



Molina Medicare Complete Care Plus (HMO D-SNP) isang Medicare Medi-Cal na Plano

2025 Listahan ng Mga Saklaw na Gamot (Listahan ng Gamot o Pormularyo)

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

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Para sa higit pang kamakailang impormasyon o iba pang mga tanong, makipag-ugnayan sa amin sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras o bisitahin ang MolinaHealthcare.com/Medicare

Panimula

Ang dokumentong ito ay tinatawag na *Listahan ng Mga Saklaw na Gamot* (kilala rin bilang *Listahan ng Gamot*). Ipinapaalam nito sa iyo kung aling mga resetang gamot ang sinasaklaw ng Molina Medicare Complete Care Plus. Ipinapaalam din sa iyo ng Listahan ng Gamot kung mayroong anumang espesyal na panuntunan o paghihigpit sa anumang gamot na saklaw ng Molina Medicare Complete Care Plus. Ang mahahalagang termino at ang kanilang mga kahulugan ay makikita sa huling kabanata ng *Handbook ng Miyembro*.

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A.Mga Disclaimer

Isa itong listahan ng mga gamot na pwedeng makuha ng mga miyembro sa *Molina Medicare Complete Care Plus*.

- ❖ Pwede mong palaging tingnan ang na-update na *Listahan ng Mga Saklaw na Gamot* ng Molina Medicare Complete Care Plus online sa Molinahealthcare.com/Medicare o sa pamamagitan ng pagtawag sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.
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<https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx> Tumawag sa aming Civil Rights Coordinator sa 1-866-606-3889, TTY/TDD: 711 o isumite ang iyong reklamo sa:

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

Maaari ka ring maghain ng reklamo (karaingan) tungkol sa mga sibil na karapatan sa U.S. Department of Health and Human Services, Office for Civil Rights, sa online sa pamamagitan ng Office for Civil Rights Complaint Portal sa: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o sa pamamagitan ng koreo o telepono sa:

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

Ang mga form ng reklamo ay available dito: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Maaari ka ring maghain ng reklamo tungkol sa mga sibil na karapatan sa California Department of Health Care Services, Office of Civil Rights, sa pamamagitan ng telepono, sulat, o elektroniko:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Telepono: 916-440-7370 (o 711 para sa Telecommunications Relay Service)
Email: CivilRights@dhcs.ca.gov

Ang mga form ng reklamo ay available sa
http://www.dhcs.ca.gov/Pages/Language_Access.aspx

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Ծառայությունները գործում են անվճար:

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注記：母国語によるサポートが必要な場合は、1-855-665-4627 (TTY : 711) までご連絡ください。点字による文書や大きな活字で印刷した文書など、障がいのある方への支援やサービスもご利用いただけます。ご利用を希望される場合は、1-855-665-4627 (TTY : 711) までご連絡ください。これらのサービスはいずれも無料です。

주의: 귀하의 언어로 도움이 필요하시면 1-855-665-4627(TTY: 711) 로 문의 바랍니다. 점자 및 큰 글자 문서와 같이 장애가 있는 사용자를 위한 지원 및 서비스도 제공됩니다. 1-855-665-4627(TTY: 711)로 문의 바랍니다. 서비스 이용은 무료입니다.

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توجه: اگر میخواهید راهنماییها را به زبان خودتان دریافت کنید، با شماره 1-855-665-4627 (شماره 711 TTY) تماس بگیرید. وسائل و خدمات کمکی مخصوص افراد مبتال به معلولیت، مانند اسناد به خط بریل و چاپ با حروف درشت نیز در دسترس هستند. برای دریافت این خدمات با شماره 1-855-665-4627 (شماره 711 TTY) تماس بگیرید. این خدمات به صورت رایگان ارائه می شوند.

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Звоните 1-855-665-4627 (TTY: 711). Эти услуги предоставляются бесплатно.

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-855-665-4627 (TTY: 711). También están disponibles ayudas y servicios para personas con discapacidad, como documentos en braille y letra grande. Llame al

1-855-665-4627 (TTY: 711). Estos servicios son gratuitos.

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УВАГА! Якщо вам потрібна допомога вашою мовою, телефонуйте за номером 1-855-665-4627 (телетайп: 711). Крім того, ви можете отримати допоміжні засоби й послуги для осіб з особливими потребами, як-от документи, надруковані шрифтом Брайля або великим шрифтом. Телефонуйте за номером 1-855-665-4627 (телетайп: 711). Ці послуги безкоштовні.

CHÚ Ý: Nếu cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi 1-855-665-4627 (TTY: 711). Hiện chúng tôi cũng có sẵn các phương tiện hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi và chữ in cỡ lớn. Hãy gọi 1-855-665-4627 (TTY: 711). Những dịch vụ này đều miễn phí.

- ❖ Ang dokumentong ito ay available nang libre sa Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Tagalog, at Vietnamese.
- ❖ Pwede kayo laging humiling na padalhan namin kayo ng impormasyon sa wika o format na kailangan ninyo. Tinatawag itong palagiang kahilingan. Tumawag sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Ang isang kinatawan ng Member Service ay makakatulong sa iyo na gumawa ng o baguhin ang isang kasalukuyang kahilingan. Susubaybayan namin ang inyong palagiang kahilingan, upang hindi niyo na kailangang gumawa ng hiwalay na mga kahilingan sa tuwing magpapadala kami sa inyo ng impormasyon.

B. Mga Madalas Itanong (Frequently Asked Questions o FAQ)

Hanapin ang mga sagot sa mga tanong ninyo tungkol sa *Listahan ng Mga Saklaw na Gamot*. Pwede ninyong basahin ang lahat ng FAQ para matuto nang higit pa o maghanap ng tanong at sagot.

B1. Anong mga resetang gamot ang nasa *Listahan ng Mga Saklaw na Gamot*? (Tinatawag naming “*Listahan ng Gamot*” ang *Listahan ng Mga Saklaw na Gamot* para mas maikli.)

Ang mga gamot sa *Listahan ng Mga Saklaw na Gamot* na nagsisimula sa seksyon C1 ay ang mga gamot na sinasaklaw ng Molina Medicare Complete Care Plus (HMO D-SNP). Available ang mga gamot sa mga botika na nasa aming network. Nasa network namin ang isang botika kung nakipagkasundo kami sa kanila na makipagtulungan sa amin at pagserbisuhan kayo. Tinutukoy namin ang mga botikang ito bilang “mga botika na nasa network.”

Ang ibang mga gamot, tulad ng ilang over-the-counter (OTC) na gamot at partikular na mga bitamina, ay maaaring saklawin ng Medi-Cal Rx. Bisitahin ang Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Pwede rin kayong tumawag sa Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang inyong Medi-Cal Beneficiary Identification Card (BIC) kapag kumukuha ng mga reseta sa pamamagitan ng Medi-Cal Rx.

- Sasaklawin ng Molina Medicare Complete Care Plus ang lahat ng gamot na medikal na kinakailangan sa *Listahan ng Gamot* kung:
 - sinabi ng inyong doktor o iba pang tagareseta na kailangan ninyo ang mga ito upang gumaling o manatiling malusog.
 - sumasang-ayon ang Molina Medicare Complete Care Plus na medikal ninyong kinakailangan ang gamot, **at**



Kung mayroon kayong mga tanong, tumawag sa Molina Medicare Complete Care Plus sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito. **Para sa karagdagang impormasyon**, bisitahin ang MolinaHealthcare.com/Medicare.

- kinuha ninyo ang reseta sa isang botika na nasa network ng Molina Medicare Complete Care Plus
- Sa ilang kaso, may kailangan muna kayong gawin bago ninyo makuha ang gamot. Sumangguni sa tanong B4 para sa higit pang impormasyon.

Mahamanap mo rin ang na-update na listahan ng mga gamot na sinasaklaw namin sa aming website sa MolinaHealthcare.com/Medicare o tumawag sa mga Serbisyo para sa Miyembro sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras.

B2. Nagbabago ba ang *Listahan ng Gamot*?

Oo, at dapat sundin ng Molina Medicare Complete Care Plus ang mga panuntunan ng Medicare at Medi-Cal kapag gumagawa ng mga pagbabago. Maaari kaming magdagdag o mag-alis ng mga gamot sa *Listahan ng Gamot* sa buong taon.

Maaari din naming baguhin ang aming mga panuntunan tungkol sa mga gamot. Halimbawa, maaari kaming:

- Magpasya na mangailangan o hindi mangailangan ng paunang pahintulot ang isang gamot. (Ang paunang pahintulot ay pahintulot mula sa Molina Medicare Complete Care Plus bago kayo makakuha ng isang gamot.)
- Magdagdag o baguhin ang dami ng gamot na makukuha ninyo (tinatawag na mga limitasyon sa dami).
- Magdagdag o baguhin ang mga paghihigpit sa step therapy sa isang gamot. (Ang ibig sabihin ng step therapy ay dapat niyo munang subukan ang isang gamot bago namin saklawin ang isa pang gamot.)

Para sa higit pang impormasyon sa mga panuntunang ito ng gamot, sumangguni sa tanong B4.

Kung umiinom kayo ng gamot na sinaklaw sa **simula** ng taon, karaniwan naming hindi aalisin o babaguhin ang saklaw sa gamot na iyon **sa huling natitirang bahagi ng taon** maliban kung:

- lumabas sa pamilihan ang isang bago, mas murang gamot na kasing-bisa ng gamot na nasa *Listahan ng Gamot* ngayon, o
- nalaman namin na hindi ligtas ang isang gamot, o
- inalis ang isang gamot sa pamilihan.

Ang mga tanong B3 at B6 sa ibaba ay may higit pang impormasyon sa kung ano ang mangyayari kapag nagbago ang *Listahan ng Gamot*.

- Pwede mong palaging tingnan ang updated na *Listahan ng Gamot* ng Molina Medicare Complete Care Plus online sa MolinaHealthcare.com/Medicare. Ang mga update sa *Listahan ng Gamot* ay inilalagay sa website buwan-buwan.
- Maaari mo ring tawagan ang mga Serbisyo para sa Miyembro sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na

oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras para tingnan ang kasalukuyang *Listahan ng Gamot*.

B3. Ano ang mangyayari kapag may pagbabago sa *Listahan ng Gamot*?

Ang ilang pagbabago sa *Listahan ng Gamot* ay mangyayari **kaagad**. Halimbawa:

- **Mga pagpapalit ng ilang bagong bersyon ng mga gamot.** Maaari naming agad na alisin ang mga gamot mula sa *Listahan ng Gamot* kung palitan namin ang mga ito ng ilang bagong bersyon ng gamot na iyon, ngunit ang gastos mo sa bagong gamot ay mananatiling \$0. Kapag nagdagdag kami ng bagong bersyon ng isang gamot, maaari rin kaming magpasya na panatilihin ang branded na gamot o orihinal na biological na produkto sa listahan ngunit baguhin ang mga patakaran o limitasyon sa saklaw nito.
 - Maaaring hindi namin ipaalam sa inyo bago namin gawin ang pagbabagong ito, pero padadalhan namin kayo ng impormasyon tungkol sa partikular na pagbabagong ginawa namin kapag nangyari ito.
 - Maaari lamang naming gawin ang mga pagbabagong ito kung ang gamot na idinagdag namin:
 - ay isang bagong generic na bersyon ng isang branded na gamot, o
 - ay isang bagong biosimilar na bersyon ng mga orihinal na biological na produkto sa *Listahan ng Gamot* (halimbawa, pagdaragdag ng isang mapapalitang biosimilar na maaaring palitan para sa isang orihinal na biological na produkto nang walang bagong reseta).
 - Maaaring bago sa iyo ang ilan sa mga uri ng gamot na ito. Para sa karagdagang impormasyon, tingnan ang Seksyon B14.
 - Maaari kayong humiling o ang tagapagkaloob ninyo ng pagbubukod mula sa mga pagbabagong ito. Padadalhan namin kayo ng abiso na may kasamang mga hakbang na pwede ninyong gawin upang humiling ng isang pagbubukod. Mangyaring sumangguni sa tanong B10-B12 para sa higit pang impormasyon sa mga pagbubukod.
- **Tinanggal ang isang gamot sa pamilihan.** Kung sinabi ng Food and Drug Administration (FDA) na ang gamot na iniinom mo ay hindi ligtas o epektibo o ang tagagawa ng gamot ay nag-alis ng gamot sa merkado, maaari naming agad itong alisin sa *Listahan ng Gamot*. Kung ikaw ay gumagamit ng gamot, magpapadala kami sa iyo ng abiso pagkatapos naming gawin ang pagbabago. Makipag-usap sa iyong doktor o iba pang tagapagreseta upang makahanap ng isang alternatibong ligtas para sa iyo.



