BILINGUAL

HealthSun
HEALTH PLANS

FORMULARY
(List of Covered Drugs)

FÒMILÈ
(Lis Medikaman ki Kouvri)

2027

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 27026, Version 9

This formulary was updated on 09/24/2026. 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 09/24/2026. 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.
2027 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 **27026**, Version **9**

This formulary was updated on **9/24/2026**. 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 **9/24/2026.** *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, 2028, 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/

Y0114_27_3021826_0000_I_C

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 **9/24/2026**. 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 **21.** 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 **21.** 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 **118.** 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 **based on specific criteria** 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 **21.** 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 **21** 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 **118**.

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 **21** 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* Insulin Drugs**	**Tier 4** Non-Preferred Drug	**Tier 5** Specialty Tier	**Tier 6*** Supple-mental Drugs
HealthAdvantage Plan (HMO) Miami-Dade County H5431-001	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) Broward County H5431-012	$0	$0	$5	$5	$75	33%	$0
HealthAdvantage Plan (HMO) Palm Beach County H5431-013	$0	$0	$10	$10	$50	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade County H5431-017	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Broward County H5431-018	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Palm Beach County H5431-020	$0	$0	$42	$35	$95	33%	$0
VitalCare (HMO C-SNP) Broward, Miami-Dade H5431-021	$0	$0	$37	$35	$85	33%	$0
VitalCare (HMO C-SNP) Palm Beach County H5431-022	$0	$0	$37	$35	$85	33%	$0
MediMax (HMO) Broward, Miami-Dade H5431-006	$0	$0	25%	$35	25%	32%	$0
MediSun Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-019	$0	$0	$10	$10	$50	25%	$0
MediSun Full Dual Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-026	$0	$0	$5	$5	$50	25%	$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, Tier 3, and Tier 6.**

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* Insulin Drugs**	**Tier 4** Non-Preferred Drug	**Tier 5** Specialty Tier	**Tier 6*** Supple-mental Drugs
HealthAdvantage Plan (HMO) Miami-Dade County H5431-001	$0	$0	$10	$0	$35	33%	$0
HealthAdvantage Plan (HMO) Broward County H5431-012	$0	$0	$20	$5	$80	33%	$0
HealthAdvantage Plan (HMO) Palm Beach County H5431-013	$0	$0	$10	$10	$55	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade County H5431-017	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Broward County H5431-018	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Palm Beach County H5431-020	$0	$0	$47	$35	$100	33%	$0
VitalCare (HMO C-SNP) Broward, Miami-Dade H5431-021	$0	$0	$42	$35	$90	33%	$0
VitalCare (HMO C-SNP) Palm Beach County H5431-022	$0	$0	$42	$35	$90	33%	$0
MediMax (HMO) Broward, Miami-Dade H5431-006	$0	$0	25%	$35	25%	32%	$0
MediSun Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-019	$0	$0	$10	$10	$50	25%	$0
MediSun Full Dual Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-026	$0	$0	$5	$5	$50	25%	$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 for some drugs in Tier 1** and **up to a 90-day for some drugs in Tier 2, Tier 3, and Tier 6.**

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
2027 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 **27026**, Version **9**

Fòmilè sa a te fè mizajou nan dat **9/24/2026**. 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 **9/24/2026**. 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 2028, 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/

Y0114_27_3021826_0000_I_C

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 **9/24/2026**. 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 **21**. 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 **21** 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 **118** 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 Alavans:** HealthSun Health Plans egzije pou oumenm oubyen moun ki preskri w la jwenn otorizasyon alavans pou sèten medikaman. Sa vle di ou pral bezwen jwenn apwobasyon nan men HealthSun Health Plans **ki baze sou kritè espesifik** anvan ou ranpli preskripsyon ou yo. Si ou 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 **21** 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 **21** 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 **118** 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 **21** 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* Medikaman Ensilin yo**	**Nivo 4** Medikaman ki pa-prefere	**Nivo 5** Nivo Espesyalite	**Nivo 6*** Medikaman Siplemantè
HealthAdvantage Plan (HMO) Miami-Dade County H5431-001	$0	$0	$0	$0	$30	33%	$0
HealthAdvantage Plan (HMO) Broward County H5431-012	$0	$0	$5	$5	$75	33%	$0
HealthAdvantage Plan (HMO) Palm Beach County H5431-013	$0	$0	$10	$10	$50	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade County H5431-017	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Broward County H5431-018	$0	$0	$42	$35	$95	33%	$0
HealthAdvantage Plus (HMO) Palm Beach County H5431-020	$0	$0	$42	$35	$95	33%	$0
VitalCare (HMO C-SNP) Broward, Miami-Dade H5431-021	$0	$0	$37	$35	$85	33%	$0
VitalCare (HMO C-SNP) Palm Beach County H5431-022	$0	$0	$37	$35	$85	33%	$0
MediMax (HMO) Broward, Miami-Dade H5431-006	$0	$0	25%	$35	25%	32%	$0
MediSun Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-019	$0	$0	$10	$10	$50	25%	$0
MediSun Full Dual Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-026	$0	$0	$5	$5	$50	25%	$0

* Pou kèk medikaman, ou kapab jwenn yon rezèv alontèm (yo rele tou yon rezèv pwolonje). **Yon rezèv alontèm se pou jiska 100 jou pou kèk medikaman Nivo 1 e jiska 90 jou rezèv pou kèk medikaman nan Nivo 2, Nivo 3, ak Nivo 6.**

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 Medikaman Ensilin yo**	**Nivo 4** Medikaman ki pa-prefere	**Nivo 5** Nivo Espesyalite	**Nivo 6** Medikaman Siplemantè
HealthAdvantage Plan (HMO) Miami-Dade County H5431-001	$0	$0	$10	$0	$35	33%	$0
HealthAdvantage Plan (HMO) Broward County H5431-012	$0	$0	$20	$5	$80	33%	$0
HealthAdvantage Plan (HMO) Palm Beach County H5431-013	$0	$0	$10	$10	$55	33%	$0
HealthAdvantage Plus (HMO) Miami-Dade County H5431-017	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Broward County H5431-018	$0	$0	$47	$35	$100	33%	$0
HealthAdvantage Plus (HMO) Palm Beach County H5431-020	$0	$0	$47	$35	$100	33%	$0
VitalCare (HMO C-SNP) Broward, Miami-Dade H5431-021	$0	$0	$42	$35	$90	33%	$0
VitalCare (HMO C-SNP) Palm Beach County H5431-022	$0	$0	$42	$35	$90	33%	$0
MediMax (HMO) Broward, Miami-Dade H5431-006	$0	$0	25%	$35	25%	32%	$0
MediSun Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-019	$0	$0	$10	$10	$50	25%	$0
MediSun Full Dual Extra (HMO D-SNP) Broward, Miami-Dade, Palm Beach H5431-026	$0	$0	$5	$5	$50	25%	$0

* Pou kèk medikaman, ou kapab jwenn yon rezèv alontèm (yo rele tou yon rezèv pwolonje). **Yon rezèv alontèm se pou jiska 100 jou pou kèk medikaman Nivo 1 e jiska 90 jou rezèv pou kèk medikaman nan Nivo 2, Nivo 3, ak Nivo 6**.

