BILINGUAL

HealthSun
HEALTH PLANS

FORMULARY
(List of Covered Drugs)

FÒMILÈ
(Lis Medikaman ki Kouvri)

2026

MedicareRx
Prescription Drug Coverage

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. TANPRI LI: DOKIMAN SA A GEN ENFÒMASYON SOU MEDIKAMAN NOU KOUVRI NAN PLAN SA A.

HPMS Approved Formulary ID 26045, Version 19

This formulary was updated on 10/07/2026. For more recent information or other questions, please contact our HealthSun Health Plans Member Services at 1-877-336-2069 / TTY: 711, Monday through Friday from 8 a.m. to 8 p.m. (EST), or visit www.healthsun.com. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (our office will be closed on Thanksgiving and Christmas Day). From April 1 through September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. (our office will be closed on federal holidays). Yo te mete fòmilè sa a ajou nan dat 10/07/2026. Pou plis enfòmasyon resan oswa lòt kesyon, tanpri kontakte sèvis manm HealthSun Health Plans nan 1-877-336-2069 / TTY: 711, Lendi jiska Vandredi soti 8è dimaten pou rive 8è diswa (LÈS), oubyen vizite www.healthsun.com. Apati 1ye oktòb rive 31 mas, nou ouvè sèt jou pa semèn, soti 8è dimaten rive 8è diswa (biwo nou an ap fèmen jou Thanksgiving ak jou Nwèl). Apati 1ye avril pou rive 30 septanm, nou disponib Lendi jiska Vandredi, soti 8è dimaten pou rive 8è diswa (biwo nou an ap fèmen pandan jou ferye federal yo).

HealthSun Health Plans, Inc.
2026 Formulary List of Covered Drugs

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

HPMS Approved Formulary File Submission ID **26045**, Version **19**

This formulary was updated on **10/07/2026**. For more recent information or other questions, please contact HealthSun Health Plans Member Services at 1-877-336-2069 (TTY users should call 711), from 8am to 8pm, EST., or visit www.healthsun.com. Our hours of operations during October 1st through March 31st, we are open seven days a week (our office will be closed on Thanksgiving and Christmas Day). From April 1st until September 30th, we are available Monday through Friday from 8am to 8pm (our office will be closed on federal holidays).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to "we," "us", or "our," it means HealthSun Health Plans. When it refers to "plan" or "our plan," it means HealthSun Health Plans.

This document includes the Drug List (formulary) for our plan which is current as of **010/07/2026.** *For* an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the HealthSun Health Plans formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HealthSun Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. HealthSun Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthSun Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by HealthSun Health Plans, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

https://healthsun.com/plans-coverage/prescription-drug-benefits/

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Changes that can affect you this year*:* In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the *HealthSun Health Plans*' formulary?"

  Some of these drug types may be new to you. For more information, see the section below titled "What are original biological products and how are they related to biosimilars?"

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HealthSun Health Plans' formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.
The enclosed formulary is current as of **010/07/2026**. To get updated information about the drugs covered by HealthSun Health Plans please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page **22.** The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "cardiovascular agents." If you know what your drug is used for, look for the category name in the list that begins on **22.** Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **121.** The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthSun Health Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** HealthSun Health Plans requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthSun Health Plans before you fill your prescriptions. If you don't get approval, HealthSun Health Plans may not cover the drug.

- **Quantity Limits:** For certain drugs, HealthSun Health Plans limits the amount of the drug that HealthSun Health Plans will cover. For example, HealthSun Health Plans provides **30 tabs** per prescription for **TRADJENTA**. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, HealthSun Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthSun Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthSun Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **22** You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions.

You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthSun Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the HealthSun Health Plans' formulary?" on page **5** for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that HealthSun Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthSun Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthSun Health Plans.

- You can ask HealthSun Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthSun Health Plans' formulary?

You can ask HealthSun Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, HealthSun Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, HealthSun Health Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first **90** days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary **30-day** supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum **30-day** supply of medication. If coverage is not approved, after your first **30-day** supply, we will not pay for these drugs, even if you have been a member of the plan less than **90** days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first **90** days of membership in our plan, we will cover a **34-day** emergency supply of that drug while you pursue a formulary exception.

HealthSun Health Plans transition process will be maintained with respect to the following: **(1)** the transition of new members into the plan during the annual election period; **(2)** the transition of newly eligible Medicare members from other coverage into our plan; **(3)** the transition of individuals who switch from one Plan to another after the start of the contract year; **(4)** members residing in a Long Term care (LTC) Facility; **(5)** current members affected by negative formulary changes from one contract year to the next contract year; **(6)** members who request an exception but there is a failure to issue a timely decision on the request by the end of the transition period; **(7)** members who remain in the same plan for the new plan year and are on a drug that was the result of an exception that was granted in the previous year; **(8)** current members experiencing a level of care change; **(9)** current members entering the LTC setting from other care settings; and **(10)** current members in a LTC setting requiring an emergency supply of a nonformulary drug.

For more information

For more detailed information about your HealthSun Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthSun Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 711. Or visit http://www.medicare.gov.

HealthSun Health Plans formulary

The formulary that begins on the page **22** provides coverage information about the drugs covered by HealthSun Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page **121**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., **ERLEADA** and generic drugs are listed in lower-case italics (e.g., ***simvastatin tab***).

The information in the Requirements/Limits column tells you if HealthSun Health Plans has any special requirements for coverage of your drug.

Certain drugs throughout the formulary will be marked with one or more symbols to indicate their application, such as utilization management restrictions and requirements, mail order availability, drugs limited to a one month supply (even when the drug is on a tier that allows for an extended day supply), excluded Part D drugs covered by the plan, limited access, mail order drugs, tier names, and other coverage information.

The Drug Table starting on page **22** includes a column titled, "Drug Tier". This column indicates what tier each drug is listed under. The table starting on page **8** provides the copayments/coinsurances associated with the corresponding tiers if you receive the drug at an in-network pharmacy. These copayments/coinsurances apply during the initial coverage phase. Please refer to your *Evidence of Coverage* for what you pay during the catastrophic coverage stage. If you receive "Extra Help", some information about the costs for Part D prescription drugs may not apply to you. Refer to your *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also known as the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug coverage.

Tier	Drug Tier Name
1	Preferred Generic
2	Generic
3	Preferred Brand
4	Non-Preferred Drug
5	Specialty Tier
6	Supplemental Drugs - (enhanced drug coverage)

Preferred Retail Pharmacy and Mail Order Pharmacy

Your cost for a one-month supply (30 days) of a covered Part D drug

Preferred Retail Pharmacy and Mail Order Pharmacy							
Plan Name: HealthSun	**Tier 1*** Preferred Generic	**Tier 2*** Generic	**Tier 3** Preferred Brand	**Tier 3** Preferred Brand **Insulin Drugs**	**Tier 4** Non-Preferred Drug	**Tier 5** Specialty Tier	**Tier 6** Supple-mental Drugs
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$5	$5	$75	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* For some drugs in Tier 1 and in Tier 2, you can get a long-term supply (also called an extended supply). A long-term supply is up to a 100-day supply for some drugs in Tier 1 and up to a 90-day supply for some drugs in Tier 2.

If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount.

Standard Retail Pharmacy

Your cost for a one-month supply (30 days) of a covered Part D drug

Standard Retail Pharmacy							
Plan Name: HealthSun	**Tier 1*** Preferred Generic	**Tier 2*** Generic	**Tier 3** Preferred Brand	**Tier 3** Preferred Brand **Insulin Drugs**	**Tier 4** Non-Preferred Drug	**Tier 5** Specialty Tier	**Tier 6** Supple-mental Drugs
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$55	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$10	$0	$35	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$20	$5	$80	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$55	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* For some drugs, you can get a long-term supply (also called an extended supply). A long-term supply is up to a 100-day supply for some drugs in Tier 1 and up to a 90-day supply for some drugs in Tier 2.

If you receive Extra Help, the amount you pay is determined by your Extra Help low-income subsidy (LIS) coverage. Please refer to your LIS Rider for your specific copayment amount.

Please refer to your plan's *Evidence of Coverage* for details on what you pay at a long-term care pharmacy or at an out-of-network pharmacy when approved by the plan, and what you may pay if you receive Extra Help.

Abbreviations

SYMBOL	NAME	ABBREVIATION DESCRIPTION
90D	90 Day Benefit	This drug is approved for a 90-day supply.
100D	100 Day Benefit	This drug is approved for a 100-day supply.
B/D PA	Part B vs. Part D Prior Authorization Review	This drug may be covered under Medicare Part B or Medicare Part D depending upon the circumstances.
ED	Enhanced Drug Coverage	Coverage for excluded Medicare Part D Drugs. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill in a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
HRM	High Risk Medication	PA required for ages 65 or over.
LA	Limited Access	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-877-336-2069 (TTY users should call 711), from 8 am to 8 pm, or visit www.HealthSun.com. From October 1st through March 31st, we are open seven days a week (our office will be closed on Thanksgiving and Christmas Day). From April 1st until September 30th, we are available Monday through Friday from 8 am to 8 pm (our office will be closed on federal holidays).
NEDS	Non-Extended Days Supply	This drug is approved for no more than a 30-day supply.
MO	Mail-Order	This drug is available at our mail order pharmacies.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill in your prescription for this drug; without prior approval, we may not cover this drug.
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific timeframe. Certain drugs marked "QL" for quantity limit will indicate the amount (days' supply or amount dispensed).
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

HealthSun Health Plans
2026 fòmilè Lis Medikaman ki Kouvri yo

TANPRI LI: DOKIMAN SA GENYEN ENFÒMASYON SOU MEDIKAMAN NOU KOUVRI NAN PLAN SA A

HPMS Apwouve Fòmilè Soumisyon Dosye **26045**, Version **19**

Fòmilè sa a te fè mizajou nan dat **10/07/2026**. Pou plis enfòmasyon resan oswa lòt kesyon, tanpri kontakte Sèvis Manm HealthSun Health Plans nan 1-877-336-2069 (itilizatè TTY yo ta dwe rele 711), soti 8am jiska 8pm, EST., oswa vizite www.healthsun.com. Orè operasyon nou yo pandan 1ye oktòb jiska 31 mas, nou ouvri sèt jou pa semèn (biwo nou an ap fèmen jou Aksyon de Gras ak Jou Nwèl). Soti 1ye avril jiska 30 septanm, nou disponib Lendi jiska Vandredi soti 8am jiska 8pm (biwo nou an ap fèmen nan jou ferye federal yo).

Avi pou manm ki deja egziste yo: Fòmilè sa a te chanje depi ane pase. Tanpri revize dokiman sa a pou asire w ke li toujou genyen medikaman w ap pran yo.

Lè Lis Medikaman sa a (Fòmilè) refere a “nou”, “nou menm”, oswa “pa nou”, sa vle di HealthSun Health Plans. Lè li refere a "plan" oswa "plan nou an," sa vle di HealthSun Health Plans.

Dokiman sa a gen ladann Lis Medikaman an (fòmilè) pou plan nou an ki aktyèl apati **10/07/2026**. Pou yon Lis Medikaman aktyalize (fòmilè), tanpri kontakte nou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te mete ajou Lis Medikaman an (fòmilè), parèt sou paj devan ak dèyè yo.

Ou dwe jeneralman itilize famasi rezo yo pou itilize avantaj medikaman sou preskripsyon ou. Avantaj, fòmilè, rezo famasi, ak/oswa kopeman/koasirans ka chanje apati 1ye janvye 2026, epi detanzantan pandan ane a.

Kisa fòmilè HealthSun Health Plans la ye?

Nan dokiman sa a, nou itilize tèm Lis Medikaman ak fòmilè ki vle di menm bagay. Yon fòmilè se yon lis medikaman ki kouvri HealthSun Health Plans chwazi an konsiltasyon ak yon ekip pwofesyonèl swen sante, ki reprezante terapi sou preskripsyon yo kwè ke se yon pati nesesè nan yon pwogram tretman kalite. Anjeneral, HealthSun Health Plans pral kouvri medikaman ki endike nan fòmilè nou an toutotan medikaman an nesesè sou plan medikal, preskripsyon an ranpli nan yon famasi rezo HealthSun Health Plans, epi yo swiv lòt règ plan an. Pou plis enfòmasyon sou fason pou ranpli preskripsyon ou yo, tanpri revize Prèv Kouvèti ou a.
Pou jwenn yon lis konplè sou tout medikaman sou preskripsyon HealthSun Health Plans kouvri, tanpri vizite sit entènèt nou an oswa rele nou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te fè mizajou fòmilè a, parèt sou paj devan ak dèyè yo.

Èske fòmilè a ka chanje?

Pifò chanjman nan kouvèti medikaman fèt sou 1ye janvye, men nou ka ajoute oswa retire medikaman nan fòmilè a pandan ane a, deplase yo nan diferan nivo pataj pri, oswa ajoute nouvo restriksyon. Nou dwe suiv règ Medicare yo lè nou fè chanjman sa yo. Mizajou nan fòmilè a afiche chak mwa sou sit entènèt nou an isit la:

https://healthsun.com/plans-coverage/prescription-drug-benefits/

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Chanjman ki ka afekte ou ane sa a: Nan ka sa yo ki anba a, chanjman kouvèti asirans yo pral afekte w pandan ane a:

- **Ranplasman imedyat sèten nouvo vèsyon medikaman mak ak pwodwi byolojik orijinal yo.** Nou ka retire imedyatman yon medikaman nan fòmilè nou an si n ap ranplase li ak yon sèten nouvo vèsyon medikaman sa a ki pral parèt sou menm nivo oswa pi ba pri pataje epi avèk menm restriksyon oswa mwens. Lè nou ajoute yon nouvo vèsyon yon medikaman nan fòmilè nou an, nou ka deside kenbe medikaman mak la oswa pwodwi byolojik orijinal la sou fòmilè nou an, men imedyatman deplase li nan yon nivo pataj pri diferan oswa ajoute nouvo restriksyon.

  Nou ka fè chanjman imedya sa yo sèlman si nou ajoute yon nouvo vèsyon jenerik yon medikaman mak oswa ajoute sèten nouvo vèsyon byosimilè nan plas yon pwodwi byolojik orijinal, ki te deja sou fòmilè a (pa egzanp, ajoute yon byosimilè ki ka ranplase yon pwodwi byolojik orijinal pa yon famasi san yon nouvo preskripsyon).

  Si w ap pran medikaman mak oswa pwodwi byolojik orijinal la kounye a, nou ka pa di w alavans anvan nou fè yon chanjman imedya, men pita n ap ba w enfòmasyon sou chanjman espesifik nou te fè a.

  Si nou fè yon chanjman konsa, oumenm oswa moun k ap preskri w la ka mande nou pou nou fè yon eksepsyon epi pou nou kontinye kouvri medikaman k ap chanje a pou ou. Pou plis enfòmasyon, gade seksyon ki anba a ki gen tit "Kijan pou mwen mande yon eksepsyon nan Fòmilè HealthSun Health Plans?"

  Kèk nan kalite medikaman sa yo ka nouvo pou ou. Pou plis enfòmasyon, gade seksyon ki anba a ki rele "Kisa ki pwodwi byolojik orijinal e ki rapò yo genyen ak byosimilè?"

- **Medikaman yo retire sou mache a.** Si fabrikan an retire yon medikaman sou mache a oswa Administrasyon Manje ak Medikaman (FDA) deside retire l pou rezon sekirite oswa efikasite, nou ka retire medikaman an imedyatman nan fòmilè nou an epi pita bay manm ki pran medikaman an avètisman.

- **Lòt chanjman.** Nou ka fè lòt chanjman ki afekte manm k ap pran yon medikaman nan moman an. Pa egzanp, nou ka retire yon medikaman ki gen mak nan fòmilè a epi nou ajoute yon ekivalan jenerik oswa retire yon pwodwi byolojik orijinal epi nou ajoute yon byosimilè. Nou ka aplike tou nouvo restriksyon sou medikaman mak oswa pwodwi byolojik orijinal la oswa deplase li nan yon nivo pataj pri diferan, oswa fè toude. Nou ka fè chanjman ki baze sou nouvo gid klinik. Si nou retire medikaman nan fòmilè nou an, ajoute otorizasyon alavans, limit kantite ak/oswa restriksyon etap terapi sou yon medikaman, oswa deplase yon medikaman nan yon nivo pi wo pataj pri, nou dwe notifye manm ki afekte yo sou chanjman an omwen 30 jou anvan chanjman vin efektif. Altènativman, lè yon manm mande yon renouvèlman medikaman an, yo ka resevwa yon rezèv pou 30 jou medikaman an ak yon avi sou chanjman an.

  Si nou fè lòt chanjman sa yo, oumenm oswa moun k ap preskri w la ka mande nou pou fè yon eksepsyon pou ou epi kontinye kouvri medikaman w ap pran an. Avi nou ba ou a pral genyen tou enfòmasyon sou

fason pou mande yon eksepsyon, epi ou ka jwenn enfòmasyon tou nan seksyon ki anba a ki rele “Kijan pou mwen mande yon eksepsyon nan Fòmilè HealthSun Health Plans?”

Chanjman ki pap afekte w si w ap pran medikaman an nan moman sa a. Anjeneral, si w ap pran yon medikaman ki sou fòmilè 2026 nou an ki te kouvri nan kòmansman ane a, nou p ap sispann oswa redwi kouvèti medikaman an pandan ane kouvèti 2027 la eksepte jan sa dekri pi wo a. Sa vle di medikaman sa yo ap rete disponib nan menm pataj pri epi yo pa gen okenn nouvo restriksyon pou manm sa yo k ap pran yo pandan rès ane kouvèti asirans lan. Ou p ap resevwa avi direk ane sa a sou chanjman ki pa afekte w. Sepandan, nan dat 1ye janvye ane kap vini an, chanjman sa yo ka pral afekte w, e li enpòtan pou verifye fòmilè a pou nouvo ane avantaj la pou nenpòt chanjman nan medikaman yo.

Fòmilè ki nan anvlòp la ajou apati **10/07/2026**. Pou jwenn enfòmasyon ajou sou medikaman ki kouvri yo nan HealthSun Health Plans tanpri kontakte nou. Enfòmasyon kontak nou yo parèt sou paj kouvèti devan ak dèyè yo

Kouman pou m itilize fòmilè a?

Gen de fason pou jwenn medikaman ou nan fòmilè a:

Kondisyon Medikal

Fòmilè a kòmanse nan paj **22**. Medikaman ki nan fòmilè sa a gwoupe an kategori selon kalite kondisyon medikal ki itilize yo pou tretman. Pa egzanp, medikaman yo itilize pou trete yon maladi kè nan lis ki anba kategori, "ajan kadyovaskilè." Si ou konnen pou kisa medikaman ou a itilize, chèche non kategori a nan lis ki kòmanse sou **22** la. Apre sa a, gade anba non kategori a pou medikaman ou a.

Lis Alfabetik

Si w pa sèten ki kategori pou w gade, ou ta dwe chèche medikaman w lan nan Endèks ki kòmanse nan paj **121** la. Endèks la bay yon lis alfabetik tout medikaman ki enkli nan dokiman sa a. Toude medikaman mak ak medikaman jenerik yo nan lis Endèks la. Gade nan endèks la epi jwenn medikaman ou a. Akote medikaman w la, w ap wè nimewo paj la kote w ka jwenn enfòmasyon sou kouvèti a. Ale nan paj ki nan Endèks la epi jwenn non medikaman w lan nan premye kolòn lis la.

Kisa ki medikaman jenerik?

HealthSun Health Plans kouvri toude medikaman mak ak medikaman jenerik. Yon medikaman jenerik apwouve pa FDA kòm kwa li gen menm engredyan aktif ak medikaman non mak la. Anjeneral, medikaman jenerik travay menm jan e anjeneral yo koute mwens pase medikaman ki gen mak. Gen ranplasan medikaman jenerik ki disponib pou anpil medikaman mak. Anjeneral, medikaman jenerik yo ka ranplase medikaman mak la nan famasi san yo pa bezwen yon nouvo preskripsyon, selon lwa eta a.