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Gumawa kami ng ibang mga pagbabago na nakakaapekto sa mga gamot na iniinom ninyo. Sasabihin namin sa iyo nang maaga ang tungkol sa iba pang mga pagbabagong ito sa *Listahan ng Gamot*. Maaaring mangyari ang mga pagbabagong ito kung:

- Nagbigay ang FDA ng bagong gabay o may bagong klinikal na gabay tungkol sa isang gamot.
- Nag-aalis kami ng isang branded na gamot sa *Listahan ng Gamot* kapag nagdaragdag ng generic na gamot na hindi bago sa merkado, o
- nag-aalis kami ng orihinal na biological na produkto kapag nagdaragdag ng biosimilar, o
- binabago namin ang mga patakaran o mga limitasyon ng saklaw para sa branded na gamot.

Kapag nangyari ang mga pagbabagong ito:

- ipapaalam namin sa iyo nang hindi bababa sa 30 araw bago namin gawin ang pagbabago sa *Listahan ng Gamot* o
- ipapaalam namin sa iyo at bibigyan ka ng 31-araw na supply ng gamot pagkatapos mong humingi ng refill.

Magbibigay ito sa inyo ng oras na kausapin ang inyong doktor o iba pang tagareseta. Matutulungan nila kayong magpasya:

- kung may katulad na gamot sa *Listahan ng Gamot* na pwede mong inumin sa halip o
- kung hihiling ng eksepsiyon sa mga pagbabagong ito. Upang alamin ang higit pa tungkol sa mga pagbubukod, sumangguni sa tanong B10-B12.

B4. May mga paghihigpit o limitasyon ba sa pagsaklaw ng gamot o anumang kinakailangang gawin upang makakuha ng partikular na gamot?

Oo, ang ilang mga gamot ay may mga panuntunan o limitasyon sa pagsaklaw sa dami na inyong pwedeng makuha. Sa ilang mga kaso, ikaw o ang iyong doktor o iba pang tagapagreseta ay may dapat gawin bago mo makuha ang gamot. Halimbawa:

- **Paunang pahintulot:** Para sa ilang gamot, dapat muna kayong kumuha ng pahintulot o ang inyong doktor o iba pang tagareseta mula sa Molina Medicare Complete Care Plus bago ninyo makuha ang inyong reseta. Ang paunang pahintulot ay naiiba mula sa isang referral. Maaaring hindi saklawin ng Molina Medicare Complete Care Plus ang gamot kung hindi kayo kumuha ng paunang pahintulot.
- **Mga limitasyon sa dami:** Nililimitahan minsan ng Molina Medicare Complete Care Plus ang dami ng gamot na pwede ninyong makuha.
- **Step therapy:** Kinakailangan minsan ng Molina Medicare Complete Care Plus na gawin ninyo ang step therapy. Ibig sabihin nito na kailangan niyong sumubok ng mga gamot sa isang partikular na pagkakasunod-sunod para sa inyong medikal na

kondisyon. Maaari muna ninyong subukan ang isang gamot bago namin saklawin ang isa pang gamot. Kung sa tingin ng inyong doktor na ang unang gamot ay hindi mabisa sa iyo, sasaklawin namin ang pangalawa.

Maaari mong malaman kung ang gamot mo ay may anumang karagdagang mga kinakailangan o limitasyon sa pamamagitan ng pagtingin sa mga talahanayan sa seksyon C1. Maaari ka ring makakuha ng higit pang impormasyon sa pamamagitan ng pagbisita sa aming website sa MolinaHealthcare.com/Medicare. Nag-post kami ng mga online na dokumento na nagpapaliwanag sa aming paunang awtorisasyon at mga paghihigpit sa step therapy. Pwede din kayong humiling sa amin na padalhan kayo ng isang kopya.

Pwede kayong humiling ng pagbubukod mula sa mga limitasyong ito. Magbibigay ito sa inyo ng oras na kausapin ang inyong doktor o iba pang tagareseta. Matutulungan ka nilang magpasya kung may katulad na gamot sa *Listahan ng Gamot* na maaari mong inumin sa halip o kung kailangang humingi ng eksepsiyon. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon sa mga pagbubukod.

B5. Paano ko malalaman kung may limitasyon ang gamot na gusto ko o kung may kailangang gawin upang makuha ang gamot?

Ang talahanayan sa *Listahan ng mga Gamot* ayon sa kondisyong medikal ay may column na may label na “Mga kinakailangang gawin, mga paghihigpit, o mga limitasyon sa paggamit.”

B6. Ano ang mangyayari kung baguhin ng Molina Medicare Complete Care Plus ang kanilang mga tuntunin tungkol sa kung paano nila sasaklawin ang ilang mga gamot (halimbawa, paunang pahintulot, limitasyon sa dami, at/o mga paghihigpit sa step therapy)?

Sa ilang mga kaso, ipapaalam namin sa inyo ng mas maaga kung nagdagdag kami o binago ang paunang pahintulot, limitasyon sa dami, at/o paghihigpit sa step therapy ng isang gamot. Sumangguni sa tanong B3 para sa higit pang impormasyon tungkol sa paunang abiso na ito at mga sitwasyon kung saan maaaring hindi namin masabi sa iyo nang maaga kapag nagbago ang aming mga patakaran tungkol sa mga gamot sa *Listahan ng Gamot*.

B7. Paaano ako makakahanap ng gamot sa Listahan ng Gamot?

May dalawang paraan upang hanapin ang isang gamot:

- pwede kang maghanap ayon sa alpabeto, **o**
- pwede kang maghanap ayon sa medikal na kondisyon.

Upang maghanap ayon sa **alpabeto**, hanapin ang inyong gamot sa Index ng seksyon na Mga Sinasaklaw na Gamot. Mahahanap mo ito sa seksyon D .



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Upang maghanap ayon sa **medikal na kondisyon**, hanapin ang seksyon C1 na may label na “Listahan ng Mga Gamot Ayon sa Medikal na Kondisyon”. Ang mga gamot sa seksyon na ito ay nakapangkat ayon sa mga kategorya depende sa uri ng medikal na kondisyon na kanilang ginagamot. Halimbawa, kung ikaw ay may karamdaman sa puso, dapat kang tumingin sa Cardiovascular. Doon ninyo mahahanap ang mga gamot para sa mga sakit sa puso.

B8. Paano kung ang gamot na gusto kong inumin ay wala sa *Listahan ng Gamot*?

Kung hindi mo mahanap ang iyong gamot sa *Listahan ng Gamot*, tawagan ang mga Serbisyo para sa Miyembro sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras at magtanong tungkol dito. Kung nalaman ninyo na hindi sasaklawin ng Molina Medicare Complete Care Plus ang gamot, pwede ninyong gawin ang isa sa mga bagay na ito:

- Tanungin ang mga Serbisyo para sa Miyembro para sa isang listahan ng mga gamot tulad ng gusto mong inumin. Pagkatapos ay ipakita ang listahan sa inyong doktor o iba pang tagareseta. Pwede silang magreseta ng gamot na nasa *Listahan ng Gamot* na tulad ng gusto mong inumin. **O**
- Pwede kayong humiling sa Molina Medicare Complete Care Plus na gumawa ng pagbubukod upang saklawin ang inyong gamot. Sumangguni sa tanong B10-B12 para sa higit pang impormasyon sa mga pagbubukod.

B9. Paano kung ako ay bagong miyembro ng Molina Medicare Complete Care Plus at hindi ko mahanap ang gamot ko sa *Listahan ng Gamot* o nahihirapang makuha ang gamot ko?

Tutulungan namin kayo. Maaari naming saklawin ang pansamantalang 31-araw na supply ng iyong gamot sa unang 90 araw na ikaw ay miyembro ng Molina Medicare Complete Care Plus. Magbibigay ito sa inyo ng oras na kausapin ang inyong doktor o iba pang tagareseta. Matutulungan ka nilang magpasya kung may katulad na gamot sa *Listahan ng Gamot* na maaari mong inumin sa halip o kung kailangang humingi ng eksepsiyon.

Kung niresetahan kayo para sa mas kaunting araw, pahihintulutan namin ang maramihang mga refill upang bigyan kayo ng hanggang sa maximum na 31 araw ng paggamot.

Sasaklawin namin ang 31-araw na supply ng inyong gamot kung:

- umiinom kayo ng gamot na wala sa aming *Listahan ng Gamot*, **o**
- hindi kayo pinapahintulutan ng panuntunan ng aming plano na kumuha ng dami na inutos ng inyong tagareseta, **o**
- kinakailangan ng paunang pahintulot ng gamot sa Molina Medicare Complete Care Plus, **o**
- umiinom kayo ng gamot na bahagi ng paghihigpit sa step therapy.

Kung umiinom ka ng gamot na hindi itinuturing ng Molina Medicare Complete Care Plus na isang Bahagi D na gamot, at ang gamot ay wala sa *Listahan ng Gamot*, at mayroon kang problema sa

pagkuha ng gamot, maaari itong saklawin sa pamamagitan ng Medi-Cal Rx. Kung ang gamot na hindi kasama sa Bahagi D ay nangangailangan ng eksepsiyon, at mayroon kang emergency, papayagan ng Medi-Cal Rx ang hindi bababa sa 72-oras na supply ng gamot. Bisitahin ang Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Pwede rin kayong tumawag sa Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang iyong Medi-Cal BIC kapag kumukuha ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Kung ikaw ay nasa isang nursing home o iba pang pasilidad ng pangmatagalang pangangalaga at nangangailangan ng gamot na wala sa *Listahan ng Gamot* o kung hindi mo madaling makuha ang gamot na kailangan mo, maaari kaming makatulong. Kung ikaw ay nasa plano nang higit sa 90 araw, nakatira sa isang pasilidad ng pangmatagalang pangangalaga, at nangangailangan agad ng supply:

- Sasaklawin namin ang isang 31-araw na supply ng gamot na kailangan mo (maliban kung may reseta ka para sa kaunting mga araw), bagong miyembro ka man o hindi ng Molina Medicare Complete Care Plus.
- Ito ay karagdagan sa pansamantalang suplay sa loob ng unang 90 araw na ikaw ay miyembro ng Molina Medicare Complete Care Plus.

Magbibigay ang Molina Medicare Complete Care Plus ng pansamantalang hindi bababa sa 31 araw na reseta (maliban kung ang reseta ay isinulat para sa mas mababa sa 31 araw na supply o ang reseta ay ibinibigay nang mas mababa sa nakasulat na halaga dahil sa mga limitasyon sa dami para sa mga layuning pangkaligtasan o mga pag-edit sa paggamit ng gamot batay sa inaprubahang pag-label ng produkto, kung saan ang Molina Medicare ay magbibigay-daan sa maramihang mga pagbibigay ng reseta upang makapaglaan ng hanggang sa kabuuang 31 araw ng gamot) sa isang lugar ng Pangmatagalang Pangangalaga anumang oras sa loob ng unang 90 araw ng pagpapatala ng miyembro, simula sa petsa na nagkaroon ng bisa ang pagsaklaw ng nakatala.

B10. Pwede ba akong humiling ng isang pagbubukod upang saklawin ang aking gamot?

Oo. Pwede mong hilingin sa Molina Medicare Complete Care Plus na gumawa ng eksepsiyon upang saklawin ang isang gamot na wala sa *Listahan ng Gamot*.

Pwede din kayong humiling sa amin na baguhin ang mga panuntunan sa inyong gamot.

- Halimbawa, nililimitahan minsan ng Medicare Complete Care Plus ang dami ng gamot na sasaklawin namin. Kung may limitasyon ang inyong gamot, pwede kayong humiling sa amin na baguhin ang limitasyon at saklawin ang mas higit pa.
- Iba pang mga halimbawa: Pwede kayong humiling sa amin na alisin ang mga paghihiipit sa step therapy o mga kinakailangan na paunang pahintulot.



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B11. Paano ako hihiling ng isang pagbubukod?

Upang humiling ng isang pagbubukod, tumawag *samga Serbisyo para sa Miyembro*. Ang isang kinatawan ng mga Serbisyo para sa Miyembro ay makikipagtulungan sa iyo at sa iyong tagapagreseta upang tulungan kang humiling ng isang eksepsiyon. Maaari mo ring basahin ang **Kabanata 9** seksyon G2 ng *Handbook ng Miyembro* upang matuto nang higit pa sa mga eksepsiyon.

B12. Gaano katagal bago makakuha ng isang pagbubukod?

Pagkatapos naming matanggap ang pahayag na sumusuporta sa inyong kahilingan para sa isang pagbubukod mula sa inyong tagapagreseta, bibigyan namin kayo ng pasya sa loob ng 72 oras. Pwedeng i-fax o ipadala sa amin ng iyong doktor o iba pang tagapagreseta ang sumusuportang pahayag sa (866) 290-1309. Pwede din nilang ipaalam sa amin sa pamamagitan ng tawag at pagkatapos ay i-fax o ipadala ang pahayag.