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.

0anpri 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 / Lis Medikaman ki Kouvri yo

Table of Contents (Tab matyè)

ANALGESICS AND ANTI-INFLAMMATORY AGENTS / ANALJEZIK AK AJAN ANTI-ENFLAMATWA ... 21

ANTINEOPLASTICS / ANTINEYOPLAZIK ... 24

BLOOD PRODUCTS AND MODIFIERS / PWODUI SAN AK MODIFIKATÈ ... 33

CARDIOVASCULAR AGENTS / AJAN ADYOVASKILÈ ... 36

CENTRAL NERVOUS SYSTEM AGENTS / AJAN SISTÈM NÈVE SANTRAL ... 44

DERMATOLOGICAL AGENTS / AJAN DÈMATOLOJIK ... 65

ELECTROLYTES / MINERALS / METALS / VITAMINS / ELEKTWOLIT / MINERAL / METAL / VITAMIN ... 70

ENDOCRINE AND METABOLIC DISORDER AGENTS / AJAN MALADI ANDOKRIN AK METABOLIS ... 72

GASTROINTESTINAL AGENTS / AJAN GASTROENTESTINAL ... 78

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT / MALADI JÈN, ANZIM, OSWA PWOTEYIN: RANPLASMAN, MODIFIKATÈ, TRETMAN ... 81

GENITOURINARY AGENTS / AJAN JENITOURINÈ ... 82

HORMONAL AGENTS / AJAN ÒMONAL ... 83

IMMUNOLOGICAL AGENTS / AJAN IMINOLOJIK ... 90

INFECTIOUS DISEASE AGENTS / AJAN MALADI ENFEKTYE ... 97

MISCELLANEOUS THERAPEUTIC AGENTS / AJAN TERAPI DIVÈS ... 109

OPHTHALMIC AGENTS / AJAN OFTALMIK ... 110

OTIC AGENTS / AJAN OTIK ... 113

RESPIRATORY TRACT/PULMONARY AGENTS / AJAN RESPIRATWA/PILMONÈ ... 113

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
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

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 19 dokiman sa a.

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 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	4	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
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	QL (180 per 30 days); NEDS

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
tramadol hcl oral tablet 50 mg	1	QL (240 per 30 days); NEDS
tramadol-acetaminophen	2	QL (40 per 5 days); NEDS

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ANTINEOPLASTICS / ANTINEYOPLAZIK		
abiraterone acetate oral tablet 250 mg	4	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)
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)
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 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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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 oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	5	PA; QL (30 per 30 days)
dasatinib oral tablet 20 mg	5	PA; QL (90 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)
erlotinib hcl oral tablet 100 mg, 150 mg	4	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
everolimus oral tablet soluble 2 mg	4	PA
everolimus oral tablet soluble 3 mg, 5 mg	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	3	PA; QL (90 per 30 days)
imatinib mesylate oral tablet 400 mg	3	PA; QL (60 per 30 days)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	5	
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	4	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) INTRAMUSCULAR KIT 3.75 MG	5	PA; QL (1 per 28 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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	
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)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
PEMAZYRE	5	PA; QL (30 per 30 days)
PHESGO	5	PA
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (30 per 30 days)
PHYRAGO ORAL TABLET 20 MG	5	PA; QL (90 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)
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)
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	
TRELSTAR MIXJECT	4	PA
tretinoin oral	5	
TRUQAP ORAL TABLET 200 MG	5	PA; QL (64 per 28 days)
TRUQAP ORAL TABLET THERAPY PACK	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)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	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)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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 ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days)
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)
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, 40000 UNIT/ML	4	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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
UDENYCA ONBODY	5	PA; QL (1.2 per 28 days)
warfarin sodium oral	1	MO; 100D
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days); MO
XARELTO ORAL TABLET 15 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	1	MO; 100D
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	1	QL (30 per 30 days); MO; 100D
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, 5-20 mg	1	QL (60 per 30 days); MO; 100D
amlodipine besylate oral	1	MO; 100D
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg	1	QL (30 per 30 days); MO; 100D
amlodipine besylate-valsartan oral tablet 5-160 mg	1	QL (60 per 30 days); MO; 100D
amlodipine-atorvastatin	1	QL (30 per 30 days); MO; 100D
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg	1	QL (30 per 30 days); MO; 100D
amlodipine-olmesartan oral tablet 5-20 mg	1	QL (60 per 30 days); MO; 100D
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1	QL (30 per 30 days); MO; 100D

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1	QL (60 per 30 days); MO; 100D
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	1	QL (60 per 30 days); MO; 100D
benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	QL (30 per 30 days); MO; 100D
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	1	QL (120 per 30 days); MO; 100D
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	1	QL (60 per 30 days); MO; 100D
candesartan cilexetil oral tablet 32 mg	1	QL (30 per 30 days); MO; 100D
candesartan cilexetil-hctz oral tablet 16-12.5 mg	1	QL (60 per 30 days); MO; 100D
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	1	QL (30 per 30 days); MO; 100D
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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	2	MO; 90D
diltiazem hcl oral tablet	1	MO; 100D
dilt-xr	1	MO; 100D
disopyramide phosphate oral	2	PA; MO; 90D; HRM

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	1	QL (30 per 30 days); MO; 100D
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	1	QL (60 per 30 days); MO; 100D
fluvastatin sodium er	1	QL (30 per 30 days); MO; 100D
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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	100D
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
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	1	QL (30 per 30 days); MO; 100D
olmesartan medoxomil oral tablet 5 mg	1	QL (60 per 30 days); MO; 100D
olmesartan medoxomil-hctz oral tablet 20-12.5 mg	1	QL (60 per 30 days); MO; 100D
olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg	1	QL (30 per 30 days); MO; 100D
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1	QL (60 per 30 days); MO; 100D