Kisa ki pwodwi byolojik orijinal e ki rapò yo genyen ak byosimilè yo?

Sou fòmilè a, lè nou refere a medikaman, sa ka vle di yon medikaman oswa yon pwodwi byolojik. Pwodwi byolojik yo se medikaman ki pi konplèks pase medikaman tipik yo. Kòm pwodwi byolojik yo pi konplèks pase medikaman tipik yo, olye pou yo gen yon fòm jenerik, yo gen altènativ ki rele byosimilè. Anjeneral, byosimilè travay menm jan ak pwodwi byolojik orijinal la epi yo ka koute mwens. Gen altènativ byosimilaè pou kèk pwodwi byolojik orijinal. Gen kèk byosimilè ki ka ranplase lòt byosimilè epi, selon lwa eta a, yo ka ranplase pwodwi byolojik orijinal la nan famasi a san yo pa bezwen yon nouvo preskripsyon, menm jan medikaman jenerik yo ka ranplase medikaman mak yo.

- Pou diskisyon sou kalite medikaman yo, tanpri gade Prèv Kouvèti a, Chapit 5*,* Seksyon 3.1, “'Lis Medikaman an' di ki medikaman Pati D ki kouvri.

Èske gen okenn restriksyon sou kouvèti mwen an?

Gen kèk medikaman ki kouvri ki ka gen lòt kondisyon oswa limit sou kouvèti asirans. Kondisyon ak limit sa yo ka enkli:

- **Otorizasyon Davans:** HealthSun Health Plans mande oumenm oswa moun k ap preskri w la pou jwenn otorizasyon davans pou sèten medikaman. Sa vle di w ap bezwen jwenn apwobasyon HealthSun Health Plans anvan ou ranpli preskripsyon w yo. Si w pa jwenn apwobasyon, HealthSun Health Plans ka pa kouvri medikaman an.

- **Limit Kantite:** Pou sèten medikaman, HealthSun Health Plans limite kantite medikaman HealthSun Health Plans pral kouvri. Pa egzanp, HealthSun Health Plans bay **30 tab** pa preskripsyon pou **TRADJENTA**. Sa a ka anplis de yon rezèv estanda yon mwa oswa twa mwa.

- **Etap Terapi:** Nan kèk ka, HealthSun Health Plans mande pou w eseye an premye sèten medikaman pou trete kondisyon medikal ou anvan nou pral kouvri yon lòt medikaman pou kondisyon sa a. Pa egzanp, si Medikaman A ak Medikaman B tou de trete kondisyon medikal ou HealthSun Health Plans ka pa kouvri Medikaman B sof si ou eseye Medikaman A dabò. Si Medikaman A pa travay pou ou, HealthSun Health Plans pral kouvri Medikaman B.

Ou ka chèche konnen si medikaman ou a gen nenpòt lòt kondisyon oswa limit lè w gade nan fòmilè ki kòmanse nan paj **22** la. Ou ka jwenn plis enfòmasyon tou sou restriksyon ki aplike pou medikaman espesifik ki kouvri yo lè w vizite sit entènèt nou an. Nou afiche dokiman sou Entènèt ki eksplike restriksyon otorizasyon davans ak etap terapi nou yo. Ou ka mande nou tou pou voye yon kopi ba ou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te fè mizajou fòmilè a, parèt sou paj devan ak dèyè yo.

Ou ka mande HealthSun Health Plans pou fè yon eksepsyon nan restriksyon oswa limit sa yo oswa pou yon lis lòt medikaman analojik ki ka trete kondisyon sante ou. Gade seksyon, "Kijan pou mwen mande yon eksepsyon nan fòmilè HealthSun Health Plans an?" nan paj **14** pou enfòmasyon sou fason pou mande yon eksepsyon.

E si medikaman mwen an pa nan fòmilè a?

Si medikaman ou a pa enkli nan fòmilè sa a (lis medikaman ki kouvri), ou ta dwe kontakte Sèvis Manm yo dabò epi mande si medikaman ou an kouvri. Pou plis enfòmasyon, tanpri kontakte nou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te fè mizajou fòmilè a, parèt sou paj devan ak dèyè yo.

Si w aprann HealthSun Health Plans pa kouvri medikaman w la, ou gen de opsyon:

- Ou ka mande Sèvis Manm yo yon lis medikaman ki analojik ke HealthSun Health Plans kouvri. Lè w resevwa lis la, montre doktè w la epi mande l pou li preskri yon medikaman ki sanble HealthSun Health Plans kouvri.

- Ou ka mande HealthSun Health Plans pou fè yon eksepsyon epi kouvri medikaman w lan. Gade pi ba a pou enfòmasyon sou fason pou mande yon eksepsyon.

Kouman pou mwen mande yon eksepsyon nan Fòmilè HealthSun Health Plans?

Ou ka mande HealthSun Health Plans pou fè yon eksepsyon nan règ kouvèti asirans nou an. Gen plizyè kalite eksepsyon ou ka mande nou fè.

- Ou ka mande nou pou kouvri yon medikaman menm si li pa nan fòmilè nou an. Si yo apwouve, medikaman sa a pral kouvri nan yon nivo pataj pri yo te detèmine davans, epi ou p ap kapab mande nou bay medikaman an nan yon nivo pataj pri ki pi ba.

- Ou ka mande nou pou nou anile yon restriksyon sou kouvèti ki gen ladan otorizasyon davans, terapi pa etap, oswa yon limit kantite sou medikaman ou a. Pa egzanp, pou sèten medikaman, HealthSun Health Plans limite kantite medikaman n ap kouvri a. Si medikaman ou a gen yon limit kantite, ou ka mande nou anile limit la epi kouvri yon pi gwo kantite.

- Ou ka mande nou pou nou kouvri yon medikaman fòmilè nan nivo pataj pri ki pi ba sof si medikaman an nan nivo espesyalite. Si yo apwouve li, sa t ap diminye kantite lajan ou dwe peye pou medikaman w la.

Anjeneral, HealthSun Health Plans pral sèlman apwouve demann ou an pou yon eksepsyon si medikaman altènatif ki enkli nan fòmilè plan an, gen pri pataje ki pi ba a, oswa si aplike restriksyon an pa t ap osi efikas pou ou epi/oswa ta ka lakòz ou gen yon efè negatif.

Oumenm oswa moun k ap preskri w la ta dwe kontakte nou pou mande yon eksepsyon nan nivo oswa fòmilè, ki gen ladan yon eksepsyon nan yon restriksyon sou kouvèti. **Lè w mande yon eksepsyon, moun k ap preskri w la ap bezwen eksplike rezon medikal ki fè w bezwen eksepsyon an.** Anjeneral, nou dwe pran desizyon nou an nan lespas 72 èdtan apre nou resevwa deklarasyon sipò doktè w la. Ou ka mande pou yon desizyon rapid (akselere) si ou kwè, epi nou dakò, ke sante ou ka vin gravman andomaje lè w tann jiska 72 èdtan pou yon desizyon. Si nou dakò, oswa si moun k ap preskri w la mande pou yon desizyon rapid, nou dwe ba w yon desizyon pa pita pase 24 èdtan apre nou resevwa deklarasyon sipò doktè w la.

Kisa mwen ka fè si medikaman mwen an pa sou fòmilè a oswa si gen yon restriksyon?

Antanke yon nouvo manm oswa w ap kontinye nan plan nou an, ou kapab ap pran medikaman ki pa nan fòmilè nou an. Oswa, ou kapab ap pran yon medikaman ki sou fòmilè nou an men ki gen yon restriksyon sou kouvèti, tankou otorizasyon davans. Ou ta dwe pale ak moun k ap preskri w la pou w mande yon desizyon sou kouvèti pou montre w satisfè kritè pou apwobasyon an, pou w chanje nan yon medikaman altènatif ke nou kouvri, oswa pou w mande yon eksepsyon nan fòmilè pou nou ka kouvri medikaman w ap pran an. Pandan ke oumenm ak doktè ou ap detèmine bon jan aksyon pou ou, nou ka kouvri medikaman ou nan sèten ka pandan premye **90** jou ou manm nan plan nou an.

Pou chak medikaman ou yo ki pa nan fòmilè nou an oswa ki gen yon restriksyon sou kouvèti, nou pral kouvri yon rezèv tanporè pou **30** jou. Si preskripsyon ou ekri pou mwens jou, nou pral pèmèt renouvèlman medikaman yo pou nou bay jiska yon maksimòm Rezèv pou 30 jou medikaman. Si yo pa apwouve kouvèti, apre premye rezèv pou **30** jou ou a, nou p ap peye pou medikaman sa yo, menm si ou te manm plan an pou mwens pase **90** jou.

Si w abite nan yon etablisman swen alontèm epi w bezwen yon medikaman ki pa nan fòmilè nou an oswa si kapasite w genyen pou w jwenn medikaman w yo limite, men ou deja pase premye 90 jou manm nan plan nou an, n ap kouvri yon pwovizyon ijans pou **34** jou medikaman sa a pandan w ap chèche yon eksepsyon nan fòmilè.

Pwosesis tranzisyon HealthSun Health Plans pral mentni parapò ak sa ki annapre yo: **(1)** tranzisyon nouvo manm nan plan an pandan peryòd eleksyon anyèl la; **(2)** tranzisyon manm Medicare ki fèk elijib ki soti nan lòt kouvèti vini nan plan nou an; **(3)** tranzisyon moun ki chanje soti nan yon Plan ale nan yon lòt apre kòmansman ane kontra a; **(4)** manm ki abite nan yon etablisman swen alontèm (LTC); **(5)** manm aktyèl ki afekte pa chanjman fòmilè negatif yo soti nan yon ane kontra pou rive nan pwochen ane kontra a; **(6)** manm ki mande yon eksepsyon men ki pa jwenn yon desizyon ki pran alè sou demann lan nan fen peryòd tranzisyon an; **(7)** manm ki rete nan menm plan an pou nouvo ane plan an epi ki pran yon medikaman ki te rezilta yon eksepsyon ki te akòde nan ane anvan an; **(8)** manm aktyèl ki gen yon chanjman nan nivo swen; **(9)** manm aktyèl k ap antre nan anviwònman LTC a soti nan lòt

anviwònman swen; epi **(10)** manm aktyèl ki nan yon anviwònman LTC ki mande yon rezèv ijans nan yon medikaman ki pa nan fòmilè.

Pou plis enfòmasyon:

Pou jwenn plis enfòmasyon detaye sou kouvèti medikaman sou preskripsyon HealthSun Health Plans ou a, tanpri revize Prèv Kouvèti ou ak lòt materyèl plan an.
Si w gen kesyon sou HealthSun Health Plans, tanpri kontakte nou. Enfòmasyon kontak nou yo, ansanm ak dènye dat nou te fè mizajou fòmilè a, parèt sou paj devan ak dèyè yo.

Si w gen kesyon jeneral sou kouvèti Medicare pou medikaman sou preskripsyon, tanpri rele Medicare nan 1-800-MEDICARE (1-800-633-4227) 24 èdtan pa jou/7 jou pa semèn. Itilizatè TTY yo ta dwe rele 711. Oswa, vizite http://www.medicare.gov.

HealthSun Health Plans Fòmilè

Fòmilè ki kòmanse nan paj **22** a bay enfòmasyon sou kouvèti medikaman HealthSun Health Plans kouvri yo. Si w gen pwoblèm pou w jwenn medikaman w lan nan lis la, ale nan Endèks ki kòmanse nan paj **121** la.

Premye kolòn nan tablo a bay non medikaman an. Medikaman mak yo ekri an majiskil (egzanp, **ERLEADA** ak medikaman jenerik yo ekri an italik miniskil (egzanp, ***tab simvastatin***).

Enfòmasyon ki nan kolòn Kondisyon/Limit yo fè w konnen si HealthSun Health Plans gen nenpòt kondisyon espesyal pou kouvri medikaman w lan.

Sèten medikaman nan fòmilè a pral make ak youn oswa plizyè senbòl pou endike aplikasyon yo, tankou restriksyon ak egzijans jesyon itilizasyon, disponiblite kòmann pa lapòs, medikaman limite a yon rezèv pou yon mwa (menm lè medikaman an nan yon nivo ki pèmèt pwovizyon pou jou pwolonje), medikaman Pati D ki ekskli nan kouvri plan an, aksè limite, medikaman pa lapòs, non nivo, ak lòt enfòmasyon sou kouvèti a.

Tablo Medikaman an ki kòmanse nan paj **22** gen ladann yon kolòn ki gen tit, "**Nivo Medikaman**," Kolòn sa a endike anba ki nivo chak medikaman ki nan lis la ye. Tablo ki kòmanse nan paj **17** bay kopeman/koasirans ki asosye ak nivo ki koresponn yo si w resevwa medikaman an nan yon famasi ki nan rezo a. Kopeman/koasirans sa yo aplike pandan premye faz kouvèti asirans lan.

Tanpri, al gade nan *Prèv Kouvèti ou a* pou konnen sa ou peye pandan etap kouvèti asirans katastwofik la. Si w resevwa "Èd Siplemantè", kèk enfòmasyon sou depans pou medikaman sou preskripsyon Pati D yo ka pa aplike pou ou. Al gade nan *Sipleman Prèv Kouvèti ou pou Moun ki jwenn "Èd Siplemantè" pou Peye Medikaman sou Preskripsyon* (ki rele tou Sipleman Sibvansyon pou Revni F*èb* oswa Sipleman LIS), ki fè w konnen sou kouvèti medikaman ou.

Nivo	Non Nivo Medikaman
1	Jenerik Prefere
2	Jenerik
3	Mak Prefere
4	Medikaman ki pa Prefere
5	Nivo Espesyalite
6	Medikaman siplemantè (kouvèti medikaman amelyore)

Famasi Detayan Prefere e Famasi Komann pa Lapòs
Depans ou pou rezèv yon-mwa (30 jou) medikaman pati D ki kouvri

Famasi Detayan Prefere e Famasi Komann pa Lapòs							
Non Plan an: **HealthSun**	**Nivo 1*** Jenerik Prefere	**Nivo 2*** Jenerik	**Nivo 3** Mak Prefere	**Nivo 3** Mak Prefere **Medikaman Ensilin yo**	**Nivo 4** Medikaman ki pa-prefere	**Nivo 5** Nivo Espesyalite	**Nivo 6** Medikaman Siplemantè
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$5	$5	$75	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$50	33%	$0
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0

Famasi Detayan Prefere e Famasi Komann pa Lapòs							
Non Plan an: HealthSun	**Nivo 1*** Jenerik Prefere	**Nivo 2*** Jenerik	**Nivo 3** Mak Prefere	**Nivo 3** Mak Prefere **Medikaman Ensilin yo**	**Nivo 4** Medikaman ki pa-prefere	**Nivo 5** Nivo Espesyalite	**Nivo 6** Medikaman Siplemantè
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* Pou kèk medikaman ki nan nivo 1 ak nan nivo 2, ou kapab jwenn yon rezèv alontèm (you rele tou yon ralonj pwovizyon). Yon rezèv alontèm se pou jiska 100 jou pou kèk medikaman Nivo 1 e jiska 90 jou rezèv pou kèk medikaman Nivo 2.

Si ou resevwa Èd Siplemantè (“Extra Help”), montan ou peye a ap detèmine pa Èd Siplemantè (“Extra Help”) ou pou kouvèti moun ki gen ti revni (LIS). Tanpri gade nan Atik Siplemanteè LIS ou a pou jwenn montan espesifik kopeman ou.

Famasi Detayan Estanda

Depans ou pou rezèv yon-mwa (30 jou) medikaman pati D ki kouvri

Famasi Detayan Estanda							
Non Plan an: HealthSun	**Nivo 1*** Jenerik Prefere	**Nivo 2*** Jenerik	**Nivo 3** Mak Prefere	**Nivo 3** Mak Prefere **Medikaman Ensilin yo**	**Nivo 4** Medikaman ki pa-prefere	**Nivo 5** Nivo Espesyalite	**Nivo 6** Medikaman Siplemantè
VitalCare (HMO C-SNP) H5431-021 Miami-Dade & Broward	$0	$0	$5	$5	$55	33%	$0
VitalCare (HMO C-SNP) H5431-022 Palm Beach	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plan (HMO) H5431-001 Miami-Dade	$0	$0	$10	$0	$35	33%	$0
HealthAdvantage Plan (HMO) H5431-012 Broward	$0	$0	$20	$5	$80	33%	$0
HealthAdvantage Plan (HMO) H5431-013 Palm Beach	$0	$0	$10	$10	$55	33%	$0

Famasi Detayan Estanda							
Non Plan an: HealthSun	**Nivo 1*** Jenerik Prefere	**Nivo 2*** Jenerik	**Nivo 3** Mak Prefere	**Nivo 3** Mak Prefere **Medikaman Ensilin yo**	**Nivo 4** Medikaman ki pa-prefere	**Nivo 5** Nivo Espesyalite	**Nivo 6** Medikaman Siplemantè
HealthAdvantage Plus (HMO) H5431-017 Miami-Dade	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-018 Broward	$0	$0	$5	$5	$55	33%	$0
HealthAdvantage Plus (HMO) H5431-020 Palm Beach	$0	$0	$5	$5	$55	33%	$0
MediMax (HMO) H5431-006 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Plus (HMO D-SNP) H5431-016 Palm Beach	$0	$0	$10	$10	$50	33%	$0
MediSun Extra (HMO D-SNP) H5431-019 Miami-Dade & Broward	$0	$0	$10	$10	$50	33%	$0
MediSun Full Dual Plus (HMO D-SNP) H5431-025 Palm Beach	$0	$0	$5	$5	$50	33%	$0
MediSun Full Dual Extra (HMO D-SNP) H5431-026 Miami-Dade & Broward	$0	$0	$5	$5	$50	33%	$0

* Pou kèk medikaman, ou kapab jwenn yon rezèv alontèm (you rele tou yon ralonj pwovizyon). Yon rezèv alontèm se pou jiska 100 jou pou kèk medikaman Nivo 1 e jiska 90 jou rezèv pou kèk medikaman Nivo 2.

Si ou resevwa Èd Siplemantè (“Extra Help”), montan ou peye a ap detèmine pa Èd Siplemantè (“Extra Help”) ou pou kouvèti moun ki gen ti revni (LIS). Tanpri gade nan Atik Siplemanteè LIS ou a pou jwenn montan espesifik kopeman ou.

Tanpri gade *Prèv Kouvèti* plan ou a pou detay sou konbyen ou peye nan yon famasi swen alontèm oubyen nan yon famasi ki pa nan rezo ke plan an apwouve, ak montan ou ka peye si w ap resevwa Èd Siplemantè (“Extra Help”).