Ipadala ang pahayag ng tagapagreseta sa:

Molina Healthcare

Attn: Pharmacy Department

7050 S Union Park Center, Suite 600

Midvale, Utah 84107

Kung sa tingin ninyo o ng inyong tagareseta na maaaring manganib ang inyong kalusugan kung maghihintay kayo ng 72 oras para sa isang pasya, pwede kayong humiling ng isang pinabilis na pagbubukod. Ito ay mas mabilis na pasya. Kung sinuportahan ng inyong tagareseta ang inyong kahilingan, bibigyan namin kayo ng pasya sa loob ng 24 oras mula sa pagkakatanggap ng sumusuportang pahayag ng inyong tagareseta.

B13. Ano ang mga generic na gamot?

Ang mga generic na gamot ay gawa sa parehong aktibong sangkap tulad ng sa branded na gamot. Karaniwan nang mas mura ang mga ito kaysa sa branded na gamot at sa pangkalahatan ay gayundin din ang epekto nito. Karaniwang walang kilalang pangalan ang mga ito. Aprubado ng Food and Drug Administration (FDA) ang mga generic na gamot. May mga generic na gamot na available para sa maraming mga branded na gamot. Ang generic na gamot ay karaniwang maaaring palitan ng mga branded na gamot sa parmasya nang walang bagong reseta—depende sa mga batas ng estado.

Sinasaklaw ng Molina Medicare Complete Care Plus ang parehong mga branded at generic na gamot.

B14. Ano ang mga orihinal na biological na produkto at paano ito nauugnay sa mga biosimilar?

Kapag tinutukoy namin ang mga gamot, ito ay maaaring mangahulugan ng isang gamot o isang biological na produkto. Ang mga biological na produkto ay mga gamot na mas kumplikado kaysa sa mga tipikal na gamot. Dahil ang mga biological na produkto ay mas kumplikado kaysa sa mga tipikal na gamot, sa halip na magkaroon ng generic na anyo, mayroon itong mga anyo na tinatawag na mga biosimilar. Sa pangkalahatan, gumagana ang mga biosimilar gaya ng orihinal na biological na produkto at maaaring mas mura. May mga

biosimilar na alternatibo para sa ilang orihinal na biological na produkto. Ang ilang mga biosimilar ay maaaring palitan at, depende sa mga batas ng estado, maaaring palitan para sa orihinal na biological na produkto sa pamilya nang hindi nangangailangan ng bagong reseta, tulad ng mga generic na gamot na maaaring palitan para sa mga branded na gamot.

Para sa karagdagang impormasyon tungkol sa mga uri ng gamot, sumangguni sa **Kapitulo 5** ng *Handbook ng Miyembro*.

B15. Sinasaklaw ba ng Molina Medicare Complete Care Plus ang mga hindi gamot na OTC na produkto?

Sinasaklaw ng Molina Medicare Complete Care Plus ang ilan sa mga hindi gamot na OTC na produkto kapag isinulat sila bilang reseta ng inyong tagapagkaloob.

Pwede ninyong basahin ang *Listahan ng Gamot* ng Molina Medicare Complete Care Plus upang malaman kung anong mga produktong OTC na hindi gamot ang sinasaklaw.

B16. Sinasaklaw ba ng Molina Medicare Complete Care Plus ang mga pangmatagalang supply ng reseta?

- **Mga programa ng mail-order.** Nag-aalok kami ng programa ng mail-order na magbibigay-daan sa inyo na makakuha ng hanggang sa 100-araw na supply ng inyong inireresetang gamot na ipapadala nang direkta sa inyong tahanan. Ang 100-araw na supply ay may parehong copay gaya ng sa isang-buwang supply.
- **Mga programa ng 100-Araw na Tinging Botika.** Maaaring mag-alok ang ilang mga tinging botika ng hanggang sa 100-araw na supply ng mga saklaw na reseta ng gamot. Ang 100-araw na supply ay may parehong copay gaya ng sa isang-buwang supply.

B17. Pwede ko bang ipahatid ang mga reseta ko sa bahay mula sa isang lokal na botika?

Maaaring ihatid ng inyong lokal na botika ang inyong reseta sa bahay. Pwede kayong tumawag sa inyong botika upang malaman kung nag-aalok ba sila ng mga paghahatid sa bahay.

B18. Ano ang aking copay?

Ang mga miyembro ng Molina Medicare Complete Care Plus ay mayroong inirereseta at OTC na mga gamot at mga produktong hindi gamot kung susundin ng miyembro ang mga patakaran ng plano. Sumangguni sa tanong B15 at B16 para sa higit pang impormasyon tungkol sa mga OTC na gamot at hindi-gamot na mga produkto.

Ang mga tier ay mga grupo ng gamot sa aming *Listahan ng Gamot*.

- Ang mga Tier 1 Generic na gamot ay mayroong \$0 na copay.



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- Ang mga Tier 1 Branded na gamot ay mayroong \$0 na copay.

Lahat ng tier ay walang copay.

Ang mga OTC ay may \$0 na copay.

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C. Overview ng Listahan ng Mga Saklaw na Gamot

Ang *Listahan ng Mga Saklaw na Gamot* ay nagbibigay sa inyo ng impormasyong tungkol sa mga gamot na sinasaklaw ng Molina Medicare Complete Care Plus. Kung nahihirapan kang mahanap ang iyong gamot sa listahan, pumunta sa sa Index ng mga Saklaw na Gamot na nagsisimula sa seksyon D. Ang indes ay nakalista sa alpabetikong pagkakasunud-sunod ng lahat ng mga gamot na saklaw ng Molina Medicare Complete Care Plus.

Ang ibang mga gamot, tulad ng ilang over-the-counter (OTC) na gamot at partikular na mga bitamina, ay maaaring saklawin ng Medi-Cal Rx. Bisitahin ang Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) para sa higit pang impormasyon. Pwede rin kayong tumawag sa Sentro ng Serbisyo sa Customer ng Medi-Cal Rx sa 800-977-2273. Dalhin ang inyong Medi-Cal Beneficiary Identification Card (BIC) kapag kumukuha ng mga reseta sa pamamagitan ng Medi-Cal Rx.

Mga Apela sa Ilalim ng Bahagi D

- Ang isang apela ay isang pormal na paraan ng paghiling sa amin na suriin ang isang pasya na aming ginawa tungkol sa inyong saklaw at baguhin ito kung sa tingin ninyo ay nagkamali kami.
- Halimbawa, maaari kaming magpasya na ang isang gamot na gusto ninyo ay hindi saklaw o hindi na sinasaklaw ng Medicare o Medi-Cal.
- Kung ikaw o ang iyong tagapagreseta ay hindi sumasang-ayon sa aming desisyon, maaari kang umapela. Kung sakaling mayroon kang tanong, tumawag sa mga Serbisyo para sa Miyembro sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras.
- Pwede mo ring basahin ang **Kabanata 9** ng *Handbook ng Miyembro* upang malaman kung paano mag-apela ng desisyon.
- Ang mga gamot na hindi Bahagi D na gamot ay may ibang mga patakaran para sa mga apela.

C1. Listahan ng Mga Gamot ayon sa Medikal na Kondisyon

Ang mga gamot sa seksyon na ito ay nakapangkat ayon sa mga kategorya depende sa uri ng medikal na kondisyon na kanilang ginagamot. Halimbawa, kung may sakit kayo sa puso, dapat

kayong maghanap sa kategorya , na Cardiovascular. Doon ninyo mahahanap ang mga gamot para sa mga sakit sa puso.

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

PA = Paunang awtorisasyon (pag-apruba): kailangan mong magkaroon ng pag-apruba bago mo makuha ang gamot na ito.

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

ST = Pamantayan sa step therapy: dapat mong subukan ang isa pang gamot bago mo makuha ito.

NM = Order na non-mail: ang gamot na ito ay hindi pwedeng mapunan sa pamamagitan ng koreo.

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

LA = Gamot na may limitadong access: maaaring available lamang ang gamot na ito sa ilang parmasya.

_ = Mga gamot na hindi Bahagi D, o mga OTC na item na saklaw ng Medicaid.

NDS = Hindi-napalawig na mga araw ng supply: lilimitahan ka sa kung ilang araw na supply ang matatanggap mo.

Nakalista sa unang column ng talahanayan ang pangalan ng gamot. Ang mga generic na gamot ay nakalista sa italic na maliliit na letra (halimbawa, *metformin hcl*), malalaking letra ang mga branded na gamot (halimbawa, JANUVIA TABS), Ang impormasyon sa column na “Mga kinakailangang gawin, mga paghihigpit, o mga limitasyon sa paggamit” ay nagsasabi sa iyo kung ang Molina Medicare Complete Care Plus ay may anumang patakaran para sa saklaw ng iyong gamot.



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MOLINA_CY25_1T_SNP_PMOD eff 06/01/2025**Drug Name****Drug Tier Requirements/Limits****ANALGESICS****GOUT**

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

MISCELLANEOUS

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

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

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL (240 tabs / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
IMPAVIDO CAPS 50mg	1	NDS, PA

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
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



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Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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 (hbw)</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)



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	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)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	NM
rimantadine hydrochloride TABS 100mg	1	
valacyclovir hcl TABS 1gm, 500mg	1	
valganciclovir hcl SOLR 50mg/ml	1	NDS
valganciclovir hcl TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPB 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	1	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
cefazolin sodium 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/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
cefepime hcl SOLR 1gm, 2gm	1	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
cefotetan disodium SOLR 1gm, 2gm	1	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium 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
e.e.s. 400 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</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	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</i> 250 mg/50ml	1	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	1	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	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 for susp</i> 200-28.5 mg/5ml	1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	1	



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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<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, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NDS, NM
<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
TABLOID TABS 40mg	1	NDS
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	

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<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



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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<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
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 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

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
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



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Drug Name	Drug Tier	Requirements/Limits
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA

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

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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



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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)



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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
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</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
<i>CALCIUM CHANNEL BLOCKERS</i>		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<i>DIURETICS</i>		
<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	

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	



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Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA
<i>NITRATES</i>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
<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)
<i>ANTI-DEMENTIA</i>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)

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



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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<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)
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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
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
<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)

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<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; TBP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clonazepam 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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</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	
<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>roweepra</i> TABS 500mg	1	



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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)



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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA
<i>MUSCULOSKELETAL THERAPY AGENTS</i>		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<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)



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

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl TABS 500mg</i>	1	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	1	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	1	QL (75 tabs / 30 days)
<i>metformin hcl TB24 500mg</i>	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TB24 750mg</i>	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide TABS 60mg, 120mg</i>	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 TABS 15mg, 30mg, 45mg</i>	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 TABS 2mg</i>	1	QL (240 tabs / 30 days)



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Drug Name	Drug Tier	Requirements/Limits
repaglinide 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
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA

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Drug Name	Drug Tier	Requirements/Limits
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
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



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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<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>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<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	

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



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

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Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	



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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>DEXAMETHASONE INTENSOL</i> CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
diazoxide 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
betaine powder for oral solution	1	NDS, NM
cabergoline TABS .5mg	1	
carglumic acid TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
desmopressin acetate SOLN 4mcg/ml	1	NDS
desmopressin acetate TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	1	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA



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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
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	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	



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Drug Name	Drug Tier	Requirements/Limits
<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)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	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/NACL 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>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<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	
DOPTLET TABS 20mg	1	NDS, NM, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 90mg	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
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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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



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Drug Name	Drug Tier	Requirements/Limits
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	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 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

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



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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAIXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	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	
IPOX 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 SOLN .5ml	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	

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

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 SUSY .5ml	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	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D10W/NACL 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



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Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> 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	



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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVI 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	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	



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

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



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Drug Name	Drug Tier	Requirements/Limits
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
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)



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

TOPICAL

DERMATOLOGY, ACNE

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

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>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
<i>ENSTILAR</i> AER	1	NDS, QL (120 gm / 30 days), PA



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Drug Name	Drug Tier	Requirements/Limits
tazarotene CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	1	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (60 mL / 30 days)
fluocinonide CREA .05%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	1	
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) OINT 1%	1	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	1	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	QL (454 gm / 30 days)

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<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



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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	
_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	

Makakahanap ka ng impormasyon kung ano ang ibig sabihin ng mga simbolo at pagdadaglat sa talahanayang ito sa pamamagitan ng pagpunta sa seksyon C1.

D. Index ng Mga Saklaw na Gamot

Sa bahaging ito, mahahanap ninyo ang isang gamot sa pamamagitan ng paghanap sa pangalan nito sa ayon sa alpabeto. Tutukuyin nito ang numero ng pahina kung saan ninyo mahahanap ang karagdagang impormasyon sa pagsaklaw ng inyong gamot.