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	QL (30 per 30 days); MO; 100D
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
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	4	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	1	QL (30 per 30 days); MO; 100D
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	1	QL (30 per 30 days); MO; 100D
telmisartan oral tablet 80 mg	1	QL (60 per 30 days); MO; 100D
telmisartan-amlodipine	2	QL (30 per 30 days); MO; 90D
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg	1	QL (60 per 30 days); MO; 100D
telmisartan-hctz oral tablet 80-25 mg	1	QL (30 per 30 days); MO; 100D
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
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	1	QL (60 per 30 days); MO; 100D
valsartan oral tablet 320 mg	1	QL (30 per 30 days); MO; 100D
valsartan oral tablet 40 mg, 80 mg	1	QL (90 per 30 days); MO; 100D
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg	1	QL (60 per 30 days); MO; 100D
valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg	1	QL (30 per 30 days); MO; 100D
VASCEPA	4	MO

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
amphetamine-dextroamphet er	2	PA; QL (30 per 30 days); MO
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
amphetamine-dextroamphetamine oral tablet 30 mg	2	PA; QL (60 per 30 days); MO
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)
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
brivaracetam oral solution	4	PA; QL (600 per 30 days); MO
brivaracetam oral tablet	4	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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; HRM
chlorpromazine hcl oral concentrate	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
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
clobazam oral tablet 10 mg	2	PA; QL (120 per 30 days); MO
clobazam oral tablet 20 mg	2	PA; QL (60 per 30 days); MO
clomipramine hcl oral	2	PA; MO; 90D; HRM
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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	2	QL (60 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 25 mg, 35 mg	1	QL (30 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 40 mg, 5 mg	2	QL (30 per 30 days); MO
dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg	1	QL (60 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL (60 per 30 days); MO
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	2	QL (120 per 30 days); MO
dextroamphetamine sulfate oral tablet 10 mg	2	QL (180 per 30 days); MO
dextroamphetamine sulfate oral tablet 5 mg	2	QL (90 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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	QL (60 per 30 days); MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	3	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
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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	4	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
KESIMPTA	5	PA; QL (1.2 per 28 days)
KLOXXADO	4	
lacosamide oral solution	2	QL (1200 per 30 days); MO
lacosamide oral tablet	2	QL (60 per 30 days); MO
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 oral tablet	1	MO; 100D
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 250 mg	4	PA; QL (360 per 30 days); MO
levetiracetam oral tablet disintegrating soluble 500 mg	4	PA; QL (180 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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	2	PA; QL (30 per 30 days); MO
methylphenidate hcl er (osm) oral tablet extended release 36 mg	2	PA; QL (60 per 30 days); MO
methylphenidate hcl er oral tablet extended release 20 mg	2	PA; QL (90 per 30 days); MO
methylphenidate hcl oral solution 10 mg/5ml	2	PA; QL (900 per 30 days); MO
methylphenidate hcl oral solution 5 mg/5ml	2	PA; QL (1800 per 30 days); MO
methylphenidate hcl oral tablet 10 mg, 20 mg	2	PA; QL (90 per 30 days); MO
methylphenidate hcl oral tablet 5 mg	1	PA; QL (90 per 30 days); MO

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
methylphenidate hcl oral tablet chewable 10 mg	1	PA; QL (180 per 30 days); MO
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	1	PA; QL (90 per 30 days); MO
MIGERGOT	5	
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
modafinil oral tablet 200 mg	2	PA; QL (60 per 30 days); MO
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
NUEDEXTA	5	PA; QL (60 per 30 days); MO
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
phenelzine sulfate oral	2	MO; 90D
phenobarbital oral elixir	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
pregabalin oral capsule 200 mg	1	QL (90 per 30 days); MO
pregabalin oral capsule 225 mg, 300 mg	1	QL (60 per 30 days); MO
pregabalin oral solution	1	QL (900 per 30 days); MO
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	2	QL (60 per 30 days); MO; 90D
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	4	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	4	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
risperidone oral tablet dispersible 4 mg	2	QL (120 per 30 days); MO; 90D
rivastigmine	2	QL (30 per 30 days); MO; 90D
rivastigmine tartrate	2	QL (60 per 30 days); MO; 90D
ropinirole hcl	2	MO; 90D
ropinirole hcl er	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	4	PA; QL (60 per 30 days); MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	5	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	4	PA; QL (60 per 30 days); MO

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
SYMPAZAN ORAL FILM 20 MG	5	PA; QL (60 per 30 days); MO
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days); MO
TEGLUTIK	5	
temazepam oral capsule 15 mg, 30 mg	1	QL (30 per 30 days)
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	4	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	4	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 tablet 100 mg, 150 mg, 300 mg, 50 mg	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
VALTOCO 10 MG DOSE	5	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 5 MG DOSE	5	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, 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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days)
vilazodone hcl	2	QL (30 per 30 days); MO; 90D
VRAYLAR ORAL CAPSULE	3	QL (30 per 30 days); MO
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
ZENZEDI ORAL TABLET 5 MG	2	QL (90 per 30 days); MO
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
DERMATOLOGICAL AGENTS / AJAN DÈMATOLOJIK		
ACCUTANE	2	
acitretin oral capsule 10 mg, 25 mg	2	PA
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	
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
ciclopirox olamine external suspension	1	
CLARAVIS	2	
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days)
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	
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	
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	4	
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
nystatin-triamcinolone	2	QL (120 per 30 days)
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	4	
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
TRIDERM EXTERNAL CREAM 0.5 %	1	QL (454 per 30 days)
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
folic acid oral tablet 1 mg	6	ED
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
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	

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 19 dokiman sa a.

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	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
calcium acetate (phos binder) oral capsule	3	MO
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)
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	3	QL (30 per 30 days); MO
dapagliflozin base-metformin er oral tablet extended release 24 hour 5-1000 mg	3	QL (60 per 30 days); MO

