍຮ່ວມທີ່ຫຼຸດລົງ ເວັ້ນເສຍແຕ່ວ່າຢາຊະນິດດັ່ງກ່າວຈະຢູ່ໃນຂັ້ນສະເພາະທາງ. ຖ້າອະນຸມັດແລ້ວ, ສິ່ງນີ້ຈະຫຼຸດຈໍານວນເງິນທີ່ທ່ານຕ້ອງຈ່າຍສໍາລັບຢາຂອງທ່ານ.

ໂດຍທົ່ວໄປແລ້ວ, ແຜນຂອງພວກເຮົາຈະພຽງແຕ່ອະນຸມັດຄໍາຮ້ອງຂໍການຍົກເວັ້ນຂອງທ່ານ ຖ້າມີຢາທາງເລືອກໃນສູດຢາຂອງແຜນ, ຢາທີ່ມີຄ່າໃຊ້ຈ່າຍຮ່ວມທີ່ຫຼຸດລົງ ຫຼື ການນໍາໃຊ້ຂໍ້ຈຳກັດຈະບໍ່ມີຜົນນໍາໃຊ້ສໍາລັບທ່ານ ແລະ/ຫຼື ຈະເຮັດໃຫ້ມີຜົນກະທົບທີ່ບໍ່ເພິ່ງປະສົງ.

ທ່ານ ຫຼື ຜູ້ສັ່ງຢາຂອງທ່ານຄວນຕິດຕໍ່ພວກເຮົາ ເພື່ອຂໍໃຫ້ມີການຈັດຂັ້ນ ຫຼື ການຍົກເວັ້ນສູດຢາ ລວມເຖິງການຍົກເວັ້ນຂໍ້ຈຳກັດການຄຸ້ມຄອງ. **ເມື່ອທ່ານຮ້ອງຂໍການຍົກເວັ້ນ, ຜູ້ສັ່ງຢາຂອງທ່ານຈຳເປັນຕ້ອງອະທິບາຍເຫດຜົນທາງການແພດວ່າ ເປັນຫຍັງທ່ານຈຶ່ງຕ້ອງການການຍົກເວັ້ນ.** ໂດຍທົ່ວໄປແລ້ວ, ພວກເຮົາຕ້ອງຕັດສິນໃຈພາຍໃນ 72 ຊົ່ວໂມງ ຫຼັງຈາກທີ່ໄດ້ຮັບລາຍງານສະໜັບສະໜູນຈາກຜູ້ສັ່ງຢາຂອງທ່ານ. ທ່ານສາມາດຂໍໃຫ້ມີຄໍາຕັດສິນເລັ່ງລັດ (ຮີບດ່ວນ) ຖ້າທ່ານເຊື່ອ ແລະ ພວກເຮົາເຫັນດີວ່າ ສຸຂະພາບຂອງທ່ານສາມາດເປັນອັນຕະລາຍຢ່າງຮຸນແຮງໄດ້ ຍ້ອນການລໍຖ້າຄໍາຕັດສິນເປັນເວລາສູງເຖິງ 72 ຊົ່ວໂມງ. ຖ້າພວກເຮົາເຫັນດີ ຫຼື ຖ້າຜູ້ສັ່ງຢາຂອງທ່ານຮ້ອງຂໍຄໍາຕັດສິນຮີບດ່ວນ, ພວກເຮົາຕ້ອງໃຫ້ຄໍາຕັດສິນແກ່ທ່ານ ບໍ່ກາຍ 24 ຊົ່ວໂມງ ຫຼັງຈາກທີ່ພວກເຮົາໄດ້ຮັບລາຍງານສະໜັບສະໜູນຈາກຜູ້ສັ່ງຢາຂອງທ່ານ.

ຂ້າພະເຈົ້າສາມາດເຮັດຫຍັງໄດ້ ຖ້າຢາຂອງຂ້າພະເຈົ້າບໍ່ໄດ້ຢູ່ໃນສູດຢາ ຫຼື ມີຂໍ້ຈຳກັດ?

ໃນຖານະທີ່ສະມາຊິກໃໝ່ ຫຼື ຕໍ່ເນື່ອງໃນແຜນຂອງພວກເຮົາ, ທ່ານອາດໃຊ້ຢາທີ່ບໍ່ໄດ້ຢູ່ໃນສູດຢາຂອງພວກເຮົາ. ຫຼື ທ່ານອາດຮັບປະທານຢາທີ່ຢູ່ໃນສູດຢາຂອງພວກເຮົາ ແຕ່ມີຂໍ້ຈຳກັດການຄຸ້ມຄອງ, ເຊັ່ນ: ການອະນຸຍາດລ່ວງໜ້າ. ທ່ານຄວນໂອ້ລົມກັບຜູ້ສັ່ງຢາຂອງທ່ານ ກ່ຽວກັບການຮ້ອງຂໍຄໍາຕັດສິນການຄຸ້ມຄອງ ເພື່ອສະແດງວ່າທ່ານເຂົ້າເກນສໍາລັບການອະນຸມັດ, ການປ່ຽນໄປໃຊ້ຢາທາງເລືອກທີ່ພວກເຮົາຄຸ້ມຄອງ ຫຼື ການຮ້ອງຂໍການຍົກເວັ້ນສູດຢາ ເພື່ອວ່າພວກເຮົາຈະຄຸ້ມຄອງຢາທີ່ທ່ານໃຊ້. ໃນຂະນະທ່ານ ແລະ ທ່ານໝໍຂອງທ່ານກຳນົດແນວທາງການດໍາເນີນການທີ່ເໝາະສົມສໍາລັບທ່ານ,

ພວກເຮົາອາດຄຸ້ມຄອງຢາຂອງທ່ານໃນບາງກໍລະນີ ໃນລະຫວ່າງ 90 ວັນທໍາອິດທີ່ທ່ານເປັນສະມາຊິກໃນແຜນຂອງພວກເຮົາ.

ສໍາລັບຢາແຕ່ລະຊະນິດຂອງທ່ານ ທີ່ບໍ່ໄດ້ຢູ່ໃນສູດຢາຂອງພວກເຮົາ ຫຼື ມີຂໍ້ຈໍາກັດການຄຸ້ມຄອງ, ພວກເຮົາຈະຄຸ້ມຄອງການສະໜອງຢາຊົ່ວຄາວ 31 ວັນ. ຖ້າຢາຕາມໃບສັ່ງແພດຂອງທ່ານຖືກຂຽນສໍາລັບສອງສາມວັນ, ພວກເຮົາຈະອະນຸຍາດໃຫ້ເຕີມຢາເພື່ອໃຫ້ໄດ້ ການສະໜອງຢາສູງສຸດ 31 ວັນ. ຖ້າບໍ່ມີການອະນຸມັດການຄຸ້ມຄອງ ຫຼັງຈາກການສະໜອງຢາ 31 ວັນ ຄັ້ງທໍາອິດຂອງທ່ານ, ພວກເຮົາຈະບໍ່ຈ່າຍເງິນສໍາລັບຢາເຫຼົ່ານີ້, ເຖິງແມ່ນວ່າທ່ານເປັນສະມາຊິກຂອງແຜນໜ້ອຍກວ່າ 90 ວັນ.

ຖ້າທ່ານເປັນຜູ້ຢູ່ອາໄສໃນສະຖານທີ່ດູແລໄລຍະຍາວ ແລະ ທ່ານຕ້ອງການຢາທີ່ບໍ່ໄດ້ຢູ່ໃນສູດຢາຂອງພວກເຮົາ ຫຼື ຖ້າຄວາມສາມາດຂອງທ່ານໃນການຮັບຢາຂອງທ່ານມີຈໍາກັດ, ແຕ່ທ່ານເປັນສະມາຊິກກາຍ 90 ວັນທໍາອິດ ໃນແຜນຂອງພວກເຮົາ, ພວກເຮົາຈະຄຸ້ມຄອງການສະໜອງຢາສຸກເສີນ 31 ວັນສໍາລັບຢາຊະນິດນັ້ນ ໃນຂະນະທີ່ທ່ານກໍາລັງດໍາເນີນການຂໍຢັກເວັ້ນສູດຢາ.

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ

ສໍາລັບຂໍ້ມູນທີ່ລະອຽດເພີ່ມເຕີມ ກ່ຽວກັບການຄຸ້ມຄອງຢາຕາມໃບສັ່ງແພດໃນແຜນຂອງທ່ານ, ກະລຸນາກວດເບິ່ງຫຼັກຖານການຄຸ້ມຄອງຂອງທ່ານ ແລະ ເນື້ອຫາອື່ນໆຂອງແຜນ.

ຖ້າທ່ານມີຄໍາຖາມກ່ຽວກັບແຜນຂອງພວກເຮົາ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ. ຂໍ້ມູນຕິດຕໍ່ຂອງພວກເຮົາ ພ້ອມກັບວັນທີທີ່ພວກເຮົາອັບເດດສູດຢາ ແມ່ນຈະປາກົດຢູ່ໃນໜ້າປົກ ແລະ ຫຼັງປົກ.

ຖ້າທ່ານມີຄໍາຖາມທົ່ວໄປກ່ຽວກັບການຄຸ້ມຄອງຢາຕາມໃບສັ່ງແພດຂອງ Medicare, ກະລຸນາໂທຫາ Medicare ທີ່ 1-800-MEDICARE (1-800-633-4227) 24 ຊົ່ວໂມງຕໍ່ວັນ/7 ວັນຕໍ່ອາທິດ. ຜູ້ໃຊ້ TTY ຄວນໂທຫາ 1-877-486-2048. ຫຼື ເຂົ້າເບິ່ງ <http://www.medicare.gov>.

ສູດຢາການຮ່ວມມື My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice Wisconsin

ສູດຢາຂ້າງລຸ່ມຈະໃຫ້ຂໍ້ມູນການຄຸ້ມຄອງ ກ່ຽວກັບຢາທີ່ຢູ່ໃນການຄຸ້ມຄອງຂອງແຜນພວກເຮົາ. ຖ້າທ່ານມີບັນຫາໃນການຊອກຫາຢາຂອງທ່ານໃນລາຍຊື່, ໃຫ້ເປີດໄປຫາດັດຊະນີ ທີ່ເລີມດ້ານໃນໜ້າ 91.

ຖ້ານຳອິດຂອງຕາຕະລາງຈະລະບຸຊື່ຢາ. ຢາທີ່ມີຮີ້ໝີ້ແມ່ນເປັນຕົວອັກສອນພິມໃຫຍ່ (ເຊັ່ນ: CIPRO) ແລະ ຢາທົ່ວໄປແມ່ນລະບຸໄວ້ເປັນຕົວອັກສອນນ້ອຍ (ເຊັ່ນ: ciprofloxacin).

ຂໍ້ມູນໃນຖ້ານເງື່ອນໄຂ/ຂີດຈໍາກັດຈະບອກທ່ານວ່າ ແຜນຂອງພວກເຮົາມີເງື່ອນໄຂເພີ່ມເຕີມສໍາລັບການຄຸ້ມຄອງຢາຂອງທ່ານ.

- PA = ການອະນຸຍາດລ່ວງໜ້າ (ການອະນຸມັດ): ທ່ານຕ້ອງມີການອະນຸມັດກ່ອນທີ່ທ່ານສາມາດຮັບຢານີ້.
- QL = ຂີດຈໍາກັດດ້ານປະລິມານ: ປະລິມານຢາທີ່ແຜນຈະຄຸ້ມຄອງ.
- ST = ແກນການບໍາບັດເປັນຂັ້ນຕອນ: ທ່ານຕ້ອງລອງໃຊ້ຢາຊະນິດອື່ນກ່ອນທີ່ທ່ານສາມາດຮັບຢານີ້.
- NM = ການສັ່ງຊື້ທີ່ບໍ່ແມ່ນທາງໄປສະນີ: ຢານີ້ແມ່ນບໍ່ສາມາດເຕີມຜ່ານການສັ່ງຊື້ທາງໄປສະນີໄດ້.
- B/D = ຢານີ້ອາດໄດ້ຮັບການຄຸ້ມຄອງພາຍໃຕ້ Medicare ພາກ B ຫຼື D ຂຶ້ນກັບສະຖານະການ.

LA = ຢາທີ່ເຂົ້າເຖິງໄດ້ຢ່າງຈໍາກັດ: ຢານີ້ອາດມີໃຫ້ຢູ່ຮ້ານຂາຍຢາບາງແຫ່ງ.

_ = ຢາທີ່ບໍ່ແມ່ນ ພາກ D ຫຼື ເຄື່ອງໃຊ້ OTC ທີ່ຢູ່ໃນການຄຸ້ມຄອງຂອງ Medicaid.

NDS = ປະລິມານວັນທີ່ບໍ່ສາມາດຂະຫຍາຍໄດ້: ທ່ານຈະຖືກຈໍາກັດວ່າ ທ່ານສາມາດຮັບການສະໜອງຢາເທົ່າໃດວັນ.

MOLINA_CY25_1T_SNP_PMOD eff 03/01/2025**Drug Name****Drug Tier Requirements/Limits****ANALGESICS****GOUT**

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

MISCELLANEOUS

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

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

OPIOID ANALGESICS, LONG-ACTING

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

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
CAYSTON SOLR 75mg	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</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	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
EMVERM CHEW 100mg	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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
IMPAVIDO CAPS 50mg	1	NDS, PA
ivermectin TABS 3mg	1	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
meropenem SOLR 1gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	NDS, QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	1	
nitrofurantoin monohyd macro CAPS 100mg	1	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	1	NDS
sulfadiazine TABS 500mg	1	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
tobramycin NEBU 300mg/5ml	1	NDS, NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<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>miconazole 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 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<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
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
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
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	1	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	NDS, QL (40 tabs / 90 days)

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Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 300-100	1	NDS, QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefдинир</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>cefподoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D

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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

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

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ ໂດຍໄປທີ່ໜ້າທີ 7 ແລະ 8.

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
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
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISO 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

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Drug Name	Drug Tier	Requirements/Limits
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPk 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS

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Drug Name Drug Tier Requirements/Limits

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	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	

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

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

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

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ໂດຍໄປທີ່ໜ້າທີ 7 ແລະ 8.