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ARISTADA	54	105MG.....	51	<i>tab 5-6.25mg.....</i>	43
ARISTADA INITIO ...	54	<i>aviane</i>	71	<i>benazepril hcl</i>	44
<i>armodafinil</i>	65	<i>ayuna.....</i>	71	BENDAMUSTINE	
ARNUITY ELLIPTA ...	97	AYVAKIT	34	HYDROCHLORID ..	31
<i>asenapine maleate..</i>	54	<i>azacitidine</i>	32	BENDEKA	31
<i>ashlyna</i>	71	<i>azathioprine</i>	87	BENLYSTA	87
<i>aspirin-dipyridamole</i>		<i>azelastine hcl</i>	94	<i>benzoyl peroxide-</i>	
<i>cap er 12hr 25-200</i>		<i>azelastine hcl (ophth)</i>		<i>erythromycin gel 5-</i>	
<i>mg.....</i>	84	.....	93	<i>3%</i>	98
ASTAGRAF XL	87	<i>azithromycin</i>	29	<i>benztropine mesylate</i>	
<i>atazanavir sulfate ...</i>	25	<i>aztreonam</i>	22	.....	53
<i>atenolol.....</i>	47	<i>azurette.....</i>	71	BERINERT	83
<i>atenolol &</i>		<i>bacitracin</i>		BESIVANCE	92
<i>chlorthalidone tab</i>		<i>(ophthalmic).....</i>	92	BESREMI	33
<i>100-25 mg.....</i>	47	<i>bacitracin-polymyxin b</i>		<i>betaine powder for</i>	
<i>atenolol &</i>		<i>ophth oint</i>	92	<i>oral solution.....</i>	77
<i>chlorthalidone tab</i>		<i>bacitracin-polymyxin-</i>		<i>betamethasone</i>	
<i>50-25 mg</i>	47	<i>neomycin-hc ophth</i>		<i>dipropionate</i>	
<i>atomoxetine hcl</i>	61	<i>oint 1%</i>	91	<i>(topical)</i>	100
<i>atorvastatin calcium</i>	46	<i>baclofen.....</i>	64, 65	<i>betamethasone</i>	
<i>atovaquone.....</i>	22	BAFIERTAM	64	<i>dipropionate</i>	
<i>atovaquone-proguanil</i>		<i>balsalazide disodium</i>		<i>augmented</i>	100
<i>hcl tab 250-100 mg</i>		.....	80	<i>betamethasone</i>	
.....	24	BALVERSA.....	34, 35	<i>valerate.....</i>	100
<i>atovaquone-proguanil</i>		<i>balziva.....</i>	71	BETASERON.....	64
<i>hcl tab 62.5-25 mg</i>		BARACLUDE	27	<i>betaxolol hcl</i>	48
.....	24	BASAGLAR KWIKPEN		<i>betaxolol hcl (ophth)</i>	
ATROPINE SULFATE	93	.....	68	.....	93
<i>atropine sulfate</i>		BCG VACCINE.....	88	<i>bethanechol chloride</i>	
<i>(ophthalmic)</i>	93	<i>benazepril &</i>		.....	82
ATROVENT HFA	94	<i>hydrochlorothiazide</i>		BETOPTIC-S	93
<i>aubra eq</i>	71	<i>tab 10-12.5 mg ..</i>	43	BEVESPI AER 9-	
AUGTYRO	34			<i>4.8MCG</i>	94
<i>aurovela 1/20</i>	71			<i>bexarotene</i>	33



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<i>bexarotene (topical)</i> 101	<i>bromfenac sodium</i> <i>(ophth)</i> 92	<i>bupropion hcl</i> <i>(smoking deterrent)</i> 66
BEXSERO.....88	<i>bromocriptine</i> <i>mesylate</i> 53	<i>buspirone hcl</i> 50
<i>bicalutamide</i> 32	BRONCHITOL 96	<i>butorphanol tartrate</i> 21
BICILLIN L-A..... 30	BRUKINSA 35	<i>cabergoline</i> 77
BIKTARVY TAB 30- 120-15 MG..... 26	<i>budesonide</i> 80	CABOMETYX 35
BIKTARVY TAB 50- 200-25 MG..... 26	<i>budesonide</i> <i>(inhalation)</i> 97	<i>calcipotriene</i> 99
<i>bisoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 10-6.25 mg ...</i> 47	<i>budesonide-formoterol</i> <i>fumarate dihyd</i> <i>aerosol 160-4.5</i> <i>mcg/act</i> 98	<i>calcitonin (salmon)</i> <i>spray</i> 70
<i>bisoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 2.5-6.25 mg ..</i> 47	<i>budesonide-formoterol</i> <i>fumarate dihyd</i> <i>aerosol 80-4.5</i> <i>mcg/act</i> 98	<i>calcitrene</i> 99
<i>bisoprolol &</i> <i>hydrochlorothiazide</i> <i>tab 5-6.25 mg</i> 47	<i>bumetanide</i> 49	<i>calcitriol</i> 79
<i>bisoprolol fumarate</i> . 48	<i>buprenorphine</i> 20	<i>calcitriol (oral)</i> 79
BIVIGAM 87	<i>buprenorphine hcl</i> .. 65	CALQUENCE..... 35
<i>blisovi 24 fe</i> 71	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>12-3 mg (base</i> <i>equiv)</i> 66	<i>camila</i> 71
<i>blisovi fe 1.5/30</i> 71	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 65	<i>camrese</i> 71
BOOSTRIX INJ 88	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i> 65	<i>camrese lo</i> 71
<i>bortezomib</i> 35	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i> 66	<i>candesartan cilexetil</i> 46
BORTEZOMIB..... 35	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 65	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide</i> <i>tab 16-12.5 mg ...</i> 45
<i>bosentan</i> 50	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>4-1 mg (base equiv)</i> 65	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide</i> <i>tab 32-12.5 mg ...</i> 45
BOSULIF..... 35	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>8-2 mg (base equiv)</i> 66	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide</i> <i>tab 32-25 mg.....</i> 45
BRAFTOVI..... 35	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	CAPLYTA 54
BREO ELLIPTA INH 100-25 98	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	CAPRELSA 35
BREO ELLIPTA INH 200-25 98	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	<i>captopril</i> 44
BREO ELLIPTA INH 50- 25MCG 98	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	<i>captopril &</i> <i>hydrochlorothiazide</i> <i>tab 25-15 mg.....</i> 43
<i>breyana</i> 98	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	<i>captopril &</i> <i>hydrochlorothiazide</i> <i>tab 25-25 mg.....</i> 43
BREZTRI AERO AER SPHERE 94	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	<i>captopril &</i> <i>hydrochlorothiazide</i> <i>tab 50-15 mg.....</i> 43
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 94	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	<i>captopril &</i> <i>hydrochlorothiazide</i> <i>tab 50-25 mg.....</i> 43
<i>briellyn</i> 71	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	<i>carb/levo orally</i> <i>disintegrating tab</i> <i>10-100mg</i> 53
BRILINTA 84	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	
<i>brimonidine tartrate</i> 93	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	
<i>brinzolamide</i> 93	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	
BRIVIACT 57	<i>buprenorphine hcl-</i> <i>naloxone hcl sl film</i> <i>2-0.5 mg (base</i> <i>equiv)</i> 66	

<i>carb/levo orally</i>	<i>caspofungin acetate</i> 24	<i>cetirizine hcl</i> 94
<i>disintegrating tab</i>	CAYSTON..... 22	<i>cevimeline hcl</i> 102
<i>25-100mg..... 53</i>	<i>cefaclor</i> 28	<i>chateal eq</i> 71
<i>carb/levo orally</i>	<i>cefadroxil</i> 28	CHEMET 70
<i>disintegrating tab</i>	CEFAZOLIN 28	<i>chlorhexidine</i>
<i>25-250mg..... 53</i>	CEFAZOLIN INJ	<i>gluconate (mouth-</i>
<i>carbamazepine</i> 57	<i>1GM/50ML..... 28</i>	<i>throat) 102</i>
<i>carbidopa & levodopa</i>	<i>cefazolin sodium</i> 28	<i>chloroquine phosphate</i>
<i>tab 10-100 mg 53</i>	CEFAZOLIN SOLN	 24
<i>carbidopa & levodopa</i>	<i>2GM/100ML-4% .. 28</i>	<i>chlorpromazine hcl</i> .54
<i>tab 25-100 mg 53</i>	CEFAZOLIN/DEX SOL	<i>chlorthalidone</i> 49
<i>carbidopa & levodopa</i>	<i>1GM/50ML-4% ... 28</i>	<i>cholestyramine</i> 47
<i>tab 25-250 mg 53</i>	CEFAZOLIN/DEX SOL	<i>cholestyramine light</i> 47
<i>carbidopa & levodopa</i>	<i>2GM/50ML-3% ... 28</i>	<i>ciclopirox</i> 99
<i>tab er 25-100 mg 53</i>	CEFAZOLIN/DEX SOL	<i>ciclopirox olamine</i> ... 99
<i>carbidopa & levodopa</i>	<i>3GM/150ML-4% .. 28</i>	<i>cilostazol</i> 83
<i>tab er 50-200 mg 53</i>	CEFAZOLIN/DEX SOL	CILOXAN 92
<i>carbidopa-levodopa-</i>	<i>3GM/50ML-2% ... 28</i>	CIMDUO TAB 300-300
<i>entacapone tabs</i>	<i>cefdinir</i> 28	 26
<i>12.5-50-200 mg .. 53</i>	<i>cefepime hcl</i> 28	<i>cinacalcet hcl</i> 77
<i>carbidopa-levodopa-</i>	<i>cefixime</i> 28	<i>ciprofloxacin 200</i>
<i>entacapone tabs</i>	<i>cefotetan disodium</i> . 28	<i>mg/100ml in d5w</i> 29
<i>18.75-75-200 mg 53</i>	<i>cefoxitin sodium</i> 28	<i>ciprofloxacin 400</i>
<i>carbidopa-levodopa-</i>	<i>cefpodoxime proxetil</i>	<i>mg/200ml in d5w</i> 29
<i>entacapone tabs 25-</i>	 28	<i>ciprofloxacin hcl</i> 29
<i>100-200 mg 53</i>	<i>cefprozil</i> 28	<i>ciprofloxacin hcl</i>
<i>carbidopa-levodopa-</i>	<i>ceftazidime</i> 28	<i>(ophth) 92</i>
<i>entacapone tabs</i>	<i>ceftriaxone sodium</i> . 28	<i>ciprofloxacin-</i>
<i>31.25-125-200 mg</i>	<i>cefuroxime axetil</i> ... 28	<i>dexamethasone otic</i>
<i>..... 53</i>	<i>cefuroxime sodium</i> . 28	<i>susp 0.3-0.1% 94</i>
<i>carbidopa-levodopa-</i>	<i>celecoxib</i> 20	<i>cisplatin</i> 31
<i>entacapone tabs</i>	<i>cephalexin</i> 29	<i>citalopram</i>
<i>37.5-150-200 mg 53</i>	CEQUR SIMPL KIT	<i>hydrobromide</i> 51
<i>carbidopa-levodopa-</i>	<i>PATCH 2U (3-DAY)</i>	<i>claravis</i> 98
<i>entacapone tabs 50-</i>	 68	<i>clarithromycin</i> 29
<i>200-200 mg 53</i>	CEQUR SIMPL KIT	<i>clindamycin hcl</i> 22
<i>carboplatin</i> 31	<i>PATCH 2U (4-DAY)</i>	<i>clindamycin palmitate</i>
<i>carglumic acid</i> 77	 68	<i>hydrochloride</i> 22
<i>carisoprodol</i> 65	CEQUR SIMPL MIS	<i>clindamycin phosphate</i>
<i>carteolol hcl (ophth)</i> 93	<i>INSERTER</i> 68	 22
<i>cartia xt</i> 48	CERDELGA 77	<i>clindamycin phosphate</i>
<i>carvedilol</i> 48	CEREZYME 77	<i>(topical) 98</i>