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
dapagliflozin	1	QL (30 per 30 days); MO; 100D
deferasirox oral tablet 90 mg	3	PA
deferasirox oral tablet soluble 125 mg	4	PA
deferasirox oral tablet soluble 250 mg, 500 mg	5	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
glyburide micronized oral tablet 6 mg	1	QL (60 per 30 days); MO; 100D
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	1	QL (120 per 30 days); MO; 100D
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 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
JARDIANCE	3	QL (30 per 30 days); MO
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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 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	MO; 90D
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 per 28 days)
nateglinide	1	MO; 100D
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
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	1	QL (90 per 30 days); MO; 100D
pioglitazone hcl oral tablet 30 mg	1	QL (45 per 30 days); MO; 100D
pioglitazone hcl oral tablet 45 mg	1	QL (30 per 30 days); MO; 100D
pioglitazone hcl-glimepiride	1	QL (30 per 30 days); MO; 100D
pioglitazone hcl-metformin hcl	1	QL (90 per 30 days); MO; 100D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days)
repaglinide	1	MO; 100D
risedronate sodium oral tablet 150 mg	2	QL (1 per 28 days); 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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
sevelamer carbonate oral tablet	3	QL (540 per 30 days); MO
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	
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	4	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	4	PA; QL (2.24 per 28 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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	QL (30 per 30 days); MO
VELTASSA ORAL PACKET 8.4 GM	4	QL (90 per 30 days); MO
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 2.5-1000 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	4	PA; QL (60 per 30 days); MO
amoxicill-clarithro-lansopraz oral therapy pack	2	
aprepitant oral capsule 125 mg	5	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	4	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	
bis subcit-metronid-tetracyc	4	
bismuth/metronidaz/tetracyclin	4	
budesonide er oral tablet extended release 24 hour	5	PA
budesonide oral	2	
budesonide rectal	2	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
chlordiazepoxide-clidinium	2	PA; HRM
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
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	
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	4	B/D PA; QL (30 per 30 days)
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone oral	1	
hydrocortisone rectal enema	3	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
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)	5	B/D PA; QL (4 per 28 days)
VELSIPITY	5	PA; QL (30 per 30 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	4	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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
FILSPARI ORAL TABLET 200 MG	5	PA; QL (30 per 30 days)
FILSPARI ORAL TABLET 400 MG	5	PA; QL (60 per 30 days)
finasteride oral tablet 5 mg	1	MO; 100D
GEMTESA	4	QL (30 per 30 days); MO

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
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
TARPEYO	5	PA; QL (120 per 30 days)
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	MO
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	1	MO; 100D
etonogestrel-ethinyl estradiol	4	MO
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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
LYLLANA	1	QL (8 per 28 days); MO; 100D

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	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	4	PA
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	
prednisone oral solution	2	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
PREMARIN ORAL	3	MO

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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
testosterone enanthate intramuscular solution	2	MO
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
testosterone transdermal gel 20.25 mg/1.25gm (1.62%)	2	PA; QL (112.5 per 30 days); MO
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	2	PA; QL (300 per 30 days); MO
testosterone transdermal solution	2	PA; QL (180 per 30 days); MO
TRI-ESTARYLLA	2	MO; 90D
TRI-LINYAH	2	MO; 90D
TRI-LO-ESTARYLLA	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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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)
AZASAN	4	B/D PA
azathioprine oral	2	B/D PA; 90D
bcg vaccine injection solution reconstituted	1	
BENLYSTA SUBCUTANEOUS	5	PA
BEXSERO	1	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	5	PA
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
ENTYVIO PEN	5	PA; QL (1.36 per 28 days)
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
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
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	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (18.76 per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
leflunomide oral	2	QL (30 per 30 days); MO; 90D
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO	1	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	B/D PA; 90D
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	4	PA
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
PRIORIX	1	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 5 GM/50ML	4	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; QL (30 per 30 days)
RINVOQ	5	PA; QL (30 per 30 days)
RINVOQ LQ	5	PA; QL (360 per 30 days)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
tacrolimus oral	2	B/D PA; 90D
TENIVAC	1	
TICOVAC	1	
tofacitinib citrate er	5	PA; QL (30 per 30 days)
tofacitinib citrate oral solution	4	PA; QL (240 per 24 days)
tofacitinib citrate oral tablet	5	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 (3.6 per 28 days)
TYPHIM VI	1	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
VAQTA	1	
VARIVAX INJECTION	1	
VARIZIG INTRAMUSCULAR SOLUTION	3	
VAXCHORA	1	PA
VIMKUNYA	1	
VIVOTIF	1	
XATMEP	4	ST
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	
ZYMFENTRA (2 PEN)	5	PA; QL (2 per 28 days)
ZYMFENTRA (2 SYRINGE)	5	PA; QL (2 per 28 days)
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	

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 19 dokiman sa a.

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	4	QL (60 per 30 days)
atazanavir sulfate oral capsule 300 mg	4	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	

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 19 dokiman sa a.

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	
cefazolin sodium intravenous solution reconstituted 1 gm	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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
cefprozil	2	
ceftaroline fosamil	5	
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
colistimethate sodium (cba)	2	
CRESEMBA ORAL	5	PA
dapsone oral	2	MO; 90D
daptomycin	4	
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	4	QL (30 per 30 days)
emtricitabine	2	QL (30 per 30 days); 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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg	4	QL (30 per 30 days)
emtricitabine-tenofovir df oral tablet 133-200 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
ERAXIS	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	
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
etravirine oral tablet 200 mg	4	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)
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	5	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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	
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	
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
pretomanid	4	PA
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)
PRIFTIN	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	4	
pyrazinamide oral	2	
pyrimethamine oral	5	PA
quinine sulfate oral	2	PA

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	5	
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)
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	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	
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	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 500 mg, 750 mg	2	
vancomycin hcl oral capsule 125 mg	2	QL (120 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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	4	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	3	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (84 per 28 days); MO
XOCOVA	4	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)
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
OMNIPOD 5 LIBRE PODS	4	PA
OMNIPOD DASH INTRO (GEN 4)	4	PA
OMNIPOD DASH PODS (GEN 4)	4	PA
promethazine-codeine	6	ED
promethazine-dm oral syrup 6.25-15 mg/5ml	6	ED
sodium chloride irrigation solution 0.9 %	1	
WEGOVY ORAL TABLET 1.5 MG	3	PA; QL (60 per 365 days)
WEGOVY ORAL TABLET 25 MG, 4 MG, 9 MG	3	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	3	PA; QL (3 per 28 days)
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	
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

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 19 dokiman sa a.

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	
loteprednol etabonate	2	
loteprednol-tobramycin	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
methazolamide oral	2	MO; 90D
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic solution	2	
NATACYN	4	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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	
TOBRADEX ST	4	
tobramycin ophthalmic	1	

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
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 oral tablet 10 mg	5	PA; QL (30 per 30 days)
ambrisentan oral tablet 5 mg	4	PA; QL (30 per 30 days)
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

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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
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)
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)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	3	QL (60 per 30 days); MO
fluticasone propionate nasal (rx)	1	QL (16 per 30 days)
fluticasone-salmeterol inhalation aerosol	3	QL (12 per 30 days); MO
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	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)
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	
macitentan	5	PA; QL (30 per 30 days)
mometasone furoate nasal (rx)	2	
montelukast sodium oral	2	MO; 90D
nintedanib esylate	5	PA; QL (60 per 30 days)

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
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)
OFEV	5	PA; QL (60 per 30 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)
pirfenidone oral tablet 267 mg	3	PA; QL (270 per 30 days)
pirfenidone oral tablet 534 mg	5	PA; QL (90 per 30 days)
pirfenidone oral tablet 801 mg	3	PA; QL (90 per 30 days)
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 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)
theophylline er oral tablet extended release 12 hour 300 mg	1	MO; 100D
theophylline er oral tablet extended release 24 hour	1	MO; 100D

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 19 dokiman sa a.