Drug Name	Drug Tier	Requirements/Limits
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	

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ໂດຍໄປທີ່ໜ້າທີ 7 ແລະ 8.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq TABS 20mg</i>	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan TABS 5mg, 10mg</i>	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan TABS 62.5mg, 125mg</i>	1	NDS, QL (60 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	
INBRIJA CAPS 42mg	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		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole 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
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	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

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepira</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA

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

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Drug Name	Drug Tier	Requirements/Limits
<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
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)

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Drug Name	Drug Tier	Requirements/Limits
<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
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	
NUDEXTA 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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i> cyclobenzaprine hcl </i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> dantrolene sodium </i> CAPS 25mg, 50mg, 100mg	1	
<i> methocarbamol </i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> methocarbamol </i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> tizanidine hcl </i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i> armodafinil </i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i> armodafinil </i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i> modafinil </i> TABS 100mg	1	QL (30 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

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Drug Name	Drug Tier	Requirements/Limits
testosterone pump GEL 1.62%	1	QL (150 gm / 30 days), 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)
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)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA

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ໂດຍໄປທີ່ໜ້າທີ 7 ແລະ 8.

Drug Name	Drug Tier	Requirements/Limits
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
CEQR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
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
SIMPLICITY MIS INSERTER	1	QL (2 inserters / year), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA

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

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lyleq</i> TABS .35mg	1	
<i>lyza</i> TABS .35mg	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i> SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be</i> TABS .35mg	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i> <i>mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive)</i> TABS .35mg	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-</i> <i>30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i> <i>20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1</i> <i>mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i> <i>mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i>	1	
<i>norlyroc</i> TABS .35mg	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

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Drug Name Drug Tier Requirements/Limits

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA

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

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

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml, 200mg/2ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOSY 100mg/ml, 200mg/2ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<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

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Drug Name	Drug Tier	Requirements/Limits
<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	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</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 soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVY SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate SUSP .2%</i>	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ANTI GLAUCOMA		
<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	
<i>flac</i> OIL .01%	1	

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Drug Name	Drug Tier	Requirements/Limits
<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	

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine 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

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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/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
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		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (3 inhalers / 30 days)

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

TOPICAL

DERMATOLOGY, ACNE

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

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)

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

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ ໂດຍໄປທີ່ໜ້າທີ 7 ແລະ 8.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	
_PART B		
DIABETIC METERS AND TEST STRIPS		
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR KIT 3 SENSOR	0	PA
FREESTY LIBR KIT SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTY LIBR MIS 3 READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ ໂດຍໄປທີ່ໜ້າທີ 7 ແລະ 8.

၎်းခးပီးမာ

<i>abacavir sulfate</i>	14	ADMELOG SOLOSTAR	56	<i>amikacin sulfate</i>	11
<i>abacavir sulfate-</i> <i>lamivudine tab 600-</i> <i>300 mg</i>	15	ADVAIR HFA AER 115/21	85	<i>amiloride &</i> <i>hydrochlorothiazide</i> <i>tab 5-50 mg</i>	37
ABELCET	13	ADVAIR HFA AER 230/21	85	<i>amiloride hcl</i>	37
ABILIFY ASIMTUFII....	42	ADVAIR HFA AER 45/21	85	<i>amiodarone hcl</i>	34
ABILIFY MAINTENA....	42	<i>afirmelle</i>	59	<i>amitriptyline hcl</i>	40
<i>abiraterone acetate</i> ...	21	AIMOVIG	51	<i>amlodipine besylate</i> ...	36
ABRYSVO	76	AIRSUPRA AER 90- 80MCG	85	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-</i> <i>20 mg</i>	32
<i>acamprosate calcium</i> .	54	AKEEGA TAB 100/500	21	<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-</i> <i>40 mg</i>	32
<i>acarbose</i>	55	AKEEGA TAB 50/500MG	21	<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-</i> <i>10 mg</i>	32
<i>accutane</i>	86	<i>ala-cort</i>	87	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>10 mg</i>	32
<i>acebutolol hcl</i>	36	<i>albendazole</i>	11	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>20 mg</i>	32
<i>acetaminophen w/</i> <i>codeine soln 120-12</i> <i>mg/5ml</i>	10	<i>albuterol sulfate</i>	83	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>20 mg</i>	32
<i>acetaminophen w/</i> <i>codeine tab 300-15</i> <i>mg</i>	10	<i>alclometasone</i> <i>dipropionate</i>	87	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>20 mg</i>	32
<i>acetaminophen w/</i> <i>codeine tab 300-30</i> <i>mg</i>	10	ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	56	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>20 mg</i>	32
<i>acetaminophen w/</i> <i>codeine tab 300-60</i> <i>mg</i>	10	ALDURAZYME	65	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>40 mg</i>	32
<i>acetazolamide</i>	37	ALECENSA	23	<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>40 mg</i>	32
<i>acetic acid</i>	70	<i>alendronate sodium</i> ..	58	<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 10-20 mg</i>	33
<i>acetic acid (otic)</i>	81	<i>alfuzosin hcl</i>	70	<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 10-40 mg</i>	33
<i>acetylcysteine</i>	83	<i>aliskiren fumarate</i>	38	<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 5-20 mg</i>	33
<i>acitretin</i>	87	<i>allopurinol</i>	9	<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 5-40 mg</i>	33
ACTHIB INJ	76	<i>alosepron hcl</i>	69	<i>amlodipine besylate-</i> <i>valsartan tab 10-160</i> <i>mg</i>	33
ACTIMMUNE	75	<i>alprazolam</i>	39		
<i>acyclovir</i>	16	<i>altavera</i>	59		
<i>acyclovir sodium</i>	16	ALUNBRIG	23		
ADACEL INJ.....	76	ALUNBRIG PAK	23		
ADALIMUMAB-AACF (2 PEN)	72	ALVAIZ.....	71		
ADALIMUMAB-AACF (2 SYRING).....	72	ALVESCO	85		
ADALIMUMAB-AACF STARTER P	72	<i>alyacen 1/35</i>	59		
<i>adefovir dipivoxil</i>	16	<i>alyacen 7/7/7</i>	59		
ADMELOG	56	ALYGLO	74		
		<i>alyq</i>	38		
		<i>amantadine hcl</i>	41		
		<i>ambrisentan</i>	38		
		<i>amethia</i>	59		
		<i>amethyst</i>	59		

<i>amlodipine besylate-valsartan tab 10-320 mg</i>	33	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .	49	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	19
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	33	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .	49	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	19
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	33	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .	49	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	19
<i>amnestem</i>	86	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> ...	49	<i>ampicillin sodium</i>	19
<i>amoxapine</i>	40	<i>amphetamine-dextroamphetamine tab 10 mg</i>	49	<i>anagrelide hcl</i>	71
<i>amoxicillin</i>	18	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	50	<i>anastrozole</i>	21
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	18	<i>amphetamine-dextroamphetamine tab 15 mg</i>	50	ANORO ELLIPT AER 62.5-25.....	82
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> ...	18	<i>amphetamine-dextroamphetamine tab 20 mg</i>	50	<i>aprepitant</i>	67
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> ...	18	<i>amphetamine-dextroamphetamine tab 30 mg</i>	50	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	67
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	18	<i>amphetamine-dextroamphetamine tab 5 mg</i>	49	<i>apri</i>	59
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> ...	19	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	49	APTIOM	45
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	19	<i>amphotericin b</i>	13	APTIVUS.....	14
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	19	<i>amphotericin b liposome</i>	13	ARALAST NP	83
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	19	<i>ampicillin</i>	19	<i>aranelle</i>	59
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	19	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	19	ARCALYST	75
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> ..	49	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	19	AREXVY	76
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> ..	49			ARIKAYCE.....	11
				<i>aripiprazole</i>	42
				ARISTADA	42
				ARISTADA INITIO	42
				<i>armodafinil</i>	53
				ARNUITY ELLIPTA	85
				<i>asenapine maleate</i>	42
				<i>ashlyna</i>	59
				<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .	72
				ASTAGRAF XL	75
				<i>atazanavir sulfate</i>	14
				<i>atenolol</i>	36
				<i>atenolol & chlorthalidone tab 100-25 mg</i>	36
				<i>atenolol & chlorthalidone tab 50-25 mg</i>	36
				<i>atomoxetine hcl</i>	50
				<i>atorvastatin calcium</i> ...35	
				<i>atovaquone</i>	11

<i>atovaquone-proguanil</i> <i>hcl tab 250-100 mg</i> 13	<i>benazepril &</i> <i>hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> 32	BICILLIN L-A.....19
<i>atovaquone-proguanil</i> <i>hcl tab 62.5-25 mg</i> .13	<i>benazepril &</i> <i>hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> 32	BIKTARVY TAB 30-120- 15 MG .....15
ATROPINE SULFATE... 81	<i>benazepril &</i> <i>hydrochlorothiazide</i> <i>tab 20-25 mg</i> 32	BIKTARVY TAB 50-200- 25 MG .....15
<i>atropine sulfate</i> <i>(ophthalmic)</i> 81	<i>benazepril &</i> <i>hydrochlorothiazide</i> <i>tab 20-25 mg</i> 32	<i>bisoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 10-6.25 mg</i> .....36
ATROVENT HFA..... 82	<i>benazepril &</i> <i>hydrochlorothiazide</i> <i>tab 5-6.25mg</i> 32	<i>bisoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 2.5-6.25 mg</i> .....36
<i>aubra eq</i> 59	<i>benazepril hcl</i> 32	<i>bisoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 5-6.25 mg</i> .....36
AUGTYRO 23	BENDAMUSTINE	<i>bisoprolol fumarate</i>....36
<i>aurovela 1/20</i> 59	HYDROCHLORID 20	BIVIGAM .....74
<i>aurovela 24 fe</i> 59	BENDEKA..... 20	<i>blisovi 24 fe</i> .....59
<i>aurovela fe 1.5/30</i> 59	BENLYSTA..... 75	<i>blisovi fe 1.5/30</i> .....59
<i>aurovela fe 1/20</i> 59	<i>benzoyl peroxide-</i> <i>erythromycin gel 5-</i> <i>3%</i> 86	BOOSTRIX INJ .....76
AUSTEDO 52	<i>benztropine mesylate</i> 41	<i>bortezomib</i> .....23
AUSTEDO XR 52	BERINERT 71	BORTEZOMIB.....23
AUSTEDO XR TAB TITR KIT 52	BESIVANCE 80	<i>bosentan</i> .....38
AUVELITY TAB 45- 105MG 40	BESREMI 22	BOSULIF.....24
<i>aviane</i> 59	<i>betaine powder for oral</i> <i>solution</i> 65	BRAFTOVI.....24
<i>ayuna</i> 59	<i>betamethasone</i> <i>dipropionate (topical)</i> 88	BREO ELLIPTA INH 100- 25.....85
AYVAKIT 23	<i>betamethasone</i> <i>dipropionate</i> <i>augmented</i> 88	BREO ELLIPTA INH 200- 25.....85
<i>azacitidine</i> 20	<i>betamethasone</i> <i>dipropionate</i> <i>augmented</i> 88	BREO ELLIPTA INH 50- 25MCG .....85
<i>azathioprine</i> 75	<i>betamethasone valerate</i> 88	<i>breyana</i> .....85
<i>azelastine hcl</i> 82	BETASERON 52	BREZTRI AERO AER SPHERE .....82
<i>azelastine hcl (ophth)</i> 81	<i>betaxolol hcl</i> 36	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....82
<i>azithromycin</i> 18	<i>betaxolol hcl (ophth)</i> . 81	<i>briellyn</i>.....59
<i>aztreonam</i> 11	<i>bethanechol chloride</i> . 70	BRILINTA .....72
<i>azurette</i> 59	BETOPTIC-S 81	<i>brimonidine tartrate</i> ..81
<i>bacitracin (ophthalmic)</i> 80	BEVESPI AER 9-4.8MCG 82	<i>brinzolamide</i> .....81
<i>bacitracin-polymyxin b</i> <i>ophth oint</i> 80	<i>bexarotene</i> 22	BRIVIACT .....45
<i>bacitracin-polymyxin-</i> <i>neomycin-hc ophth</i> <i>oint 1%</i> 79	<i>bexarotene (topical)</i> .. 89	<i>bromfenac sodium</i> <i>(ophth)</i>.....80
<i>baclofen</i> 53	BEXSERO INJ 76	
BAFIERTAM 52	<i>bicalutamide</i> 21	
<i>balsalazide disodium</i> .. 68		
BALVERSA..... 23		
<i>balziva</i> 59		
BARACLUDE 16		
BASAGLAR KWIKPEN . 56		
BCG VACCINE 76		