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<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	22	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> ..	99	CREON CAP 24000UNT	81
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	22	<i>clozapine</i>	54	CREON CAP 3000UNIT	81
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	22	COARTEM TAB 20- 120MG.....	24	CREON CAP 36000UNT	81
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	22	COBENFY CAP 100- 20MG	54	CREON CAP 6000UNIT	81
<i>clindamycin phosphate vaginal</i>	82	COBENFY CAP 125- 30MG	54	<i>cromolyn sodium</i>	96
CLINDMYC/NAC INJ 300/50ML	22	COBENFY CAP 50- 20MG	54	<i>cromolyn sodium (mastocytosis)</i>	81
CLINDMYC/NAC INJ 600/50ML	22	COBENFY STRT CAP PACK	54	<i>cromolyn sodium (ophth)</i>	93
CLINDMYC/NAC INJ 900/50ML	22	<i>colchicine</i>	20	<i>cryselle-28</i>	71
CLINIMIX INJ 4.25/D10	91	<i>colchicine w/ probenecid tab 0.5- 500 mg</i>	20	<i>cyclobenzaprine hcl</i> ..	65
CLINIMIX INJ 4.25/D5W	91	<i>colesevelam hcl</i>	47	<i>cyclophosphamide</i> ..	31
CLINIMIX INJ 5%/D15W	91	<i>colestipol hcl</i>	47	CYCLOPHOSPHAMIDE	31
CLINIMIX INJ 5%/D20W	91	<i>colistimethate sodium</i>	22	CYCLOPHOSPHAMIDE MONOHYDR	31
CLINIMIX INJ 6/5 ...	91	COMBIGAN SOL 0.2/0.5%	93	<i>cycloserine</i>	27
CLINIMIX INJ 8/10..	91	COMBIVENT AER 20- 100	94	<i>cyclosporine</i>	87
CLINIMIX INJ 8/14..	91	COMETRIQ (60MG DOSE)	35	<i>cyclosporine modified (for microemulsion)</i>	87
<i>clinisol sf 15%</i>	91	COMETRIQ KIT 100MG	35	<i>cyproheptadine hcl</i> .	94
CLINOLIPID EMU 20%	91	COMETRIQ KIT 140MG	35	<i>cyred eq</i>	71
<i>clobazam</i>	57	COMPLERA TAB	26	CYSTADROPS	93
<i>clobetasol propionate</i>	100	<i>compro</i>	79	CYSTAGON	77
<i>clobetasol propionate e</i>	100	<i>constulose</i>	80	CYSTARAN	93
<i>clomipramine hcl</i>	51	COPAXONE	64	<i>cytarabine</i>	32
<i>clonazepam</i>	57	COPIKTRA	35	D10W/NACL INJ 0.2%	89
<i>clonidine</i>	49	CORLANOR	49	D2.5W/NACL INJ 0.45%	89
<i>clonidine hcl</i>	49	COSENTYX	84	<i>dabigatran etexilate mesylate</i>	82
<i>clopidogrel bisulfate</i> ..	84	COSENTYX SENSOREADY PEN84		<i>dalfampridine</i>	64
<i>clorazepate dipotassium</i>	57	COSENTYX UNOREADY	84	<i>danazol</i>	66
<i>clotrimazole</i>	102	COTELLIC	35	<i>dantrolene sodium</i> ..	65
<i>clotrimazole (topical)</i>	99	CREON CAP 12000UNT	81	DANZITEN	35
				<i>dapsone</i>	22
				DAPTACEL INJ	88
				<i>daptomycin</i>	22
				DAPTOMYCIN	22
				<i>darunavir</i>	25
				<i>dasatinib</i>	35, 36

<i>dasetta 1/35</i>.....71	DEXCOM G6 MIS	<i>diclofenac sodium</i>
<i>dasetta 7/7/7</i>.....71	TRANSMIT.....102	(<i>ophth</i>) 92
DAURISMO .....36	DEXCOM G7 MIS	<i>diclofenac sodium</i>
<i>daysee</i> .....71	RECEIVER .....102	(<i>topical</i>) 101
DAYVIGO.....62	DEXCOM G7 MIS	<i>dicloxacillin sodium</i> ..30
<i>deblitane</i> .....71	SENSOR.....102	<i>dicyclomine hcl</i> 80
<i>deferasirox</i> .....70	<i>dexmethylphenidate</i>	DIFICID 29
DELSTRIGO TAB.....26	<i>hcl</i> 62	<i>diflunisal</i> 20
DENGVAZIA SUS ....88	<i>dextrose</i> 91	<i>difluprednate</i> 92
DEPO-SUBQ PROVERA	<i>dextrose 10% w/</i>	<i>digoxin</i>.....49
104.....71	<i>sodium chloride</i>	<i>dihydroergotamine</i>
<i>depo-testosterone</i> ..66	0.45% 89	<i>mesylate</i> 63
DESCOVY TAB 120-	<i>dextrose 2.5% w/</i>	DILANTIN..... 58
15MG .....26	<i>sodium chloride</i>	<i>diltiazem hcl</i> 48
DESCOVY TAB	0.45% 89	<i>diltiazem hcl coated</i>
200/25MG .....26	<i>dextrose 5% in</i>	<i>beads</i>.....48
<i>desipramine hcl</i>.....51	<i>lactated ringers</i> ... 89	<i>diltiazem hcl extended</i>
<i>desmopressin acetate</i>	<i>dextrose 5% w/</i>	<i>release beads</i>.....48
.....77	<i>sodium chloride</i>	<i>dilt-xr</i> .....48
<i>desmopressin acetate</i>	0.2% 89	DIP/TET PED INJ 25-
<i>spray</i> .....77	<i>dextrose 5% w/</i>	5LFU .....88
<i>desmopressin acetate</i>	<i>sodium chloride</i>	<i>diphenhydramine hcl</i>
<i>spray refrigerated</i> 77	0.225% 89	94
<i>desogest-eth estrad &</i>	<i>dextrose 5% w/</i>	<i>diphenoxylate w/</i>
<i>eth estrad tab 0.15-</i>	<i>sodium chloride</i>	<i>atropine liq 2.5-</i>
<i>0.02/0.01 mg(21/5)</i>	0.3% 89	<i>0.025 mg/5ml</i>.....81
.....71	<i>dextrose 5% w/</i>	<i>diphenoxylate w/</i>
<i>desvenlafaxine</i>	<i>sodium chloride</i>	<i>atropine tab 2.5-</i>
<i>succinate</i> .....51	0.45% 89	<i>0.025 mg</i> .....81
<i>dexamethasone</i>.....76	<i>dextrose 5% w/</i>	<i>dipyridamole</i>.....84
DEXAMETHASONE	<i>sodium chloride</i>	<i>disopyramide</i>
INTENSOL.....76	0.9% 89	<i>phosphate</i> .....46
<i>dexamethasone</i>	DIACOMIT..... 57	<i>disulfiram</i> .....66
<i>sodium phosphate</i> 76	<i>diazepam</i> .....57, 58	<i>divalproex sodium</i> .. 58
<i>dexamethasone</i>	<i>diazepam</i>	<i>docetaxel</i> .....34
<i>sodium phosphate</i>	(<i>anticonvulsant</i>).. 58	DOCETAXEL.....34
(<i>ophth</i>).....92	<i>diazepam inj</i> 58	DOCIVYX.....34
DEXCOM G6 MIS	<i>diazepam intensol</i> .. 58	<i>dofetilide</i> .....46
RECEIVER 102	<i>diazoxide</i> 77	<i>dolishale</i> 71
DEXCOM G6 MIS	<i>diclofenac potassium</i>	<i>donepezil</i>
SENSOR 102	 20	<i>hydrochloride</i> 50
	<i>diclofenac sodium</i> .. 20	DOPTelet 83



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<i>dorzolamide hcl</i>93	<i>dutasteride-tamsulosin</i>	<i>enalapril maleate &</i>
<i>dorzolamide hcl-</i>	<i>hcl cap 0.5-0.4 mg</i>	<i>hydrochlorothiazide</i>
<i>timolol maleate</i>	 82	<i>tab 5-12.5 mg</i> 43
<i>ophth soln 2-0.5%</i>	<i>e.e.s. 400</i> 29	ENBREL..... 84, 85
.....93	<i>econazole nitrate</i> ... 99	ENBREL MINI 85
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..... 100	<i>acetaminophen soln</i>	85
<i>haloette</i>	7.5-325 mg/15ml 21	IDACIO (2 SYRINGE)
72	<i>hydrocodone-</i>	 85
<i>haloperidol</i>	<i>acetaminophen tab</i>	IDACIO CROHN INJ
55	10-325 mg	DISEASE
<i>haloperidol decanoate</i>	21	85
.....55	<i>hydrocodone-</i>	IDACIO PLAQU INJ
<i>haloperidol lactate</i> ..	<i>acetaminophen tab</i>	PSORIASIS
55	5-325 mg	85
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27	<i>acetaminophen tab</i>	37
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200MG	21	<i>intravenous for soln</i>
HARVONI TAB 90-	<i>hydrocodone-</i>	250 mg
400MG	<i>ibuprofen tab 7.5-</i>	22
27	200 mg	<i>imipenem-cilastatin</i>
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INSULIN SAFETY	<i>jantoven</i>	83	<i>kcl 20 meq/l (0.149%)</i>
NEEDLES: BD-	JANUMET TAB 50-		<i>in nacl 0.45% inj . 90</i>
EMBECTA.....68	1000	67	<i>kcl 20 meq/l (0.15%)</i>
INSULIN SYRINGES:	JANUMET TAB 50-		<i>in dextrose 5% &</i>
BD-EMBECTA .....68	500MG.....	67	<i>nacl 0.2% inj 90</i>
INTELENCE	JANUMET XR TAB 100-		<i>kcl 20 meq/l (0.15%)</i>
25	1000	67	<i>in dextrose 5% &</i>
INTRALIPID	JANUMET XR TAB 50-		<i>nacl 0.45% inj..... 90</i>
91	1000	67	<i>kcl 20 meq/l (0.15%)</i>
<i>introvale</i>	JANUMET XR TAB 50-		<i>in dextrose 5% &</i>
72	1000	67	<i>nacl 0.9% inj 90</i>
INVEGA HAFYERA ...	JANUMET XR TAB 50-		<i>kcl 20 meq/l (0.15%)</i>
55	500MG.....	67	<i>in nacl 0.45% inj . 90</i>
INVEGA SUSTENNA.55	JANUVIA	67	<i>kcl 20 meq/l (0.15%)</i>
INVEGA TRINZA	JARDIANCE	67	<i>in nacl 0.9% inj... 90</i>
55	<i>jasmiel</i>	72	<i>kcl 20 meq/l (0.15%)</i>
IPOL INJ INACTIVE .88	<i>javygtor</i>	77	<i>in nacl 0.9% inj... 90</i>
<i>ipratropium bromide</i> 94	JAYPIRCA.....	37	<i>kcl 30 meq/l (0.224%)</i>
<i>ipratropium bromide</i>	JENTADUETO TAB 2.5-		<i>in dextrose 5% &</i>
<i>(nasal)</i>	1000	67	<i>nacl 0.45% inj..... 90</i>
94	JENTADUETO TAB 2.5-		<i>kcl 40 meq/l (0.3%) in</i>
<i>ipratropium-albuterol</i>	500	67	<i>dextrose 5% & nacl</i>
<i>nebu soln 0.5-2.5(3)</i>	JENTADUETO TAB 2.5-		<i>0.45% inj 90</i>
<i>mg/3ml</i>	850	67	<i>kcl 40 meq/l (0.3%) in</i>
94	JENTADUETO TAB XR		<i>dextrose 5% & nacl</i>
<i>irbesartan</i>	2.5-1000MG	67	<i>0.9% inj 90</i>
46	JENTADUETO TAB XR		<i>kcl 40 meq/l (0.3%) in</i>
<i>irbesartan-</i>	5-1000MG	67	<i>nacl 0.9% inj 90</i>
<i>hydrochlorothiazide</i>	<i>jinteli</i>	76	KCL/D5W/NACL INJ
<i>tab 150-12.5 mg .45</i>	<i>jolessa</i>	72	0.3/0.9%..... 90
<i>irbesartan-</i>	<i>juleber</i>	72	<i>kelnor 1/35</i>
<i>hydrochlorothiazide</i>	JULUCA TAB 50-25MG		72
<i>tab 300-12.5 mg .45</i>		26	<i>kelnor 1/50</i>
<i>irinotecan hcl</i>	<i>junel 1.5/30</i>	72	72
34	<i>junel 1/20</i>	72	KERENDIA
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25	<i>junel fe 1/20</i>	72	KESIMPTA
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<i>isibloom</i>	JYNNEOS	88	24
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.....	KALYDECO	96	<i>ketorolac</i>
89	KANJINTI	37	<i>tromethamine</i>
ISOLYTE-S INJ PH 7.4	<i>kariva</i>	72	<i>(ophth)</i>
.....	<i>kcl 10 meq/l (0.075%)</i>		92
89	<i>in dextrose 5% &</i>		KEYTRUDA.....
<i>isoniazid</i>	<i>nacl 0.45% inj</i>	89	37
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lacosamide oral 58	levetiracetam 59	
lactated ringer's solution 90	LEVETIRACETAM 59	
lactic acid (ammonium lactate) 101	levetiracetam in sodium chloride iv soln 1000 mg/100ml 59	
lactulose..... 80	levetiracetam in sodium chloride iv soln 1500 mg/100ml 59	
lactulose (encephalopathy). 80	levetiracetam in sodium chloride iv soln 500 mg/100ml 59	
lamivudine..... 25	levobunolol hcl 93	
lamivudine (hbv) 27	levocarnitine (metabolic modifiers) 77	
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lamotrigine 58		
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lapatinib ditosylate . 38		
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<i>levora 0.15/30-28 ..73</i>	<i>lopinavir-ritonavir soln</i>	<i>LYBALVI TAB 20-10MG</i>
<i>levo-t.....78</i>	<i>400-100 mg/5ml</i>	<i>..... 55</i>
<i>levothyroxine sodium</i>	<i>(80-20 mg/ml) ... 26</i>	<i>LYBALVI TAB 5-10MG</i>
<i>.....78</i>	<i>lopinavir-ritonavir tab</i>	<i>..... 55</i>
<i>levoxyl .....78</i>	<i>100-25 mg 26</i>	<i>lyleq .....73</i>
<i>l-glutamine (sickle</i>	<i>lopinavir-ritonavir tab</i>	<i>lyllana.....76</i>
<i>cell) .....84</i>	<i>200-50 mg 26</i>	<i>LYNPARZA .....38</i>
<i>LIBERVANT .....59</i>	<i>lorazepam..... 50</i>	<i>LYSODREN .....33</i>
<i>lidocaine..... 101</i>	<i>lorazepam intensol. 50</i>	<i>LYTGOBI (12 MG</i>
<i>lidocaine hcl..... 101</i>	<i>LORBRENA..... 38</i>	<i>DAILY DOSE) 39</i>
<i>lidocaine hcl (local</i>	<i>loryna..... 73</i>	<i>LYTGOBI (16 MG</i>
<i>anesth.) .....20</i>	<i>losartan potassium. 46</i>	<i>DAILY DOSE) 39</i>
<i>lidocaine hcl (mouth-</i>	<i>losartan potassium &</i>	<i>LYTGOBI (20 MG</i>
<i>throat) 102</i>	<i>hydrochlorothiazide</i>	<i>DAILY DOSE) 39</i>
<i>lidocaine-prilocaine</i>	<i>tab 100-12.5 mg. 45</i>	<i>lyza .....73</i>
<i>cream 2.5-2.5% 101</i>	<i>losartan potassium &</i>	<i>magnesium sulfate .90</i>
<i>lidocan 101</i>	<i>hydrochlorothiazide</i>	<i>MAGNESIUM SULFATE</i>
<i>LILETTA.....73</i>	<i>tab 100-25 mg ... 45</i>	<i>..... 90</i>
<i>linezolid.....23</i>	<i>losartan potassium &</i>	<i>magnesium sulfate in</i>
<i>LINEZOLID INJ</i>	<i>hydrochlorothiazide</i>	<i>dextrose 5% iv soln</i>
<i>2MG/ML.....23</i>	<i>tab 50-12.5 mg .. 45</i>	<i>1 gm/100ml..... 90</i>
<i>LINZESS.....81</i>	<i>LOTEMAX..... 92</i>	<i>malathion 102</i>
<i>liothyronine sodium 78</i>	<i>loteprednol etabonate</i>	<i>maraviroc.....25</i>
<i>lisinopril44</i>	<i>..... 92</i>	<i>marlissa73</i>
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<i>hydrochlorothiazide</i>	<i>low-ogestrel73</i>	<i>MATULANE34</i>
<i>tab 10-12.5 mg ...44</i>	<i>loxapine succinate.. 55</i>	<i>MAVYRET PAK 50-</i>
<i>lisinopril &</i>	<i>LUMAKRAS..... 38</i>	<i>20MG.....27</i>
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<i>hydrochlorothiazide</i>	<i>MONTH)..... 33</i>	<i>medroxyprogesterone</i>
<i>tab 20-25 mg44</i>	<i>LUPRON DEPOT (3-</i>	<i>acetate.....78</i>
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<i>loestrin 1/20-2173</i>	<i>(3-MONTH.....77</i>	<i>megestrol acetate .33,</i>
<i>loestrin fe 1.5/30....73</i>	<i>LUPRON DEPOT-PED</i>	<i>78</i>
<i>loestrin fe 1/2073</i>	<i>(6-MONTH.....77</i>	<i>megestrol acetate</i>
<i>LOKELMA.....70</i>	<i>lurasidone hcl 55</i>	<i>(appetite) 78</i>
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<i>.....32</i>	<i>LYBALVI TAB 10-10MG</i>	<i>MEKTOVI.....39</i>
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<i>.....32</i>	<i>LYBALVI TAB 15-10MG</i>	<i>memantine hcl51</i>
<i>loperamide hcl81</i>	<i>..... 55</i>	