DRUG NAME / NON MEDIKAMAN	DRUG TIER / NIVO MEDIKAMAN	REQUIREMENTS / LIMITS KONDISYON / LIMIT
theophylline oral	2	MO; 90D
tiotropium bromide	3	QL (30 per 30 days); MO
TOBI PODHALER	5	QL (224 per 28 days)
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 19 dokiman sa a.

Index / Ín Endèks Medikaman

A

abacavir sulfate 97
abacavir sulfate-lamivudine ... 97
ABILIFY ASIMTUFII 44
ABILIFY MAINTENA 44
abiraterone acetate 24
ABIRTEGA 24
ABRYSVO 90
acamprosate calcium 44
acarbose 72
ACCUTANE 65
acebutolol hcl 36
acetaminophen-codeine 21
acetazolamide 36
acetazolamide er 110
acetic acid 113
acetylcysteine 113
acitretin 65
ACTHIB 90
ACTIMMUNE 90
acyclovir 65, 97
acyclovir sodium 97
ADACEL 90
adefovir dipivoxil 97
ADEMPAS 113
AIMOVIG 44
AKEEGA 24
ala-cort 65
albendazole 97
albuterol sulfate 113
albuterol sulfate hfa 113
alclometasone dipropionate ... 65
ALCOHOL SWABS 109
ALECENSA 24
alendronate sodium 72
alfuzosin hcl er 82
aliskiren fumarate 36
allopurinol 21
almotriptan malate 44
alosetron hcl 78
alprazolam 44
alprazolam er 44
ALPRAZOLAM INTENSOL 44
alprazolam xr 44
ALTAVERA 83
ALUNBRIG 24
ALYQ 113
amantadine hcl 44
ambrisentan 113
amikacin sulfate 98
amiloride hcl 36
amiloride-hydrochlorothiazide 36
AMINOSYN II 70
amiodarone hcl 36
amitriptyline hcl 44
amlodipine besy-benazepril hcl 36
amlodipine besylate 36
amlodipine besylate-valsartan 36
amlodipine-atorvastatin 36
amlodipine-olmesartan 36
amlodipine-valsartan-hctz 36, 37
ammonium lactate 65
AMNESTEEM 65
amoxapine 44
amoxicill-clarithro-lansopraz 78
amoxicillin 98
amoxicillin trihydrate 98
amoxicillin-pot clavulanate 98
amoxicillin-pot clavulanate er 98
amphetamine-dextroamphet er 45
amphetamine-dextroamphetamine 45
amphotericin b 98
amphotericin b liposome 98
ampicillin 98
ampicillin sodium 98
ampicillin-sulbactam sodium . 98
anagrelide hcl 33
anastrozole 24
APLENZIN 45
apomorphine hcl 45
aprepitant 78
APRI 83
APTIVUS 98
ARCALYST 90
AREXVY 90
arformoterol tartrate 113
ARIKAYCE 98
aripiprazole 45
ARISTADA 45
ARISTADA INITIO 45
ARNUITY ELLIPTA 113
asenapine maleate 45
aspirin-dipyridamole er 33
atazanavir sulfate 98
atenolol 37
atenolol-chlorthalidone 37
atomoxetine hcl 46
atorvastatin calcium 37
atovaquone 98
atovaquone-proguanil hcl 98
atropine sulfate 110
ATROVENT HFA 113
AUGTYRO 24
AUROVELA 1.5/30 83
AUROVELA 1/20 83
AUROVELA 24 FE 84
AUROVELA FE 1/20 84
AUSTEDO 46
AUSTEDO XR 46
AUSTEDO XR PATIENT TITRATION 46
AUVELITY 46
AUVELITY TITRATION PACK 46
AVMAPKI FAKZYNJA CO-PACK 24
AYUNA 84
AYVAKIT 24
AZASAN 90
azathioprine 90
azelaic acid 65
azelastine hcl 110, 114
azelastine-fluticasone 114
azithromycin 98, 99
aztreonam 99
AZURETTE 84

B

BAC (BUTALBITAL-ACETAMIN-CAFF) 46
bacitracin-polymyxin b 110
bacitra-neomycin-polymyxin-hc 110
baclofen 46
balsalazide disodium 78
BALVERSA 24
BARACLUDE 99
bcg vaccine 90
benazepril hcl 37
benazepril-hydrochlorothiazide 37
BENLYSTA 90
benzonatate 109

benzoyl peroxide-erythromycin 65
benztropine mesylate 46
besifloxacin hcl 110
BESREMI 24
BESREMI PEN 24
betaine 81
betamethasone dipropionate .. 65
betamethasone dipropionate aug 65
betamethasone valerate 65
BETASERON 46
betaxolol hcl 37, 110
bethanechol chloride 82
bexarotene 24, 65
BEXSERO 90
bicalutamide 24
BICILLIN C-R 99
BICILLIN L-A 99
BIJUVA 84
BIKTARVY 99
bimatoprost 110
BIMZELX 91
bis subcit-metronid-tetracyc ... 78
bismuth/metronidaz/tetracyclin 78
bisoprolol fumarate 37
bisoprolol-hydrochlorothiazide 37
BIVIGAM 91
BLISOVI 24 FE 84
BLISOVI FE 1/20 84
BOOSTRIX 91
bosentan 114
BOSULIF 24
bosutinib 24
BRAFTOVI 24
BREO ELLIPTA 114
breyna 114
BREZTRI AEROSPHERE .. 114
brimonidine tartrate 110
brimonidine tartrate-timolol 110
brinzolamide 110
brivaracetam 46
bromfenac sodium 110
bromocriptine mesylate 46
BRUKINSA 25
budesonide 78, 114
budesonide er 78
budesonide-formoterol fumarate 114
bumetanide 37
buprenorphine 21
buprenorphine hcl 46
buprenorphine hcl-naloxone hcl 46, 47
bupropion hcl 47
bupropion hcl er (smoking det) 47
bupropion hcl er (sr) 47
bupropion hcl er (xl) 47
buspirone hcl 47
butalbital-acetaminophen 47
butalbital-apap-caffeine 47
butorphanol tartrate 21
BYSANTI 47
BYSANTI TITRATION PACK A 47
BYSANTI TITRATION PACK B 47
BYSANTI TITRATION PACK C 47