<i>bromocriptine mesylate</i>	<i>calcitonin (salmon)</i>	<i>carbidopa & levodopa</i>
..... 41	<i>spray</i> 58	<i>tab 10-100 mg</i> .....41
BRONCHITOL..... 83	<i>calcitrene</i> 87	<i>carbidopa & levodopa</i>
BRUKINSA..... 24	<i>calcitriol</i> 67	<i>tab 25-100 mg</i> .....41
<i>budesonide</i> 68	<i>calcitriol (oral)</i> 67	<i>carbidopa & levodopa</i>
<i>budesonide (inhalation)</i>	CALQUENCE 24	<i>tab 25-250 mg</i> .....41
..... 85	<i>camila</i> 59	<i>carbidopa & levodopa</i>
<i>budesonide-formoterol</i>	<i>camrese</i> 59	<i>tab er 25-100 mg</i> ...41
<i>fumarate dihyd</i>	<i>camrese lo</i> 59	<i>carbidopa & levodopa</i>
<i>aerosol 160-4.5</i>	<i>candesartan cilexetil..</i> 34	<i>tab er 50-200 mg</i> ...41
<i>mcg/act</i> 86	<i>candesartan cilexetil-</i>	<i>carbidopa-levodopa-</i>
<i>budesonide-formoterol</i>	<i>hydrochlorothiazide</i>	<i>entacapone tabs 12.5-</i>
<i>fumarate dihyd</i>	<i>tab 16-12.5 mg</i> 33	<i>50-200 mg</i>.....41
<i>aerosol 80-4.5</i>	<i>candesartan cilexetil-</i>	<i>carbidopa-levodopa-</i>
<i>mcg/act</i> 86	<i>hydrochlorothiazide</i>	<i>entacapone tabs</i>
<i>bumetanide</i> 37	<i>tab 32-12.5 mg</i> 33	<i>18.75-75-200 mg</i> ...41
<i>buprenorphine</i> .....9	<i>candesartan cilexetil-</i>	<i>carbidopa-levodopa-</i>
<i>buprenorphine hcl</i> 54	<i>hydrochlorothiazide</i>	<i>entacapone tabs 25-</i>
<i>buprenorphine hcl-</i>	<i>tab 32-25 mg</i> 33	<i>100-200 mg</i>.....41
<i>naloxone hcl sl film</i>	CAPLYTA..... 42	<i>carbidopa-levodopa-</i>
<i>12-3 mg (base equiv)</i>	CAPRELSA..... 24	<i>entacapone tabs</i>
..... 54	<i>captopril</i> 32	<i>31.25-125-200 mg</i> .42
<i>buprenorphine hcl-</i>	<i>captopril &</i>	<i>carbidopa-levodopa-</i>
<i>naloxone hcl sl film 2-</i>	<i>hydrochlorothiazide</i>	<i>entacapone tabs 37.5-</i>
<i>0.5 mg (base equiv)</i> 54	<i>tab 25-15 mg</i> 32	<i>150-200 mg</i>.....42
<i>buprenorphine hcl-</i>	<i>captopril &</i>	<i>carbidopa-levodopa-</i>
<i>naloxone hcl sl film 4-</i>	<i>hydrochlorothiazide</i>	<i>entacapone tabs 50-</i>
<i>1 mg (base equiv) ..</i> 54	<i>tab 25-25 mg</i> 32	<i>200-200 mg</i>.....42
<i>buprenorphine hcl-</i>	<i>captopril &</i>	<i>carboplatin</i> .....20
<i>naloxone hcl sl film 8-</i>	<i>hydrochlorothiazide</i>	<i>carglumic acid</i>.....65
<i>2 mg (base equiv) ..</i> 54	<i>tab 50-15 mg</i> 32	<i>carisoprodol</i>.....53
<i>buprenorphine hcl-</i>	<i>captopril &</i>	<i>carteolol hcl (ophth) ..</i> 81
<i>naloxone hcl sl tab 2-</i>	<i>hydrochlorothiazide</i>	<i>cartia xt</i> .....36
<i>0.5 mg (base equiv)</i> 54	<i>tab 50-25 mg</i> 32	<i>carvedilol</i>.....36
<i>buprenorphine hcl-</i>	<i>carb/levo orally</i>	<i>caspofungin acetate</i> ...13
<i>naloxone hcl sl tab 8-2</i>	<i>disintegrating tab 10-</i>	CAYSTON .....11
<i>mg (base equiv).....</i> 54	<i>100mg</i> 41	<i>cefaclor</i> .....17
<i>bupropion hcl</i> 40	<i>carb/levo orally</i>	<i>cefadroxil</i> .....17
<i>bupropion hcl (smoking</i>	<i>disintegrating tab 25-</i>	CEFAZOLIN.....17
<i>deterrent)</i> 54	<i>100mg</i> 41	CEFAZOLIN INJ
<i>bupirone hcl</i> 39	<i>carb/levo orally</i>	<i>1GM/50ML</i> .....17
<i>butorphanol tartrate ..</i> 10	<i>disintegrating tab 25-</i>	<i>cefazolin sodium</i>.....17
<i>cabergoline</i> 65	<i>250mg</i> 41	CEFAZOLIN SOLN
CABOMETYX 24	<i>carbamazepine</i> 45	<i>2GM/100ML-4%</i> .....17
<i>calcipotriene</i> 87		

CEFAZOLIN/DEX SOL	<i>ciprofloxacin 400</i>	CLINIMIX INJ 6/5 .....79
1GM/50ML-4% 17	<i>mg/200ml in d5w... 18</i>	CLINIMIX INJ 8/10.....79
CEFAZOLIN/DEX SOL	<i>ciprofloxacin hcl..... 18</i>	CLINIMIX INJ 8/14.....79
2GM/50ML-3% 17	<i>ciprofloxacin hcl (ophth)</i>	<i>clinisol sf 15%.....79</i>
CEFAZOLIN/DEX SOL	..... 80	CLINOLIPID EMU 20%79
3GM/150ML-4% 17	<i>ciprofloxacin-</i>	<i>clobazam.....45</i>
<i>cefdinir 17</i>	<i>dexamethasone otic</i>	<i>clobetasol propionate .88</i>
<i>cefepime hcl 17</i>	<i>susp 0.3-0.1%..... 81</i>	<i>clobetasol propionate e</i>
<i>cefixime 17</i>	<i>cisplatin 20</i>	.....88
<i>cefotetan disodium 17</i>	<i>citalopram</i>	<i>clomipramine hcl .....40</i>
<i>cefoxitin sodium..... 17</i>	<i>hydrobromide 40</i>	<i>clonazepam .....45</i>
<i>cefpodoxime proxetil . 17</i>	<i>claravis..... 86</i>	<i>clonidine.....38</i>
<i>cefprozil 17</i>	<i>clarithromycin 18</i>	<i>clonidine hcl.....38</i>
<i>ceftazidime..... 17</i>	<i>clindamycin hcl..... 11</i>	<i>clopidogrel bisulfate...72</i>
<i>ceftriaxone sodium 17</i>	<i>clindamycin palmitate</i>	<i>clorazepate dipotassium</i>
<i>cefuroxime axetil 17</i>	<i>hydrochloride 11</i>	.....46
<i>cefuroxime sodium 17</i>	<i>clindamycin phosphate</i>	<i>clotrimazole .....90</i>
<i>celecoxib.....9</i>	..... 11	<i>clotrimazole (topical) .87</i>
<i>cephalexin..... 18</i>	<i>clindamycin phosphate</i>	<i>clotrimazole w/</i>
CEQR SIMPL KIT	<i>(topical)..... 86</i>	<i>betamethasone cream</i>
PATCH 2U (3-DAY) .56	<i>clindamycin phosphate</i>	<i>1-0.05%.....87</i>
CEQR SIMPL KIT	<i>in d5w iv soln 300</i>	<i>clozapine 42, 43</i>
PATCH 2U (4-DAY) .57	<i>mg/50ml..... 11</i>	COARTEM TAB 20-
CERDELGA 65	<i>clindamycin phosphate</i>	120MG .....13
CEREZYME 65	<i>in d5w iv soln 600</i>	COBENFY CAP 100-
<i>cetirizine hcl 82</i>	<i>mg/50ml..... 11</i>	20MG .....43
<i>cevimeline hcl..... 90</i>	<i>clindamycin phosphate</i>	COBENFY CAP 125-
<i>chateal eq 59</i>	<i>in d5w iv soln 900</i>	30MG .....43
CHEMET 59	<i>mg/50ml..... 11</i>	COBENFY CAP 50-20MG
<i>chlorhexidine gluconate</i>	<i>clindamycin phosphate</i>	.....43
<i>(mouth-throat) 90</i>	<i>vaginal 70</i>	COBENFY STRT CAP
<i>chloroquine phosphate</i>	CLINDMYC/NAC INJ	PACK.....43
..... 13	300/50ML 11	<i>colchicine 9</i>
<i>chlorpromazine hcl 42</i>	CLINDMYC/NAC INJ	<i>colchicine w/ probenecid</i>
<i>chlorthalidone 37</i>	600/50ML 11	<i>tab 0.5-500 mg 9</i>
<i>cholestyramine 35</i>	CLINDMYC/NAC INJ	<i>colesevelam hcl.....35</i>
<i>cholestyramine light .. 35</i>	900/50ML 11	<i>colestipol hcl .....35</i>
<i>ciclopirox 87</i>	CLINIMIX INJ 4.25/D10	<i>colistimethate sodium 11</i>
<i>ciclopirox olamine 87</i>	..... 79	COMBIGAN SOL
<i>cilostazol..... 71</i>	CLINIMIX INJ 4.25/D5W	0.2/0.5%.....81
CILOXAN..... 80	..... 79	COMBIVENT AER 20-100
CIMDUO TAB 300-30015	CLINIMIX INJ 5%/D15W	.....82
<i>cinacalcet hcl..... 65</i>	..... 79	COMETRIQ (60MG
<i>ciprofloxacin 200</i>	CLINIMIX INJ 5%/D20W	DOSE) .....24
<i>mg/100ml in d5w ... 18</i>	..... 79	

COMETRIQ KIT 100MG 24	D10W/NAACL INJ 0.2% 77	<i>dexamethasone sodium phosphate</i>.....64
COMETRIQ KIT 140MG 24	D2.5W/NAACL INJ 0.45% 77	<i>dexamethasone sodium phosphate (ophth)</i> ..80
COMPLERA TAB..... 15	<i>dabigatran etexilate mesylate</i> 71	DEXCOM G6 MIS RECEIVER.....90
<i>compro</i> 67	<i>dalfampridine</i> 52	DEXCOM G6 MIS SENSOR .....90
<i>constulose</i> 68	<i>danazol</i> 54	DEXCOM G6 MIS TRANSMIT .....90
COPAXONE 52	<i>dantrolene sodium</i> ... 53	DEXCOM G7 MIS RECEIVER.....90
COPIKTRA 24	DANZITEN 24	DEXCOM G7 MIS SENSOR .....90
CORLANOR..... 38	<i>dapsone</i> 11	<i>dexmethylphenidate hcl</i>.....50
COSENTYX 72	DAPTACEL INJ 76	<i>dextrose</i>.....79
COSENTYX SENSOREADY PEN .. 72	<i>daptomycin</i> 11	<i>dextrose 10% w/ sodium chloride</i> 0.45%.....77
COSENTYX UNOREADY 72	DAPTOMYCIN 11	<i>dextrose 2.5% w/ sodium chloride</i> 0.45%.....77
COTELLIC..... 24	<i>darunavir</i> 14	<i>dextrose 5% in lactated ringers</i> .....77
CREON CAP 12000UNT 69	<i>dasatinib</i> 24	<i>dextrose 5% w/ sodium chloride 0.2%</i>.....77
CREON CAP 24000UNT 69	<i>dasetta 1/35</i> 60	<i>dextrose 5% w/ sodium chloride 0.225%</i> .....77
CREON CAP 3000UNIT69	<i>dasetta 7/7/7</i> 60	<i>dextrose 5% w/ sodium chloride 0.3%</i>.....77
CREON CAP 36000UNT 69	DAURISMO..... 24	<i>dextrose 5% w/ sodium chloride 0.45%</i>.....77
CREON CAP 6000UNIT69	<i>daysee</i> 60	<i>dextrose 5% w/ sodium chloride 0.9%</i>.....77
<i>cromolyn sodium</i> 83	DAYVIGO 50	DIACOMIT .....46
<i>cromolyn sodium (mastocytosis)</i> 69	<i>deblitane</i> 60	<i>diazepam</i> .....46
<i>cromolyn sodium (ophth)</i> 81	<i>deferasirox</i> 59	<i>diazepam (anticonvulsant)</i> ....46
<i>cryselle-28</i> 59	DELSTRIGO TAB 15	<i>diazepam inj</i> .....46
<i>cyclobenzaprine hcl</i> ... 53	DENG VAXIA SUS 76	<i>diazepam intensol</i>.....46
<i>cyclophosphamide</i> 20	DEPO-SUBQ PROVERA 104 60	<i>diazoxide</i>.....65
CYCLOPHOSPHAMIDE 20	<i>depo-testosterone</i> 54	<i>diclofenac potassium</i> ... 9
CYCLOPHOSPHAMIDE MONOHYDR 20	DESCOVY TAB 120- 15MG 15	<i>diclofenac sodium</i> 9
<i>cycloserine</i> 16	DESCOVY TAB 200/25MG..... 15	
<i>cyclosporine</i> 75	<i>desipramine hcl</i> 40	
<i>cyclosporine modified (for microemulsion)</i> 75	<i>desmopressin acetate</i> 65	
<i>cyproheptadine hcl</i> 82	<i>desmopressin acetate spray</i> 65	
<i>cyred eq</i> 59	<i>desmopressin acetate spray refrigerated</i> .. 65	
CYSTADROPS..... 81	<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i> 60	
CYSTAGON 65	<i>desvenlafaxine succinate</i> 40	
CYSTARAN 81	<i>dexamethasone</i> 64	
<i>cytarabine</i> 20	DEXAMETHASONE INTENSOL 64	