<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack .51</i>	<i>metoclopramide hcl 79</i>	<i>molindone hcl 55</i>
<i>memantine hcl- donepezil hcl cap er 24hr 14-10 mg51</i>	<i>metolazone 49</i>	<i>mometasone furoate 100</i>
<i>memantine hcl- donepezil hcl cap er 24hr 21-10 mg51</i>	<i>metoprolol & hydrochlorothiazide tab 100-25 mg ... 47</i>	<i>MONJUVI..... 39</i>
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<i>MENQUADFI..... 88</i>	<i>metoprolol succinate 48</i>	<i>morphine sulfate 21</i>
<i>MENVEO INJ 88</i>	<i>metoprolol tartrate. 48</i>	<i>MOUNJARO..... 67</i>
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<i>mercaptopurine 32</i>	<i>metronidazole (topical) 101</i>	<i>moxifloxacin hcl 29</i>
<i>meropenem 23</i>	<i>metronidazole vaginal 82</i>	<i>moxifloxacin hcl (ophth) 92</i>
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<i>mesalamine w/ cleanser 80</i>	<i>mibelas 24 fe 73</i>	<i>MRESVIA..... 88</i>
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<i>methadone hcl . 20, 21</i>	<i>microgestin fe 1.5/30 73</i>	<i>mupirocin 99</i>
<i>methadone hydrochloride i 21</i>	<i>microgestin fe 1/20 74</i>	<i>mycophenolate mofetil 88</i>
<i>methazolamide..... 49</i>	<i>midodrine hcl 49</i>	<i>mycophenolate sodium 88</i>
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<i>methimazole 78</i>	<i>mifepristone (hyperglycemia) .. 78</i>	<i>nabumetone 20</i>
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<i>methotrexate sodium 32, 86</i>	<i>mimvey 76</i>	<i>nafcillin sodium 30</i>
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<i>methylprednisolone acetate 76</i>	<i>misoprostol 81</i>	<i>naltrexone hcl 66</i>
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	<i>M-NATAL PLUS TAB 91</i>	<i>NAMZARIC CAP 28- 10MG 51</i>
	<i>modafinil 65</i>	<i>NAMZARIC CAP 7- 10MG 51</i>
	<i>moexipril hcl 44</i>	



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NAMZARIC CAP PACK	51	<i>niacin</i> (antihyperlipidemic)	47	<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg ..	76
<i>naproxen</i>	20	<i>nicardipine hcl</i>	48	<i>norethindrone acetate-ethinyl estradiol tab</i> 1 mg-5 mcg	76
<i>naproxen dr</i>	20	NICOTROL INHALER	66	<i>norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg	74
<i>naproxen sodium</i>	20	NICOTROL NS	66	<i>norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg	74
<i>naratriptan hcl</i>	63	<i>nifedipine</i>	48	<i>norgestimate-eth estrad tab</i> 0.18-25/0.215-25/0.25-25 mg-mcg	74
<i>nateglinide</i>	67	<i>nikki</i>	74	<i>norgestimate-eth estrad tab</i> 0.18-35/0.215-35/0.25-35 mg-mcg	74
NAYZILAM	59	<i>nilutamide</i>	33	<i>norlyroc</i>	74
<i>nebivolol hcl</i>	48	<i>nimodipine</i>	48	<i>nortrel</i> 0.5/35 (28) ..	74
<i>necon</i> 0.5/35-28	74	NINLARO	39	<i>nortrel</i> 1/35 (21)	74
<i>nefazodone hcl</i>	52	<i>nitazoxanide</i>	23	<i>nortrel</i> 1/35 (28)	74
<i>neomycin sulfate</i>	23	<i>nitisinone</i>	78	<i>nortrel</i> 7/7/7	74
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	92	NITRO-BID	50	<i>nortriptyline hcl</i>	52
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml	92	<i>nitrofurantoin macrocrystal</i>	23	NORVIR	25
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1% ..	91	<i>nitrofurantoin monohyd macro</i> ..	23	NOVOLIN INJ 70/30 ..	69
<i>neomycin-polymyxin-dexamethasone ophth susp</i> 0.1% ..	91	<i>nitroglycerin</i>	50	NOVOLIN INJ 70/30 FP	69
<i>neomycin-polymyxin-hc ophth susp</i>	92	<i>nitroglycerin (intra-anal)</i>	101	NOVOLIN N	69
<i>neomycin-polymyxin-hc otic soln</i> 1%	94	<i>nizatidine</i>	80	NOVOLIN N FLEXPEN	69
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	94	<i>nora-be</i>	74	NOVOLIN R	69
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	92	<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr ..	74	NOVOLIN R FLEXPEN	69
<i>neo-polycin hc ophth oint</i> 1%	91	<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	74	NOVOLOG	69
NERLYNX	39	<i>norethindrone</i> (contraceptive) ...	74	NOVOLOG FLEXPEN ..	69
<i>nevirapine</i>	25	<i>norethindrone ace & ethinyl estradiol tab</i> 1 mg-20 mcg	74	NOVOLOG MIX INJ 70/30	69
NEXLETOL	47	<i>norethindrone ace & ethinyl estradiol tab</i> 1.5 mg-30 mcg ...	74	NOVOLOG MIX INJ FLEXPEN	69
NEXLIZET TAB 180/10MG	47	<i>norethindrone ace & ethinyl estradiol-fe tab</i> 1 mg-20 mcg ..	74	NOVOLOG PENFILL ..	69
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		<i>norethindrone acetate</i>	78	NUDEXTA CAP 20-10MG	64

NULOJIX.....	88	<i>hydrochlorothiazide</i>	OMNIPOD GO KIT
NUPLAZID	55	<i>tab 20-5-12.5 mg</i>	20UNT/DY
NURTEC	63	<i>olmesartan-</i>	69
NUTRILIPID	91	<i>amlodipine-</i>	OMNIPOD GO KIT
NUZYRA	31	<i>hydrochlorothiazide</i>	25UNT/DY
<i>nyamyc</i>	99	<i>tab 40-10-12.5 mg</i>	70
<i>nylia 1/35</i>	74	.....	OMNIPOD GO KIT
<i>nylia 7/7/7</i>	74	<i>olmesartan-</i>	30UNT/DY
<i>nystatin</i>	24	<i>amlodipine-</i>	70
<i>nystatin (mouth-</i>		<i>hydrochlorothiazide</i>	OMNIPOD GO KIT
<i>throat)</i>	102	<i>tab 40-10-25 mg</i>	35UNT/DY
<i>nystatin (topical)</i>	99	45	70
<i>nystop</i>	99	<i>olmesartan-</i>	OMNIPOD GO KIT
<i>ocella</i>	74	<i>amlodipine-</i>	40UNT/DY
OCTAGAM.....	87	<i>hydrochlorothiazide</i>	70
<i>octreotide acetate</i> ...	78	<i>tab 40-5-12.5 mg</i>	OMNIPOD MIS
ODEFSEY TAB	26	45	CLASSIC.....
ODOMZO	39	<i>olmesartan-</i>	70
OFEV	96	<i>amlodipine-</i>	<i>ondansetron</i>
<i>ofloxacin (ophth)</i>	92	<i>hydrochlorothiazide</i>	79
<i>ofloxacin (otic)</i>	94	<i>tab 40-5-25 mg</i> ..	<i>ondansetron hcl</i>
OGIVRI	39	45	79
OGSIVEO.....	39	<i>omega-3-acid ethyl</i>	ONTRUZANT
OJEMDA	39	<i>esters cap 1 gm</i> ..	39
OJJAARA.....	39	47	ONUREG.....
<i>olanzapine</i>	55	<i>omeprazole</i>	32
<i>olmesartan medoxomil</i>		81	OPIPZA
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<i>olmesartan</i>		INT G7G6.....	50
<i>medoxomil-</i>		69	ORGOVYX.....
<i>hydrochlorothiazide</i>		OMNIPOD 5 DX MIS	33
<i>tab 20-12.5 mg</i> ...	45	POD G7G6.....	ORKAMBI GRA 100-
<i>olmesartan</i>		69	125.....
<i>medoxomil-</i>		OMNIPOD 5 G7 KIT	96
<i>hydrochlorothiazide</i>		INTRO	ORKAMBI GRA 150-
<i>tab 40-12.5 mg</i> ...	45	69	188.....
<i>olmesartan</i>		OMNIPOD 5 G7 MIS	96
<i>medoxomil-</i>		PODS.....	ORKAMBI GRA 75-
<i>hydrochlorothiazide</i>		69	94MG.....
<i>tab 40-12.5 mg</i> ...	45	OMNIPOD 5 LB KIT	96
<i>olmesartan</i>		INTRO G6	ORKAMBI TAB 100-
<i>medoxomil-</i>		69	125.....
<i>hydrochlorothiazide</i>		OMNIPOD 5 LB MIS	96
<i>tab 40-25 mg</i>	45	PODS G6.....	ORKAMBI TAB 200-
<i>olmesartan-</i>		69	125.....
<i>amlodipine-</i>		OMNIPOD DASH KIT	96
		INTRO	ORSERDU.....
		69	33
		OMNIPOD DASH MIS	<i>oseltamivir phosphate</i>
		PODS.....	.....
		69	27
		OMNIPOD GO KIT	<i>oxacillin sodium</i>
		10UNT/DY	30
		69	<i>oxaliplatin</i>
		OMNIPOD GO KIT	31
		15UNT/DY	<i>oxcarbazepine</i>
		69	59
			<i>oxybutynin chloride</i> 82
			<i>oxycodone hcl</i>
			21
			<i>oxycodone w/</i>
			<i>acetaminophen tab</i>
			<i>10-325 mg</i>
			21