C

CABENUVA 99
cabergoline 84
CABOMETYX 25
calcipotriene 65
calcitonin (salmon) 72
CALCITRENE 65
calcitriol 72
calcium acetate (phos binder) 72
CALQUENCE 25
CAMILA 84
candesartan cilexetil 37
candesartan cilexetil-hctz 37
CAPLYTA 47
CAPRELSA 25
captopril 37
captopril-hydrochlorothiazide 37
carbamazepine 47
carbamazepine er 47
carbidopa 47
carbidopa-levodopa 47, 48
carbidopa-levodopa er 47
carbidopa-levodopa-entacapone 48
carglumic acid 70
carisoprodol 48
carteolol hcl 110
CARTIA XT 37
carvedilol 37
carvedilol phosphate er 37
caspofungin acetate 99
CAYSTON 114
cefaclor 99
cefaclor er 99
cefadroxil 99
cefazolin sodium 99
cefdinir 99
cefepime hcl 99
cefixime 99
cefoxitin sodium 99
cefpodoxime proxetil 99
cefprozil 100
ceftaroline fosamil 100
ceftazidime 100
ceftriaxone sodium 100
ceftriaxone sodium in dextrose 100
cefuroxime axetil 100
cefuroxime sodium 100
celecoxib 21
cephalexin 100
cetirizine hcl 114
cevimeline hcl 65
CHARLOTTE 24 FE 84
CHATEAL EQ 84
chlordiazepoxide hcl 48
chlordiazepoxide-amitriptyline 48
chlordiazepoxide-clidinium 79
chlorhexidine gluconate 65
chloroquine phosphate 100
chlorpromazine hcl 48
chlorthalidone 37
chlorzoxazone 48
cholestyramine 38
cholestyramine light 37
CICLODAN 65
ciclopirox 65
ciclopirox olamine 65, 66
cilostazol 33
CIMDUO 100
cimetidine 79
cinacalcet hcl 72
ciprofloxacin hcl ... 100, 111, 113
ciprofloxacin in d5w 100
ciprofloxacin-dexamethasone 113
citalopram hydrobromide 48
CLARAVIS 66
clarithromycin 100
clarithromycin er 100

clemastine fumarate 114
CLENPIQ 79
CLIMARA PRO 84
CLINDACIN ETZ 66
CLINDACIN-P 66
clindamycin hcl 100
clindamycin palmitate hcl 100
clindamycin phos (once-daily) 66
clindamycin phos (twice-daily) 66
clindamycin phosphate 66, 82, 100
clindamycin phosphate in d5w 100
CLINIMIX E/DEXTROSE (2.75/5) 70
CLINIMIX E/DEXTROSE (4.25/10) 70
CLINIMIX E/DEXTROSE (4.25/5) 70
CLINIMIX E/DEXTROSE (5/15) 70
CLINIMIX E/DEXTROSE (5/20) 70
clinimix e/dextrose (8/10) 70
clinimix e/dextrose (8/14) 70
CLINIMIX/DEXTROSE (4.25/10) 70
CLINIMIX/DEXTROSE (4.25/5) 70
CLINIMIX/DEXTROSE (5/15) 70
CLINIMIX/DEXTROSE (5/20) 70
clinimix/dextrose (6/5) 70
clinimix/dextrose (8/10) 70
clinimix/dextrose (8/14) 70
CLINISOL SF 70
CLINOLIPID 70
clobazam 48
clobetasol prop emollient base 66
clobetasol propionate 66
clobetasol propionate e 66
CLODAN 66
clomipramine hcl 48
clonazepam 48
clonidine 38
clonidine hcl 38
clonidine hcl er 48
clopidogrel bisulfate 33
clorazepate dipotassium 48
clotrimazole 66
clotrimazole-betamethasone ... 66
clozapine 48, 49
COARTEM 100
COBENFY 49
COBENFY STARTER PACK 49
colchicine 21
colchicine-probenecid 21
colesevelam hcl 38
colestipol hcl 38
colistimethate sodium (cba) .. 101
COMBIVENT RESPIMAT . 114
COMETRIQ (100 MG DAILY DOSE) 25
COMETRIQ (140 MG DAILY DOSE) 25
COMETRIQ (60 MG DAILY DOSE) 25
COMPRO 79
constulose 79
COPIKTRA 25
CORLANOR 38
COSENTYX 91
COSENTYX (300 MG DOSE) 91
COSENTYX SENSOREADY (300 MG) 91
COSENTYX SENSOREADY PEN 91
COSENTYX UNOREADY ... 91
COTELLIC 25
CREON 82
CRESEMBA 101
cromolyn sodium 82, 111, 114
CRYSELLE 84
CRYSELLE-28 84
cyclobenzaprine hcl 49
cyclopentolate hcl 111
cyclophosphamide 25
cyclosporine 91
cyclosporine modified 91
cyproheptadine hcl 114
CYRED EQ 84
CYSTAGON 82
CYSTARAN 111

D

dabigatran etexilate mesylate . 33
dalfampridine er 49
danazol 84
DANZITEN 25
dapagliflozin base-metformin er 72
dapagliflozin 73
dapsone 101
DAPTACEL 91
daptomycin 101
darifenacin hydrobromide er .. 82
darunavir 101
DARZALEX FASPRO 25
dasatinib 25
DAURISMO 25
DEBLITANE 84
deferasirox 73
DELSTRIGO 101
DEPO-SUBQ PROVERA 104 84
DEPO-TESTOSTERONE 84
DESCOVY 101
desipramine hcl 49
desmopressin ace spray refrig 84
desmopressin acetate 84
desmopressin acetate spray 84
desogestrel-ethinyl estradiol .. 84
desonide 66
desoximetasone 66
desvenlafaxine er 49
desvenlafaxine succinate er 49
dexamethasone 84
dexamethasone sodium phosphate 111
dexlansoprazole 79
dexmethylphenidate hcl 49
dexmethylphenidate hcl er 49
dextroamphetamine sulfate 49
dextroamphetamine sulfate er 49
dextrose 70
dextrose-nacl 70
dextrose-sodium chloride 70
DIACOMIT 49, 50
diazepam 50
DIAZEPAM INTENSOL 50
diazoxide 73
diclofenac potassium 21
diclofenac sodium 21, 66, 111
diclofenac sodium er 21
diclofenac-misoprostol 21
dicloxacillin sodium 101
dicyclomine hcl 79
DIFICID 101
diflunisal 21
difluprednate 111

digox 38
digoxin 38
dihydroergotamine mesylate .. 50
DILANTIN 50
diltiazem hcl 38
diltiazem hcl er 38
diltiazem hcl er beads 38
diltiazem hcl er coated beads . 38
dilt-xr 38
dimethyl fumarate 50
dimethyl fumarate starter pack 50
diphenoxylate-atropine 79
dipyridamole 33
disopyramide phosphate 38
disulfiram 50
divalproex sodium 50
divalproex sodium er 50
dofetilide 39
donepezil hcl 50
dorzolamide hcl 111
dorzolamide hcl-timolol mal 111
dorzolamide hcl-timolol mal pf 111
DOVATO 101
doxazosin mesylate 39
doxepin hcl 50
doxercalciferol 73
DOXY 100 101
doxycycline hyclate 101
doxycycline monohydrate 101
DRIZALMA SPRINKLE 51
dronabinol 79
drospirenone-ethinyl estradiol 84
DROXIA 33
droxidopa 39
DULERA 114
duloxetine hcl 51
DUPIXENT 67
dutasteride 82
dutasteride-tamsulosin hcl 82