<i>diclofenac sodium</i> (<i>ophth</i>)	80	<i>dotti</i>	64	<i>efavirenz-emtricitabine-</i> <i>tenofovir df tab 600-</i> <i>200-300 mg</i>	15
<i>diclofenac sodium</i> (<i>topical</i>)	89	DOVATO TAB 50-300MG	15	<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 400-</i> <i>300-300 mg</i>	15
<i>dicloxacillin sodium</i> ...	19	<i>doxazosin mesylate</i> ...	33	<i>efavirenz-lamivudine-</i> <i>tenofovir df tab 600-</i> <i>300-300 mg</i>	15
<i>dicyclomine hcl</i>	68	<i>doxepin hcl</i>	40	ELIGARD	21
DIFICID	18	<i>doxepin hcl (sleep)</i>	50	<i>elinest</i>	60
<i>diflunisal</i>	9	<i>doxorubicin hcl</i>	22	ELIQUIS	71
<i>difluprednate</i>	80	<i>doxorubicin hcl</i> <i>liposomal</i>	22	ELIQUIS STARTER PACK	71
<i>digoxin</i>	38	<i>doxy 100</i>	20	<i>eluryng</i>	60
<i>dihydroergotamine</i> <i>mesylate</i>	51	<i>doxycycline</i> (<i>monohydrate</i>)	20	EMGALITY.....	51
DILANTIN.....	46	<i>doxycycline hyclate</i> ...	20	EMSAM.....	40
<i>diltiazem hcl</i>	37	DRIZALMA SPRINKLE	40	<i>emtricitabine</i>	14
<i>diltiazem hcl coated</i> <i>beads</i>	37	<i>dronabinol</i>	67	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> <i>tab 100-150 mg</i>	15
<i>diltiazem hcl extended</i> <i>release beads</i>	37	<i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.02</i> <i>mg</i>	60	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> <i>tab 133-200 mg</i>	15
<i>dilt-xr</i>	36	<i>drospirenone-ethinyl</i> <i>estradiol tab 3-0.03</i> <i>mg</i>	60	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> <i>tab 167-250 mg</i>	15
DIP/TET PED INJ 25- 5LFU.....	76	<i>drospirenone-ethinyl</i> <i>estrad-levomefolate</i> <i>tab 3-0.02-0.451 mg</i>	60	<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> <i>tab 200-300 mg</i>	15
<i>diphenhydramine hcl</i> .	82	<i>drospirenone-ethinyl</i> <i>estrad-levomefolate</i> <i>tab 3-0.03-0.451 mg</i>	60	EMTRIVA	14
<i>diphenoxylate w/</i> <i>atropine liq 2.5-0.025</i> <i>mg/5ml</i>	69	<i>droxidopa</i>	38	EMVERM.....	11
<i>diphenoxylate w/</i> <i>atropine tab 2.5-0.025</i> <i>mg</i>	69	DULERA AER 100-5MCG	86	<i>emzahn</i>	60
<i>dipyridamole</i>	72	DULERA AER 200-5MCG	86	<i>enalapril maleate</i>	32
<i>disopyramide phosphate</i>	34	DULERA AER 50-5MCG	86	<i>enalapril maleate &</i> <i>hydrochlorothiazide</i> <i>tab 10-25 mg</i>	32
<i>disulfiram</i>	54	<i>duloxetine hcl</i>	40	<i>enalapril maleate &</i> <i>hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	32
<i>divalproex sodium</i>	46	DUPIXENT.....	72	ENBREL	73
<i>docetaxel</i>	23	<i>dutasteride</i>	70	ENBREL MINI	73
DOCETAXEL.....	23	<i>dutasteride-tamsulosin</i> <i>hcl cap 0.5-0.4 mg</i> .	70	ENBREL SURECLICK...73	
DOCIVYX.....	23	<i>e.e.s. 400</i>	18	<i>endocet tab 10-325mg</i>	10
<i>dofetilide</i>	34	<i>econazole nitrate</i>	87		
<i>dolishale</i>	60	EDURANT.....	14		
<i>donepezil hydrochloride</i>	39	<i>efavirenz</i>	14		
DOPTELET	71				
<i>dorzolamide hcl</i>	81				
<i>dorzolamide hcl-timolol</i> <i>maleate ophth soln 2-</i> <i>0.5%</i>	81				

<i>endocet tab 2.5-325mg</i>	<i>ertapenem sodium 11</i>	<i>everolimus</i>
..... 10	<i>ery..... 86</i>	<i>(immunosuppressant)</i>
<i>endocet tab 5-325mg</i> 10	<i>ery-tab 18</i>	.....75
<i>endocet tab 7.5-325mg</i>	ERYTHROCIN	EVOTAZ TAB 300-150 15
..... 10	LACTOBIONATE 18	<i>exemestane</i>.....21
ENGERIX-B..... 76	<i>erythromycin (acne aid)</i>	EYSUVIS .....81
<i>enilloring</i> 60	..... 86	<i>ezetimibe</i> .....35
<i>enoxaparin sodium 71</i>	<i>erythromycin (ophth)</i> 80	<i>ezetimibe-simvastatin</i>
<i>enpresse-28</i> 60	<i>erythromycin base 18</i>	<i>tab 10-10 mg</i> .....35
<i>enskyce</i> 60	<i>erythromycin</i>	<i>ezetimibe-simvastatin</i>
ENSTILAR AER 87	<i>ethylsuccinate</i> 18	<i>tab 10-20 mg</i> .....35
<i>entacapone</i> 42	<i>erythromycin</i>	<i>ezetimibe-simvastatin</i>
<i>entecavir</i> 16	<i>lactobionate</i> 18	<i>tab 10-40 mg</i> .....35
ENTRESTO CAP 15-	<i>escitalopram oxalate . 40</i>	<i>ezetimibe-simvastatin</i>
16MG..... 33	<i>esomeprazole</i>	<i>tab 10-80 mg</i> .....35
ENTRESTO CAP 6-6MG	<i>magnesium</i> 70	FABRAZYME.....65
..... 33	<i>estarylla</i> 60	<i>falmina</i>.....60
ENTRESTO TAB 24-	<i>estradiol</i> 64	<i>famciclovir</i>.....16
26MG..... 33	<i>estradiol &</i>	<i>famotidine</i> .....68
ENTRESTO TAB 49-	<i>norethindrone acetate</i>	<i>famotidine in nacl 0.9%</i>
51MG..... 33	<i>tab 0.5-0.1 mg</i> 64	<i>iv soln 20 mg/50ml</i> .68
ENTRESTO TAB 97-	<i>estradiol &</i>	FANAPT .....43
103MG..... 33	<i>norethindrone acetate</i>	FANAPT PAK.....43
<i>enulose</i> 68	<i>tab 1-0.5 mg</i> 64	FARXIGA .....55
EPCLUSA PAK 150-37.5	<i>estradiol vaginal</i> 64	FASENRA.....84
..... 16	<i>estradiol valerate</i> 64	FASENRA PEN .....84
EPCLUSA PAK 200-50MG	<i>eszopiclone</i> 50	<i>felbamate</i> .....46
..... 16	<i>ethambutol hcl</i> 16	<i>felodipine</i> .....37
EPCLUSA TAB 200-50MG	<i>ethosuximide</i> 46	<i>fenofibrate</i>.....35
..... 16	<i>ethynodiol diacetate &</i>	<i>fenofibrate micronized</i> 35
EPCLUSA TAB 400-100	<i>ethinyl estradiol tab 1</i>	<i>fentanyl</i> 9
..... 16	<i>mg-35 mcg</i> 60	<i>fesoterodine fumarate</i> 70
EPIDIOLEX 46	<i>ethynodiol diacetate &</i>	FETZIMA .....40
<i>epinephrine</i>	<i>ethinyl estradiol tab 1</i>	FETZIMA CAP TITRATIO
<i>(anaphylaxis)</i> .. 38, 83,	<i>mg-50 mcg</i> 60	.....40
84	<i>etodolac</i> 9	FIASP.....57
<i>epitol</i> 46	<i>etonogestrel-ethinyl</i>	FIASP FLEXTOUCH .....57
<i>eplerenone</i> 33	<i>estradiol va ring 0.12-</i>	FIASP PENFILL .....57
EPRONTIA 46	<i>0.015 mg/24hr</i> 60	FIASP PUMPCART .....57
<i>ergotamine w/ caffeine</i>	<i>etoposide</i> 23	<i>finasteride</i> .....70
<i>tab 1-100 mg</i> 51	<i>etravirine</i> 14	<i>fingolimod hcl</i> .....53
ERIVEDGE 24	EULEXIN 21	FINTEPLA .....46
ERLEADA..... 21	<i>euthyrox</i> 66	<i>finzala</i> .....60
<i>erlotinib hcl</i> 25	<i>everolimus</i> 25	FIRMAGON .....21
<i>errin</i> 60		<i>flac</i> .....81

FLAREX.....	80	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	32	GAUZE PADS 2.....	57
FLEBOGAMMA DIF	75	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	32	<i>gavilyte-c</i>	68
<i>flecainide acetate</i>	35	FOTIVDA.....	25	<i>gavilyte-g</i>	68
<i>fluconazole</i>	13	FREESTY LIBR KIT 2		<i>gavilyte-n/ flavor pack</i>	68
<i>fluconazole in nacl 0.9% inj 200 mg/100ml...</i>	13	SENSOR.....	90	GAVRETO	25
<i>fluconazole in nacl 0.9% inj 400 mg/200ml...</i>	13	FREESTY LIBR KIT 3		<i>gefitinib</i>	25
<i>flucytosine</i>	13	SENSOR.....	90	<i>gemcitabine hcl</i>	21
<i>fludrocortisone acetate</i>	64	FREESTY LIBR KIT 3		<i>gemfibrozil</i>	35
<i>flunisolide (nasal)</i>	85	SENSOR.....	90	<i>generlac</i>	68
<i>fluocinolone acetonide</i>	88	FREESTY LIBR KIT		<i>gengraf</i>	75
<i>fluocinolone acetonide (otic)</i>	82	SENSOR.....	90	GENOTROPIN	65
<i>fluocinonide</i>	88	FREESTY LIBR MIS 2		MINIQUICK	65
<i>fluocinonide emulsified base</i>	88	READER	90	<i>gentamicin in saline inj 0.8 mg/ml</i>	11
<i>fluorometholone (ophth)</i>	80	FREESTY LIBR MIS 3		<i>gentamicin in saline inj 1 mg/ml</i>	11
<i>fluorouracil</i>	20	READER	90	<i>gentamicin in saline inj 1.2 mg/ml</i>	11
<i>fluorouracil (topical)</i> ..	89	FREESTYLE MIS READER	90	<i>gentamicin in saline inj 1.6 mg/ml</i>	11
<i>fluoxetine hcl</i>	40	FRUZAQLA	25	<i>gentamicin in saline inj 2 mg/ml</i>	11
<i>fluphenazine decanoate</i>	43	FULPHILA.....	71	<i>gentamicin sulfate</i>	11
<i>fluphenazine hcl</i>	43	<i>fulvestrant</i>	21	<i>gentamicin sulfate (ophth)</i>	80
<i>flurbiprofen</i>	9	<i>furosemide</i>	37	<i>gentamicin sulfate (topical)</i>	87
<i>flurbiprofen sodium</i> ...	80	<i>furosemide inj</i>	37	GENVOYA TAB.....	15
<i>fluticasone propionate</i>	88	FUZEON.....	14	GILOTRIF	25
<i>fluticasone propionate (nasal)</i>	85	<i>fyavolv tab 0.5mg-2.5mcg</i>	64	<i>glatiramer acetate</i>	53
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	86	<i>fyavolv tab 1mg-5mcg</i>	64	<i>glatopa</i>	53
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	86	FYCOMPA.....	46, 47	GLEOSTINE.....	20
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	86	<i>gabapentin</i>	47	<i>glimepiride</i>	55
<i>fluvoxamine maleate</i> ..	39	<i>galantamine hydrobromide</i>	39	<i>glipizide</i>	55
<i>fondaparinux sodium</i> ..	71	<i>gallifrey</i>	66	<i>glipizide xl</i>	55
<i>fosamprenavir calcium</i>	14	GAMASTAN INJ.....	75	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	55
<i>fosinopril sodium</i>	32	GAMMAGARD LIQUID	75	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	55
		GAMMAGARD S/D IGA LESS TH.....	75	<i>glipizide-metformin hcl tab 5-500 mg</i>	55
		GAMMAKED	75	<i>glycopyrrolate</i>	68
		GAMMAPLEX.....	75	<i>glydo</i>	88
		GAMUNEX-C.....	75		
		<i>ganciclovir sodium</i>	16		
		GARDASIL 9 INJ	76		
		<i>gatifloxacin (ophth)</i> ...	80		
		GATTEX	69		

GLYXAMBI TAB 10-5 MG 55	HUMIRA PEN-PEDIATRIC UC S..... 73	<i>icatibant acetate</i>.....72
GLYXAMBI TAB 25-5 MG 55	HUMULIN R U-500 (CONCENTR..... 57	<i>iclevia</i> .....60
<i>granisetron hcl</i> 67	HUMULIN R U-500 KWIKPEN 57	ICLUSIG .....25
<i>griseofulvin microsize</i> 13	<i>hydralazine hcl</i> 38	IDACIO (2 PEN).....73
<i>griseofulvin ultramicrosize</i> 13	<i>hydrochlorothiazide</i> ... 37	IDACIO (2 SYRINGE) .73
<i>guanfacine hcl</i> 38	<i>hydrocodone bitartrate</i> 9, 10	IDACIO CROHN INJ DISEASE.....73
<i>guanfacine hcl (adhd)</i> 50	<i>hydrocodone- acetaminophen soln</i> 7.5-325 mg/15ml... 10	IDACIO PLAQU INJ PSORIASIS .....73
HAEGARDA..... 72	<i>hydrocodone- acetaminophen tab</i> 10-325 mg 10	IDHIFA.....25
<i>hailey 1.5/30</i> 60	<i>hydrocodone- acetaminophen tab 5- 325 mg</i> 10	<i>imatinib mesylate</i> .....25
<i>hailey 24 fe</i> 60	<i>hydrocodone- acetaminophen tab</i> 7.5-325 mg 10	IMBRUVICA..... 25, 26
<i>halobetasol propionate</i> 88	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 10	<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....11
<i>haloette</i> 60	<i>hydrocortisone</i> 64	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....11
<i>haloperidol</i> 43	<i>hydrocortisone</i> (<i>intrarectal</i>)..... 68	<i>imipramine hcl</i> .....40
<i>haloperidol decanoate</i> 43	<i>hydrocortisone (rectal)</i> 89	<i>imiquimod</i> .....89
<i>haloperidol lactate</i> 43	<i>hydrocortisone (topical)</i> 88	IMKELDI .....26
HARVONI PAK 33.75- 150MG 16	<i>hydrocortisone sod succinate</i> 64	IMOVAX RABIES (H.D.C.V.) .....76
HARVONI PAK 45- 200MG 16	<i>hydrocortisone valerate</i> 88	IMPAVIDO .....12
HARVONI TAB 45- 200MG 16	<i>hydromorphone hcl</i> ... 10	INBRIJA .....42
HARVONI TAB 90- 400MG 16	<i>hydroxychloroquine sulfate</i> 74	<i>incassia</i> .....60
HAVRIX..... 76	<i>hydroxyurea</i> 22	INCRELEX.....65
<i>heather</i> 60	<i>hydroxyzine hcl</i> 82	INCRUSE ELLIPTA.....82
HEP SOD/NACL INJ 25000UNT 71	<i>hydroxyzine pamoate</i> 83	<i>indapamide</i>.....37
<i>heparin sodium (porcine)</i> 71	<i>ibandronate sodium</i> .. 58	INFANRIX INJ.....76
HEPLISAV-B 76	IBRANCE..... 25	INFLIXIMAB .....73
HERCEP HYLEC SOL 60- 10000 25	<i>ibu</i> 9	INLYTA.....26
HERCEPTIN 25	<i>ibuprofen</i> 9	INQOVI TAB 35-100MG.....21
HERZUMA..... 25		INREBIC .....26
HIBERIX..... 76		INSULIN PEN NEEDLES: BD-EMBECTA .....57
HUMIRA 73		INSULIN SAFETY NEEDLES: BD- EMBECTA.....57
HUMIRA PEN..... 73		INSULIN SYRINGES: BD-EMBECTA .....57
HUMIRA PEN KIT PS/UV 73		INTELENCE .....14
HUMIRA PEN-CD/UC/HS START..... 73		INTRALIPID .....79
		<i>introvale</i>.....60