Abreviyasyon yo

Senbòl	NON	DESKRIPSYON ABREVIYASYON
90D	Avantaj 90 Jou	Medikaman sa a apwouve pou yon rezèv 90 jou.
100D	Avantaj 100 Jou	Medikaman sa a apwouve pou yon rezèv 100 jou.
B/D PA	Pati B kont Pati D Revizyon Otorizasyon Davans	Medicare sa a ka kouvri anba Medicare Pati B oswa Medicare Pati D selon sikonstans yo.
ED	Kouvèti Medikaman Amelyore	Kouvèti pou Medicare Pati D ki eskli yo. Medikaman sou preskripsyon sa a pa nòmalman kouvri nan yon Plan Medicare sou Preskripsyon. Kantite lajan ou peye lè w ranpli yon preskripsyon pou medikaman sa a pa konte nan depans total medikaman w yo (sa vle di, montan w peye a pa ede w kalifye pou kouvèti asirans katastwofik). Anplis de sa, si w ap resevwa èd siplemantè pou peye pou preskripsyon ou yo, ou p ap jwenn okenn èd siplemantè pou peye medikaman sa a.
HRM	Medikaman ki gen gwo risk	PA obligatwa pou laj 65 oswa plis.
LA	Aksè limite	Preskripsyon sa a ka disponib sèlman nan sèten famasi. Pou plis enfòmasyon konsilte Anyè Famasi w la oswa rele Sèvis Manm yo nan 1-877-336-2069 (itilizatè TTY yo ta dwe rele 711), soti 8 am jiska 8 pm, oswa vizite www.HealthSun.com. Soti 1ye oktòb jiska 31 mas, nou ouvri sèt jou pa semèn (biwo nou an ap fèmen nan Jou Aksyon de Gras ak Nwèl). Soti 1ye avril jiska 30 septanm, nou disponib Lendi jiska Vandredi de 8 am jiska 8 pm (biwo nou an ap fèmen nan jou ferye federal).
NEDS	Rezèv pou jou ki pa pwolonje	Medikaman sa a apwouve pou pa plis pase yon rezèv 30 jou.
MO	Kòmann Postal	Medikaman sa a disponib nan famasi pa lapòs nou yo.
PA	Otorizasyon davans	Oumenm (oswa doktè ou) oblije jwenn otorizasyon davans anvan ou ranpli preskripsyon ou pou medikaman sa a; san apwobasyon alavans, nou ka pa kouvri medikaman sa a.
QL	Limit Kantite	Gen yon limit sou kantite medikaman sa a ki kouvri pou chak preskripsyon, oswa nan yon delè espesifik. Sèten medikaman ki make “QL” pou limit kantite pral endike kantite an (pwovizyon pou plizyè jou oswa kantite ki te bay).
ST	Terapi Etap	Nan kèk ka, ou ka oblije eseye an premye sèten medikaman pou trete kondisyon medikal ou anvan nou pral kouvri yon lòt medikaman pou kondisyon sa a.

List of Covered Drugs / Lista de Medicamentos

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ANALGESICS AND ANTI-INFLAMMATORY AGENTS / ANALJEZIK AK AJAN ANTI-ENFLAMATWA		
acetaminophen-codeine oral solution	2	QL (900 per 30 days); NEDS
acetaminophen-codeine oral tablet	3	QL (180 per 30 days); NEDS
allopurinol oral tablet 100 mg, 300 mg	1	MO; 100D
buprenorphine transdermal	2	PA; QL (4 per 28 days); NEDS
butorphanol tartrate nasal	4	QL (5 per 30 days); NEDS
celecoxib oral capsule 100 mg, 200 mg, 50 mg	2	QL (60 per 30 days); MO; 90D
celecoxib oral capsule 400 mg	2	QL (30 per 30 days); MO; 90D
colchicine oral capsule	3	
colchicine oral tablet	2	QL (120 per 30 days)
colchicine-probenecid	1	MO; 100D
diclofenac potassium oral tablet 50 mg	1	MO; 100D
diclofenac sodium er	1	MO; 100D
diclofenac sodium external solution 1.5 %	4	QL (300 per 30 days)
diclofenac sodium oral	1	MO; 100D
diclofenac-misoprostol oral tablet delayed release	2	MO; 90D
diflunisal oral	2	MO; 90D
duramorph	4	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	2	QL (180 per 30 days); NEDS
etodolac er	2	MO; 90D
etodolac oral	1	MO; 100D
febuxostat	2	ST; MO; 90D
fentanyl	4	PA; QL (15 per 30 days); NEDS
flurbiprofen oral tablet 100 mg	1	MO; 100D
GLYDO EXTERNAL PREFILLED SYRINGE	2	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	2	QL (2700 per 30 days); NEDS

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	2	QL (180 per 30 days); NEDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	QL (180 per 30 days); NEDS
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	4	QL (50 per 10 days); NEDS
hydromorphone hcl injection solution 2 mg/ml	4	
hydromorphone hcl oral liquid	4	QL (720 per 30 days); NEDS
hydromorphone hcl oral tablet	4	QL (180 per 30 days); NEDS
ibu oral tablet 600 mg	1	MO; 100D
ibuprofen oral suspension (rx)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; 100D
indomethacin oral capsule 25 mg, 50 mg	1	PA; MO; 100D; HRM
ketoprofen oral capsule 50 mg	5	MO
ketorolac tromethamine oral	2	PA; HRM
lidocaine external ointment 5 %	2	PA; QL (150 per 30 days)
lidocaine external patch 5 %	2	PA; QL (90 per 30 days)
lidocaine hcl external solution	2	PA; QL (300 per 30 days)
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	1	
lidocaine-prilocaine external cream	2	QL (30 per 30 days)
meloxicam oral tablet	1	MO; 100D
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	2	PA; HRM
meperidine hcl oral solution	2	PA; QL (900 per 30 days); NEDS; HRM
meperidine hcl oral tablet 50 mg	4	PA; QL (180 per 30 days); NEDS; HRM
methadone hcl oral solution	3	QL (900 per 30 days); NEDS
methadone hcl oral tablet	3	PA; QL (180 per 30 days); NEDS

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	QL (180 per 30 days); NEDS
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml	4	
morphine sulfate er oral tablet extended release 100 mg, 200 mg	2	PA; QL (60 per 30 days); NEDS
morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg	2	PA; QL (90 per 30 days); NEDS
morphine sulfate oral solution	2	QL (900 per 30 days); NEDS
morphine sulfate oral tablet 15 mg	2	QL (180 per 30 days); NEDS
morphine sulfate oral tablet 30 mg	1	QL (180 per 30 days); NEDS
nabumetone oral	1	MO; 100D
naproxen dr oral tablet delayed release 500 mg	2	MO; 90D
naproxen oral suspension	2	MO; 90D
naproxen oral tablet	1	MO; 100D
naproxen oral tablet delayed release	2	MO; 90D
naproxen sodium oral tablet 275 mg, 550 mg	2	MO; 90D
oxaprozin oral tablet	2	MO; 90D
oxycodone hcl oral concentrate 100 mg/5ml	2	QL (180 per 30 days); NEDS
oxycodone hcl oral tablet	3	QL (180 per 30 days); NEDS
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (180 per 30 days); NEDS
oxymorphone hcl	2	QL (180 per 30 days); NEDS
pentazocine-naloxone hcl	2	PA; QL (360 per 30 days); NEDS; HRM
piroxicam oral	2	MO; 90D
probenecid oral	1	MO; 100D
sulindac oral	1	MO; 100D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	PA; QL (30 per 30 days); NEDS
tramadol hcl er	2	PA; QL (30 per 30 days); NEDS

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS
tramadol-acetaminophen	2	QL (40 per 5 days); NEDS
ANTINEOPLASTICS / ANTINEYOPLAZIK		
abiraterone acetate oral tablet 250 mg	5	PA; QL (120 per 30 days)
abiraterone acetate oral tablet 500 mg	5	PA; QL (60 per 30 days)
ABIRTEGA	3	PA; QL (120 per 30 days)
AKEEGA	5	PA; QL (60 per 30 days)
ALECENSA	5	PA; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days)
anastrozole oral	2	MO; 90D
AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days)
AVMAPKI FAKZYNJA CO-PACK	5	PA; QL (66 per 28 days)
AYVAKIT	5	PA; QL (30 per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days)
BEQALZI ORAL TABLET 1 MG, 5 MG	4	PA; QL (11 per 7 days)
BEQALZI ORAL TABLET 20 MG	4	PA; QL (14 per 7 days)
BEQALZI ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)
BEQALZI STARTER PACK	5	PA
BESREMI	5	PA
BESREMI PEN	5	PA
bexarotene oral	5	PA; QL (300 per 30 days)
bicalutamide	2	QL (30 per 30 days)
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (180 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days)
bosutinib oral tablet 100 mg	4	PA; QL (180 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	5	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; QL (120 per 30 days)
BRUKINSA ORAL TABLET	5	PA; QL (60 per 30 days)
CABOMETYX	5	PA; QL (30 per 30 days)
CALQUENCE ORAL TABLET	5	PA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days)
COPIKTRA	5	PA; QL (60 per 30 days)
COTELLIC	5	PA; QL (90 per 30 days)
cyclophosphamide oral capsule	3	B/D PA
DANZITEN	5	PA; QL (112 per 28 days)
DARZALEX FASPRO	5	PA
dasatinib	5	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days)
ELIGARD	4	PA
ENSACOVE	5	PA; QL (60 per 30 days)
ERIVEDGE	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
erlotinib hcl oral tablet 100 mg, 150 mg	5	PA; QL (30 per 30 days)
erlotinib hcl oral tablet 25 mg	5	PA; QL (90 per 30 days)
EULEXIN	5	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA
everolimus oral tablet soluble	5	PA
exemestane	2	MO; 90D
FIRMAGON (240 MG DOSE)	5	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA
FOTIVDA	5	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
GAVRETO	5	PA; QL (120 per 30 days)
gefitinib	5	PA; QL (60 per 30 days)
GILOTRIF	5	PA; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (240 per 30 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (120 per 30 days)
GOMEKLI ORAL TABLET SOLUBLE	5	PA; QL (240 per 30 days)
HERCEPTIN HYLECTA	5	B/D PA
HERNEXEOS	5	PA; QL (90 per 30 days)
hydroxyurea oral	1	
HYRNUO	5	PA; QL (120 per 30 days)
IBRANCE	5	PA; QL (21 per 28 days)
IBTROZI	5	PA; QL (90 per 30 days)
ICLUSIG	5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days)
imatinib mesylate oral tablet 100 mg	4	PA; QL (90 per 30 days)
imatinib mesylate oral tablet 400 mg	5	PA; QL (60 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
imkeldi	5	PA; QL (280 per 28 days)
INLURIYO	5	PA; QL (56 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days)
INQOVI	5	PA; QL (5 per 28 days)
INREBIC	5	PA; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA; QL (56 per 28 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; QL (28 per 28 days)
IWILFIN	5	PA; QL (240 per 30 days)
JAKAFI	5	PA; QL (60 per 30 days)
JAKAFI XR	5	PA; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	5	PA; QL (120 per 30 days)
KISQALI (200 MG DOSE)	5	PA; QL (21 per 28 days)
KISQALI (400 MG DOSE)	5	PA; QL (42 per 28 days)
KISQALI (600 MG DOSE)	5	PA; QL (63 per 28 days)
KOMZIFTI	5	PA; QL (90 per 30 days)
KRAZATI	5	PA; QL (180 per 30 days)
lapatinib ditosylate	5	PA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
LEDERLE LEUCOVORIN	1	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
lenalidomide oral capsule 10 mg	5	PA; QL (60 per 30 days)
lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg	5	PA; QL (30 per 30 days)
lenalidomide oral capsule 5 mg	5	PA; QL (150 per 30 days)
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days)
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days)
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days)
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days)
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days)
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days)
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days)
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days)
letrozole oral	2	MO; 90D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	2	
leucovorin calcium oral tablet 5 mg	1	
LEUKERAN	4	
leuprolide acetate (3 month)	4	PA
leuprolide acetate injection	2	PA
LIFYORLI (125 MG DOSE)	5	PA; QL (18 per 28 days)
LIFYORLI (150 MG DOSE)	5	PA; QL (27 per 28 days)
lomustine oral capsule 10 mg, 40 mg	4	PA
lomustine oral capsule 100 mg	5	PA
LONSURF	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days)
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days)
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days)
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 180 days)
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI (12 MG DAILY DOSE)	5	PA; QL (84 per 28 days)
LYTGOBI (16 MG DAILY DOSE)	5	PA; QL (112 per 28 days)
LYTGOBI (20 MG DAILY DOSE)	5	PA; QL (140 per 28 days)
MATULANE	5	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	PA; HRM
megestrol acetate oral tablet	1	PA; HRM
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days)
MEKTOVI	5	PA; QL (180 per 30 days)
mercaptopurine oral suspension	5	PA
mercaptopurine oral tablet	2	
mesna oral	5	
MODEYSO	5	PA; QL (20 per 28 days)
NERLYNX	5	PA; QL (180 per 30 days)
nilotinib hcl	5	PA; QL (112 per 28 days)
nilutamide	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days)
NUBEQA	5	PA; QL (120 per 30 days)
ODOMZO	5	PA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET	5	PA; QL (24 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
OJJAARA	5	PA; QL (30 per 30 days)
ONUREG	5	PA; QL (14 per 28 days)
ORGOVYX	5	PA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
pazopanib hcl oral tablet 200 mg	5	PA; QL (120 per 30 days)
pazopanib hcl oral tablet 400 mg	5	PA; QL (60 per 30 days)
PEMAZYRE	5	PA; QL (30 per 30 days)
PHESGO	5	PA
PHYRAGO	5	PA; QL (30 per 30 days)
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days)
pomalidomide	5	PA; QL (21 per 28 days)
POMALYST	5	PA; QL (21 per 28 days)
PURIXAN	5	PA
QINLOCK	5	PA; QL (90 per 30 days)
RASONQUE	5	PA; QL (60 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; QL (90 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
ROMVIMZA	5	PA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days)
ROZLYTREK ORAL PACKET	5	PA; QL (360 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
RUBRACA	5	PA; QL (120 per 30 days)
RYDAPT	5	PA; QL (240 per 30 days)
RYLAZE	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; QL (60 per 30 days)
SOLTAMOX	5	MO
sorafenib tosylate	5	PA; QL (120 per 30 days)
STIVARGA	5	PA; QL (84 per 28 days)
sunitinib malate	5	PA; QL (30 per 30 days)
TABLOID	5	
TABRECTA	5	PA; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days)
TAGRISSO	5	PA; QL (30 per 30 days)
TALZENNA	5	PA; QL (30 per 30 days)
tamoxifen citrate oral	1	MO; 100D
TECENTRIQ HYBREZA	5	PA
TECVAYLI	5	PA
TEPMETKO	5	PA; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG	5	PA; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; QL (224 per 28 days)
TIBSOVO	5	PA; QL (60 per 30 days)
toremifene citrate	5	
TRELSTAR MIXJECT	4	PA
tretinoin oral	5	
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA	5	PA; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days)
VANFLYTA	5	PA; QL (56 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA
VEPPANU	5	PA; QL (30 per 30 days)
VERZENIO	5	PA; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days)
VIZIMPRO	5	PA; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)
WELIREG	5	PA; QL (90 per 30 days)
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (120 per 30 days)
XOSPATA	5	PA; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	5	PA; QL (4 per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days)
YULITHIRA	3	PA
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days)
ZELBORAF	5	PA; QL (240 per 30 days)
ZENBEXUS	5	PA; QL (21 per 28 days)
ZOLINZA	5	PA; QL (120 per 30 days)
ZYDELIG	5	PA; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days)
BLOOD PRODUCTS AND MODIFIERS / PWODUI SAN AK MODIFIKATÈ		
anagrelide hcl	2	MO; 90D
aspirin-dipyridamole er	2	QL (60 per 30 days); MO; 90D
cilostazol	2	MO; 90D
clopidogrel bisulfate oral tablet 75 mg	2	QL (30 per 30 days); MO; 90D
dabigatran etexilate mesylate	2	QL (60 per 30 days); MO; 90D
dipyridamole oral tablet 25 mg, 50 mg	1	PA; MO; 100D; HRM
dipyridamole oral tablet 75 mg	2	PA; MO; 90D; HRM
DROXIA	4	MO
ELIQUIS (1.5 MG PACK)	3	MO
ELIQUIS (2 MG PACK)	3	MO
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ELIQUIS ORAL CAPSULE SPRINKLE	3	QL (120 per 30 days); MO
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 per 30 days); MO
ELIQUIS ORAL TABLET 5 MG	3	QL (74 per 30 days); MO
ELIQUIS ORAL TABLET SOLUBLE	3	QL (960 per 30 days); MO
eltrombopag olamine oral packet 12.5 mg	5	PA; QL (360 per 30 days)
eltrombopag olamine oral packet 25 mg	5	PA; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	5	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg	5	PA; QL (90 per 30 days)
eltrombopag olamine oral tablet 75 mg	5	PA; QL (60 per 30 days)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	2	QL (56 per 28 days)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	2	QL (44.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	2	QL (16.8 per 28 days)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	2	QL (22.4 per 28 days)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	2	QL (33.6 per 28 days)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	5	QL (24 per 30 days)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	2	QL (15 per 30 days)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	5	QL (12 per 30 days)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	5	QL (18 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml	2	B/D PA
heparin sodium (porcine) injection solution 5000 unit/ml	1	B/D PA
heparin sodium (porcine) pf injection solution 1000 unit/ml	2	B/D PA
icatibant acetate subcutaneous solution prefilled syringe	5	PA; QL (18 per 30 days)
jantoven	1	MO; 100D
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
l-glutamine oral packet	5	PA
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML	5	PA; QL (0.8 per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
pentoxifylline er	1	MO; 100D
prasugrel hcl	2	QL (30 per 30 days); MO; 90D
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; QL (12 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (12 per 28 days)
rivaroxaban oral suspension reconstituted	3	QL (600 per 30 days); MO
rivaroxaban oral tablet	3	QL (60 per 30 days); MO
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (18 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ticagrelor	2	QL (60 per 30 days); MO; 90D
tranexamic acid oral	2	
UDENYCA	5	PA; QL (1.2 per 28 days)
warfarin sodium oral	1	MO; 100D
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days); MO
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days); MO
XARELTO STARTER PACK	3	
ZARXIO	5	PA
CARDIOVASCULAR AGENTS / AJAN ADYOVASKILÈ		
acebutolol hcl oral	1	MO; 100D
acetazolamide oral	2	MO; 90D
aliskiren fumarate	2	MO; 90D
amiloride hcl oral	1	MO; 100D
amiloride-hydrochlorothiazide	1	MO; 100D
amiodarone hcl oral	2	MO; 90D
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	2	QL (30 per 30 days); MO; 90D
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg	1	QL (120 per 30 days); MO; 100D
amlodipine besy-benazepril hcl oral capsule 5-10 mg	1	QL (60 per 30 days); MO; 100D
amlodipine besy-benazepril hcl oral capsule 5-20 mg	2	QL (60 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
amlodipine besylate oral	1	MO; 100D
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	2	QL (30 per 30 days); MO; 90D
amlodipine besylate-valsartan oral tablet 5-160 mg	2	QL (60 per 30 days); MO; 90D
amlodipine-atorvastatin	2	QL (30 per 30 days); MO; 90D
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	2	QL (30 per 30 days); MO; 90D
amlodipine-olmesartan oral tablet 5-20 mg	2	QL (60 per 30 days); MO; 90D
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	2	QL (30 per 30 days); MO; 90D
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	2	QL (60 per 30 days); MO; 90D
atenolol oral	1	MO; 100D
atenolol-chlorthalidone	1	MO; 100D
atorvastatin calcium oral	1	QL (30 per 30 days); MO; 100D
benazepril hcl oral	1	MO; 100D
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg	2	QL (60 per 30 days); MO; 90D
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	2	QL (30 per 30 days); MO; 90D
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	2	QL (120 per 30 days); MO; 90D
betaxolol hcl oral	1	MO; 100D
bisoprolol fumarate oral	1	MO; 100D
bisoprolol-hydrochlorothiazide	1	MO; 100D
bumetanide injection	2	
bumetanide oral	2	MO; 90D
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	2	QL (60 per 30 days); MO; 90D
candesartan cilexetil oral tablet 32 mg	2	QL (30 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
candesartan cilexetil-hctz oral tablet 16-12.5 mg	2	QL (60 per 30 days); MO; 90D
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	2	QL (30 per 30 days); MO; 90D
captopril oral tablet 100 mg	1	QL (120 per 30 days); MO; 100D
captopril oral tablet 12.5 mg, 25 mg, 50 mg	1	QL (180 per 30 days); MO; 100D
captopril-hydrochlorothiazide	2	QL (60 per 30 days); MO; 90D
CARTIA XT	1	MO; 100D
carvedilol	1	MO; 100D
carvedilol phosphate er	2	MO; 90D
chlorthalidone oral tablet 25 mg, 50 mg	1	MO; 100D
cholestyramine light	2	MO; 90D
cholestyramine oral	2	MO; 90D
clonidine hcl oral	1	MO; 100D
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	2	QL (12 per 28 days); MO; 90D
clonidine transdermal patch weekly 0.3 mg/24hr	2	QL (4 per 28 days); MO; 90D
colesevelam hcl	2	MO; 90D
colestipol hcl	2	MO; 90D
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days); MO
digox oral tablet 125 mcg	1	QL (30 per 30 days); MO; 100D
digox oral tablet 250 mcg	1	QL (60 per 30 days); MO; 100D
digoxin oral solution	2	MO; 90D
digoxin oral tablet 125 mcg	1	QL (30 per 30 days); MO; 100D
digoxin oral tablet 250 mcg	1	QL (60 per 30 days); MO; 100D
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	3	MO
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	MO; 90D
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 300 mg	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 360 mg	2	MO; 90D
diltiazem hcl er oral capsule extended release 12 hour	2	MO; 90D
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	MO; 100D
diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	MO; 90D
diltiazem hcl oral tablet	1	MO; 100D
dilt-xr	1	MO; 100D
disopyramide phosphate oral	2	PA; MO; 90D; HRM
dofetilide	2	90D
doxazosin mesylate oral	1	MO; 100D
droxidopa oral capsule 100 mg	2	PA; QL (90 per 30 days)
droxidopa oral capsule 200 mg, 300 mg	4	PA; QL (180 per 30 days)
enalapril maleate oral tablet	1	MO; 100D
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	QL (60 per 30 days); MO; 100D
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	QL (120 per 30 days); MO; 100D
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 per 30 days); MO
eplerenone	2	MO; 90D
ezetimibe oral	2	QL (30 per 30 days); MO; 90D
ezetimibe-simvastatin	2	QL (30 per 30 days); MO; 90D
felodipine er	1	MO; 100D
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	MO; 90D
fenofibrate oral	2	MO; 90D
fenofibric acid oral capsule delayed release	2	MO; 90D
flecainide acetate	2	MO; 90D
fluvastatin sodium	2	QL (60 per 30 days); MO; 90D
fluvastatin sodium er	2	QL (30 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
fosinopril sodium	1	MO; 100D
fosinopril sodium-hctz	1	MO; 100D
furosemide injection	1	
furosemide oral tablet	1	MO; 100D
gemfibrozil oral	2	MO; 90D
hydralazine hcl oral	1	MO; 100D
hydrochlorothiazide oral	1	MO; 100D
icosapent ethyl	3	MO
indapamide oral	1	MO; 100D
irbesartan	1	QL (30 per 30 days); MO; 100D
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	1	QL (60 per 30 days); MO; 100D
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	1	QL (30 per 30 days); MO; 100D
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	2	QL (180 per 30 days); MO; 90D
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO; 100D
isosorbide mononitrate	3	MO
isosorbide mononitrate er	1	MO; 100D
isradipine oral capsule 2.5 mg	2	MO; 90D
isradipine oral capsule 5 mg	1	MO; 100D
ivabradine hcl	4	PA; QL (60 per 30 days); MO
labetalol hcl oral	1	MO; 100D
lisinopril oral	1	MO; 100D
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	QL (120 per 30 days); MO; 100D
lisinopril-hydrochlorothiazide oral tablet 20-25 mg	1	QL (60 per 30 days); MO; 100D
losartan potassium oral tablet 100 mg	1	QL (30 per 30 days); MO; 100D
losartan potassium oral tablet 25 mg, 50 mg	1	QL (60 per 30 days); MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg	1	QL (30 per 30 days); MO; 100D
losartan potassium-hctz oral tablet 50-12.5 mg	1	QL (60 per 30 days); MO; 100D
lovastatin oral	1	QL (60 per 30 days); MO; 100D
MATZIM LA	2	MO; 90D
methyldopa oral	1	PA; MO; 100D; HRM
metolazone	1	MO; 100D
metoprolol succinate er	1	MO; 100D
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO; 100D
metoprolol tartrate oral tablet 37.5 mg, 75 mg	2	MO; 90D
metoprolol-hydrochlorothiazide	1	MO; 100D
metyrosine	5	
mexiletine hcl oral	2	MO; 90D
midodrine hcl	2	
minoxidil oral	1	MO; 100D
moexipril hcl	1	MO; 100D
MULTAQ	3	QL (60 per 30 days); MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	MO; 90D
nebivolol hcl	2	MO; 90D
NEXLETOL	3	PA; QL (30 per 30 days); MO
NEXLIZET	3	PA; QL (30 per 30 days); MO
niacin (antihyperlipidemic)	2	
niacin er (antihyperlipidemic)	2	MO; 90D
niacor	2	
nicardipine hcl oral	2	MO; 90D
nifedipine er	1	MO; 100D
nifedipine er osmotic release	1	MO; 100D
nimodipine oral capsule	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	2	MO; 90D
nitroglycerin sublingual	1	MO; 100D
nitroglycerin transdermal patch 24 hour	1	MO; 100D
nitroglycerin translingual solution	2	MO; 90D
olmesartan medoxomil oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO; 90D
olmesartan medoxomil oral tablet 5 mg	2	QL (60 per 30 days); MO; 90D
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	2	QL (60 per 30 days); MO; 90D
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	2	QL (30 per 30 days); MO; 90D
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	2	QL (60 per 30 days); MO; 90D
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	2	QL (30 per 30 days); MO; 90D
omega-3-acid ethyl esters	2	MO; 90D
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO; 90D
perindopril erbumine	1	MO; 100D
pindolol	1	MO; 100D
pitavastatin calcium	3	QL (30 per 30 days); MO
pravastatin sodium	1	QL (30 per 30 days); MO; 100D
prazosin hcl oral	1	MO; 100D
prevalite	2	MO; 90D
propafenone hcl	2	MO; 90D
propafenone hcl er	2	MO; 90D
propranolol hcl er	2	MO; 90D
propranolol hcl oral solution	2	MO; 90D
propranolol hcl oral tablet	1	MO; 100D
quinapril hcl	1	MO; 100D
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg	1	QL (120 per 30 days); MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	QL (60 per 30 days); MO; 100D
quinidine gluconate er	2	MO; 90D
quinidine sulfate oral tablet 200 mg	4	MO
quinidine sulfate oral tablet 300 mg	5	MO
ramipril	1	MO; 100D
ranolazine er	2	QL (60 per 30 days); MO; 90D
REPATHA	3	PA; QL (3 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
rosuvastatin calcium oral	2	QL (30 per 30 days); MO; 90D
sacubitril-valsartan oral tablet 24-26 mg	3	QL (180 per 30 days); MO
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	3	QL (60 per 30 days); MO
simvastatin oral tablet	1	QL (30 per 30 days); MO; 100D
SOAANZ ORAL TABLET 40 MG	1	MO; 100D
sotalol hcl (af)	2	MO; 90D
sotalol hcl oral	2	MO; 90D
spironolactone oral tablet	1	MO; 100D
spironolactone-hctz	1	MO; 100D
telmisartan oral tablet 20 mg, 40 mg	2	QL (30 per 30 days); MO; 90D
telmisartan oral tablet 80 mg	2	QL (60 per 30 days); MO; 90D
telmisartan-amlodipine	2	QL (30 per 30 days); MO; 90D
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	2	QL (60 per 30 days); MO; 90D
telmisartan-hctz oral tablet 80-25 mg	2	QL (30 per 30 days); MO; 90D
terazosin hcl oral	1	MO; 100D
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	MO
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG, 420 MG	2	MO; 90D
timolol maleate oral	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
torsemide oral tablet 10 mg, 100 mg, 20 mg	1	MO; 100D
trandolapril	1	MO; 100D
trandolapril-verapamil hcl er	2	MO; 90D
triamterene-hctz oral capsule 37.5-25 mg	1	MO; 100D
triamterene-hctz oral tablet	1	MO; 100D
valsartan oral tablet 160 mg	2	QL (60 per 30 days); MO; 90D
valsartan oral tablet 320 mg	2	QL (30 per 30 days); MO; 90D
valsartan oral tablet 40 mg, 80 mg	2	QL (90 per 30 days); MO; 90D
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	2	QL (60 per 30 days); MO; 90D
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	2	QL (30 per 30 days); MO; 90D
VASCEPA	4	MO
verapamil hcl er	2	MO; 90D
verapamil hcl oral	1	MO; 100D
VERQUVO	4	PA; MO
CENTRAL NERVOUS SYSTEM AGENTS / AJAN SISTÈM NÈVE SANTRAL		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days); MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days); MO
acamprosate calcium	2	MO; 90D
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days); MO
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
almotriptan malate	2	QL (9 per 30 days)
alprazolam er	2	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	3	QL (300 per 30 days)
alprazolam oral tablet	1	QL (120 per 30 days)
alprazolam oral tablet dispersible	2	QL (120 per 30 days)
alprazolam xr	2	QL (90 per 30 days)
amantadine hcl oral capsule	2	MO; 90D
amantadine hcl oral solution	2	MO; 90D
amantadine hcl oral tablet	2	MO; 90D
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 75 mg	1	PA; MO; 100D; HRM
amitriptyline hcl oral tablet 25 mg, 50 mg	2	PA; MO; 90D; HRM
amoxapine	2	PA; MO; 90D; HRM
amphetamine-dextroamphet er	2	PA; QL (30 per 30 days); MO; 90D
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	2	PA; QL (90 per 30 days); MO; 90D
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO; 90D
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG	5	QL (90 per 30 days); MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG	5	QL (45 per 30 days); MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 522 MG	5	QL (30 per 30 days); MO
apomorphine hcl subcutaneous	5	PA; QL (60 per 30 days)
aripiprazole oral solution	2	QL (900 per 30 days); MO; 90D
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg	2	MO; 90D
aripiprazole oral tablet 20 mg, 30 mg	2	QL (30 per 30 days); MO; 90D
aripiprazole oral tablet dispersible 10 mg	2	QL (90 per 30 days); MO; 90D
aripiprazole oral tablet dispersible 15 mg	4	QL (60 per 30 days); MO
ARISTADA INITIO	5	QL (4.8 per 365 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 56 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days); MO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days); MO
asenapine maleate sublingual tablet sublingual 10 mg	2	QL (60 per 30 days); MO; 90D
asenapine maleate sublingual tablet sublingual 2.5 mg	2	QL (240 per 30 days); MO; 90D
asenapine maleate sublingual tablet sublingual 5 mg	2	QL (120 per 30 days); MO; 90D
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	2	QL (60 per 30 days); MO; 90D
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	2	QL (30 per 30 days); MO; 90D
AUSTEDO	5	PA; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 6 MG	5	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA
AUVELITY	5	PA; QL (60 per 30 days); MO
AUVELITY TITRATION PACK	4	PA
BAC (BUTALBITAL-ACETAMIN-CAFF)	2	PA; QL (180 per 30 days); HRM
baclofen oral tablet	1	
benztropine mesylate oral	1	PA; MO; 100D; HRM
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
brivaracetam oral solution	3	PA; QL (600 per 30 days); MO
brivaracetam oral tablet	3	PA; QL (60 per 30 days); MO
BRIVIACT ORAL SOLUTION	5	PA; QL (600 per 30 days); MO
BRIVIACT ORAL TABLET	5	PA; QL (60 per 30 days); MO
bromocriptine mesylate oral	2	MO; 90D
buprenorphine hcl sublingual	2	NEDS
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	2	NEDS
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	2	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	2	QL (240 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	2	QL (120 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	2	QL (480 per 30 days); NEDS
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	2	QL (120 per 30 days); NEDS
bupropion hcl er (smoking det)	2	QL (60 per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	2	QL (120 per 30 days); MO; 90D
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	2	QL (60 per 30 days); MO; 90D
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	2	QL (90 per 30 days); MO; 90D
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	2	QL (30 per 30 days); MO; 90D
bupropion hcl oral tablet 100 mg	1	QL (135 per 30 days); MO; 100D
bupropion hcl oral tablet 75 mg	1	QL (180 per 30 days); MO; 100D
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
butalbital-acetaminophen oral tablet 50-325 mg	2	PA; QL (180 per 30 days); HRM