E

E.E.S. 400 101
econazole nitrate 67
EDURANT 101
EDURANT PED 101
efavirenz 101
efavirenz-emtricitab-tenofo df 101
efavirenz-lamivudine-tenofovir 101
eletriptan hydrobromide 51
ELIGARD 25
ELINEST 85
ELIQUIS 33
ELIQUIS (1.5 MG PACK) 33
ELIQUIS (2 MG PACK) 33
ELIQUIS DVT/PE STARTER PACK 33
eltrombopag olamine 33, 34
ELURYNG 85
EMSAM 51
emtricitabine 101
emtricitabine-tenofovir df 102
emtricitab-rilpivir-tenofov df 102
EMTRIVA 102
EMVERM 102
EMZAHH 85
enalapril maleate 39
enalapril-hydrochlorothiazide 39
ENBREL 91
ENBREL MINI 91
ENBREL SURECLICK 92
ENDOCET 21
ENGERIX-B 92
ENILLORING 85
enoxaparin sodium 34
ENSACOVE 25
ENSKYCE 85
entacapone 51
entecavir 102
ENTRESTO 39
ENTYVIO PEN 92
enulose 79
ENVARSUS XR 92
EPIDIOLEX 51
epinephrine 114
eplerenone 39
ERAXIS 102
ergotamine-caffeine 51
ERIVEDGE 25
ERLEADA 25
erlotinib hcl 25
ERRIN 85
ertapenem sodium 102
ERY-TAB 102
erythromycin 67, 102, 111
erythromycin base 102
erythromycin ethylsuccinate . 102
escitalopram oxalate 51
eslicarbazepine acetate 51
esomeprazole magnesium 79
ESTARYLLA 85
estazolam 51
estradiol 85
estrogens conjugated 85
eszopiclone 51
ethambutol hcl 102
ethosuximide 51
ethynodiol diac-eth estradiol .. 85
etodolac 21
etodolac er 21
etonogestrel-ethinyl estradiol . 85
etravirine 102, 103
EUCRISA 67
EULEXIN 25
everolimus 25, 26, 92
EVOTAZ 103
exemestane 26
EXXUA 51
EXXUA TITRATION PACK 52
ezetimibe 39
ezetimibe-simvastatin 39

F

famciclovir 103
famotidine 79
FANAPT 52
FANAPT TITRATION PACK A 52
FANAPT TITRATION PACK B 52
FANAPT TITRATION PACK C 52
FARXIGA 73
FASENRA 114
FASENRA PEN 114
febuxostat 21
FEIRZA 1/20 85
felbamate 52
felodipine er 39
fenofibrate 39
fenofibrate micronized 39
fenofibric acid 39
fentanyl 21
FETZIMA 52
FETZIMA TITRATION 52
FIASP 73
FIASP FLEXTOUCH 73
FIASP PENFILL 73
FIASP PUMPCART 73
fidaxomicin 103
FILSPARI 82
finasteride 82

fingolimod hcl 52
FINTEPLA 52
FINZALA 85
FIRMAGON 26
FIRMAGON (240 MG DOSE) 26
FLAC 113
FLEBOGAMMA DIF 92
flecainide acetate 39
fluconazole 103
fluconazole in sodium chloride 103
flucytosine 103
fludrocortisone acetate 85
flunisolide 114
fluocinolone acetonide ... 67, 113
fluocinolone acetonide body ... 67
fluocinolone acetonide scalp .. 67
fluocinonide 67
fluocinonide emulsified base .. 67
fluorometholone 111
fluorouracil 67
fluoxetine hcl 52
fluphenazine decanoate 52
fluphenazine hcl 52, 53
flurazepam hcl 53
flurbiprofen 21
flurbiprofen sodium 111
fluticasone furoate-vilanterol 115
fluticasone propionate 67, 115
fluticasone-salmeterol 115
fluvastatin sodium 39
fluvastatin sodium er 39
fluvoxamine maleate 53
FML FORTE 111
folic acid 71
fondaparinux sodium 34
fosamprenavir calcium 103
fosaprepitant dimeglumine 79
fosfomycin tromethamine 103
fosinopril sodium 39
fosinopril sodium-hctz 39
FOTIVDA 26
FRAGMIN 34
FRUZAQLA 26
furosemide 39

G

gabapentin 53
gabapentin (once-daily) 53
GALAFOLD 82
galantamine hydrobromide 53
galantamine hydrobromide er 53
GALLIFREY 85
GAMMAGARD 92
GAMMAGARD S/D LESS IGA 92
GAMMAKED 92
GAMMAPLEX 92
GAMUNEX-C 92
GARDASIL 9 92
gatifloxacin 111
GAUZE STERILE PADS 2 . 109
GAVILYTE-C 79
GAVILYTE-G 79
GAVILYTE-N WITH FLAVOR PACK 79
GAVRETO 26
gefitinib 26
gemfibrozil 39
GEMTESA 82
generlac 79
GENGRAF 92
gentamicin in saline 103
gentamicin sulfate ... 67, 103, 111
GENVOYA 103
GILOTRIF 26
glatiramer acetate 53
GLATOPA 53
glimepiride 73
glipizide 73
glipizide er 73
glipizide-metformin hcl 73
glucagon emergency 73
glyburide 74
glyburide micronized 73, 74
glyburide-metformin 74
glycopyrrolate 79
GLYDO 21
GLYXAMBI 74
GOCOVRI 53
GOMEKLI 26
granisetron hcl 79
griseofulvin microsize 103
guanfacine hcl er 53
GVOKE HYPOPEN 1-PACK 74
GVOKE HYPOPEN 2-PACK 74
GVOKE KIT 74
GVOKE PFS 74