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<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	21	<i>PEMAZYRE</i>	39	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	67
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	21	<i>PENBRAYA INJ</i>	88	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	30
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	21	<i>penicillamine</i>	70	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	30
<i>OXYCONTIN</i>	21	<i>penicillin g potassium</i>	30	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	30
<i>OZEMPIC (0.25 OR 0.5 MG/DOSE)</i>	67	<i>penicillin g sodium</i> .	30	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	30
<i>OZEMPIC (0.25 OR 0.5MG/DOSE)</i>	67	<i>penicillin v potassium</i>	30	<i>PIQRAY 200MG DAILY DOSE</i>	39
<i>OZEMPIC (1MG/DOSE)</i>	67	<i>PENTACEL INJ</i>	89	<i>PIQRAY 250MG TAB DOSE</i>	40
<i>OZEMPIC (2MG/DOSE)</i>	67	<i>pentamidine isethionate inh</i>	23	<i>PIQRAY 300MG DAILY DOSE</i>	40
<i>pacerone</i>	46	<i>pentamidine isethionate inj</i>	23	<i>pirfenidone</i>	96
<i>paclitaxel</i>	34	<i>pentoxifylline</i>	84	<i>piroxicam</i>	20
<i>paclitaxel inj 100mg</i>	34	<i>perindopril erbumine</i>	44	<i>plenamine</i>	91
<i>paliperidone</i>	56	<i>periogard</i>	102	<i>PLENVU SOL</i>	80
<i>pamidronate disodium</i>	70	<i>permethrin</i>	102	<i>podofilox</i>	101
<i>PAMIDRONATE DISODIUM</i>	70	<i>perphenazine</i>	56	<i>polycin ophth oint</i> ...	92
<i>PANRETIN</i>	101	<i>pfizerpen</i>	30	<i>polymyxin b sulfate</i> 23	
<i>pantoprazole sodium</i>	81	<i>phenelzine sulfate</i> ..	52	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	92
<i>PANZYGA</i>	87	<i>phenobarbital</i>	59	<i>POMALYST</i>	33
<i>paricalcitol</i>	79	<i>phenobarbital sodium</i>	59	<i>portia-28</i>	74
<i>paroxetine hcl</i>	52	<i>phenytek</i>	59	<i>posaconazole</i>	24
<i>PAXLOVID TAB 150-100</i>	28	<i>phenytoin</i>	59	<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i> ..	90
<i>PAXLOVID TAB 300-100</i>	28	<i>phenytoin sodium</i> ..	59	<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i> ...	90
<i>pazopanib hcl</i>	39	<i>phenytoin sodium extended</i>	59		
<i>PEDIARIX INJ 0.5ML</i>	88	<i>PHESGO SOL</i>	39		
<i>PEDVAX HIB</i>	88	<i>philith</i>	74		
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	80	<i>PIFELTRO</i>	25		
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	80	<i>pilocarpine hcl</i>	93		
<i>PEGASYS</i>	28	<i>pilocarpine hcl (oral)</i>	102		
		<i>pimecrolimus</i>	101		
		<i>pimozide</i>	56		
		<i>pimtrea</i>	74		
		<i>pindolol</i>	48		
		<i>pioglitazone hcl</i>	67		
		<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	67		

POT CHL 40MEQ/L IN NACL 0.9% INJ.... 90	<i>primaquine phosphate</i> 24	<i>quinine sulfate</i> 24
<i>potassium chloride</i> .90, 91	PRIMAQUINE	QULIPTA 63
<i>potassium chloride 20</i> <i>meq/l (0.15%) in</i>	PHOSPHATE 24	RABAVERT INJ 89
<i>dextrose 5% inj...</i> 90	<i>primidone</i> 59	<i>rabeprazole sodium</i> 82
<i>potassium chloride</i>	PRIORIX INJ..... 89	RALDESY..... 52
<i>microencapsulated</i>	PRIVIGEN 87	<i>raloxifene hcl</i> 78
<i>crystals er.....</i> 91	<i>probenecid</i> 20	<i>ramipril</i> 44
<i>potassium citrate</i>	<i>prochlorperazine</i> 79	<i>ranolazine</i> 50
<i>(alkalinizer)</i> 82	<i>prochlorperazine</i> <i>edisylate</i> 79	<i>rasagiline mesylate</i> . 53
<i>pramipexole</i>	<i>prochlorperazine</i> <i>maleate</i> 79	<i>reclipsen</i> 74
<i>dihydrochloride</i> 53	PROCRT..... 83	RECOMBIVAX HB.... 89
<i>prasugrel hcl</i> 84	<i>proctocort</i> .....101	REGRANEX 102
<i>pravastatin sodium</i> . 46	<i>procto-med hc</i>.....101	RELENZA DISKHALER 28
<i>praziquantel</i> 23	<i>proctosol hc</i> .....101	RELISTOR..... 81
<i>prazosin hcl</i> 44	<i>proctozone-hc</i> .....101	REMICADE..... 85
<i>prednisolone</i> 76	<i>progesterone</i> 78	RENFLEXIS 85
<i>prednisolone acetate</i> <i>(ophth)</i> 93	PROGRAF 88	<i>repaglinide</i> 67, 68
PREDNISOLONE	PROLASTIN-C 96	REPATHA..... 47
SODIUM PHOSP... 93	PROLIA..... 70	REPATHA PUSHTRONEX
<i>prednisolone sodium</i>	<i>promethazine hcl</i> ... 79	SYSTEM..... 47
<i>phosphate</i> 76	<i>propafenone hcl</i> 46	REPATHA SURECLICK 47
<i>prednisone</i> 76	<i>proparacaine hcl</i> 93	RESTASIS 93
PREDNISONONE	<i>propranolol hcl</i> 48	RESTASIS MULTIDOSE 93
INTENSOL..... 77	<i>propylthiouracil</i> 78	RETEVMO 40
<i>pregabalin</i> 59	PROQUAD INJ..... 89	REVUFORJ 40
PREMASOL SOL 10%	PROSOL INJ 20%... 91	REXULTI..... 56
..... 91	<i>protriptyline hcl</i> 52	REYATAZ..... 25
PRENATAL TAB 27-	PULMOZYME..... 96	REZLIDHIA 40
1MG..... 91	PURIXAN..... 32	REZUROCK 88
PRENATAL TAB PLUS	<i>pyrazinamide</i> 27	RHOPRESSA 93
..... 91	<i>pyridostigmine</i> <i>bromide</i> 64	<i>ribavirin (hepatitis c)</i> 28
<i>prevalite</i> 47	<i>pyrimethamine</i> 23	<i>rifabutin</i> 27
PREVYMIS 28	QINLOCK 40	<i>rifampin</i> 27
PREZCOBIX TAB 800-	QUADRACEL INJ 0.5ML 89	<i>riluzole</i> 64
150..... 26	<i>quetiapine fumarate</i> 56	<i>rimantadine</i>
PREZISTA..... 25	<i>quinapril hcl</i> 44	<i>hydrochloride</i> 28
PRIFTIN..... 27	<i>quinidine sulfate</i> 46	RINVOQ 85



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RINVOQ LQ.....	85	SIMBRINZA SUS 1-0.2%.....	93	STIVARGA	40
<i>risedronate sodium</i> ..	70	<i>simliya</i>	74	<i>streptomycin sulfate</i>	23
<i>risperidone</i>	56	<i>simpesse</i>	74	STRIBILD TAB.....	26
<i>risperidone microspheres</i>	56	<i>simvastatin</i>	46	<i>subvenite</i>	60
<i>ritonavir</i>	25	<i>sirolimus</i>	88	<i>sucalfate</i>	81
<i>rivaroxaban</i>	83	SIRTURO	27	<i>sulfacetamide sodium (acne)</i>	98
<i>rivastigmine</i>	51	SKYRIZI.....	85, 86	<i>sulfacetamide sodium (ophth)</i>	92
<i>rivastigmine tartrate</i>	51	SKYRIZI PEN	86	<i>sulfacetamide sodium-prednisolone ophth soln</i> 10-0.23(0.25)%.....	92
<i>rivelsa</i>	74	<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	80	<i>sulfadiazine</i>	23
<i>rizatriptan benzoate</i>	63	<i>sodium chloride</i>	90	<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml...	23
ROCKLATAN DRO ...	93	<i>sodium chloride (gu irrigant)</i>	102	<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml...	23
<i>roflumilast</i>	96	<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	91	<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	23
<i>ropinirole hydrochloride</i>	53	SODIUM OXYBATE .	65	<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg.....	23
<i>rosuvastatin calcium</i>	46	<i>sodium phenylbutyrate</i>	78	SULFAMYLON.....	99
ROTARIX SUS	89	<i>sodium polystyrene sulfonate powder</i>	70	<i>sulfasalazine</i>	80
ROTATEQ SOL.....	89	<i>solifenacin succinate</i>	82	<i>sulindac</i>	20
<i>roweepra</i>	59	SOLQUA INJ 100/33	70	<i>sumatriptan</i>	63
ROZLYTREK	40	SOLTAMOX.....	33	<i>sumatriptan succinate</i>	63
RUBRACA	40	SOLU-CORTEF	77	<i>sunitinib malate</i>	40
<i>rufinamide</i>	60	SOMATULINE DEPOT	78	SUNLENCA	25
RUKOBIA.....	25	SOMAVERT.....	78	<i>syeda</i>	75
RYBELSUS	68	<i>sorafenib tosylate</i> ..	40	SYMDEKO TAB 100-150.....	96
RYDAPT	40	<i>sotalol hcl</i>	46	SYMDEKO TAB 50-75MG.....	96
<i>sajazir</i>	84	<i>sotalol hcl (afib/afl)</i>	46	SYMPAZAN	60
SANTYL	102	SOTYKTU	86	SYMTUZA TAB.....	27
<i>sapropterin dihydrochloride</i>	78	<i>spironolactone</i>	44	SYNAREL.....	78
SCEMBLIX	40	<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	49	SYNJARDY TAB 12.5-1000MG	68
<i>scopolamine</i>	79	<i>sprintec</i> 28.....	75	SYNJARDY TAB 12.5-500.....	68
SECUADO	56	SPRITAM.....	60		
<i>selegiline hcl</i>	53	<i>sps</i>	70		
<i>selenium sulfide</i>	99	<i>sps rectal</i>	70		
SELZENTRY.....	25	<i>sronyx</i>	75		
SEREVENT DISKUS .	95	<i>ssd</i>	99		
<i>sertraline hcl</i>	52	STELARA.....	86		
<i>setlakin</i>	74				
<i>sharobel</i>	74				
SHINGRIX	89				
SIGNIFOR.....	78				
SIKLOS	84				
<i>sildenafil citrate (pulmonary hypertension)</i>	50				
<i>silver sulfadiazine</i> ...	99				