INVEGA HAFYERA.....	43	JANUMET XR TAB 50-1000	55	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	78
INVEGA SUSTENNA ...	43	JANUMET XR TAB 50-500MG.....	55	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	77
INVEGA TRINZA	43	JANUVIA	55	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj.....</i>	78
IPOL INJ INACTIVE	76	JARDIANCE	55	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	78
<i>ipratropium bromide..</i>	82	<i>jasmiel</i>	60	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	78
<i>ipratropium bromide (nasal)</i>	82	<i>javygtor.....</i>	65	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	78
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	82	JAYPIRCA.....	26	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	78
<i>irbesartan</i>	34	JENTADUETO TAB 2.5-1000	55	<i>KCL/D5W/NAACL INJ 0.3/0.9%.....</i>	78
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	33	JENTADUETO TAB 2.5-500	55	<i>kelnor 1/35.....</i>	61
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	33	JENTADUETO TAB 2.5-850	55	<i>kelnor 1/50.....</i>	61
<i>irinotecan hcl.....</i>	22	JENTADUETO TAB XR 2.5-1000MG	55	KERENDIA	33
ISENTRESS	14	JENTADUETO TAB XR 5-1000MG.....	55	KESIMPTA	53
ISENTRESS HD	14	<i>jinteli</i>	64	<i>ketoconazole.....</i>	13
<i>isibloom</i>	60	<i>jolessa.....</i>	60	<i>ketoconazole (topical)</i>	87
ISOLYTE-P INJ /D5W .	77	<i>juleber</i>	60	<i>ketorolac tromethamine (ophth).....</i>	80
ISOLYTE-S INJ PH 7.4	77	JULUCA TAB 50-25MG	15	KEYTRUDA.....	26
<i>isoniazid</i>	16	<i>junel 1.5/30</i>	60	KINRIX INJ	76
<i>isosorbide dinitrate</i>	38	<i>junel 1/20.....</i>	61	<i>kionex.....</i>	59
<i>isosorbide mononitrate</i>	38	<i>junel fe 1.5/30</i>	61	KISQALI 200 DOSE....	26
<i>isotretinoin</i>	86	<i>junel fe 1/20</i>	61	KISQALI 200 PAK FEMARA.....	26
<i>isradipine</i>	37	<i>junel fe 24</i>	61	KISQALI 400 DOSE....	26
ITOVEBI.....	26	JYLAMVO	74	KISQALI 400 PAK FEMARA.....	26
<i>itraconazole.....</i>	13	JYNNEOS	76	KISQALI 600 DOSE....	26
<i>ivabradine hcl</i>	38	KADCYLA	26	KISQALI 600 PAK FEMARA.....	26
<i>ivermectin</i>	12	<i>kaitlib fe</i>	61	<i>klayesta</i>	87
IWILFIN	22	KALYDECO	84	<i>klor-con</i>	78
IXCHIQ INJ.....	76	KANJINTI.....	26		
IXIARO INJ.....	76	<i>kariva.....</i>	61		
JAKAFI.....	26	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....</i>	77		
<i>jantoven</i>	71	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj....</i>	78		
JANUMET TAB 50-1000	55	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	77		
JANUMET TAB 50-500MG	55				
JANUMET XR TAB 100-1000.....	55				

<i>klor-con 10</i>	78	LENVIMA 4 MG DAILY		<i>levonorgestrel & ethinyl</i>	
<i>klor-con 8</i>	78	DOSE	27	<i>estradiol tab 0.1 mg-</i>	
<i>klor-con m10</i>	78	LENVIMA 8 MG DAILY		<i>20 mcg</i>	61
<i>klor-con m15</i>	78	DOSE	27	<i>levonorgestrel & ethinyl</i>	
<i>klor-con m20</i>	78	LENVIMA CAP 14 MG .	27	<i>estradiol tab 0.15 mg-</i>	
KOSELUGO	26	LENVIMA CAP 18 MG .	27	<i>30 mcg</i>	61
<i>kourzeq</i>	90	LENVIMA CAP 24 MG .	27	<i>levonorgestrel-eth estra</i>	
KRAZATI	26	<i>lessina</i>	61	<i>tab 0.05-30/0.075-</i>	
<i>kurvelo</i>	61	<i>letrozole</i>	21	<i>40/0.125-30mg-mcg</i>	
<i>labetalol hcl</i>	36	<i>leucovorin calcium</i>	31	.....	61
<i>lacosamide</i>	47	<i>leuprolide acetate</i>	21	<i>levonorgestrel-ethinyl</i>	
<i>lacosamide oral</i>	47	<i>levabuterol hcl</i>	83	<i>estradiol (continuous)</i>	
<i>lactated ringer's solution</i>		<i>levabuterol tartrate</i> ..	83	<i>tab 90-20 mcg</i>	61
.....	78	<i>levetiracetam</i>	47	<i>levonorg-eth est tab</i>	
<i>lactic acid (ammonium</i>		<i>levetiracetam in sodium</i>		<i>0.1-0.02mg(84) & eth</i>	
<i>lactate)</i>	89	<i>chloride iv soln 1000</i>		<i>est tab 0.01mg(7) ..</i>	61
<i>lactulose</i>	69	<i>mg/100ml</i>	47	<i>levonorg-eth est tab</i>	
<i>lactulose</i>		<i>levetiracetam in sodium</i>		<i>0.15-0.03mg(84) &</i>	
<i>(encephalopathy)</i> ...	69	<i>chloride iv soln 1500</i>		<i>eth est tab 0.01mg(7)</i>	
<i>lamivudine</i>	14	<i>mg/100ml</i>	47	.....	61
<i>lamivudine (hbv)</i>	16	<i>levetiracetam in sodium</i>		<i>levora 0.15/30-28</i>	61
<i>lamivudine-zidovudine</i>		<i>chloride iv soln 500</i>		<i>levo-t</i>	66
<i>tab 150-300 mg</i>	15	<i>mg/100ml</i>	47	<i>levothyroxine sodium</i> .	67
<i>lamotrigine</i>	47	<i>levobunolol hcl</i>	81	<i>levoxyl</i>	67
<i>lanreotide acetate</i>	65	<i>levocarnitine (metabolic</i>		<i>l-glutamine (sickle cell)</i>	
<i>lansoprazole</i>	70	<i>modifiers)</i>	66	.....	72
<i>lapatinib ditosylate</i>	27	<i>levocetirizine</i>		LIBERVANT	47
<i>larin 1.5/30</i>	61	<i>dihydrochloride</i>	83	<i>lidocaine</i>	88, 89
<i>larin 1/20</i>	61	<i>levofloxacin</i>	18	<i>lidocaine hcl</i>	89
<i>larin 24 fe</i>	61	<i>levofloxacin in d5w iv</i>		<i>lidocaine hcl (local</i>	
<i>larin fe 1.5/30</i>	61	<i>soln 250 mg/50ml</i> ..	18	<i>anesth.)</i>	9
<i>larin fe 1/20</i>	61	<i>levofloxacin in d5w iv</i>		<i>lidocaine hcl (mouth-</i>	
<i>latanoprost</i>	81	<i>soln 500 mg/100ml</i>	18	<i>throat)</i>	90
<i>layolis fe</i>	61	<i>levofloxacin in d5w iv</i>		<i>lidocaine-prilocaine</i>	
LAZCLUZE	27	<i>soln 750 mg/150ml</i>	18	<i>cream 2.5-2.5%</i>	89
<i>leena</i>	61	<i>levonest</i>	61	<i>lidocan</i>	89
<i>leflunomide</i>	74	<i>levonor-eth est tab</i>		LILETTA.....	61
<i>lenalidomide</i>	22	<i>0.15-0.02/0.025/0.03</i>		<i>linezolid</i>	12
LENVIMA 10 MG DAILY		<i>mg &eth est 0.01 mg</i>		LINEZOLID INJ 2MG/ML	
DOSE.....	27	.....	61	.....	12
LENVIMA 12MG DAILY		<i>levonorgestrel & ethinyl</i>		LINZESS.....	69
DOSE.....	27	<i>estradiol (91-day) tab</i>		<i>liothyronine sodium</i> ...	67
LENVIMA 20 MG DAILY		<i>0.15-0.03 mg</i>	61	<i>lisinopril</i>	32
DOSE.....	27				

<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	32	<i>lovastatin</i>	35	MATULANE.....	23
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	32	<i>low-ogestrel</i>	61	MAVYRET PAK 50-20MG	16
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	32	<i>loxapine succinate</i>	43	MAVYRET TAB 100-40MG	16
<i>lithium</i>	52	LUMAKRAS	27	<i>meclizine hcl</i>	67
<i>lithium carbonate</i>	52	LUMIGAN	81	<i>medroxyprogesterone acetate</i>	66
LIVTENCITY	16	LUMIZYME	66	<i>medroxyprogesterone acetate (contraceptive)</i>	62
<i>loestrin 1.5/30-21</i>	61	LUPRON DEPOT (1-MONTH).....	21	<i>mefloquine hcl</i>	13
<i>loestrin 1/20-21</i>	61	LUPRON DEPOT (3-MONTH).....	21	<i>megestrol acetate 22, 66</i>	
<i>loestrin fe 1.5/30</i>	61	LUPRON DEPOT-PED (1-MONTH).....	66	<i>megestrol acetate (appetite)</i>	66
<i>loestrin fe 1/20</i>	61	LUPRON DEPOT-PED (3-MONTH).....	66	MEKINIST	27, 28
LOKELMA	59	LUPRON DEPOT-PED (6-MONTH).....	66	MEKTOVI	28
LONSURF TAB 15-6.14	21	<i>lurasidone hcl</i>	43	<i>meloxicam</i>	9
LONSURF TAB 20-8.19	21	<i>lutea</i>	61	<i>memantine hcl</i>	39
<i>loperamide hcl</i>	69	LYBALVI TAB 10-10MG	43	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	39
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	15	LYBALVI TAB 15-10MG	44	<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	39
<i>lopinavir-ritonavir tab 100-25 mg</i>	15	LYBALVI TAB 20-10MG	44	<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	39
<i>lopinavir-ritonavir tab 200-50 mg</i>	15	LYBALVI TAB 5-10MG	43	MENACTRA INJ.....	76
<i>lorazepam</i>	39	<i>lyleq</i>	62	MENQUADFI INJ	76
<i>lorazepam intensol</i>	39	<i>lyllana</i>	64	MENVEO INJ	76
LORBRENA	27	LYNPARZA.....	27	MENVEO SOL	76
<i>loryna</i>	61	LYSODREN	21	<i>mercaptopurine</i>	21
<i>losartan potassium</i>	34	LYTGOBI (12 MG DAILY DOSE)	27	<i>meropenem</i>	12
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	33	LYTGOBI (16 MG DAILY DOSE)	27	<i>mesalamine</i>	68
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	33	LYTGOBI (20 MG DAILY DOSE)	27	<i>mesalamine w/ cleanser</i>	68
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	33	<i>lyza</i>	62	<i>mesna</i>	31
LOTEMAX	80	<i>magnesium sulfate</i>	78	MESNEX	31
<i>loteprednol etabonate</i> 80		MAGNESIUM SULFATE	78	<i>metformin hcl</i>	55
		<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	78	<i>methadone hcl</i>	10
		<i>malathion</i>	89	<i>methadone hydrochloride i</i>	10
		<i>maraviroc</i>	14	<i>methazolamide</i>	37
		<i>marlissa</i>	62		
		MARPLAN.....	40		