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
butalbital-apap-caffeine oral capsule	2	PA; QL (180 per 30 days); HRM
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	PA; QL (180 per 30 days); HRM
BYSANTI	5	PA; QL (60 per 30 days); MO
BYSANTI TITRATION PACK A	5	PA
BYSANTI TITRATION PACK B	5	PA
BYSANTI TITRATION PACK C	5	PA
CAPLYTA	5	QL (30 per 30 days); MO
carbamazepine er	2	MO; 90D
carbamazepine oral suspension	2	MO; 90D
carbamazepine oral tablet	2	MO; 90D
carbamazepine oral tablet chewable	1	MO; 100D
carbidopa oral	2	MO; 90D
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	MO; 90D
carbidopa-levodopa oral tablet 10-100 mg	1	MO; 100D
carbidopa-levodopa oral tablet 25-100 mg, 25-250 mg	2	MO; 90D
carbidopa-levodopa oral tablet dispersible	2	MO; 90D
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	2	MO; 90D
carisoprodol oral	2	
chlordiazepoxide hcl	2	QL (120 per 30 days)
chlordiazepoxide-amitriptyline	2	PA; MO; 90D; HRM
chlorpromazine hcl oral concentrate 100 mg/ml	5	MO
chlorpromazine hcl oral concentrate 30 mg/ml	4	MO
chlorpromazine hcl oral tablet	2	MO; 90D
chlorzoxazone oral tablet 500 mg	2	PA; HRM
citalopram hydrobromide oral solution	2	QL (600 per 30 days); MO; 90D
citalopram hydrobromide oral tablet 10 mg	1	QL (120 per 30 days); MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
citalopram hydrobromide oral tablet 20 mg	1	QL (60 per 30 days); MO; 100D
citalopram hydrobromide oral tablet 40 mg	1	QL (30 per 30 days); MO; 100D
clobazam oral suspension 2.5 mg/ml	2	PA; QL (480 per 30 days); MO; 90D
clobazam oral tablet 10 mg	2	PA; QL (120 per 30 days); MO; 90D
clobazam oral tablet 20 mg	2	PA; QL (60 per 30 days); MO; 90D
clomipramine hcl oral	2	PA; MO; 90D; HRM
clonazepam oral tablet	2	QL (90 per 30 days)
clonazepam oral tablet dispersible	3	QL (90 per 30 days)
clonidine hcl er oral tablet extended release 12 hour	2	QL (120 per 30 days); MO; 90D
clorazepate dipotassium	2	
clozapine oral tablet 100 mg	2	QL (270 per 30 days)
clozapine oral tablet 200 mg	2	QL (120 per 30 days)
clozapine oral tablet 25 mg	2	QL (1080 per 30 days)
clozapine oral tablet 50 mg	2	QL (540 per 30 days)
clozapine oral tablet dispersible 100 mg	2	QL (270 per 30 days)
clozapine oral tablet dispersible 12.5 mg	2	QL (2160 per 30 days)
clozapine oral tablet dispersible 150 mg	2	QL (180 per 30 days)
clozapine oral tablet dispersible 200 mg	4	QL (120 per 30 days)
clozapine oral tablet dispersible 25 mg	2	QL (1080 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	5	PA; QL (60 per 30 days); MO
COBENFY ORAL CAPSULE 50-20 MG	5	PA; QL (60 per 30 days)
COBENFY STARTER PACK	5	PA
cyclobenzaprine hcl oral tablet 10 mg	2	PA; QL (90 per 30 days); HRM
cyclobenzaprine hcl oral tablet 5 mg	2	PA; QL (180 per 30 days); HRM
dalfampridine er	3	PA; QL (60 per 30 days)
desipramine hcl oral tablet 10 mg, 25 mg	1	PA; MO; 100D; HRM