SYNJARDY TAB 5-1000MG.....	68	<i>telmisartan-amlodipine tab 40-10 mg</i>	45	<i>thioridazine hcl</i>	56
SYNJARDY TAB 5-500MG	68	<i>telmisartan-amlodipine tab 40-5 mg</i>	45	<i>thiothixene</i>	56
SYNJARDY XR TAB 10-1000	68	<i>telmisartan-amlodipine tab 80-10 mg</i>	45	<i>tiadylt er</i>	48
SYNJARDY XR TAB 12.5-1000	68	<i>telmisartan-amlodipine tab 80-5 mg</i>	45	<i>tiagabine hcl</i>	60
SYNJARDY XR TAB 25-1000	68	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> ..	45	TIBSOVO.....	41
SYNJARDY XR TAB 5-1000MG.....	68	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> ..	45	<i>ticagrelor</i>	84
SYNTHROID	79	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	46	TICOVAC.....	89
TABLOID	32	<i>temazepam</i>	62	<i>tigecycline</i>	31
TABRECTA	40	TENIVAC INJ 5-2LF ..	89	<i>tilia fe</i>	75
<i>tacrolimus</i>	88	<i>tenofovir disoproxil fumarate</i>	25	<i>timolol maleate</i>	48
<i>tacrolimus (topical)</i>	101	TEPMETKO	41	<i>timolol maleate (ophth)</i>	93
<i>tadalafil</i>	82	<i>terazosin hcl</i>	44	<i>tinidazole</i>	23
<i>tadalafil (pulmonary hypertension)</i>	50	<i>terbinafine hcl</i>	24	TIVICAY	26
TAFINLAR	41	<i>terbutaline sulfate</i> ..	95	TIVICAY PD	26
TAGRISSO	41	<i>terconazole vaginal</i> ..	82	<i>tizanidine hcl</i>	65
TALZENNA	41	TERIPARATIDE	70	TOBI PODHALER	23
<i>tamoxifen citrate</i>	33	<i>testosterone</i>	66	TOBRADEX OIN 0.3-0.1%	92
<i>tamsulosin hcl</i>	82	<i>testosterone cypionate</i>	66	<i>tobramycin</i>	23
<i>tarina 24 fe</i>	75	<i>testosterone enanthate</i>	66	<i>tobramycin (ophth)</i> ..	92
<i>tarina fe 1/20 eq</i>	75	<i>testosterone pump</i> .	66	<i>tobramycin sulfate</i> ..	23
TASIGNA	41	<i>tetrabenazine</i>	64	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	92
<i>tasimelteon</i>	62	<i>tetracycline hcl</i>	31	<i>tolterodine tartrate</i> ..	82
TAVNEOS	84	THALOMID	33	<i>topiramate</i>	60
<i>tazarotene</i>	100	THEO-24.....	96	<i>toremifene citrate</i> ...	33
<i>tazicef</i>	29	<i>theophylline</i>	97	<i>torpenz</i>	41
TAZORAC	100			<i>torsemide</i>	49
TAZVERIK.....	41			TOUJEO MAX SOLOSTAR.....	70
TECENTRIQ.....	41			TOUJEO SOLOSTAR ..	70
TECENTRIQ INJ HYBREZA	41			TPN ELECTROL INJ .	90
TEFLARO	29			TRADJENTA	68
<i>telmisartan</i>	46			<i>tramadol hcl</i>	22
				<i>tramadol-acetaminophen tab 37.5-325 mg</i>	22
				<i>trandolapril</i>	44
				<i>tranexamic acid</i>	84



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<i>tranylcypromine</i>	TRIJARDY XR TAB ER	TRUMENBA	89
<i>sulfate</i>	24HR 12.5-2.5-	TRUQAP	41
TRAVASOL INJ 10% 91	1000MG.....	TRUXIMA.....	41
TRAZIMERA	68	TUKYSA	41
<i>trazodone hcl</i>	TRIJARDY XR TAB ER	TURALIO	41
52	24HR 25-5-1000MG	<i>turqoz</i>	75
TRECATOR.....	68	<i>twice-daily</i>	
TRELEGY AER ELLIPTA	TRIJARDY XR TAB ER	<i>clindamycin</i>	
100-62.5-25 MCG 94	24HR 5-2.5-1000MG	<i>phosphate (topical)</i>	
TRELEGY AER ELLIPTA	68	.....	99
200-62.5-25 MCG 94	TRIKAFTA PAK 59.5MG	TWINRIX INJ	89
TREMFYA.....	97	TYBOST.....	26
TREMFYA INDUCTION	TRIKAFTA PAK 75MG	<i>tydemy</i>	75
PACK FO	97	TYENNE.....	86
86	TRIKAFTA TAB 100-	TYPHIM VI	89
<i>treprostinil</i>	50-75MG & 150MG	UBRELVY.....	63
50	97	<i>unithroid</i>	79
TRESIBA.....	TRIKAFTA TAB 50-25-	<i>ursodiol</i>	81
70	37.5MG & 75MG..	<i>valacyclovir hcl</i>	28
TRESIBA FLEXTOUCH	97	VALCHLOR.....	102
.....	<i>tri-legest fe</i>	<i>valganciclovir hcl</i>	28
70	75	<i>valproate sodium</i> ...	60
<i>tretinoin</i>	<i>tri-lynyah</i>	<i>valproic acid</i>	60
99	75	<i>valsartan</i>	46
<i>tretinoin</i>	<i>tri-lo-estarylla</i>	<i>valsartan-</i>	
(chemotherapy)... 34	<i>tri-lo-marzia</i>	<i>hydrochlorothiazide</i>	
<i>triamcinolone</i>	<i>tri-lo-mili</i>	<i>tab 160-12.5 mg</i> .46	
<i>acetonide (mouth)</i>	<i>tri-lo-sprintec</i>	<i>valsartan-</i>	
.....	<i>trimethoprim</i>	<i>hydrochlorothiazide</i>	
102	23	<i>tab 160-25 mg</i>	46
<i>triamcinolone</i>	<i>tri-mili</i>	<i>valsartan-</i>	
<i>acetonide (topical)</i>	<i>trimipramine maleate</i>	<i>hydrochlorothiazide</i>	
.....	52	<i>tab 320-12.5 mg</i> .46	
100	TRINTELLIX.....	<i>valsartan-</i>	
<i>triamterene &</i>	52	<i>hydrochlorothiazide</i>	
<i>hydrochlorothiazide</i>	<i>tri-nymyo</i>	<i>tab 160-25 mg</i>	46
<i>cap 37.5-25 mg</i> ... 49	75	<i>valsartan-</i>	
<i>triamterene &</i>	<i>tri-sprintec</i>	<i>hydrochlorothiazide</i>	
<i>hydrochlorothiazide</i>	TRIUMEQ PD TAB... 27	<i>tab 320-12.5 mg</i> .46	
<i>tab 37.5-25 mg</i> ... 49	27	<i>valsartan-</i>	
<i>triamterene &</i>	TRIUMEQ TAB.....	<i>hydrochlorothiazide</i>	
<i>hydrochlorothiazide</i>	<i>trivora-28</i>	<i>tab 80-12.5 mg</i> ... 46	
<i>tab 75-50 mg</i>	75	VALTOCO 10 MG	
49	<i>tri-vylibra</i>	DOSE	60
<i>tridacaine ii</i>	75	VALTOCO 15 MG	
101	<i>tri-vylibra lo</i>	DOSE	60
<i>triderm</i>	75	VALTOCO 20 MG	
100	TROGARZO	DOSE	60
<i>trientine hcl</i>	26	VALTOCO 5 MG DOSE	
70	TROPHAMINE INJ 10%	.....	60
<i>tri-estarylla</i>	 91		
75	<i>trospium chloride</i> ... 82		
<i>trifluoperazine hcl</i> ... 56	TRUE METRIX KIT AIR		
<i>trifluridine</i>	 102		
92	TRUE METRIX KIT		
<i>trihexyphenidyl hcl</i> .53	METER		
TRIJDY XR TAB ER	102		
24HR 10-5-1000MG	TRUE METRIX STRIPS		
.....	 102		
68	TRULICITY		
	68		

<i>valtya 1/50</i> 75	VIRACEPT 26	XCOPRI PAK 150- 200MG (TITRATION) 61
<i>vancomycin hcl</i> 23, 24	VIREAD 26	XCOPRI PAK 50- 100MG 60
VANCOMYCIN INJ 1 GM..... 24	VITRAKVI..... 42	XDEMVI 92
VANCOMYCIN INJ 500MG 24	VIVIMUSTA 31	XELJANZ 86
VANCOMYCIN INJ 750MG 24	VIVITROL..... 66	XELJANZ XR 86
VANFLYTA..... 41	VIVOTIF CAP EC 89	XERMELO 81
VAQTA 89	VIZIMPRO 42	XGEVA 70
<i>varenicline tartrate</i> . 66	VONJO..... 42	XHANCE 97
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack ... 66	VORANIGO..... 42	XIFAXAN 81
VARIVAX 89	<i>voriconazole</i> 24	XIGDUO XR TAB 10- 1000 68
VASCEPA..... 47	VOSEVI TAB 28	XIGDUO XR TAB 10- 500MG 68
VAXCHORA SUS 89	VOWST CAP 81	XIGDUO XR TAB 2.5- 1000 68
<i>velivet</i> 75	VRAYLAR 56	XIGDUO XR TAB 5- 1000MG 68
VELSIPITY 86	<i>vyfemla</i> 75	XIGDUO XR TAB 5- 500MG 68
VENCLEXTA 41, 42	<i>vylibra</i> 75	XIIDRA 93
VENCLEXTA TAB START PK 42	VYZULTA..... 93	XOFLUZA..... 28
<i>venlafaxine hcl</i> 52	<i>warfarin sodium</i> 83	XOLAIR 97
VENTOLIN HFA..... 95	<i>water for irrigation, sterile irrigation soln</i> 102	XOSPATA 42
VENTOLIN HFA (INSTITUTIONAL PACK) 95	WELIREG 34	XPOVIO PAK (100 MG ONCE WEEKLY) ... 42
VEOZAH 78	<i>wera</i> 75	XPOVIO PAK (40 MG ONCE WEEKLY) ... 42
<i>verapamil hcl</i> 48	WESTAB PLUS TAB 27-1MG 91	XPOVIO PAK (40 MG TWICE WEEKLY) .. 42
VERQUVO 50	<i>wixela inhub</i> 98	XPOVIO PAK (60 MG ONCE WEEKLY) ... 42
VERSACLOZ 56	<i>wymzya fe</i> 75	XPOVIO PAK (60 MG TWICE WEEKLY) .. 42
VERZENIO 42	XALKORI..... 42	XPOVIO PAK (80 MG ONCE WEEKLY) ... 42
<i>vestura</i> 75	<i>xarah fe</i> 75	XPOVIO PAK (80 MG TWICE WEEKLY) .. 42
<i>vienva</i> 75	XARELTO 83	XTANDI..... 33
<i>vigabatrin</i> 60	XARELTO STAR TAB 15/20MG..... 83	<i>xulane</i> 75
<i>vigadrone</i> 60	XATMEP 86	
VIGAFYDE..... 60	XCOPRI 60	
<i>vigpoder</i> 60	XCOPRI PAK 100-150 61	
<i>vilazodone hcl</i> 52	XCOPRI PAK 12.5-25 60	
<i>vincristine sulfate</i> ... 34	XCOPRI PAK 150- 200MG (MAINTENANCE) . 61	
<i>vinorelbine tartrate</i> . 34		
<i>violele</i> 75		



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XULTOPHY INJ	ZENPEP CAP	ZIRABEV	43
100/3.6	20000UNT	ZIRGAN.....	92
70	81	<i>zoledronic acid</i>	70
YF-VAX INJ	ZENPEP CAP	ZOLINZA	43
89	25000UNT	<i>zolpidem tartrate</i>	63
<i>yuvaferm</i>	81	ZONISADE.....	61
76	ZENPEP CAP	<i>zonisamide</i>	61
<i>zafemy</i>	3000UNIT	<i>zovia 1/35</i>	75
75	81	ZTALMY.....	61
<i>zafirlukast</i>	ZENPEP CAP	<i>zumandimine</i>	75
95	40000UNT	ZURZUVAE	52
<i>zaleplon</i>	81	ZYDELIG	43
62	ZENPEP CAP	ZYKADIA	43
ZARXIO.....	5000UNIT	ZYLET SUS 0.5-0.3%	
83	81	.....	92
ZEGALOGUE	ZENPEP CAP		
77	60000UNT		
ZEJULA	81		
42	ZENPEP CAP		
ZELBORAF	60000UNT		
43	81		
ZEMAIRA.....	ZERViate		
97	93		
<i>zenatane</i>	<i>zidovudine</i>		
99	26		
ZENPEP CAP	<i>ziprasidone hcl</i>		
10000UNT	57		
81	<i>ziprasidone mesylate</i>		
ZENPEP CAP	.....		
15000UNT	57		
81			



Molina Medicare Complete Care Plus (HMO D-SNP) isang Medicare Medi-Cal na Plano

Ini-update ang polmularyong ito noong 06/01/2025

Para sa mas kamakailang impormasyon o iba pang mga tanong, makipag-ugnayan sa amin sa (800) 665-3086, TTY: 711 Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras o bisitahin ang MolinaHealthcare.com/Medicare.