<i>methenamine hippurate</i>	<i>minoxidil</i>	NAMZARIC CAP 28-
..... 12	38	10MG
<i>methimazole</i>	<i>mirtazapine</i>	39
67	40	NAMZARIC CAP 7-10MG
<i>methocarbamol</i>	<i>misoprostol</i> .....	.....39
53	69	NAMZARIC CAP PACK.39
<i>methotrexate sodium</i> 21,	MITIGARE	<i>naproxen</i>
74	9	9
<i>methsuximide</i>	M-M-R II INJ	<i>naproxen dr</i>
47	76	9
<i>methylphenidate hcl</i> ..	M-NATAL PLUS TAB... 78	<i>naproxen sodium</i>
50	<i>modafinil</i>	9
<i>methylprednisolone</i> ...	53, 54	<i>naratriptan hcl</i>
64	<i>moexipril hcl</i>	51
<i>methylprednisolone</i>	32	<i>nateglinide</i>
<i>acetate</i>	<i>molindone hcl</i>	56
65	44	NAYZILAM
<i>methylprednisolone sod</i>	<i>mometasone furoate</i> .	47
<i>succ</i>	88	<i>nebivolol hcl</i>
65	MONJUVI	36
<i>methyltestosterone</i> ...	<i>mono-lynyah</i>	<i>necon 0.5/35-28</i>
54	62	62
<i>metoclopramide hcl</i> ...	<i>montelukast sodium</i> ..	<i>nefazodone hcl</i>
67	83	40
<i>metolazone</i>	<i>morphine sulfate</i>	12
37	10	<i>neomycin sulfate</i>
<i>metoprolol &</i>	MOUNJARO	12
<i>hydrochlorothiazide</i>	MOVANTIK	<i>neomycin-bacitrac zn-</i>
<i>tab 100-25 mg</i>	69	<i>polymyx 5(3.5)mg-</i>
36	<i>moxifloxacin hcl</i>	400unt-10000unt op
<i>metoprolol &</i>	18	<i>oin</i>
<i>hydrochlorothiazide</i>	<i>moxifloxacin hcl (ophth)</i>	80
<i>tab 100-50 mg</i>.....	.....	<i>neomycin-polymy-</i>
36	80	<i>gramicid op sol 1.75-</i>
<i>metoprolol &</i>	<i>moxifloxacin hcl 400</i>	<i>10000-0.025mg-unt-</i>
<i>hydrochlorothiazide</i>	<i>mg/250ml in sodium</i>	<i>mg/ml</i>
<i>tab 100-50 mg</i>	<i>chloride 0.8% inj</i> ...	80
36	18	<i>neomycin-polymyxin-</i>
<i>metoprolol &</i>	MRESVIA	<i>dexamethasone ophth</i>
<i>hydrochlorothiazide</i>	MULTAQ	<i>oint 0.1%</i>
<i>tab 50-25 mg</i>	35	79
36	<i>multiple electrolytes ph</i>	<i>neomycin-polymyxin-</i>
<i>metoprolol succinate</i> ..	5.5.....	<i>dexamethasone ophth</i>
36	78	<i>susp 0.1%</i>
<i>metoprolol tartrate</i>	<i>multiple electrolytes ph</i>	79
36	7.4.....	<i>neomycin-polymyxin-hc</i>
<i>metronidazole</i>	78	<i>ophth susp</i>
12	<i>mupirocin</i>	79
<i>metronidazole (topical)</i>	87	<i>neomycin-polymyxin-hc</i>
.....	<i>mycophenolate mofetil</i>	<i>otic soln 1%</i>
89	.....	82
<i>metronidazole vaginal</i>	75, 76	<i>neomycin-polymyxin-hc</i>
70	<i>mycophenolate sodium</i>	<i>otic susp 3.5 mg/ml-</i>
<i>metyrosine</i> .....	.....	<i>10000 unit/ml-1%</i> ..
38	76	82
<i>mibelas 24 fe</i>	MYRBETRIQ.....	<i>neo-polycin 5(3.5)mg-</i>
62	70	400unt-10000unt op
<i>micafungin sodium</i>	<i>nabumetone</i>	<i>oin</i>
13	9	80
<i>microgestin 1.5/30</i>	<i>nadolol</i>	<i>neo-polycin hc ophth</i>
62	36	<i>oint 1%</i>
<i>microgestin 1/20</i>	19	79
62	<i>nafcillin sodium</i>	NERLYNX.....
<i>microgestin fe 1.5/30</i>	66	28
62	NAGLAZYME.....	<i>nevirapine</i>
<i>microgestin fe 1/20</i> ...	66	14
62	<i>nalbuphine hcl</i>	NEXLETOL
<i>midodrine hcl</i>	10	35
38	54	
MIEBO	<i>naloxone hcl</i>	
81	54	
<i>mifepristone</i>	NAMZARIC CAP 14-	
<i>(hyperglycemia)</i>	10MG	
66	39	
<i>mili</i>	NAMZARIC CAP 21-	
62	10MG	
<i>mimvey</i>	39	
64		
<i>minocycline hcl</i>	39	
20		

NEXLIZET TAB		NUEDEXTA CAP 20-	
180/10MG	35	10MG	52
NEXPLANON	62	NULOJIX.....	76
niacin		NUPLAZID	44
(<i>antihyperlipidemic</i>)	35	NURTEC	51
nicardipine hcl	37	NUTRILIPID	79
NICOTROL INHALER ..	54	NUZYRA	20
NICOTROL NS.....	54	nyamyc	87
nifedipine	37	nylia 1/35.....	63
nikki	62	nylia 7/7/7	63
nilutamide	22	nystatin.....	13
nimodipine	37	nystatin (<i>mouth-throat</i>)	
NINLARO.....	28	.....	90
nitazoxanide.....	12	nystatin (<i>topical</i>)	87
nitisinone	66	nystop	87
NITRO-BID	38	ocella	63
nitrofurantoin		OCTAGAM.....	75
macrocrystal.....	12	octreotide acetate.....	66
nitrofurantoin monohyd		ODEFSEY TAB	15
macro	12	ODOMZO	28
nitroglycerin	38	OFEV	84
nitroglycerin (<i>intra-anal</i>)		ofloxacin (<i>ophth</i>)	80
.....	89	ofloxacin (<i>otic</i>)	82
nizatidine	68	OGIVRI	28
nora-be.....	62	OGSIVEO.....	28
norelgestromin-ethinyl		OJEMDA	28
estradiol td ptwk 150-		OJJAARA.....	28
35 mcg/24hr.....	62	olanzapine	44
norethindrone & ethinyl		olmesartan medoxomil	
estradiol-fe chew tab		.....	34
0.4 mg-35 mcg	62	olmesartan medoxomil-	
norethindrone & ethinyl		hydrochlorothiazide	
estradiol-fe chew tab		tab 20-12.5 mg	34
0.8 mg-25 mcg	62	olmesartan medoxomil-	
norethindrone		hydrochlorothiazide	
(<i>contraceptive</i>)	62	tab 40-12.5 mg	34
norethindrone ace &		olmesartan medoxomil-	
ethinyl estradiol tab 1		hydrochlorothiazide	
mg-20 mcg.....	62	tab 40-25 mg	34
norethindrone ace &		olmesartan-amlodipine-	
ethinyl estradiol tab		hydrochlorothiazide	
1.5 mg-30 mcg	62	tab 20-5-12.5 mg ...	34
norethindrone ace &		olmesartan-amlodipine-	
ethinyl estradiol-fe tab		hydrochlorothiazide	
1 mg-20 mcg	62	tab 40-10-12.5 mg .	34
norethindrone ace-eth			
estradiol-fe chew tab 1			
mg-20 mcg (24)	62		
norethindrone acetate	66		
norethindrone acetate-			
ethinyl estradiol tab			
0.5 mg-2.5 mcg	64		
norethindrone acetate-			
ethinyl estradiol tab 1			
mg-5 mcg	64		
norethindrone ac-ethinyl			
estradiol-fe tab 1-20/1-			
30/1-35 mg-mcg....	62		
norgestimate & ethinyl			
estradiol tab 0.25 mg-			
35 mcg	62		
norgestimate-eth estrad			
tab 0.18-25/0.215-			
25/0.25-25 mg-mcg	62		
norgestimate-eth estrad			
tab 0.18-35/0.215-			
35/0.25-35 mg-mcg	62		
norlyroc.....	62		
nortrel 0.5/35 (28)....	62		
nortrel 1/35 (21)	62		
nortrel 1/35 (28)	62		
nortrel 7/7/7	63		
nortriptyline hcl	40		
NORVIR	14		
NOVOLIN INJ 70/30 ..	57		
NOVOLIN INJ 70/30 FP			
.....	57		
NOVOLIN N	57		
NOVOLIN N FLEXPEN .	57		
NOVOLIN R	57		
NOVOLIN R FLEXPEN .	57		
NOVOLOG	57		
NOVOLOG FLEXPEN... .	57		
NOVOLOG MIX INJ			
70/30	57		
NOVOLOG MIX INJ			
FLEXPEN	57		
NOVOLOG PENFILL....	57		
NUBEQA	22		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> 34	<i>ondansetron hcl</i> 67	<i>paclitaxel</i>.....23
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> ... 34	ONTRUZANT..... 28	<i>paclitaxel inj 100mg</i> ..23
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> 34	ONUREG 21	<i>paliperidone</i>.....44
<i>omega-3-acid ethyl esters cap 1 gm</i> 35	OPIPZA..... 44	<i>pamidronate disodium</i> 58
<i>omeprazole</i> 70	OPSUMIT 39	PAMIDRONATE
OMNIPOD 5 DX KIT INT G7G6..... 57	ORGOVYX 22	DISODIUM .....58
OMNIPOD 5 DX MIS POD G7G6..... 57	ORKAMBI GRA 100-125 84	PANRETIN.....89
OMNIPOD 5 G7 KIT INTRO..... 57	ORKAMBI GRA 150-188 84	<i>pantoprazole sodium</i> ..70
OMNIPOD 5 G7 MIS PODS..... 57	ORKAMBI GRA 75-94MG 84	PANZYGA.....75
OMNIPOD 5 LB KIT INTRO G6..... 57	ORKAMBI TAB 100-125 84	<i>paricalcitol</i> .....67
OMNIPOD 5 LB MIS PODS G6..... 57	ORKAMBI TAB 200-125 84	<i>paroxetine hcl</i> .....41
OMNIPOD DASH KIT INTRO..... 58	ORSERDU 22	PAXLOVID TAB 150-100.....16
OMNIPOD DASH MIS PODS..... 58	<i>oseltamivir phosphate</i> 16	PAXLOVID TAB 300-100.....17
OMNIPOD GO KIT 10UNT/DY 58	<i>oxacillin sodium</i> 19	<i>pazopanib hcl</i>.....28
OMNIPOD GO KIT 15UNT/DY 58	<i>oxaliplatin</i> 20	PEDIARIX INJ 0.5ML ..76
OMNIPOD GO KIT 20UNT/DY 58	<i>oxcarbazepine</i> 47	PEDVAX HIB .....76
OMNIPOD GO KIT 25UNT/DY 58	<i>oxybutynin chloride</i> ... 70	<i>peg 3350-kcl-na bicarb- nacl-na sulfate for soln 236 gm</i> .....69
OMNIPOD GO KIT 30UNT/DY 58	<i>oxycodone hcl</i> 10	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....69
OMNIPOD GO KIT 35UNT/DY 58	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> 11	PEGASYS .....17
OMNIPOD GO KIT 40UNT/DY 58	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> 10	PEMAZYRE .....28
OMNIPOD MIS CLASSIC 58	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> 10	<i>pemetrexed disodium</i> .21
<i>ondansetron</i> 67	OXYCONTIN 10	PENBRAYA INJ.....76
	OZEMPIC (0.25 OR 0.5 MG/DOSE) 56	<i>penicillamine</i>.....59
	OZEMPIC (0.25 OR 0.5MG/DOSE) 56	<i>penicillin g potassium</i> .19
	OZEMPIC (1MG/DOSE) 56	<i>penicillin g sodium</i> ....19
	OZEMPIC (2MG/DOSE) 56	<i>penicillin v potassium</i> .19
	<i>pacerone</i> 35	PENTACEL INJ .....77
		<i>pentamidine isethionate inh</i> .....12
		<i>pentamidine isethionate inj</i>.....12
		<i>pentoxifylline</i> .....72
		<i>perindopril erbumine</i> ..32
		<i>perio gard</i>.....90
		<i>permethrin</i> .....89
		<i>perphenazine</i> .....44
		<i>pfizerpen</i> .....19
		<i>phenelzine sulfate</i>.....41
		<i>phenobarbital</i>.....47

<i>phenobarbital sodium</i> 47	PIQRAY 300MG DAILY	<i>prednisone</i> .....65
<i>phenytek</i> 47	DOSE 28	PREDNISON INTENSOL
<i>phenytoin</i> 47	<i>pirfenidone</i> 84	.....65
<i>phenytoin sodium</i> 47	<i>piroxicam</i> 9	<i>pregabalin</i> .....48
<i>phenytoin sodium</i>	<i>plenamine</i> 79	PREMASOL SOL 10% .79
<i>extended</i> 48	PLENVU SOL..... 69	PRENATAL TAB 27-1MG
PHESGO SOL 28	<i>podofilox</i> 89	.....79
<i>philith</i> 63	<i>polycin ophth oint</i> 80	PRENATAL TAB PLUS..79
PIFELTRO 14	<i>polymyxin b sulfate</i> ... 12	<i>prevalite</i>.....35
<i>pilocarpine hcl</i> 81	<i>polymyxin b-</i>	PREVYMIS .....17
<i>pilocarpine hcl (oral)</i> .. 90	<i>trimethoprim ophth</i>	PREZCOBIX TAB 800-
<i>pimecrolimus</i> 89	<i>soln 10000 unit/ml-</i>	150.....15
<i>pimozide</i> 44	0.1% 80	PREZISTA .....14
<i>pimtree</i> 63	POMALYST 22	PRIFTIN.....16
<i>pindolol</i> 36	<i>portia-28</i> 63	<i>primaquine phosphate</i> 13
<i>pioglitazone hcl</i> 56	<i>posaconazole</i> 13	PRIMAQUINE
<i>pioglitazone hcl-</i>	POT CHL 20MEQ/L IN	PHOSPHATE .....13
<i>metformin hcl tab 15-</i>	NACL 0.45% INJ 78	<i>primidone</i> .....48
500 mg 56	POT CHL 20MEQ/L IN	PRIORIX INJ .....77
<i>pioglitazone hcl-</i>	NACL 0.9% INJ 78	PRIVIGEN .....75
<i>metformin hcl tab 15-</i>	POT CHL 40MEQ/L IN	<i>probenecid</i> 9
850 mg 56	NACL 0.9% INJ 78	<i>prochlorperazine</i>.....67
<i>piperacillin sod-</i>	<i>potassium chloride</i> ... 78,	<i>prochlorperazine</i>
<i>tazobactam na for inj</i>	79	<i>edisylate</i>.....67
3.375 gm (3-0.375	<i>potassium chloride 20</i>	<i>prochlorperazine</i>
gm) 19	<i>meq/l (0.15%) in</i>	<i>maleate</i> .....67
<i>piperacillin sod-</i>	<i>dextrose 5% inj</i> 78	PROCRIT .....71
<i>tazobactam sod for inj</i>	<i>potassium chloride</i>	<i>proctocort</i>.....89
13.5 gm (12-1.5 gm)	<i>microencapsulated</i>	<i>procto-med hc</i> .....89
..... 19	<i>crystals er</i> 79	<i>proctosol hc</i> .....89
<i>piperacillin sod-</i>	<i>potassium citrate</i>	<i>proctozone-hc</i> .....89
<i>tazobactam sod for inj</i>	<i>(alkalinizer)</i> 70	<i>progesterone</i> .....66
2.25 gm (2-0.25 gm)	<i>pramipexole</i>	PROGRAF .....76
..... 19	<i>dihydrochloride</i> 42	PROLASTIN-C.....84
<i>piperacillin sod-</i>	<i>prasugrel hcl</i> 72	PROLIA .....58
<i>tazobactam sod for inj</i>	<i>pravastatin sodium</i> ... 35	<i>promethazine hcl</i>.....68
4.5 gm (4-0.5 gm) . 19	<i>praziquantel</i> 12	<i>propafenone hcl</i> .....35
<i>piperacillin sod-</i>	<i>prazosin hcl</i> 33	<i>proparacaine hcl</i>.....81
<i>tazobactam sod for inj</i>	<i>prednisolone</i> 65	<i>propranolol hcl</i> .....36
40.5 gm (36-4.5 gm)	<i>prednisolone acetate</i>	<i>propylthiouracil</i> .....67
..... 19	<i>(ophth)</i> 80	PROQUAD INJ .....77
PIQRAY 200MG DAILY	PREDNISOLONE	PROSOL INJ 20% .....79
DOSE..... 28	SODIUM PHOSP 81	<i>protriptyline hcl</i> .....41
PIQRAY 250MG TAB	<i>prednisolone sodium</i>	PULMOZYME .....84
DOSE..... 28	<i>phosphate</i> 65	PURIXAN .....21