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	PA; MO; 90D; HRM
desvenlafaxine er	2	QL (30 per 30 days); MO; 90D
desvenlafaxine succinate er	2	MO; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 25 mg, 35 mg	1	QL (30 per 30 days); MO; 100D
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO; 90D
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	QL (60 per 30 days); MO; 100D
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 per 30 days); MO; 90D
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	QL (120 per 30 days); MO; 90D
dextroamphetamine sulfate oral tablet 10 mg	2	QL (180 per 30 days); MO; 90D
dextroamphetamine sulfate oral tablet 5 mg	2	QL (90 per 30 days); MO; 90D
dextromethorphan-quinidine	3	PA; QL (60 per 30 days); MO
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days)
DIAZEPAM INTENSOL	3	PA; QL (240 per 30 days); HRM
diazepam oral concentrate	3	PA; QL (240 per 30 days); HRM
diazepam oral solution 5 mg/5ml	3	PA; QL (1200 per 30 days); HRM
diazepam oral tablet 10 mg	1	PA; QL (120 per 30 days); HRM
diazepam oral tablet 2 mg	1	PA; QL (600 per 30 days); HRM
diazepam oral tablet 5 mg	1	PA; QL (240 per 30 days); HRM
diazepam rectal	4	
dihydroergotamine mesylate nasal	5	PA; QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	PA; MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
dimethyl fumarate oral capsule delayed release 120 mg	4	PA; QL (14 per 7 days)
dimethyl fumarate oral capsule delayed release 240 mg	4	PA; QL (60 per 30 days)
dimethyl fumarate starter pack oral capsule delayed release therapy pack	4	PA
disulfiram oral	2	MO; 90D
divalproex sodium er oral tablet extended release 24 hour	2	MO; 90D
divalproex sodium oral capsule delayed release sprinkle	2	MO; 90D
divalproex sodium oral tablet delayed release 125 mg	1	MO; 100D
divalproex sodium oral tablet delayed release 250 mg, 500 mg	2	MO; 90D
donepezil hcl oral tablet 10 mg, 5 mg	1	QL (30 per 30 days); MO; 100D
donepezil hcl oral tablet 23 mg	2	QL (30 per 30 days); MO; 90D
donepezil hcl oral tablet dispersible	2	QL (30 per 30 days); MO; 90D
doxepin hcl oral capsule	2	PA; MO; 90D; HRM
doxepin hcl oral concentrate	2	PA; MO; 90D; HRM
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	4	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	4	QL (30 per 30 days); MO
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	2	QL (30 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 20 mg	2	QL (180 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 30 mg	2	QL (120 per 30 days); MO; 90D
duloxetine hcl oral capsule delayed release particles 40 mg	2	QL (90 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
duloxetine hcl oral capsule delayed release particles 60 mg	2	QL (60 per 30 days); MO; 90D
eletriptan hydrobromide	2	QL (9 per 30 days)
EMSAM	5	PA; QL (30 per 30 days); MO
entacapone	2	MO; 90D
EPIDIOLEX	5	PA
EPRONTIA	4	PA; MO
ergotamine-caffeine	2	
escitalopram oxalate oral solution 5 mg/5ml	2	QL (600 per 30 days); MO; 90D
escitalopram oxalate oral tablet 10 mg	2	QL (60 per 30 days); MO; 90D
escitalopram oxalate oral tablet 20 mg	2	QL (30 per 30 days); MO; 90D
escitalopram oxalate oral tablet 5 mg	2	QL (120 per 30 days); MO; 90D
eslicarbazepine acetate oral tablet 200 mg, 400 mg	4	QL (30 per 30 days); MO
eslicarbazepine acetate oral tablet 600 mg, 800 mg	4	QL (60 per 30 days); MO
estazolam	2	QL (30 per 30 days)
eszopiclone	2	QL (30 per 30 days)
ethosuximide oral	2	MO; 90D
EXXUA	5	PA; QL (30 per 30 days); MO
EXXUA TITRATION PACK	5	PA; MO
FANAPT ORAL TABLET 1 MG	5	PA; QL (720 per 30 days); MO
FANAPT ORAL TABLET 10 MG, 12 MG	5	PA; QL (60 per 30 days); MO
FANAPT ORAL TABLET 2 MG	5	PA; QL (360 per 30 days); MO
FANAPT ORAL TABLET 4 MG	5	PA; QL (180 per 30 days); MO
FANAPT ORAL TABLET 6 MG	5	PA; QL (120 per 30 days); MO
FANAPT ORAL TABLET 8 MG	5	PA; QL (90 per 30 days); MO
FANAPT TITRATION PACK A	4	PA
FANAPT TITRATION PACK B ORAL TABLET	4	PA
FANAPT TITRATION PACK C ORAL TABLET	4	PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
felbamate oral suspension	4	MO
felbamate oral tablet	2	MO; 90D
FETZIMA	3	PA; QL (30 per 30 days); MO
FETZIMA TITRATION	3	PA
fingolimod hcl	4	PA; QL (30 per 30 days)
FINTEPLA	5	PA
fluoxetine hcl oral capsule 10 mg	1	MO; 100D
fluoxetine hcl oral capsule 20 mg	2	QL (120 per 30 days); MO; 90D
fluoxetine hcl oral capsule 40 mg	2	QL (60 per 30 days); MO; 90D
fluoxetine hcl oral capsule delayed release	2	QL (4 per 28 days); MO; 90D
fluoxetine hcl oral solution	2	QL (600 per 30 days); MO; 90D
fluoxetine hcl oral tablet 10 mg	2	MO; 90D
fluoxetine hcl oral tablet 20 mg	2	QL (120 per 30 days); MO; 90D
fluoxetine hcl oral tablet 60 mg	2	QL (30 per 30 days); MO; 90D
fluphenazine decanoate injection	2	
fluphenazine hcl injection	2	
fluphenazine hcl oral concentrate	2	MO; 90D
fluphenazine hcl oral elixir	2	MO; 90D
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg	1	MO; 100D
fluphenazine hcl oral tablet 5 mg	2	MO; 90D
flurazepam hcl oral capsule 30 mg	2	QL (30 per 30 days)
fluvoxamine maleate oral tablet 100 mg	1	QL (90 per 30 days); MO; 100D
fluvoxamine maleate oral tablet 25 mg, 50 mg	1	MO; 100D
gabapentin (once-daily) oral tablet 300 mg	2	QL (30 per 30 days); MO; 90D
gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg	2	QL (60 per 30 days); MO; 90D
gabapentin (once-daily) oral tablet 600 mg	2	QL (90 per 30 days); MO; 90D
gabapentin oral capsule 100 mg	1	QL (180 per 30 days); MO; 100D
gabapentin oral capsule 300 mg	2	QL (270 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
gabapentin oral capsule 400 mg	2	QL (180 per 30 days); MO; 90D
gabapentin oral solution	2	QL (2160 per 30 days); MO; 90D
gabapentin oral tablet 600 mg	2	QL (180 per 30 days); MO; 90D
gabapentin oral tablet 800 mg	2	QL (120 per 30 days); MO; 90D
galantamine hydrobromide er	2	QL (30 per 30 days); MO; 90D
galantamine hydrobromide oral solution	2	QL (200 per 30 days); MO; 90D
galantamine hydrobromide oral tablet	2	QL (60 per 30 days); MO; 90D
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	5	PA; QL (30 per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	5	PA; QL (12 per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days)
GOCOVRI	5	
guanfacine hcl er	2	QL (30 per 30 days); MO; 90D
haloperidol decanoate intramuscular	2	
haloperidol lactate injection	2	
haloperidol lactate oral	2	MO; 90D
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg	1	MO; 100D
haloperidol oral tablet 10 mg, 20 mg	2	MO; 90D
imipramine hcl oral tablet 10 mg	1	PA; MO; 100D; HRM
imipramine hcl oral tablet 25 mg, 50 mg	2	PA; MO; 90D; HRM
imipramine pamoate	2	PA; MO; 90D; HRM
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)
KESIMPTA	5	PA; QL (1.2 per 28 days)
KLOXXADO	4	
lacosamide oral solution	2	QL (1200 per 30 days); MO; 90D
lacosamide oral tablet	2	QL (60 per 30 days); MO; 90D
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG	4	PA
LAMICTAL XR ORAL KIT 50 & 100 & 200 MG	5	PA
lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	2	MO; 90D
lamotrigine oral tablet	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
lamotrigine oral tablet chewable 25 mg	1	MO; 100D
lamotrigine oral tablet chewable 5 mg	2	MO; 90D
lamotrigine oral tablet dispersible	2	MO; 90D
lamotrigine starter kit-blue	2	
lamotrigine starter kit-green	5	
lamotrigine starter kit-orange	2	
levetiracetam er oral tablet extended release 24 hour 500 mg	2	QL (180 per 30 days); MO; 90D
levetiracetam er oral tablet extended release 24 hour 750 mg	2	QL (120 per 30 days); MO; 90D
levetiracetam oral solution	2	MO; 90D
levetiracetam oral tablet	1	MO; 100D
levetiracetam oral tablet disintegrating soluble	4	PA; QL (60 per 30 days); MO
lithium	3	MO
lithium carbonate er	1	MO; 100D
lithium carbonate oral	1	MO; 100D
LORAZEPAM INTENSOL	3	QL (150 per 30 days)
lorazepam oral concentrate 1 mg/0.5ml	2	QL (150 per 30 days)
lorazepam oral concentrate 2 mg/ml	3	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg	1	QL (120 per 30 days)
lorazepam oral tablet 1 mg	1	QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	QL (150 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	2	MO; 90D
loxapine succinate oral capsule 50 mg	1	MO; 100D
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	4	QL (30 per 30 days); MO
lurasidone hcl oral tablet 80 mg	4	QL (60 per 30 days); MO
LYBALVI	5	QL (30 per 30 days); MO
MARPLAN	4	MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
memantine hcl er	2	PA; QL (30 per 30 days); MO; 90D
memantine hcl oral tablet 10 mg	2	PA; QL (60 per 30 days); MO; 90D
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	2	PA; QL (60 per 30 days)
memantine hcl oral tablet 5 mg	2	PA; QL (90 per 30 days); MO; 90D
meprobamate	2	PA; HRM
methocarbamol oral tablet 500 mg, 750 mg	2	
methsuximide	2	MO; 90D
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	2	PA; QL (30 per 30 days); MO; 90D
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	2	PA; QL (30 per 30 days); MO; 90D
methylphenidate hcl er (osm) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); MO; 90D
methylphenidate hcl er oral tablet extended release 20 mg	2	PA; QL (90 per 30 days); MO; 90D
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	2	PA; QL (30 per 30 days); MO; 90D
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); MO; 90D
methylphenidate hcl oral solution 10 mg/5ml	2	PA; QL (900 per 30 days); MO; 90D
methylphenidate hcl oral solution 5 mg/5ml	2	PA; QL (1800 per 30 days); MO; 90D
methylphenidate hcl oral tablet 10 mg, 20 mg	2	PA; QL (90 per 30 days); MO; 90D
methylphenidate hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO; 100D
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (180 per 30 days); MO; 100D
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (90 per 30 days); MO; 100D
MIGERGOT	5	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg	1	MO; 100D
mirtazapine oral tablet 45 mg	1	QL (30 per 30 days); MO; 100D
mirtazapine oral tablet dispersible	2	QL (30 per 30 days); MO; 90D
modafinil oral tablet 100 mg	2	PA; QL (30 per 30 days); MO; 90D
modafinil oral tablet 200 mg	2	PA; QL (60 per 30 days); MO; 90D
molindone hcl	2	MO; 90D
naloxone hcl injection solution 0.4 mg/ml	1	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
naltrexone hcl oral	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	MO
NAYZILAM	4	PA
nefazodone hcl	2	MO; 90D
NEUPRO	4	QL (30 per 30 days); MO
NICOTROL NS	4	QL (120 per 30 days)
nortriptyline hcl oral capsule	1	MO; 100D
nortriptyline hcl oral solution	2	MO; 90D
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days)
NURTEC	3	PA; QL (16 per 30 days)
olanzapine intramuscular	2	QL (90 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg	2	MO; 90D
olanzapine oral tablet 20 mg	2	QL (30 per 30 days); MO; 90D
olanzapine oral tablet dispersible	2	QL (30 per 30 days); MO; 90D
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	4	QL (30 per 30 days); MO
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	4	QL (90 per 30 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
OPIPZA ORAL FILM 10 MG, 5 MG	5	PA; QL (90 per 30 days); MO
OPIPZA ORAL FILM 2 MG	5	PA; QL (30 per 30 days); MO
orphenadrine citrate er	2	
oxazepam	2	QL (120 per 30 days)
oxcarbazepine oral suspension	2	MO; 90D
oxcarbazepine oral tablet 150 mg, 600 mg	2	MO; 90D
oxcarbazepine oral tablet 300 mg	1	MO; 100D
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg	2	QL (30 per 30 days); MO; 90D
paliperidone er oral tablet extended release 24 hour 6 mg	2	QL (60 per 30 days); MO; 90D
paliperidone er oral tablet extended release 24 hour 9 mg	4	QL (30 per 30 days); MO
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	2	QL (30 per 30 days); MO; 90D
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	2	QL (60 per 30 days); MO; 90D
paroxetine hcl oral suspension	2	QL (900 per 30 days); MO; 90D
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (45 per 30 days); MO; 100D
paroxetine hcl oral tablet 20 mg	1	QL (30 per 30 days); MO; 100D
paroxetine hcl oral tablet 30 mg	2	QL (60 per 30 days); MO; 90D
paroxetine mesylate	2	MO; 90D
perampanel oral suspension	5	PA; QL (720 per 30 days); MO
perampanel oral tablet	4	PA; QL (30 per 30 days); MO
perphenazine oral	2	MO; 90D
perphenazine-amitriptyline	2	PA; MO; 90D; HRM
PERSERIS	5	QL (1 per 28 days); MO
phenelzine sulfate oral	2	MO; 90D
phenobarbital oral elixir	3	PA; QL (3000 per 30 days); MO; HRM

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
phenobarbital oral solution	3	PA; QL (3000 per 30 days); MO; HRM
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg	3	PA; QL (120 per 30 days); MO; HRM
phenobarbital oral tablet 16.2 mg, 32.4 mg	3	PA; QL (210 per 30 days); MO; HRM
PHENYTEK	4	MO
PHENYTOIN INFATABS	1	MO; 100D
phenytoin oral	1	MO; 100D
phenytoin sodium extended	1	MO; 100D
pimozide	2	MO; 90D
pramipexole dihydrochloride	2	MO; 90D
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 2.25 mg, 3 mg, 4.5 mg	2	MO; 90D
pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg	1	MO; 100D
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO; 100D
pregabalin oral capsule 200 mg	1	QL (90 per 30 days); MO; 100D
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); MO; 100D
pregabalin oral solution	1	QL (900 per 30 days); MO; 100D
primidone oral	1	MO; 100D
protriptyline hcl	2	PA; MO; 90D; HRM
pyridostigmine bromide er oral tablet extended release	2	
pyridostigmine bromide oral tablet 60 mg	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	2	QL (30 per 30 days); MO; 90D
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	2	QL (60 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
quetiapine fumarate oral tablet 100 mg	1	QL (240 per 30 days); MO; 100D
quetiapine fumarate oral tablet 150 mg	1	QL (150 per 30 days); MO; 100D
quetiapine fumarate oral tablet 200 mg	1	QL (120 per 30 days); MO; 100D
quetiapine fumarate oral tablet 25 mg	1	QL (960 per 30 days); MO; 100D
quetiapine fumarate oral tablet 300 mg	1	QL (80 per 30 days); MO; 100D
quetiapine fumarate oral tablet 400 mg	1	QL (60 per 30 days); MO; 100D
quetiapine fumarate oral tablet 50 mg	1	QL (480 per 30 days); MO; 100D
RALDESY	5	QL (1800 per 30 days); MO
ramelteon	2	QL (30 per 30 days)
rasagiline mesylate oral	2	MO; 90D
REXULTI	5	QL (30 per 30 days); MO
riluzole	2	90D
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg	2	QL (2 per 28 days)
risperidone microspheres er intramuscular suspension reconstituted er 50 mg	5	QL (2 per 28 days)
risperidone oral solution	2	QL (480 per 30 days); MO; 90D
risperidone oral tablet 0.25 mg	2	QL (1920 per 30 days); MO; 90D
risperidone oral tablet 0.5 mg	2	QL (960 per 30 days); MO; 90D
risperidone oral tablet 1 mg	2	QL (480 per 30 days); MO; 90D
risperidone oral tablet 2 mg	2	QL (240 per 30 days); MO; 90D
risperidone oral tablet 3 mg, 4 mg	2	QL (120 per 30 days); MO; 90D
risperidone oral tablet dispersible 0.25 mg	2	QL (1920 per 30 days); MO; 90D
risperidone oral tablet dispersible 0.5 mg	2	QL (960 per 30 days); MO; 90D
risperidone oral tablet dispersible 1 mg	2	QL (480 per 30 days); MO; 90D
risperidone oral tablet dispersible 2 mg	2	QL (240 per 30 days); MO; 90D
risperidone oral tablet dispersible 3 mg	2	QL (150 per 30 days); MO; 90D
risperidone oral tablet dispersible 4 mg	2	QL (120 per 30 days); MO; 90D
rivastigmine	2	QL (30 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
rivastigmine tartrate	2	QL (60 per 30 days); MO; 90D
ropinirole hcl	2	MO; 90D
ROWEEPRA ORAL TABLET 500 MG	1	MO; 100D
rufinamide oral suspension	5	PA; QL (2400 per 30 days); MO
rufinamide oral tablet 200 mg	4	PA; QL (480 per 30 days); MO
rufinamide oral tablet 400 mg	5	PA; QL (240 per 30 days); MO
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	5	QL (2 per 28 days)
SECUADO	5	QL (30 per 30 days); MO
selegiline hcl oral	2	MO; 90D
sertraline hcl oral concentrate	2	QL (300 per 30 days); MO; 90D
sertraline hcl oral tablet 100 mg	1	QL (60 per 30 days); MO; 100D
sertraline hcl oral tablet 25 mg	1	QL (240 per 30 days); MO; 100D
sertraline hcl oral tablet 50 mg	1	QL (120 per 30 days); MO; 100D
sodium oxybate	5	PA; QL (540 per 30 days)
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days)
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	PA; QL (120 per 30 days); MO
SUBVENITE ORAL SUSPENSION	5	MO
SUBVENITE ORAL TABLET	4	MO
sumatriptan succinate oral	2	QL (9 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	4	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	5	PA; QL (30 per 30 days); MO
TEGLUTIK	5	
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
temazepam oral capsule 22.5 mg, 7.5 mg	2	QL (30 per 30 days)
teriflunomide	4	PA; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; QL (120 per 30 days)
thioridazine hcl oral tablet 10 mg	2	MO; 90D
thioridazine hcl oral tablet 100 mg, 25 mg, 50 mg	1	MO; 100D
thiothixene oral capsule 1 mg, 10 mg	2	MO; 90D
thiothixene oral capsule 2 mg, 5 mg	1	MO; 100D
tiagabine hcl	2	MO; 90D
TIGLUTIK	5	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet	2	
tolcapone	5	PA; QL (180 per 30 days); MO
topiramate oral capsule sprinkle	2	MO; 90D
topiramate oral solution	4	MO
topiramate oral tablet	1	MO; 100D
tranylcypromine sulfate	2	MO; 90D
trazodone hcl oral	1	MO; 100D
triazolam	2	QL (30 per 30 days)
trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg	1	MO; 100D
trifluoperazine hcl oral tablet 10 mg	2	MO; 90D
trihexyphenidyl hcl oral solution	2	PA; MO; 90D; HRM
trihexyphenidyl hcl oral tablet	1	MO; 100D
trimipramine maleate oral	2	MO; 90D
TRINTELLIX	4	QL (30 per 30 days); MO
UBRELVY ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
UBRELVY ORAL TABLET 50 MG	3	PA; QL (20 per 30 days)
valproic acid oral capsule	2	MO; 90D
valproic acid oral solution	2	MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VALTOCO 10 MG DOSE	4	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	4	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	4	QL (10 per 30 days)
VALTOCO 5 MG DOSE	4	QL (10 per 30 days)
varenicline tartrate (starter)	3	
varenicline tartrate oral tablet 0.5 mg	3	QL (60 per 30 days)
varenicline tartrate oral tablet 1 mg	3	QL (56 per 28 days)
varenicline tartrate(continue)	3	QL (56 per 28 days)
venlafaxine besylate er	4	QL (60 per 30 days); MO
venlafaxine hcl	1	QL (90 per 30 days); MO; 100D
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (30 per 30 days); MO; 100D
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (180 per 30 days); MO; 100D
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (90 per 30 days); MO; 100D
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	2	MO; 90D
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg	2	QL (30 per 30 days); MO; 90D
venlafaxine hcl er oral tablet extended release 24 hour 75 mg	2	QL (90 per 30 days); MO; 90D
VERSACLOZ	4	QL (600 per 30 days)
vigabatrin oral packet	5	PA; QL (150 per 25 days)
vigabatrin oral tablet	5	PA; QL (180 per 30 days)
VIGADRONE ORAL PACKET	5	PA; QL (150 per 25 days)
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)
vilazodone hcl	2	QL (30 per 30 days); MO; 90D
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA; QL (56 per 28 days); MO
XCOPRI (350 MG DAILY DOSE)	5	PA; QL (56 per 28 days); MO
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	PA; QL (30 per 30 days); MO
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; QL (60 per 30 days); MO
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA; QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA; QL (56 per 365 days)
zaleplon oral capsule 10 mg	2	QL (60 per 30 days)
zaleplon oral capsule 5 mg	2	QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG	2	QL (180 per 30 days); MO; 90D
ZENZEDI ORAL TABLET 5 MG	2	QL (90 per 30 days); MO; 90D
ziprasidone hcl oral capsule 20 mg	2	QL (240 per 30 days); MO; 90D
ziprasidone hcl oral capsule 40 mg	2	QL (120 per 30 days); MO; 90D
ziprasidone hcl oral capsule 60 mg, 80 mg	2	QL (60 per 30 days); MO; 90D
ziprasidone mesylate	4	QL (6 per 3 days)
zolpidem tartrate er	2	QL (30 per 30 days)
zolpidem tartrate oral tablet	2	QL (30 per 30 days)
ZONISADE	5	PA; MO
zonisamide oral	2	MO; 90D
ZTALMY	5	PA; QL (1100 per 30 days)
ZURZUVAE	5	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days)
DERMATOLOGICAL AGENTS / AJAN DÈMATOLOJIK		
ACCUTANE	2	
acitretin oral capsule 10 mg, 25 mg	2	PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
acitretin oral capsule 17.5 mg	4	PA
acyclovir external ointment	2	PA; QL (30 per 30 days)
ala-cort external cream 1 % (rx)	1	
alclometasone dipropionate	2	
amcinonide external cream	5	QL (60 per 30 days)
ammonium lactate external (rx)	1	
AMNESTEEM	2	
azelaic acid external	2	
benzoyl peroxide-erythromycin	2	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external ointment	2	QL (45 per 30 days)
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
bexarotene external	5	PA; QL (60 per 30 days)
calcipotriene external cream	2	QL (120 per 30 days)
calcipotriene external ointment	2	QL (120 per 30 days)
calcipotriene external solution	2	QL (60 per 30 days)
CALCITRENE	2	QL (120 per 30 days)
cevimeline hcl	2	MO; 90D
chlorhexidine gluconate mouth/throat	1	
CICLODAN EXTERNAL SOLUTION	2	
ciclopirox external	2	
ciclopirox olamine external cream	1	QL (90 per 30 days)
ciclopirox olamine external suspension	1	
CLARAVIS	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
CLINDACIN ETZ EXTERNAL SWAB	2	
CLINDACIN-P	2	
clindamycin phos (once-daily)	2	
clindamycin phos (twice-daily)	2	
clindamycin phosphate external lotion	2	QL (120 per 30 days)
clindamycin phosphate external solution	2	QL (120 per 30 days)
clindamycin phosphate external swab	2	
clobetasol prop emollient base	2	QL (120 per 30 days)
clobetasol propionate e	2	QL (120 per 30 days)
clobetasol propionate external cream 0.05 %	2	QL (120 per 30 days)
clobetasol propionate external gel	2	QL (60 per 30 days)
clobetasol propionate external lotion	4	
clobetasol propionate external ointment	2	QL (120 per 30 days)
clobetasol propionate external shampoo	2	
clobetasol propionate external solution	2	QL (50 per 30 days)
CLODAN EXTERNAL SHAMPOO	2	
clotrimazole external cream (rx)	1	
clotrimazole external solution (rx)	1	QL (60 per 30 days)
clotrimazole mouth/throat troche	1	QL (150 per 30 days)
clotrimazole-betamethasone	2	QL (120 per 30 days)
desonide external cream	2	
desonide external lotion	2	
desonide external ointment	2	
desoximetasone external cream	2	QL (100 per 30 days)
desoximetasone external liquid	2	
desoximetasone external ointment 0.25 %	2	
diclofenac sodium external gel 3 %	2	PA; QL (100 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days)
econazole nitrate external cream	2	QL (90 per 30 days)
erythromycin external gel	2	
erythromycin external solution	1	
EUCRISA	4	
fluocinolone acetonide body	2	QL (120 per 30 days)
fluocinolone acetonide external	2	QL (120 per 30 days)
fluocinolone acetonide scalp	2	QL (120 per 30 days)
fluocinonide emulsified base	2	QL (240 per 30 days)
fluocinonide external gel	2	QL (240 per 30 days)
fluocinonide external ointment	2	QL (240 per 30 days)
fluocinonide external solution	2	QL (240 per 30 days)
fluorouracil external cream 5 %	2	QL (40 per 28 days)
fluorouracil external solution 2 %	3	QL (10 per 28 days)
fluorouracil external solution 5 %	2	QL (10 per 28 days)
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
gentamicin sulfate external	2	QL (30 per 30 days)
halobetasol propionate external cream	2	
halobetasol propionate external ointment	2	
hydrocortisone (perianal) external cream 1 %	2	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone butyrate external lotion	2	
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
hydrocortisone external cream 1 %, 2.5 % (rx)	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 % (rx)	1	
hydrocortisone valerate	2	
imiquimod external cream 5 %	2	QL (24 per 28 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg	2	
isotretinoin oral capsule 25 mg	4	
ivermectin external cream	2	
JUBLIA	4	PA
ketoconazole external cream	2	QL (120 per 30 days)
ketoconazole external shampoo 2 %	1	QL (120 per 30 days)
KLAYESTA	2	
KOURZEQ	2	
malathion external	4	
methoxsalen rapid	5	
metronidazole external	2	
mometasone furoate external cream	1	
mometasone furoate external ointment	1	
mupirocin calcium	2	QL (30 per 30 days)
mupirocin external	2	QL (120 per 30 days)
naftifine hcl external cream	2	
nitroglycerin rectal	2	QL (30 per 30 days)
NYAMYC	2	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	2	
nystatin mouth/throat suspension 100000 unit/ml	2	
nystatin-triamcinolone	2	QL (120 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
NYSTOP	2	
ORALONE	2	
PANRETIN	5	
PERIOGARD	1	
permethrin external cream	2	
pilocarpine hcl oral	2	MO; 90D
pimecrolimus	4	PA; QL (100 per 30 days)
podofilox external	2	
PROCTO-MED HC EXTERNAL	2	
PROCTOSOL HC EXTERNAL	2	
PROCTOZONE-HC EXTERNAL	2	
SANTYL	4	QL (30 per 30 days)
selenium sulfide external lotion	2	
silver sulfadiazine external	2	
SSD (SILVER SULFADIAZINE)	2	
sulfacetamide sodium (acne)	2	
tacrolimus external ointment	2	PA; QL (100 per 30 days)
tazarotene external cream 0.05 %	4	PA
tazarotene external cream 0.1 %	2	PA
tazarotene external gel	2	PA
tretinoin external	2	PA; QL (45 per 30 days)
triamcinolone acetonide external aerosol solution	5	
triamcinolone acetonide external cream	1	QL (454 per 30 days)
triamcinolone acetonide external lotion 0.025 %	1	
triamcinolone acetonide external lotion 0.1 %	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat	2	
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VALCHLOR	5	PA
ZENATANE	2	
ELECTROLYTES / MINERALS / METALS / VITAMINS / ELEKTWOLIT / MINERAL / METAL / VITAMIN		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	2	B/D PA
carglumic acid oral tablet soluble	5	PA
CLINIMIX E/DEXTROSE (2.75/5)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX E/DEXTROSE (5/15)	4	B/D PA
CLINIMIX E/DEXTROSE (5/20)	4	B/D PA
clinimix e/dextrose (8/10)	4	B/D PA
clinimix e/dextrose (8/14)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	4	B/D PA
CLINIMIX/DEXTROSE (5/15)	4	B/D PA
CLINIMIX/DEXTROSE (5/20)	4	B/D PA
clinimix/dextrose (6/5)	4	B/D PA
clinimix/dextrose (8/10)	4	B/D PA
clinimix/dextrose (8/14)	4	B/D PA
CLINISOL SF	2	B/D PA
CLINOLIPID	2	B/D PA
dextrose intravenous solution 10 %, 5 %	2	
dextrose-nacl intravenous solution 5-0.9 %	2	
dextrose-sodium chloride intravenous solution 10-0.2 %	3	
dextrose-sodium chloride intravenous solution 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	2	
folic acid oral tablet 1 mg	6	ED