<i>pyrazinamide</i> 16	<i>rimantadine</i>	<i>sildenafil citrate</i>
<i>pyridostigmine bromide</i>	<i>hydrochloride</i> 17	<i>(pulmonary</i>
..... 52	RINVOQ..... 73	<i>hypertension)</i>.....39
<i>pyrimethamine</i> 12	RINVOQ LQ 73	<i>silver sulfadiazine</i> .....87
QINLOCK 28	<i>risedronate sodium</i> ... 58	SIMBRINZA SUS 1-0.2%
QUADRACEL INJ 0.5ML	<i>risperidone</i>.....44, 45	.....81
..... 77	<i>risperidone</i>	<i>simliya</i> .....63
<i>quetiapine fumarate</i> .. 44	<i>microspheres</i> 45	<i>simpesse</i> .....63
<i>quinapril hcl</i> 32	<i>ritonavir</i> 14	SIMPLICITY MIS
<i>quinidine sulfate</i> 35	<i>rivastigmine</i> 39	INSERTER.....58
<i>quinine sulfate</i> 14	<i>rivastigmine tartrate</i> . 40	<i>simvastatin</i> .....35
QULIPTA 51	<i>rivelsa</i> 63	<i>sirolimus</i> .....76
RABAVERT INJ 77	<i>rizatriptan benzoate</i> .. 51	SIRTURO .....16
<i>rabeprazole sodium</i> ... 70	ROCKLATAN DRO..... 81	SKYRIZI .....74
<i>raloxifene hcl</i> 66	<i>roflumilast</i> 84	SKYRIZI PEN.....74
<i>ramipril</i> 33	<i>ropinirole hydrochloride</i>	<i>sod sulfate-pot sulf-mg</i>
<i>ranolazine</i> 38	..... 42	<i>sulf oral sol 17.5-3.13-</i>
<i>rasagiline mesylate</i> 42	<i>rosuvastatin calcium</i> . 35	<i>1.6 gm/177ml</i> 69
<i>reclipsen</i> 63	ROTARIX SUS..... 77	<i>sodium chloride</i>.....78
RECOMBIVAX HB..... 77	ROTATEQ SOL 77	<i>sodium chloride (gu</i>
REGRANEX 89	<i>roweepra</i> 48	<i>irrigant)</i>.....90
RELENZA DISKHALER 17	ROZLYTREK..... 29	<i>sodium fluoride chew;</i>
RELISTOR 69	RUBRACA..... 29	<i>tab; 1.1 (0.5 f) mg/ml</i>
REMICADE..... 73	<i>rufinamide</i> 48	<i>soln</i> .....79
RENFLEXIS 73	RUKOBIA 14	SODIUM OXYBATE ....54
<i>repaglinide</i> 56	RYBELSUS..... 56	<i>sodium phenylbutyrate</i>
REPATHA..... 36	RYDAPT 29	.....66
REPATHA PUSHTRONEX	<i>sajazir</i> 72	<i>sodium polystyrene</i>
SYSTEM 36	SANTYL 90	<i>sulfonate powder</i> ....59
REPATHA SURECLICK 36	<i>sapropterin</i>	<i>solifenacin succinate</i> ..70
RESTASIS 81	<i>dihydrochloride</i> 66	SOLLIQUA INJ 100/33 .58
RESTASIS MULTIDOSE	SCEMBLIX..... 29	SOLTAMOX .....22
..... 81	<i>scopolamine</i> 68	SOLU-CORTEF.....65
RETEVMO 28	SECUADO 45	SOMATULINE DEPOT ..66
REVUFORJ..... 29	<i>selegiline hcl</i> 42	SOMAVERT .....66
REXULTI 44	<i>selenium sulfide</i> 87	<i>sorafenib tosylate</i> .....29
REYATAZ..... 14	SELZENTRY 14	<i>sotalol hcl</i>.....35
REZLIDHIA 29	SEREVENT DISKUS ... 83	<i>sotalol hcl (afib/afl)</i> ...35
REZUROCK 76	<i>sertraline hcl</i> 41	SOTYKTU.....74
RHOPRESSA 81	<i>setlakin</i> 63	<i>spironolactone</i>.....33
<i>ribavirin (hepatitis c)</i> . 17	<i>sharobel</i> 63	<i>spironolactone &</i>
<i>rifabutin</i> 16	SHINGRIX..... 77	<i>hydrochlorothiazide</i>
<i>rifampin</i> 16	SIGNIFOR 66	<i>tab 25-25 mg</i> .....37
<i>riluzole</i> 52		<i>sprintec 28</i> .....63
		SPRITAM .....48

<i>sps</i>	59	SYMTUZA TAB	16	<i>telmisartan-amlodipine</i>	
<i>sps rectal</i>	59	SYNAREL	66	<i>tab 40-10 mg</i>	34
<i>sronyx</i>	63	SYNJARDY TAB 12.5-		<i>telmisartan-amlodipine</i>	
<i>ssd</i>	87	1000MG	56	<i>tab 40-5 mg</i>	34
STELARA	74	SYNJARDY TAB 12.5-500		<i>telmisartan-amlodipine</i>	
STIVARGA	29	.....	56	<i>tab 80-10 mg</i>	34
<i>streptomycin sulfate</i> ..	12	SYNJARDY TAB 5-		<i>telmisartan-amlodipine</i>	
STRIBILD TAB.....	15	1000MG	56	<i>tab 80-5 mg</i>	34
<i>subvenite</i>	48	SYNJARDY TAB 5-500MG		<i>telmisartan-</i>	
<i>sucrafate</i>	69	.....	56	<i>hydrochlorothiazide</i>	
<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 10-		<i>tab 40-12.5 mg</i>	34
(<i>acne</i>).....	86	1000	56	<i>telmisartan-</i>	
<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 12.5-		<i>hydrochlorothiazide</i>	
(<i>ophth</i>)	80	1000	56	<i>tab 80-12.5 mg</i>	34
<i>sulfacetamide sodium-</i>		SYNJARDY XR TAB 25-		<i>telmisartan-</i>	
<i>prednisolone ophth</i>		1000	56	<i>hydrochlorothiazide</i>	
<i>soln 10-0.23(0.25)%</i>		SYNJARDY XR TAB 5-		<i>tab 80-25 mg</i>	34
.....	79	1000MG	56	<i>temazepam</i>	50, 51
<i>sulfadiazine</i>	12	SYNTHROID	67	TENIVAC INJ 5-2LF	77
<i>sulfamethoxazole-</i>		TABRECTA	29	<i>tenofovir disoproxil</i>	
<i>trimethoprim iv soln</i>		<i>tacrolimus</i>	76	<i>fumarate</i>	14
<i>400-80 mg/5ml</i>	12	<i>tacrolimus (topical)</i> ...	89	TEPMETKO	30
<i>sulfamethoxazole-</i>		<i>tadalafil</i>	70	<i>terazosin hcl</i>	33
<i>trimethoprim susp</i>		<i>tadalafil (pulmonary</i>		<i>terbinafine hcl</i>	13
<i>200-40 mg/5ml</i>	12	<i>hypertension)</i>	39	<i>terbutaline sulfate</i>	83
<i>sulfamethoxazole-</i>		TAFINLAR	29	<i>terconazole vaginal</i>	70
<i>trimethoprim tab 400-</i>		TAGRISSE	29	TERIPARATIDE	58
<i>80 mg</i>	12	TALZENNA	29	<i>testosterone</i>	54
<i>sulfamethoxazole-</i>		<i>tamoxifen citrate</i>	22	<i>testosterone cypionate</i>	
<i>trimethoprim tab 800-</i>		<i>tamsulosin hcl</i>	70	.....	54
<i>160 mg</i>	12	<i>tarina 24 fe</i>	63	<i>testosterone enanthate</i>	
SULFAMYLON.....	87	<i>tarina fe 1/20 eq</i>	63	.....	54
<i>sulfasalazine</i>	68	TASIGNA	29	<i>testosterone pump</i>	55
<i>sulindac</i>	9	<i>tasimelteon</i>	50	<i>tetrabenazine</i>	52
<i>sumatriptan</i>	51	TAVNEOS.....	72	<i>tetracycline hcl</i>	20
<i>sumatriptan succinate</i>		<i>tazarotene</i>	87	THALOMID	22
.....	51, 52	<i>tazicef</i>	18	THEO-24	84
<i>sunitinib malate</i>	29	TAZORAC.....	87	<i>theophylline</i>	84
SUNLENCA	14	TAZVERIK	30	<i>thioridazine hcl</i>	45
<i>syeda</i>	63	TECENTRIQ	30	<i>thiothixene</i>	45
SYMDEKO TAB 100-150		TECENTRIQ INJ		<i>tiadylt er</i>	37
.....	84	HYBREZA	30	<i>tiagabine hcl</i>	48
SYMDEKO TAB 50-75MG		TEFLARO.....	18	TIBSOVO	30
.....	84	<i>telmisartan</i>	34	TICOVAC	77
SYMPAZAN	48			<i>tigecycline</i>	20

<i>tilia fe</i>	63	TRESIBA	58	<i>tri-lo-marzia</i>	63
<i>timolol maleate</i>	36	TRESIBA FLEXTOUCH	58	<i>tri-lo-mili</i>	63
<i>timolol maleate (ophth)</i>		<i>tretinoin</i>	86	<i>tri-lo-sprintec</i>	63
.....	81	<i>tretinoin</i>		<i>trimethoprim</i>	12
<i>tinidazole</i>	12	(chemotherapy)	23	<i>tri-mili</i>	63
TIVICAY	14	<i>triamcinolone acetonide</i>		<i>trimipramine maleate</i>	41
TIVICAY PD	15	(mouth)	90	TRINTELLIX	41
<i>tizanidine hcl</i>	53	<i>triamcinolone acetonide</i>		<i>tri-nymyo</i>	63
TOBI PODHALER	12	(topical).....	88	<i>tri-sprintec</i>	63
TOBRADEX OIN 0.3-		<i>triamterene &</i>		TRIUMEQ PD TAB	16
0.1%	79	<i>hydrochlorothiazide</i>		TRIUMEQ TAB	16
<i>tobramycin</i>	12	<i>cap 37.5-25 mg</i>	37	<i>trivora-28</i>	63
<i>tobramycin (ophth)</i> ...	80	<i>triamterene &</i>		<i>tri-vylibra</i>	63
<i>tobramycin sulfate</i>	12	<i>hydrochlorothiazide</i>		<i>tri-vylibra lo</i>	63
<i>tobramycin-</i>		<i>tab 37.5-25 mg</i>	37	TROGARZO	15
<i>dexamethasone ophth</i>		<i>triamterene &</i>		TROPHAMINE INJ 10%	
<i>susp 0.3-0.1%</i>	80	<i>hydrochlorothiazide</i>		.....	79
<i>tolterodine tartrate</i>	70	<i>tab 75-50 mg</i>	38	<i>trospium chloride</i>	70
<i>topiramate</i>	48	<i>tridacaine ii</i>	89	TRUE METRIX KIT AIR	90
<i>toremifene citrate</i>	22	<i>triderm</i>	88	TRUE METRIX KIT	
<i>torpenz</i>	30	<i>trientine hcl</i>	59	METER.....	90
<i>torse mide</i>	37	<i>tri-estarylla</i>	63	TRUE METRIX STRIPS	90
TOUJEO MAX SOLOSTAR		<i>trifluoperazine hcl</i>	45	TRULICITY	56
.....	58	<i>trifluridine</i>	80	TRUMENBA INJ.....	77
TOUJEO SOLOSTAR ...	58	<i>trihexyphenidyl hcl</i>	42	TRUQAP	30
TPN ELECTROL INJ	78	TRIJARDY XR TAB ER		TRUXIMA	30
TRADJENTA	56	24HR 10-5-1000MG	56	TUKYSA	30
<i>tramadol hcl</i>	11	TRIJARDY XR TAB ER		TURALIO	30
<i>tramadol-</i>		24HR 12.5-2.5-		<i>turqoz</i>	63
<i>acetaminophen tab</i>		1000MG	56	<i>twice-daily clindamycin</i>	
<i>37.5-325 mg</i>	11	TRIJARDY XR TAB ER		<i>phosphate (topical)</i>	86
<i>trandolapril</i>	33	24HR 25-5-1000MG	56	TWINRIX INJ.....	77
<i>tranexamic acid</i>	72	TRIJARDY XR TAB ER		TYBOST	15
<i>tranylcypromine sulfate</i>		24HR 5-2.5-1000MG		<i>tydemy</i>	63
.....	41	.....	56	TYENNE	74
TRAVASOL INJ 10%...	79	TRIKAFTA PAK 59.5MG		TYPHIM VI	77
TRAZIMERA	30	.....	84	UBRELVY	52
<i>trazodone hcl</i>	41	TRIKAFTA PAK 75MG .	84	<i>unithroid</i>	67
TRECTOR	16	TRIKAFTA TAB 100-50-		<i>ursodiol</i>	69
TRELEGY AER ELLIPTA		75MG & 150MG.....	85	<i>valacyclovir hcl</i>	17
100-62.5-25 MCG...	82	TRIKAFTA TAB 50-25-		VALCHLOR	89
TRELEGY AER ELLIPTA		37.5MG & 75MG.....	85	<i>valganciclovir hcl</i>	17
200-62.5-25 MCG...	82	<i>tri-legest fe</i>	63	<i>valproate sodium</i>	48
TREMFYA.....	74	<i>tri-lynyah</i>	63	<i>valproic acid</i>	48
<i>treprostinil</i>	39	<i>tri-lo-estarylla</i>	63	<i>valsartan</i>	34