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
INTRALIPID INTRAVENOUS EMULSION 20 %	2	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
kcl (0.149%) in nacl	2	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	2	
kcl-lactated ringers-d5w	3	
KLOR-CON 10	1	MO; 100D
KLOR-CON M10	1	MO; 100D
KLOR-CON M15	1	MO; 100D
KLOR-CON M20	1	MO; 100D
KLOR-CON ORAL PACKET 20 MEQ	2	MO; 90D
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	MO; 100D
levocarnitine oral solution	2	B/D PA; MO; 90D
levocarnitine oral tablet	3	B/D PA; MO
levocarnitine sf	2	B/D PA; MO; 90D
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	2	
multiple electro type 1 ph 5.5	2	
multiple electro type 1 ph 7.4	2	
NUTRILIPID	2	B/D PA
PLENAMINE	2	B/D PA
potassium chloride crys er	1	MO; 100D
potassium chloride er	1	MO; 100D
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	2	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
potassium chloride oral packet 20 meq	2	MO; 90D
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	2	MO; 90D
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	4	B/D PA
PROSOL	4	B/D PA
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
sodium fluoride oral tablet 2.2 (1 f) mg	2	MO; 90D
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRAVASOL	4	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	B/D PA
ENDOCRINE AND METABOLIC DISORDER AGENTS / AJAN MALADI ANDOKRIN AK METABOLIS		
acarbose oral	2	QL (90 per 30 days); MO; 90D
alendronate sodium oral solution	2	QL (300 per 28 days); MO; 90D
alendronate sodium oral tablet 10 mg	1	QL (30 per 30 days); MO; 100D
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 per 28 days); MO; 100D
calcitonin (salmon) nasal	2	QL (4 per 30 days); MO; 90D
calcitriol oral capsule	1	MO; 100D
calcitriol oral solution	2	MO; 90D
cinacalcet hcl oral tablet 30 mg	2	B/D PA; QL (60 per 30 days); 90D
cinacalcet hcl oral tablet 60 mg	4	B/D PA; QL (60 per 30 days)
cinacalcet hcl oral tablet 90 mg	4	B/D PA; QL (120 per 30 days)
CYCLOSET	4	QL (180 per 30 days); MO
dapagliflozin	1	QL (30 per 30 days); MO; 100D
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	3	QL (30 per 30 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg	3	QL (60 per 30 days); MO
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet soluble	4	PA
diazoxide oral	2	MO; 90D
doxercalciferol oral	2	B/D PA; MO; 90D
FARXIGA	3	QL (30 per 30 days); MO
FIASP FLEXTOUCH	3	MO
FIASP INJECTION	3	MO
FIASP PENFILL	3	MO
FIASP PUMPCART	3	MO
glimepiride oral tablet 1 mg	1	QL (240 per 30 days); MO; 100D
glimepiride oral tablet 2 mg	1	QL (120 per 30 days); MO; 100D
glimepiride oral tablet 4 mg	1	QL (60 per 30 days); MO; 100D
glipizide er oral tablet extended release 24 hour 10 mg	1	QL (60 per 30 days); MO; 100D
glipizide er oral tablet extended release 24 hour 2.5 mg	1	QL (240 per 30 days); MO; 100D
glipizide er oral tablet extended release 24 hour 5 mg	1	QL (120 per 30 days); MO; 100D
glipizide oral tablet 10 mg	1	QL (120 per 30 days); MO; 100D
glipizide oral tablet 15 mg	1	QL (60 per 30 days); MO; 100D
glipizide oral tablet 2.5 mg	1	MO; 100D
glipizide oral tablet 5 mg	1	QL (240 per 30 days); MO; 100D
glipizide-metformin hcl oral tablet 2.5-250 mg	1	QL (240 per 30 days); MO; 100D
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	1	QL (120 per 30 days); MO; 100D
glucagon emergency injection solution reconstituted 1 mg	2	
glyburide micronized oral tablet 3 mg	2	QL (120 per 30 days); MO; 90D
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
glyburide oral tablet 1.25 mg	1	QL (480 per 30 days); MO; 100D
glyburide oral tablet 2.5 mg	1	QL (240 per 30 days); MO; 100D
glyburide oral tablet 5 mg	1	QL (120 per 30 days); MO; 100D
glyburide-metformin oral tablet 1.25-250 mg	1	QL (240 per 30 days); MO; 100D
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	QL (120 per 30 days); MO; 90D
GLYXAMBI	3	QL (30 per 30 days); MO
GVOKE HYPOPEN 1-PACK	4	
GVOKE HYPOPEN 2-PACK	4	
GVOKE KIT	4	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	4	
ibandronate sodium oral	2	QL (1 per 28 days); MO; 90D
insulin asp prot & asp flexpen	3	MO
insulin aspart flexpen	3	MO
insulin aspart injection	3	MO
insulin aspart penfill	3	MO
insulin aspart prot & aspart	3	MO
INVOKAMET	4	QL (60 per 30 days); MO
INVOKAMET XR	4	QL (60 per 30 days); MO
INVOKANA	4	QL (30 per 30 days); MO
JANUMET	3	QL (60 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days); MO
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days); MO
JANUVIA	3	QL (30 per 30 days); MO
JARDIANCE	3	QL (30 per 30 days); MO
JENTADUETO	3	QL (60 per 30 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days); MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days); MO
KERENDIA	3	QL (30 per 30 days); MO
KIONEX COMBINATION	2	
LANTUS	3	QL (30 per 30 days); MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 per 30 days); MO
linagliptin-metformin hcl	3	QL (60 per 30 days); MO
liraglutide	3	PA; QL (9 per 30 days)
LOKELMA ORAL PACKET 10 GM	3	QL (34 per 30 days); MO
LOKELMA ORAL PACKET 5 GM	3	QL (90 per 30 days); MO
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	4	QL (60 per 30 days); MO
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	4	QL (120 per 30 days); MO
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	4	QL (60 per 30 days); MO
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	4	QL (120 per 30 days); MO
metformin hcl er oral tablet extended release 24 hour 500 mg	1	QL (120 per 30 days); MO; 100D
metformin hcl er oral tablet extended release 24 hour 750 mg	1	QL (60 per 30 days); MO; 100D
metformin hcl oral tablet 1000 mg	1	QL (60 per 30 days); MO; 100D
metformin hcl oral tablet 500 mg	1	QL (150 per 30 days); MO; 100D
metformin hcl oral tablet 850 mg	1	QL (90 per 30 days); MO; 100D
miglitol	2	QL (90 per 30 days); MO; 90D
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
nateglinide oral tablet 120 mg	2	QL (90 per 30 days); MO; 90D
nateglinide oral tablet 60 mg	2	QL (180 per 30 days); MO; 90D
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 FLEXPEN	3	MO
NOVOLIN 70/30 FLEXPEN RELION	3	MO
NOVOLIN 70/30 RELION	3	MO
NOVOLIN N	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N FLEXPEN RELION	3	MO
NOVOLIN N RELION	3	MO
NOVOLIN R	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R FLEXPEN RELION	3	MO
NOVOLIN R RELION	3	MO
NOVOLOG 70/30 FLEXPEN RELION	3	MO
NOVOLOG FLEXPEN RELION	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	MO
NOVOLOG INJECTION	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	MO
NOVOLOG MIX 70/30 RELION	3	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	MO
NOVOLOG RELION INJECTION	3	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
OZEMPIC ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	3	PA; QL (30 per 30 days)
paricalcitol oral	2	B/D PA; MO; 90D
pioglitazone hcl oral tablet 15 mg	2	QL (90 per 30 days); MO; 90D
pioglitazone hcl oral tablet 30 mg	2	QL (45 per 30 days); MO; 90D
pioglitazone hcl oral tablet 45 mg	2	QL (30 per 30 days); MO; 90D
pioglitazone hcl-glimepiride	2	QL (30 per 30 days); MO; 90D
pioglitazone hcl-metformin hcl	2	QL (90 per 30 days); MO; 90D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
repaglinide oral tablet 0.5 mg	2	QL (960 per 30 days); MO; 90D
repaglinide oral tablet 1 mg	2	QL (480 per 30 days); MO; 90D
repaglinide oral tablet 2 mg	2	QL (240 per 30 days); MO; 90D
risedronate sodium oral tablet 150 mg	2	QL (1 per 28 days); MO; 90D
risedronate sodium oral tablet 30 mg	2	QL (30 per 30 days)
risedronate sodium oral tablet 35 mg	2	QL (4 per 28 days); MO; 90D
risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)	2	QL (4 per 28 days); MO
risedronate sodium oral tablet 5 mg	2	QL (30 per 30 days); MO; 90D
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	1	QL (30 per 30 days); MO; 100D
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	1	QL (60 per 30 days); MO; 100D
sitagliptin phos-metformin hcl	1	QL (60 per 30 days); MO; 100D
sitagliptin phosphate	1	QL (30 per 30 days); MO; 100D
sodium polystyrene sulfonate combination	2	
sodium polystyrene sulfonate oral powder	1	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
SOLIQUA	3	QL (15 per 25 days); MO
SPS (SODIUM POLYSTYRENE SULF)	2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (11 per 30 days); MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days); MO
SYNJARDY	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days); MO
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	5	PA; QL (3 per 28 days)
tolvaptan (hyponatremia) oral tablet 15 mg	5	PA; QL (30 per 30 days)
tolvaptan (hyponatremia) oral tablet 30 mg	5	PA; QL (60 per 30 days)
tolvaptan oral tablet	5	PA; QL (120 per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (12 per 30 days); MO
TOUJEO SOLOSTAR	3	QL (13.5 per 30 days); MO
TRADJENTA	3	QL (30 per 30 days); MO
trientine hcl	5	PA
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days); MO
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days); MO
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days)
VELTASSA ORAL PACKET 1 GM	4	QL (240 per 30 days); MO
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	5	QL (30 per 30 days); MO
VELTASSA ORAL PACKET 8.4 GM	5	QL (90 per 30 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	6	ED
XGEVA	5	PA; QL (5.1 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days); MO
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days); MO
GASTROINTESTINAL AGENTS / AJAN GASTROENTESTINAL		
alosetron hcl oral tablet 0.5 mg	2	PA; QL (60 per 30 days); MO; 90D
alosetron hcl oral tablet 1 mg	5	PA; QL (60 per 30 days); MO
amoxicill-clarithro-lansopraz oral therapy pack	2	
aprepitant oral capsule 125 mg	4	B/D PA; QL (5 per 30 days)
aprepitant oral capsule 40 mg	2	B/D PA; QL (1 per 28 days)
aprepitant oral capsule 80 mg	5	B/D PA; QL (10 per 30 days)
aprepitant oral capsule therapy pack	2	B/D PA; QL (15 per 30 days)
balsalazide disodium	2	
budesonide er oral tablet extended release 24 hour	4	PA
budesonide oral	2	
budesonide rectal	2	
chlordiazepoxide-clidinium	2	PA; HRM
cimetidine hcl oral solution 300 mg/5ml	2	MO; 90D
cimetidine oral tablet 200 mg (rx)	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	MO; 90D
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	4	
COMPRO	2	
constulose	1	MO; 100D
dexlansoprazole	2	QL (30 per 30 days); MO; 90D
dicyclomine hcl oral capsule	1	PA; HRM

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
dicyclomine hcl oral solution 10 mg/5ml	4	PA; HRM
dicyclomine hcl oral tablet 20 mg	1	PA; HRM
diphenoxylate-atropine oral liquid	2	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
dronabinol oral capsule	2	B/D PA; QL (120 per 30 days)
enulose	1	MO; 100D
esomeprazole magnesium oral capsule delayed release (rx)	2	QL (30 per 30 days); MO; 90D
famotidine oral tablet 20 mg, 40 mg (rx)	1	MO; 100D
fosaprepitant dimeglumine	2	
GATTEX	5	PA
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	2	
generlac	1	MO; 100D
glycopyrrolate oral tablet 1 mg	1	
glycopyrrolate oral tablet 2 mg	2	
granisetron hcl oral	5	B/D PA; QL (30 per 30 days)
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone oral	1	
hyoscyamine sulfate oral tablet	3	MO
hyoscyamine sulfate oral tablet dispersible	3	MO
hyoscyamine sulfate sublingual	3	MO
lactulose encephalopathy oral solution 10 gm/15ml	1	MO; 100D
lactulose oral solution	1	MO; 100D
lansoprazole oral capsule delayed release 15 mg (rx)	2	MO; 90D
lansoprazole oral capsule delayed release 30 mg	2	QL (30 per 30 days); MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
LINZESS	3	QL (30 per 30 days); MO
loperamide hcl oral capsule	1	
lubiprostone	2	QL (60 per 30 days); MO; 90D
meclizine hcl oral tablet 12.5 mg, 25 mg (rx)	1	PA; HRM
mesalamine er oral capsule extended release 24 hour	2	MO; 90D
mesalamine oral capsule delayed release	2	MO; 90D
mesalamine oral tablet delayed release 1.2 gm	2	MO; 90D
mesalamine oral tablet delayed release 800 mg	2	
mesalamine rectal	2	
methscopolamine bromide oral	2	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
misoprostol oral tablet 100 mcg	1	MO; 100D
misoprostol oral tablet 200 mcg	2	MO; 90D
MOVANTIK	4	QL (30 per 30 days)
MYTESI	5	
na sulfate-k sulfate-mg sulf	3	
nizatidine oral capsule	1	MO; 100D
omeprazole oral capsule delayed release 10 mg, 40 mg	2	MO; 90D
ondansetron hcl oral solution	2	B/D PA; QL (450 per 30 days)
ondansetron hcl oral tablet 24 mg	2	B/D PA; QL (30 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
ondansetron oral tablet dispersible 16 mg	2	B/D PA; QL (30 per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	2	B/D PA; QL (90 per 30 days)
pantoprazole sodium oral tablet delayed release	2	MO; 90D
peg 3350-kcl-na bicarb-nacl	2	
peg-3350/electrolytes	1	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
prochlorperazine	2	
prochlorperazine maleate oral	1	MO; 100D
promethazine hcl oral solution	2	PA; HRM
promethazine hcl oral tablet	1	PA; HRM
PROMETHEGAN	2	PA; HRM
scopolamine	2	QL (10 per 28 days)
sucralfate oral suspension	4	MO
sucralfate oral tablet	1	MO; 100D
sulfasalazine oral	1	MO; 100D
ursodiol oral capsule 300 mg	2	MO; 90D
ursodiol oral tablet	2	MO; 90D
VARUBI (180 MG DOSE)	4	B/D PA; QL (4 per 28 days)
VOWST	5	PA
XERMELO	5	PA; QL (90 per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / MALADI JÈN, ANZIM, OSWA PWOTEYIN: RANPLASMAN, MODIFIKATÈ, TRETMAN		
betaine	5	
CREON	3	MO
cromolyn sodium oral	2	MO; 90D
CYSTAGON	4	PA
GALAFOLD	5	PA
JAVYGTOR	5	PA
miglustat	5	PA
nitisinone	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
REVCOVI	5	PA
sapropterin dihydrochloride oral packet	5	PA
sapropterin dihydrochloride oral tablet	5	PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
sodium phenylbutyrate oral powder 3 gm/tsp	5	PA
sodium phenylbutyrate oral tablet	5	PA
YARGESA	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	MO
GENITOURINARY AGENTS / AJAN JENITOURINÈ		
alfuzosin hcl er	1	MO; 100D
bethanechol chloride oral	1	
clindamycin phosphate vaginal	2	
darifenacin hydrobromide er	2	QL (30 per 30 days); MO; 90D
dutasteride oral	2	QL (30 per 30 days); MO; 90D
dutasteride-tamsulosin hcl	2	QL (30 per 30 days); MO; 90D
finasteride oral tablet 5 mg	1	MO; 100D
GEMTESA	4	QL (30 per 30 days); MO
LITHOSTAT	4	MO
metronidazole vaginal	2	
miconazole 3 vaginal suppository	2	
mirabegron er oral tablet extended release 24 hour	3	QL (30 per 30 days); MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	2	QL (60 per 30 days); MO; 90D
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	2	QL (30 per 30 days); MO; 90D
oxybutynin chloride oral solution	1	QL (600 per 30 days); MO; 100D
oxybutynin chloride oral tablet 2.5 mg	1	QL (90 per 30 days); MO; 100D
oxybutynin chloride oral tablet 5 mg	1	QL (120 per 30 days); MO; 100D
penicillamine oral tablet	5	
potassium citrate er	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	6	QL (6 per 30 days); ED
silodosin	2	MO; 90D
solifenacin succinate	2	QL (30 per 30 days); MO; 90D
tadalafil oral tablet 10 mg, 20 mg	6	QL (6 per 30 days); ED
tadalafil oral tablet 5 mg	4	PA; QL (30 per 30 days); MO
tamsulosin hcl	2	MO; 90D
terconazole vaginal cream 0.4 %	1	
terconazole vaginal suppository	2	
tolterodine tartrate er	2	QL (30 per 30 days); MO; 90D
VANDAZOLE	2	
HORMONAL AGENTS / AJAN ÒMONAL		
ALTAVERA	1	MO; 100D
APRI	1	MO; 100D
AUROVELA 1.5/30	2	MO; 90D
AUROVELA 1/20	1	MO; 100D
AUROVELA 24 FE	1	MO; 100D
AUROVELA FE 1/20	1	MO; 100D
AYUNA	1	MO; 100D
AZURETTE	2	MO; 90D
BIJUVA	3	PA; MO; HRM
BLISOVI 24 FE	1	MO; 100D
BLISOVI FE 1/20	1	MO; 100D
cabergoline	2	
CAMILA	3	MO
CHARLOTTE 24 FE	2	MO; 90D
CHATEAL EQ	1	MO; 100D
CLIMARA PRO	4	PA; QL (4 per 28 days); MO; HRM
CRYSELLE	1	MO; 100D
CRYSELLE-28	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
CYRED EQ	1	MO; 100D
danazol oral	2	
DEBLITANE	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	2	MO; 90D
desmopressin ace spray refrig	2	MO; 90D
desmopressin acetate oral tablet 0.1 mg	2	MO; 90D
desmopressin acetate oral tablet 0.2 mg	1	MO; 100D
desmopressin acetate spray	2	MO; 90D
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	MO; 90D
dexamethasone oral elixir	1	
dexamethasone oral tablet	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	MO; 90D
ELINEST	1	MO; 100D
ELURYNG	3	MO
EMZAHH	3	MO
ENILLORING	4	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO; 100D
ERRIN	3	MO
ESTARYLLA	2	MO; 90D
estradiol oral	1	MO; 100D
estradiol vaginal cream 0.01 %	2	MO; 90D
estradiol vaginal tablet	2	MO; 90D
estrogens conjugated	3	PA; MO; HRM
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	MO; 100D
etonogestrel-ethinyl estradiol	4	MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
FEIRZA 1/20	1	MO; 100D
FINZALA	2	MO; 90D
fludrocortisone acetate oral	1	MO; 100D
GALLIFREY	2	MO; 90D
HAILEY 1.5/30	2	MO; 90D
HAILEY 24 FE	1	MO; 100D
HAILEY FE 1/20	1	MO; 100D
HEATHER	3	MO
IMVEXXY MAINTENANCE PACK	3	QL (18 per 28 days); MO
IMVEXXY STARTER PACK	3	QL (18 per 28 days); MO
INCASSIA	3	MO
INCRELEX	5	PA
ISIBLOOM	1	MO; 100D
JASMIEL	2	MO; 90D
JENCYCLA	3	MO
JULEBER	1	MO; 100D
JUNEL 1.5/30	2	MO; 90D
JUNEL 1/20	1	MO; 100D
JUNEL FE 1/20	1	MO; 100D
JUNEL FE 24	1	MO; 100D
KALLIGA	1	MO; 100D
KARIVA	2	MO; 90D
KURVELO	1	MO; 100D
LARIN 1.5/30	2	MO; 90D
LARIN 1/20	1	MO; 100D
LARIN 24 FE	1	MO; 100D
LARIN FE 1/20	1	MO; 100D
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
LEVORA 0.15/30 (28)	1	MO; 100D
levothyroxine sodium oral tablet	1	MO; 100D
LEVOXYL	1	MO; 100D
liomny	1	MO; 100D
liothyronine sodium oral	1	MO; 100D
LOESTRIN 1.5/30 (21)	2	MO; 90D
LOESTRIN 1/20 (21)	1	MO; 100D
LOESTRIN FE 1/20	1	MO; 100D
LORYNA	2	MO; 90D
LOW-OGESTREL	1	MO; 100D
LO-ZUMANDIMINE	2	MO; 90D
LUIZZA 1.5/30	2	MO; 90D
LUIZZA 1/20	1	100D
LYLEQ	3	MO
LYZA	3	MO
marlissa	1	MO; 100D
medroxyprogesterone acetate intramuscular	2	
medroxyprogesterone acetate oral tablet 10 mg, 5 mg	1	MO; 100D
medroxyprogesterone acetate oral tablet 2.5 mg	2	MO; 90D
megestrol acetate oral suspension 625 mg/5ml	2	PA; MO; 90D; HRM
MELEYA	3	MO
methimazole oral	1	MO; 100D
methylprednisolone oral	1	
methyltestosterone oral	5	MO
MIBELAS 24 FE	2	MO; 90D
MICROGESTIN 1.5/30	2	MO; 90D
MICROGESTIN 1/20	1	MO; 100D
MICROGESTIN FE 1/20	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
mifepristone oral tablet 300 mg	5	PA
MILI	2	MO; 90D
MONO-LINYAH	2	MO; 90D
NEXPLANON	3	
NIKKI	2	MO; 90D
NORA-BE	3	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
norelgestromin-eth estradiol	3	MO
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	MO; 100D
norethin ace-eth estrad-fe oral tablet chewable	2	MO; 90D
norethindrone acetate oral	2	MO; 90D
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	2	MO; 90D
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	MO; 100D
norethindrone oral	3	MO
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	2	MO; 90D
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	MO; 90D
norgestim-eth estrad triphasic	2	MO; 90D
NORLYROC	3	MO
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml	2	PA; 90D
octreotide acetate injection solution 500 mcg/ml	5	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	2	PA; 90D
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	5	PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ORQUIDEA	3	MO
OSPHENA	3	MO
PIMTREA	2	MO; 90D
PORTIA-28	1	MO; 100D
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	2	
PREDNISOLONE SODIUM PHOSPHATE ORAL TABLET DISPERSIBLE	2	
prednisone oral solution	2	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
PREMARIN ORAL	3	PA; MO; HRM
PREMARIN VAGINAL	3	MO
progesterone oral	2	MO; 90D
propylthiouracil oral	1	MO; 100D
raloxifene hcl	2	QL (30 per 30 days); MO; 90D
RECLIPSEN	1	MO; 100D
REZDIFFRA	5	PA; QL (30 per 30 days)
SHAROBEL	3	MO
SIGNIFOR	5	PA
SIMLIYA	2	MO; 90D
SKYLA	3	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA
SPRINTEC 28	2	MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
SYNAREL	5	PA
SYNTHROID	3	MO
TARINA 24 FE	1	MO; 100D
TARINA FE 1/20 EQ	1	MO; 100D
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	2	MO; 90D
testosterone enanthate intramuscular solution	2	MO; 90D
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	2	PA; QL (150 per 30 days); MO; 90D
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	2	PA; QL (112.5 per 30 days); MO; 90D
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	PA; QL (300 per 30 days); MO; 90D
testosterone transdermal solution	2	PA; QL (180 per 30 days); MO; 90D
TRI-ESTARYLLA	2	MO; 90D
TRI-LINYAH	2	MO; 90D
TRI-LO-ESTARYLLA	2	MO; 90D
TRI-LO-MARZIA	2	MO; 90D
TRI-LO-MILI	2	MO; 90D
TRI-LO-SPRINTEC	2	MO; 90D
TRI-MILI	2	MO; 90D
TRI-SPRINTEC	2	MO; 90D
TRI-VYLIBRA	2	MO; 90D
TRI-VYLIBRA LO	2	MO; 90D
TURQOZ	1	MO; 100D
UNITHROID	1	MO; 100D
VALTYA 1/50	1	MO; 100D
VESTURA	2	MO; 90D
viorele	2	MO; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VOLNEA	2	MO; 90D
VYLIBRA	2	MO; 90D
WYMZYA FE	2	MO; 90D
XELRIA FE	2	MO; 90D
yuvafem	2	MO; 90D
IMMUNOLOGICAL AGENTS / AJAN IMINOLOJIK		
ABRYSVO	1	QL (1 per 365 days)
ACTHIB	1	
ACTIMMUNE	5	PA
ADACEL	1	
ARCALYST	5	PA
AREXVY	1	QL (1 per 365 days)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D PA
AZASAN	4	B/D PA
azathioprine oral	2	B/D PA; 90D
bcg vaccine injection solution reconstituted	1	
BENLYSTA SUBCUTANEOUS	5	PA
BEXSERO	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	5	PA; QL (2 per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	5	PA; QL (4 per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (2 per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	5	PA; QL (4 per 28 days)
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	3	PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days)
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days)
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days)
COSENTYX UNOREADY	5	PA; QL (8 per 28 days)
cyclosporine modified oral capsule 100 mg, 50 mg	2	B/D PA; 90D
cyclosporine modified oral capsule 25 mg	1	B/D PA; 100D
cyclosporine modified oral solution	2	B/D PA; 90D
cyclosporine oral capsule 100 mg	2	B/D PA; 90D
cyclosporine oral capsule 25 mg	1	B/D PA; 100D
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENBREL MINI	5	PA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D PA
ENVARSUS XR	4	B/D PA
everolimus oral tablet 0.25 mg	2	B/D PA; 90D
everolimus oral tablet 0.5 mg, 1 mg	5	B/D PA
everolimus oral tablet 0.75 mg	4	B/D PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML	5	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML	4	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
GARDASIL 9	1	
GENGRAF ORAL CAPSULE 100 MG	2	B/D PA; 90D
GENGRAF ORAL CAPSULE 25 MG	1	B/D PA; 100D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	5	PA; QL (2.4 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	5	PA; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (2.4 per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	5	PA; QL (4.8 per 28 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D PA
HIBERIX INJECTION	1	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 per 365 days)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
INFANRIX	1	
IPOL INJECTION SUSPENSION	1	
IXIARO	1	
JYLAMVO	4	ST
JYNNEOS	1	
kedrab injection solution 1500 unit/10ml	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
leflunomide oral	2	QL (30 per 30 days); MO; 90D
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO	1	
methotrexate sodium (pf) injection solution 50 mg/2ml	1	
methotrexate sodium injection solution 50 mg/2ml	1	
methotrexate sodium oral	1	
M-M-R II INJECTION	1	
MRESVIA	1	QL (0.5 per 365 days)
mycophenolate mofetil oral capsule	2	B/D PA; 90D
mycophenolate mofetil oral suspension reconstituted	4	B/D PA
mycophenolate mofetil oral tablet	2	B/D PA; 90D
mycophenolate sodium	2	B/D PA; 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	B/D PA; 90D
MYHIBBIN	5	B/D PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 20 GM/200ML, 5 GM/50ML	5	PA
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTEZLA XR	5	PA; QL (30 per 30 days)
OTEZLA/OTEZLA XR INITIATION PK	5	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAXHIB	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PENBRAYA	1	
penmenvy	1	
PENTACEL	1	
PRIORIX	1	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	5	PA
PROGRAF ORAL PACKET	4	B/D PA
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL	1	
RABAVERT	1	
RECOMBIVAX HB	1	B/D PA
REZUROCK	5	PA
RINVOQ	5	PA; QL (30 per 30 days)
RINVOQ LQ	5	PA; QL (360 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	
SELARSDI INTRAVENOUS	5	PA
SELARSDI SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (1 PEN)	5	PA; QL (4 per 28 days)
SIMLANDI (1 SYRINGE)	5	PA; QL (4 per 28 days)
SIMLANDI (2 PEN)	5	PA; QL (4 per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	5	PA; QL (2 per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; QL (4 per 28 days)
sirolimus oral solution	4	B/D PA
sirolimus oral tablet	2	B/D PA; 90D
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days)
SKYRIZI PEN	5	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (6 per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	5	PA; QL (2.22 per 365 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
STELARA INTRAVENOUS	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
tacrolimus er	4	B/D PA
tacrolimus oral	2	B/D PA; 90D
TENIVAC	1	
TICOVAC	1	
tofacitinib citrate er	4	PA; QL (30 per 30 days)
tofacitinib citrate oral solution	4	PA; QL (240 per 24 days)
tofacitinib citrate oral tablet	4	PA; QL (60 per 30 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (2 per 28 days)
TREMFYA PEN	5	PA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2 per 28 days)
TREMFYA-CD/UC INDUCTION	5	PA; QL (4 per 28 days)
TRUMENBA	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS	5	PA; QL (4 per 28 days)
TYPHIM VI	1	
ustekinumab intravenous	5	PA
ustekinumab subcutaneous solution	5	PA; QL (0.5 per 28 days)
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml	5	PA; QL (0.5 per 28 days)
ustekinumab subcutaneous solution prefilled syringe 90 mg/ml	5	PA; QL (1 per 28 days)
VAQTA	1	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VARIVAX INJECTION	1	
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA	1	PA
VIMKUNYA	1	
VIVOTIF	1	
XATMEP	4	ST
XELJANZ ORAL SOLUTION	5	PA; QL (240 per 24 days)
XELJANZ ORAL TABLET	5	PA; QL (60 per 30 days)
XELJANZ XR	5	PA; QL (30 per 30 days)
YESINTEK INTRAVENOUS	5	PA
YESINTEK SUBCUTANEOUS SOLUTION	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 per 28 days)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
INFECTIOUS DISEASE AGENTS / AJAN MALADI ENFEKTYE		
abacavir sulfate oral solution	2	QL (960 per 30 days); 90D
abacavir sulfate oral tablet	2	QL (60 per 30 days); 90D
abacavir sulfate-lamivudine	2	QL (30 per 30 days); 90D
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5ml	2	MO
acyclovir oral suspension 400 mg/10ml, 800 mg/20ml	2	
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	2	B/D PA
adefovir dipivoxil	2	PA; 90D
albendazole oral	4	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
amikacin sulfate injection solution 500 mg/2ml	2	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin trihydrate oral	1	
amoxicillin-pot clavulanate er	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amphotericin b intravenous	2	B/D PA
amphotericin b liposome	5	B/D PA
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous	2	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days)
ARIKAYCE	5	
atazanavir sulfate oral capsule 150 mg, 200 mg	5	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	5	QL (30 per 30 days)
atovaquone oral	2	PA
atovaquone-proguanil hcl	2	
azithromycin intravenous	2	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)	1	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
azithromycin oral tablet 600 mg	2	
aztreonam injection solution reconstituted 1 gm	2	
BARACLUDE ORAL SOLUTION	5	
BICILLIN C-R	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days); MO
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (6 per 28 days)
caspofungin acetate	4	B/D PA
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	2	
cefdinir	2	
cefepime hcl injection solution reconstituted 1 gm	2	
cefepime hcl intravenous solution reconstituted 2 gm	2	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	2	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm	2	
cefoxitin sodium intravenous solution reconstituted 2 gm	4	
cefpodoxime proxetil	2	
cefprozil	2	
ceftaroline fosamil	5	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ceftazidime injection solution reconstituted 1 gm, 6 gm	2	
ceftazidime intravenous	2	
ceftriaxone sodium in dextrose	2	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	
ceftriaxone sodium intravenous	2	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted	2	
cephalexin oral tablet	2	
chloroquine phosphate oral	1	MO; 100D
CIMDUO	5	QL (30 per 30 days)
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 750 mg	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
clarithromycin er	2	
clarithromycin oral	2	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate in d5w	2	
clindamycin phosphate injection solution 600 mg/4ml	2	
COARTEM	4	
colistimethate sodium (cba)	2	
CRESEMBA ORAL	5	PA