<i>valsartan-</i>	VENTOLIN HFA	XARELTO STAR TAB
<i>hydrochlorothiazide</i>	(INSTITUTIONAL	15/20MG .....71
<i>tab 160-12.5 mg</i>	PACK)..... 83	XATMEP.....74
<i>valsartan-</i>	VEOZAH 66	XCOPRI .....49
<i>hydrochlorothiazide</i>	<i>verapamil hcl</i> 37	XCOPRI PAK 100-150.49
<i>tab 160-25 mg 34</i>	VERQUVO 38	XCOPRI PAK 12.5-25 .49
<i>valsartan-</i>	VERSACLOZ 45	XCOPRI PAK 150-200MG
<i>hydrochlorothiazide</i>	VERZENIO 30	(MAINTENANCE)....49
<i>tab 320-12.5 mg 34</i>	<i>vestura</i> 63	XCOPRI PAK 150-200MG
<i>valsartan-</i>	<i>vienna</i> 63	(TITRATION).....49
<i>hydrochlorothiazide</i>	<i>vigabatrin</i> 48	XCOPRI PAK 50-100MG
<i>tab 320-25 mg 34</i>	<i>vigadrone</i> .....48, 49	.....49
<i>valsartan-</i>	VIGAFYDE..... 49	XDEMVY .....80
<i>hydrochlorothiazide</i>	<i>vigpoder</i> 49	XELJANZ .....74
<i>tab 80-12.5 mg 34</i>	<i>vilazodone hcl</i> 41	XELJANZ XR.....74
VALTOCO 10 MG DOSE	<i>vincristine sulfate</i> 23	XERMELO .....69
..... 48	<i>vinorelbine tartrate</i> ... 23	XGEVA .....58
VALTOCO 15 MG DOSE	<i>viorele</i> 63	XHANCE .....85
..... 48	VIRACEPT 15	XIFAXAN .....69
VALTOCO 20 MG DOSE	VIREAD 15	XIGDUO XR TAB 10-
..... 48	VITRAKVI..... 30	1000 .....56
VALTOCO 5 MG DOSE 48	VIVITROL..... 54	XIGDUO XR TAB 10-
<i>vancomycin hcl</i> 12	VIZIMPRO 30	500MG .....56
VANCOMYCIN INJ 1 GM	VONJO..... 30	XIGDUO XR TAB 2.5-
..... 13	VORANIGO 31	1000 .....56
VANCOMYCIN INJ	<i>voriconazole</i> 13	XIGDUO XR TAB 5-
500MG 13	VOSEVI TAB 17	1000MG.....56
VANCOMYCIN INJ	VOWST CAP 69	XIGDUO XR TAB 5-
750MG 13	VRAYLAR 45	500MG .....56
VANFLYTA 30	<i>vyfemla</i> 63	XIIDRA.....81
VAQTA 77	<i>vylibra</i> 63	XOFLUZA.....17
<i>varenicline tartrate</i> 54	VYZULTA 81	XOLAIR .....85
<i>varenicline tartrate tab</i>	<i>warfarin sodium</i> 71	XOSPATA.....31
<i>11 x 0.5 mg & 42 x 1</i>	<i>water for irrigation,</i>	XPOVIO PAK (100 MG
<i>mg start pack</i> 54	<i>sterile irrigation soln</i>	ONCE WEEKLY) .....31
VARIVAX 77	..... 90	XPOVIO PAK (40 MG
VASCEPA..... 36	WELIREG 23	ONCE WEEKLY) .....31
VAXCHORA SUS 77	<i>wera</i> 63	XPOVIO PAK (40 MG
<i>velivet</i> 63	WESTAB PLUS TAB 27-	TWICE WEEKLY) .....31
VELSIPITY 74	1MG 79	XPOVIO PAK (60 MG
VENCLEXTA 30	<i>wixela inhub</i> 86	ONCE WEEKLY) .....31
VENCLEXTA TAB START	<i>wymzya fe</i> 63	XPOVIO PAK (60 MG
PK 30	XALKORI..... 31	TWICE WEEKLY) .....31
<i>venlafaxine hcl</i> 41	XARELTO 71	XPOVIO PAK (80 MG
VENTOLIN HFA..... 83		ONCE WEEKLY) .....31

XPOVIO PAK (80 MG TWICE WEEKLY).....	31	ZENPEP CAP 10000UNT	69	<i>ziprasidone hcl</i>	45
XTANDI.....	22	ZENPEP CAP 15000UNT	69	<i>ziprasidone mesylate</i> .	45
<i>xulane</i>	64	ZENPEP CAP 20000UNT	69	ZIRABEV	31
XULTOPHY INJ 100/3.6	58	ZENPEP CAP 25000UNT	69	ZIRGAN	80
YF-VAX INJ.....	77	ZENPEP CAP 3000UNIT	69	<i>zoledronic acid</i>	59
<i>yuvafem</i>	64	ZENPEP CAP 40000UNT	69	ZOLINZA	31
<i>zafemy</i>	64	ZENPEP CAP 5000UNIT	69	<i>zolpidem tartrate</i>	51
<i>zafirlukast</i>	83	ZENPEP CAP 60000UNT	70	ZONISADE.....	49
<i>zaleplon</i>	51	<i>zidovudine</i>	15	<i>zonisamide</i>	49
ZARXIO.....	71			<i>zovia 1/35</i>	64
ZEGALOGUE	65			ZTALMY	49
ZEJULA	31			<i>zumandimine</i>	64
ZELBORAF.....	31			ZURZUVAE	41
ZEMAIRA.....	85			ZYDELIG	31
<i>zenatane</i>	86			ZYKADIA	31
				ZYLET SUS 0.5-0.3% .	80

My Choice Wisconsin ໂດຍ Molina Healthcare

ຈະປະຕິບັດຕາມກົດໝາຍສິດທິພົນລະເມືອງຂອງລັດຖະບານທີ່ມີຜົນນໍາໃຊ້ ແລະ ບໍ່ເລືອກປະຕິບັດບົນພື້ນຖານອາຍຸ, ສີ່ຜິວ, ຄວາມພິການ, ຊາດກຳເນີດ (ລວມເຖິງຄວາມຊໍານານດ້ານພາສາທີ່ຈຳກັດ), ເຊື້ອຊາດ ຫຼື ເພດ (ສອດຄ່ອງກັບຂອບເຂດການເລືອກປະຕິບັດທາງເພດທີ່ອະທິບາຍໄວ້ໃນ § 92.101(a)).

ເພື່ອຊ່ວຍໃຫ້ທ່ານສື່ສານກັບພວກເຮົາໄດ້ຢ່າງມີປະສິດທິພາບ, My Choice Wisconsin ຈະໃຫ້ການບໍລິການທີ່ບໍ່ມີຄ່າທຳນຽມ ແລະ ທັນເວລາ:

- My Choice Wisconsin ຈະໃຫ້ການແກ້ໄຂທີ່ສົມເຫດສົມຜົນ ແລະ ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການທີ່ເໝາະສົມແກ່ຄົນທີ່ມີຄວາມພິການ. ສິ່ງນີ້ລວມເຖິງ: (1) ນາຍແປພາສາທີ່ມີຄຸນສົມບັດ. (2) ຂໍ້ມູນໃນຮູບແບບອື່ນໆ ເຊັ່ນ: ແບບຟິມໃຫຍ່, ສຽງ, ຮູບແບບອີເລັກໂຕຣນິກທີ່ສາມາດເຂົ້າເຖິງໄດ້, ຕົວອັກສອນນູນ.
- My Choice Wisconsin ຈະໃຫ້ການບໍລິການດ້ານພາສາ ແກ່ຄົນທີ່ບາກເວົ້າພາສາອື່ນ ຫຼື ມີທັກສະພາສາທີ່ຈຳກັດ. ສິ່ງນີ້ລວມເຖິງ: (1) ນາຍແປພາສາບາກເປົ້າທີ່ມີຄຸນສົມບັດ. (2) ຂໍ້ມູນທີ່ຖືກແປເປັນພາສາຂອງທ່ານ.

ຖ້າທ່ານຕ້ອງການການບໍລິການເຫຼົ່ານີ້, ໃຫ້ຕິດຕໍ່ My Choice Wisconsin ໂດຍ Molina Healthcare ຝ່າຍບໍລິການສະມາຊິກ ທີ່ 1-800-963-0035 ຫຼື TTY/TDD: 711, 8 ໂມງເຊົ້າ – 8 ໂມງແລງ CT, 7 ວັນຕໍ່ອາທິດ.

ຖ້າທ່ານເຊື່ອວ່າພວກເຮົາໄດ້ເລືອກປະຕິບັດ ບົນພື້ນຖານຂອງອາຍຸ, ສີ່ຜິວ, ຄວາມພິການ, ຊາດກຳເນີດ, ເຊື້ອຊາດ ຫຼື ເພດ, ທ່ານສາມາດຍື່ນຄໍາຮ້ອງທຸກ. ທ່ານສາມາດຍື່ນຄໍາຮ້ອງທຸກ ທາງໂທລະສັບ, ໄປສະນີ, ອີເມວ ຫຼື ອອນລາຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການຂຽນຄໍາຮ້ອງທຸກ, ພວກເຮົາຈະຊ່ວຍເຫຼືອທ່ານ. ທ່ານອາດໄດ້ຮັບຂະບວນການຮ້ອງທຸກຂອງພວກເຮົາ ໂດຍເຂົ້າເບິ່ງເວັບໄຊຂອງພວກເຮົາທີ່ <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

ໂທຫາ ຜູ້ປະສານງານສິດທິພົນລະເມືອງຂອງພວກເຮົາ ທີ່ 1-866-606-3889, TTY/TDD: 711 ຫຼື ສົ່ງຄໍາຮ້ອງທຸກຂອງທ່ານໄປຫາ:

Civil Rights Unit
200 OceanGate
Long Beach, CA 90802
ອີເມວ: civil.rights@molinahealthcare.com
ເວັບໄຊ: <https://molinahealthcare.Alertline.com>

ນອກຈາກນັ້ນ, ທ່ານຍັງສາມາດຍື່ນຄໍາຮ້ອງທຸກສິດທິພົນລະເມືອງ (ຄໍາຮ້ອງທຸກ) ກັບພະແນກສຸຂະພາບ ແລະ ບໍລິການມະນຸດຂອງສະຫະລັດ, ສຳນັກງານສິດທິພົນລະເມືອງ, ອອນລາຍຜ່ານ ພອດທອລຄໍາຮ້ອງທຸກຂອງສຳນັກງານສິດທິພົນລະເມືອງ ທີ່: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> ຫຼື ທາງໄປສະນີ ຫຼື ໂທລະສັບທີ່:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building

Washington, D.C. 20201
ໂທລະສັບ: 1-800-368-1019
TTY/TDD: 800-537-7697

ມີແບບຟອມຄໍາຮ້ອງທຸກໃຫ້ຢູ່ບ່ອນນີ້: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Molina Healthcare ແມ່ນແຜນ C-SNP, D-SNP ແລະ HMO ທີ່ມີສັນຍາ Medicare. ແຜນ D-SNP ມີສັນຍາກັບໂຄງການ Medicaid ຂອງລັດ. ການລົງທະບຽນແມ່ນຂຶ້ນກັບການຕໍ່ສັນຍາ.

ມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການໂດຍບໍ່ເສຍຄ່າ ເຊັ່ນ: ລ່າມແປພາສາມື ແລະ ຂໍ້ມູນທີ່ ບັນລາຍລັກອັກສອນໃນຮູບແບບທາງເລືອກ ໃຫ້ແກ່ທ່ານ. ໂທຫາ 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 담 당자가 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: بلغ لوصول. انيدل تيودلأ لودج وأ تحصلا ب قلعتت نلئسأ يأ نع ةباجلا ةينا جملا يروفلا مجرتملا تامدخ مدقن اننا مقر لا بلغ انب لاصتلاا بوس كيلع سيل، يروف مجرتم (TTY: 711) ةبير علا ثدحتي صخش موقيس 1-800-963-0035. ةينا جم ةمدخ هذه. كتدعاسمب.

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 polsku, 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。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。日本語を話す人者が支援いたします。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 rreth 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:

ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບຫຼືແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-963-0035 (TTY: 711). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍເຈົ້າໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

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.



ສູດຢາໄດ້ຖືກອັບເດດໃນວັນທີ 03/01/2025. ສໍາລັບຂໍ້ມູນຫຼ້າສຸດ ຫຼື ຄໍາຖາມອື່ນໆ, ກະລຸນາຕິດຕໍ່
ຜ່ານບໍລິການສະມາຊິກການຮ່ວມມື My Choice Wisconsin Medicare Dual Advantage ແລະ My Choice
Wisconsin ທີ່ (800) 665-3086 (ຜູ້ໃຊ້ TTY ຄວນໂທຫາ 711), ວັນທີ 1 ຕຸລາ – 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, 8
ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - 30 ກັນຍາ: ວັນຈັນ – ວັນສຸກ, 8 ໂມງເຊົ້າ – 8
ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ ຫຼື ເຂົ້າເບິ່ງ Mychoicewi.org.