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
dapsone oral	2	MO; 90D
daptomycin intravenous solution reconstituted 350 mg	4	
daptomycin intravenous solution reconstituted 500 mg	5	
darunavir	4	QL (60 per 30 days)
DELSTRIGO	5	QL (30 per 30 days)
DESCOVY	5	QL (30 per 30 days)
dicloxacillin sodium	2	
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days)
DOXY 100	2	
doxycycline hyclate intravenous	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg	2	
doxycycline monohydrate oral capsule 100 mg	2	
doxycycline monohydrate oral capsule 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	2	
doxycycline monohydrate oral tablet	2	
E.E.S. 400 ORAL TABLET	2	
EDURANT	5	QL (30 per 30 days)
EDURANT PED	5	QL (180 per 30 days)
efavirenz oral tablet	4	QL (30 per 30 days)
efavirenz-emtricitab-tenofo df	4	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir	5	QL (30 per 30 days)
emtricitabine	2	QL (30 per 30 days); 90D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	5	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL (30 per 30 days); 90D
emtricitab-rilpivir-tenofov df	5	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days)
EMVERM	5	
entecavir	2	90D
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	PA
ertapenem sodium	2	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 500 MG	2	
ERY-TAB ORAL TABLET DELAYED RELEASE 333 MG	3	
erythromycin base oral capsule delayed release particles	2	
erythromycin base oral tablet 250 mg	2	
erythromycin base oral tablet delayed release 250 mg, 500 mg	2	
erythromycin base oral tablet delayed release 333 mg	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	4	
erythromycin ethylsuccinate oral tablet	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
erythromycin lactobionate	4	
erythromycin oral tablet delayed release 250 mg, 500 mg	2	
erythromycin oral tablet delayed release 333 mg	3	
ethambutol hcl oral tablet 100 mg	2	
ethambutol hcl oral tablet 400 mg	1	
etravirine oral tablet 100 mg	4	QL (120 per 30 days)
etravirine oral tablet 200 mg	5	QL (60 per 30 days)
EVOTAZ	5	QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg	2	QL (60 per 30 days)
famciclovir oral tablet 500 mg	2	QL (21 per 7 days)
fidaxomicin	5	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	
fluconazole oral	2	
flucytosine oral	5	
fosamprenavir calcium	4	QL (120 per 30 days)
fosfomycin tromethamine	4	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	
gentamicin sulfate injection solution 40 mg/ml	2	
GENVOYA	5	QL (30 per 30 days)
griseofulvin microsize oral suspension	2	
hydroxychloroquine sulfate oral tablet 200 mg	1	MO; 100D
IDVYNSO	5	QL (30 per 30 days); MO
imipenem-cilastatin intravenous solution reconstituted 250 mg	2	
IMPAVIDO	5	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ISENTRESS HD	5	QL (60 per 30 days)
ISENTRESS ORAL PACKET	3	QL (180 per 30 days)
ISENTRESS ORAL TABLET	5	QL (120 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days)
isoniazid oral	1	MO; 100D
itraconazole oral capsule	2	PA
ivermectin oral	2	
JULUCA	5	QL (30 per 30 days)
KALETRA ORAL SOLUTION	4	QL (480 per 30 days)
ketoconazole oral	1	
lamivudine oral solution	2	QL (960 per 30 days); 90D
lamivudine oral tablet 100 mg	2	90D
lamivudine oral tablet 150 mg	2	QL (60 per 30 days); 90D
lamivudine oral tablet 300 mg	2	QL (30 per 30 days); 90D
lamivudine-zidovudine	2	QL (60 per 30 days); 90D
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	1	
linezolid in sodium chloride	2	
linezolid intravenous solution 600 mg/300ml	2	
linezolid oral suspension reconstituted	5	PA; QL (1800 per 30 days)
linezolid oral tablet	4	PA; QL (56 per 28 days)
LIVTENCITY	5	PA
lopinavir-ritonavir oral tablet 100-25 mg	4	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (120 per 30 days)
maraviroc	3	QL (120 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
MAVYRET ORAL PACKET	5	PA; QL (180 per 30 days)
MAVYRET ORAL TABLET	5	PA; QL (90 per 30 days)
mefloquine hcl	2	MO; 90D
meropenem intravenous solution reconstituted 1 gm, 500 mg	2	
methenamine hippurate	2	
metronidazole intravenous solution 500 mg/100ml	2	
metronidazole oral capsule	2	
metronidazole oral tablet	1	
micafungin sodium	4	
minocycline hcl oral capsule 100 mg, 75 mg	2	
minocycline hcl oral capsule 50 mg	1	
minocycline hcl oral tablet	2	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
moxifloxacin hcl in nacl	2	
moxifloxacin hcl oral	4	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	4	
nafcillin sodium intravenous solution reconstituted 10 gm	5	
neomycin sulfate oral	2	
nevirapine er oral tablet extended release 24 hour 400 mg	2	QL (30 per 30 days); 90D
nevirapine oral suspension	2	QL (1200 per 30 days); 90D
nevirapine oral tablet	2	QL (60 per 30 days); 90D
nitazoxanide oral	4	QL (6 per 30 days)
nitrofurantoin macrocrystal oral	2	
nitrofurantoin monohyd macro	2	
NORVIR ORAL PACKET	4	QL (360 per 30 days)
NUZYRA	5	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
nystatin oral tablet	1	
ODEFSEY	5	QL (30 per 30 days)
ofloxacin oral tablet 400 mg	2	
oseltamivir phosphate oral capsule 30 mg	2	QL (168 per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	2	QL (84 per 365 days)
oseltamivir phosphate oral suspension reconstituted	2	QL (1080 per 365 days)
PAXLOVID (150/100)	2	QL (20 per 90 days)
PAXLOVID (300/100 & 150/100)	2	QL (11 per 90 days)
PAXLOVID (300/100)	2	QL (30 per 90 days)
penicillin g potassium	2	
penicillin g sodium	5	
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	1	
pentamidine isethionate inhalation	2	B/D PA
pentamidine isethionate injection	2	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT	2	
PIFELTRO	5	QL (30 per 30 days)
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm	2	
posaconazole oral	5	PA; MO
praziquantel oral	4	
PREVYMIS ORAL PACKET	5	PA; QL (120 per 30 days)
PREVYMIS ORAL TABLET	5	PA; QL (30 per 30 days)
PREZCOBIX	5	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
PRIFTIN	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	4	
pyrazinamide oral	2	
pyrimethamine oral	5	PA
quinine sulfate oral	2	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	
REYATAZ ORAL PACKET	4	QL (240 per 30 days)
ribavirin oral capsule	2	
ribavirin oral tablet 200 mg	2	
rifabutin	2	
rifampin intravenous	4	
rifampin oral	2	
rifapentine	4	
rilpivirine hcl	5	QL (30 per 30 days)
rimantadine hcl	2	
ritonavir	2	QL (360 per 30 days); 90D
RUKOBIA	5	QL (60 per 30 days); MO
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days)
SIRTURO	5	PA
sofosbuvir-velpatasvir	5	PA; QL (30 per 30 days)
streptomycin sulfate intramuscular	5	
STRIBILD	5	QL (30 per 30 days)
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral	1	
SUNLENCA ORAL TABLET	5	QL (10 per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 per 365 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 per 365 days)
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days); MO
SYMTUZA	5	QL (30 per 30 days)
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	2	
tenofovir disoproxil fumarate	2	QL (30 per 30 days); 90D
terbinafine hcl oral	1	
tetracycline hcl oral capsule	2	
tigecycline	4	
tinidazole oral	2	
TIVICAY ORAL TABLET 50 MG	5	QL (60 per 30 days)
TIVICAY PD	5	QL (360 per 30 days)
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
trifluridine ophthalmic	2	
trimethoprim oral	1	
TRIUMEQ	5	QL (30 per 30 days)
TRIUMEQ PD	4	QL (180 per 30 days)
TYBOST	3	QL (30 per 30 days)
valacyclovir hcl oral tablet 1 gm	2	QL (90 per 30 days)
valacyclovir hcl oral tablet 500 mg	2	QL (60 per 30 days)
valganciclovir hcl oral solution reconstituted	5	
valganciclovir hcl oral tablet	3	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	3	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg	2	
vancomycin hcl oral capsule 125 mg	2	QL (240 per 30 days)
vancomycin hcl oral capsule 250 mg	4	QL (240 per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml	2	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days)
VIREAD ORAL POWDER	3	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 per 30 days)
voriconazole intravenous solution reconstituted	4	PA
voriconazole oral suspension reconstituted	5	PA; QL (300 per 30 days)
voriconazole oral tablet 200 mg	4	PA; QL (60 per 30 days)
voriconazole oral tablet 50 mg	2	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days); MO
XOCOVA	5	QL (7 per 60 days)
zidovudine oral capsule	2	QL (180 per 30 days); 90D
zidovudine oral syrup	2	QL (1920 per 30 days); 90D
zidovudine oral tablet	2	QL (60 per 30 days); 90D
ZIRGAN	3	
MISCELLANEOUS THERAPEUTIC AGENTS / AJAN TERAPI DIVÈS		
ALCOHOL SWABS	2	MO
benzonatate oral capsule 100 mg, 200 mg	6	QL (30 per 10 days); ED
GAUZE STERILE PADS 2	2	MO
hydrocodone bit-homatrop mbr	6	ED
IGALMI SUBLINGUAL FILM 120 MCG	5	QL (30 per 30 days)
IGALMI SUBLINGUAL FILM 180 MCG	4	QL (30 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
INSULIN PEN NEEDLE	2	QL (200 per 30 days); MO
INSULIN SYRINGE	2	QL (200 per 30 days); MO
KOSELUGO	5	PA
OMNIPOD 5 DEXG7G6 INTRO GEN 5	4	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA
OMNIPOD 5 LIBRE INTRO	4	PA
OMNIPOD 5 LIBRE PODS	4	PA
OMNIPOD CLASSIC PODS (GEN 3)	4	PA
OMNIPOD DASH INTRO (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
promethazine-codeine oral solution	6	ED
sodium chloride irrigation solution 0.9 %	1	
OPHTHALMIC AGENTS / AJAN OFTALMIK		
acetazolamide er	2	MO; 90D
atropine sulfate ophthalmic solution 1 %	2	MO; 90D
azelastine hcl ophthalmic	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	2	
besifloxacin hcl	4	
BESIVANCE	4	
betaxolol hcl ophthalmic	2	MO; 90D
bimatoprost ophthalmic solution 0.01 %	3	MO
bimatoprost ophthalmic solution 0.03 %	2	MO; 90D
brimonidine tartrate ophthalmic	2	MO; 90D
brimonidine tartrate-timolol	2	MO; 90D
brinzolamide	2	MO; 90D
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	2	
carteolol hcl	1	MO; 100D

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ciprofloxacin hcl ophthalmic	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic solution 1 %	2	MO; 90D
CYSTARAN	5	
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	1	
difluprednate	2	
dorzolamide hcl ophthalmic	1	MO; 100D
dorzolamide hcl-timolol mal	1	MO; 100D
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	MO; 100D
erythromycin ophthalmic	1	QL (3.5 per 30 days)
fluorometholone ophthalmic	2	
flurbiprofen sodium	2	
FML FORTE	4	
gatifloxacin ophthalmic	2	
gentamicin sulfate ophthalmic solution	1	
ILEVRO	3	
ketorolac tromethamine ophthalmic	2	
latanoprost ophthalmic	1	MO; 100D
levobunolol hcl ophthalmic solution 0.5 %	1	MO; 100D
levofloxacin ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	2	
loteprednol-tobramycin	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
methazolamide oral	2	MO; 90D
moxifloxacin hcl (2x day)	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
moxifloxacin hcl ophthalmic solution	2	
NATACYN	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-dexameth	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	2	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.2 % (rx)	2	
OXERVATE	5	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	MO; 90D
POLYCIN	1	
polymyxin b-trimethoprim	1	
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	3	
proparacaine hcl ophthalmic	1	
RESTASIS	3	QL (60 per 30 days); MO
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days); MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
sulfacetamide sodium ophthalmic solution	1	
sulfacetamide-prednisolone ophthalmic solution	2	
timolol maleate (once-daily)	1	MO; 100D
timolol maleate ophthalmic gel forming solution	2	MO; 90D
timolol maleate ophthalmic solution	1	MO; 100D
TOBRADEX OPHTHALMIC OINTMENT	4	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	4	
travoprost (bak free)	2	MO; 90D
VYZULTA	4	MO
XDEMVY	5	PA
XIIDRA	3	QL (60 per 30 days); MO
OTIC AGENTS / AJAN OTIK		
acetic acid otic	1	
ciprofloxacin hcl otic	2	
ciprofloxacin-dexamethasone	2	
FLAC	2	
fluocinolone acetonide otic	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
RESPIRATORY TRACT/PULMONARY AGENTS / AJAN RESPIRATWA/PILMONÈ		
acetylcysteine inhalation	2	B/D PA
ADEMPAS	5	PA; QL (90 per 30 days)
ADVAIR HFA	3	QL (12 per 30 days); MO
albuterol sulfate hfa	2	MO; 90D
albuterol sulfate inhalation	2	B/D PA; MO; 90D
albuterol sulfate oral syrup	1	MO; 100D
albuterol sulfate oral tablet	2	MO; 90D
ALYQ	4	PA; QL (60 per 30 days)
ambrisentan	4	PA; QL (30 per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days); MO

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
arformoterol tartrate	4	B/D PA; QL (120 per 30 days); MO
ARNUITY ELLIPTA	3	QL (30 per 30 days); MO
ATROVENT HFA	3	QL (26 per 30 days); MO
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL (30 per 25 days)
azelastine-fluticasone	2	QL (23 per 28 days)
bosentan oral tablet	5	PA; QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days); MO
breyna	3	QL (30.9 per 30 days); MO
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days); MO
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	2	B/D PA; QL (120 per 30 days); MO; 90D
budesonide inhalation suspension 1 mg/2ml	2	B/D PA; QL (60 per 30 days); MO; 90D
budesonide-formoterol fumarate	3	QL (30.6 per 30 days); MO
carbinoxamine maleate oral solution	2	PA; HRM
CAYSTON	5	PA
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml (rx)	1	
clemastine fumarate oral tablet 2.68 mg	2	PA; HRM
COMBIVENT RESPIMAT	4	QL (8 per 30 days); MO
cromolyn sodium inhalation	2	B/D PA; MO; 90D
cyproheptadine hcl oral syrup	1	PA; HRM
cyproheptadine hcl oral tablet	1	
DULERA	4	QL (13 per 30 days); MO
epinephrine injection solution 0.3 mg/0.3ml	2	QL (2 per 28 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	2	QL (2 per 28 days)
FASENRA PEN	5	PA; QL (1 per 28 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	5	PA; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; QL (1 per 28 days)
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (75 per 30 days)
fluticasone propionate nasal (rx)	1	QL (16 per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (60 per 30 days); MO; 90D
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	2	QL (1 per 30 days); MO; 90D
hydroxyzine hcl oral syrup	3	PA; HRM
hydroxyzine hcl oral tablet	1	PA; HRM
hydroxyzine pamoate oral capsule 100 mg	3	PA; HRM
hydroxyzine pamoate oral capsule 25 mg, 50 mg	2	PA; HRM
ipratropium bromide hfa	3	QL (26 per 30 days); MO
ipratropium bromide inhalation	1	B/D PA; MO; 100D
ipratropium bromide nasal	1	QL (30 per 30 days); MO; 100D
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	2	B/D PA; QL (540 per 30 days); MO; 90D
KALYDECO ORAL PACKET	5	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	2	B/D PA; QL (270 per 30 days); MO; 90D
levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml	2	B/D PA; QL (540 per 30 days); MO; 90D
levalbuterol tartrate	2	QL (45 per 30 days); MO; 90D
levocetirizine dihydrochloride oral tablet (rx)	1	QL (30 per 30 days)
macitentan	5	PA; QL (30 per 30 days)
mometasone furoate nasal (rx)	2	

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
montelukast sodium oral	2	MO; 90D
nintedanib esylate	5	PA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days)
olopatadine hcl nasal	2	QL (31 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
ORKAMBI ORAL PACKET	5	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days)
pirfenidone oral tablet 267 mg	5	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg, 801 mg	5	PA; QL (90 per 30 days)
promethazine vc	6	ED
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA
roflumilast	2	QL (30 per 30 days); MO; 90D
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days); MO
sildenafil citrate oral tablet 20 mg	2	PA; QL (360 per 30 days); 90D
SPIRIVA HANDIHALER	3	QL (30 per 30 days); MO
SPIRIVA RESPIMAT	3	QL (4 per 30 days); MO
STIOLTO RESPIMAT	3	QL (4 per 30 days); MO
SYMDEKO	5	PA; QL (56 per 28 days)
tadalafil (pah)	4	PA; QL (60 per 30 days)

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DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
theophylline er oral tablet extended release 12 hour 300 mg	1	MO; 100D
theophylline er oral tablet extended release 24 hour	1	MO; 100D
theophylline oral	2	MO; 90D
tobramycin inhalation nebulization solution 300 mg/5ml	5	B/D PA; QL (280 per 28 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days); MO
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA; QL (84 per 28 days)
TRIKAFTA ORAL THERAPY PACK	5	PA; QL (56 per 28 days)
umeclidinium-vilanterol	3	QL (60 per 30 days); MO
WINREVAIR	5	PA
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (60 per 30 days); MO; 90D
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days)
zafirlukast	2	MO; 90D

You can find information on what the symbols and abbreviations in this table mean by going to page 10 of this document. Ou ka jwenn enfòmasyon sou sa senbòl ak abrevyasyon yo nan tablo sa a vle di lè w ale nan paj 20 dokiman sa a.

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Chinese Traditional –注意：如果您說繁體中文，我們可以為您提供免費的語言協助服務。我們還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打您的會員 ID 卡上的電話號碼或與您的提供者交談。

French – ATTENTION : Si vous parlez français, des services gratuits d'assistance linguistique sont disponibles. Des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro de téléphone figurant sur votre carte d'ID de membre ou appelez votre prestataire.

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Dienste zur sprachlichen Unterstützung zur Verfügung. Außerdem sind kostenlose Hilfsmittel und Dienste verfügbar, um Informationen in zugänglichen Formaten bereitzustellen. Rufen Sie die Telefonnummer auf Ihrer Mitglieds-ID-Karte an oder wenden Sie sich an Ihren Anbieter.

Gujarati – ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારા માટે વિના મૂલ્યે ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક સહાય અને સેવાઓ પણ વિના

મૂલ્યે ઉપલબ્ધ છે. તમારા સભ્ય ID કાર્ડ પર આપેલા ફોન નંબર પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Haitian Creole – ATANSYON: Si w pale kreyòl ayisyen, sèvis asistans lenguistik gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma ki aksesib disponib tou san w p ap peye. Rele nimewo telefòn ki sou kat ID manm ou an oswa pale ak founisè w la.

Hebrew – לתשומת לבך: אם הנך דובר/ת עברית, שירותי סיוע בשפה בחינם זמינים עבורך. אמצעי עזר ושירותים נלווים מתאימים, שנועדו לספק מידע בפורמטים נגישים, זמינים גם הם ללא תשלום. יש להתקשר למספר הטלפון המופיע על כרטיס החבר שלך או לפנות לספק השירות שלך.

Hindi – ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। पहुँच योग्य प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निशुल्क उपलब्ध हैं। अपने सदस्य ID कार्ड पर दिए गए फ़ोन नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Italian – ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuita in italiano. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiamare il numero di telefono riportato sulla propria tessera associativa o rivolgersi al proprio fornitore.

Korean – 주의: 한국어를 구사하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오.

Polish – UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Dostępne są również nieodpłatnie odpowiednie pomoce i usługi zapewniające informacje w dostępnych formatach. Zadzwoń pod numer telefonu podany na karcie ID członka lub porozmawiaj ze swoim dostawcą.

Portuguese – ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número de telefone indicado no seu cartão de identificação de membro ou fale com o seu prestador.

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по номеру телефона, указанному на вашей ID-карте участника, или обсудите этот вопрос с вашим поставщиком услуг.

Tagalog – PAUNAWA: Kung nagsasalita ka ng Tagalog, mayroong available na mga libreng serbisyo sa tulong sa wika para sa iyo. Ang naaangkop na mga karagdagang tulong at serbisyo para magbigay ng impormasyon sa mga naa-access na format ay available rin nang walang bayad. Tawagan ang numero ng telepono sa iyong ID card ng miyembro o makipag-usap sa iyong provider.

Thai – **หมายเหตุ: หากคุณพูด ภาษาไทย เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนียังมีความช่วยเหลือและบริการเสริมทีเหมาะสม เพือให้ข้อมูลในรูปแบบทีเข้าถึง ได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปทีหมายเลขโทรศัพท์บนบัตรประจำตัวสมาชิกของคุณ หรือพูดคุยกับผู้ให้บริการของคุณ.**

Ukrainian – УВАГА. Якщо ви розмовляєте українською here, вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за номером, указаним на ідентифікаційній карті учасника, або зверніться до свого постачальника.

Vietnamese – CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí luôn sẵn sàng phục vụ quý vị. Các dịch vụ và hỗ trợ phụ trợ thích hợp cung cấp thông tin ở các định dạng có thể truy cập cũng được cung cấp miễn phí. Gọi số điện thoại trên thẻ ID thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

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HPMS Approved Formulary ID 26045, Version 19

This formulary was updated on 10/07/2026 . For more recent information or other questions, please contact our HealthSun Health Plans Member Services at 1-877-336-2069 / TTY: 711, Monday through Friday from 8 a.m. to 8 p.m. (EST), or visit www.healthsun.com. From October 1 through March 31, we are open seven days a week from 8 a.m. to 8 p.m. (our office will be closed on Thanksgiving and Christmas Day). From April 1 through September 30, we are available Monday through Friday from 8 a.m. to 8 p.m. (our office will be closed on federal holidays). Yo te mete fòmilè sa a ajou nan dat 10/07/2026 . Pou plis enfòmasyon resan oswa lòt kesyon, tanpri kontakte sèvis manm HealthSun Health Plans nan 1-877-336-2069 / TTY: 711, Lendi jiska Vandredi soti 8è dimaten pou rive 8è diswa (LÈS), oubyen vizite www.healthsun.com. Apati 1ye oktòb rive 31 mas, nou ouvè sèt jou pa semèn, soti 8è dimaten rive 8è diswa (biwo nou an ap fèmen jou Thanksgiving ak jou Nwèl). Apati 1ye avril pou rive 30 septanm, nou disponib Lendi jiska Vandredi, soti 8è dimaten pou rive 8è diswa (biwo nou an ap fèmen pandan jou ferye federal yo).

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