H

HADLIMA 92
HADLIMA PUSHTOUCH 92
HAILEY 1.5/30 85
HAILEY 24 FE 85
HAILEY FE 1/20 85
halobetasol propionate 67
haloperidol 54
haloperidol decanoate 53
haloperidol lactate 53
HAVRIX 93
HEATHER 85
heparin sodium (porcine) .34, 35
heparin sodium (porcine) pf ... 35
HEPLISAV-B 93
HERCEPTIN HYLECTA 26
HERNEXEOS 26
HIBERIX 93
HUMIRA (2 PEN) 93
HUMIRA (2 SYRINGE) 93
HUMIRA-CD/UC/HS STARTER 93
HUMIRA-PSORIASIS/UVEIT STARTER 93
hydralazine hcl 39
hydrochlorothiazide 39
hydrocodone bit-homatrop mbr 109
hydrocodone-acetaminophen 21, 22
hydrocodone-ibuprofen 22
hydrocortisone 68, 79
hydrocortisone (perianal) 67
hydrocortisone ace-pramoxine 79
hydrocortisone butyrate 67, 68
hydrocortisone valerate 68
hydrocortisone-acetic acid ... 113
hydromorphone hcl 22
hydroxychloroquine sulfate .. 103
hydroxyurea 26
hydroxyzine hcl 115
hydroxyzine pamoate 115
hyoscyamine sulfate 80
HYRNUO 26

I

ibandronate sodium 74
IBRANCE 26
IBTROZI 26
ibu 22
ibuprofen 22
icatibant acetate 35
ICLUSIG 26
icosapent ethyl 39

IDHIFA 26
IDVYNSO 103
IGALMI 109
ILEVRO 111
imatinib mesylate 26
IMBRUVICA 26, 27
imipenem-cilastatin 103
imipramine hcl 54
imipramine pamoate 54
imiquimod 68
imkeldi 27
IMOVAX RABIES 93
IMPAVIDO 103
IMVEXXY MAINTENANCE PACK 85
IMVEXXY STARTER PACK 85
INCASSIA 85
INCRELEX 85
indapamide 39
indomethacin 22
INFANRIX 93
INGREZZA 54
INLURIYO 27
INLYTA 27
INQOVI 27
INREBIC 27
insulin asp prot & asp flexpen 74
insulin aspart 74
insulin aspart flexpen 74
insulin aspart penfill 74
insulin aspart prot & aspart ... 74
INSULIN PEN NEEDLE 109
INSULIN SYRINGE 109
INTELENCE 103
INTRALIPID 71
INVEGA HAFYERA 54
INVEGA SUSTENNA 54
INVEGA TRINZA 54
INVOKAMET 74
INVOKAMET XR 74
INVOKANA 74
IPOL 93
ipratropium bromide 115
ipratropium bromide hfa 115
ipratropium-albuterol 115
irbesartan 39
irbesartan-hydrochlorothiazide 40
ISENTRESS 103
ISENTRESS HD 103
ISIBLOOM 85
ISOLYTE-P IN D5W 71
ISOLYTE-S 71
isoniazid 103
isosorb dinitrate-hydralazine . 40
isosorbide dinitrate 40
isosorbide mononitrate 40
isosorbide mononitrate er 40
isotretinoin 68
isradipine 40
ITOVEBI 27
itraconazole 103
ivabradine hcl 40
ivermectin 68, 104
IWILFIN 27
IXIARO 93

J

JAKAFI 27
JAKAFI XR 27
jantoven 35
JANUMET XR 74
JARDIANCE 74
JASMIEL 85
JAVYGTOR 82
JAYPIRCA 27
JENCYCLA 85
JENTADUETO XR 74
JIDEYTRO 27
JULEBER 86
JULUCA 104
JUNEL 1.5/30 86
JUNEL 1/20 86
JUNEL FE 1/20 86
JUNEL FE 24 86
JYLAMVO 93
JYNNEOS 93

K

KALETRA 104
KALLIGA 86
KALYDECO 115
KARIVA 86
kcl (0.149%) in nacl 71
kcl in dextrose-nacl 71
kcl-lactated ringers-d5w 71
kedrab 93
KERENDIA 75
KESIMPTA 55
ketoconazole 68, 104
ketoprofen 22
ketorolac tromethamine .. 22, 111
KINERET 93
KINRIX 93
KIONEX 75
KISQALI (200 MG DOSE) 27
KISQALI (400 MG DOSE) 27
KISQALI (600 MG DOSE) 27
KLAYESTA 68
KLOR-CON 71
KLOR-CON 10 71
KLOR-CON M10 71
KLOR-CON M15 71
KLOR-CON M20 71
KLOXXADO 55
KOMZIFTI 27
KOSELUGO 109
KOURZEQ 68
KRAZATI 27
KURVELO 86

L

labetalol hcl 40
lacosamide 55
lactulose 80
lactulose encephalopathy 80
LAMICTAL XR 55
lamivudine 104
lamivudine-zidovudine 104
lamotrigine 55
lamotrigine starter kit-blue 55
lamotrigine starter kit-green .. 55
lamotrigine starter kit-orange 55
lansoprazole 80
LANTUS 75
LANTUS SOLOSTAR 75
lapatinib ditosylate 27
LARIN 1.5/30 86
LARIN 1/20 86
LARIN 24 FE 86
LARIN FE 1/20 86
latanoprost 111
LAZCLUZE 27
LEDERLE LEUCOVORIN ... 27
leflunomide 93
lenalidomide 27
LENVIMA (10 MG DAILY DOSE) 28
LENVIMA (12 MG DAILY DOSE) 28
LENVIMA (14 MG DAILY DOSE) 28
LENVIMA (18 MG DAILY DOSE) 28

LENVIMA (20 MG DAILY DOSE) 28
LENVIMA (24 MG DAILY DOSE) 28
LENVIMA (4 MG DAILY DOSE) 28
LENVIMA (8 MG DAILY DOSE) 28
letrozole 28
leucovorin calcium 28
LEUKERAN 28
LEUKINE 35
leuprolide acetate 28
leuprolide acetate (3 month) 28
levalbuterol hcl 115
levalbuterol tartrate 115
levetiracetam 55
levetiracetam er 55
levobunolol hcl 111
levocarnitine 71
levocarnitine sf 71
levocetirizine dihydrochloride 115
levofloxacin 104, 111
levofloxacin in d5w 104
levonorgestrel-ethinyl estrad 86
LEVORA 0.15/30 (28) 86
levothyroxine sodium 86
LEVOXYL 86
l-glutamine 35
lidocaine 22
lidocaine hcl 22
lidocaine hcl urethral/mucosal 22
lidocaine viscous hcl 22
lidocaine-prilocaine 22
LIFYORLI (125 MG DOSE) 28
LIFYORLI (150 MG DOSE) 28
linagliptin-metformin hcl 75
linezolid 104
linezolid in sodium chloride 104
LINZESS 80
liomny 86
liothyronine sodium 86
liraglutide 75
lisinopril 40
lisinopril-hydrochlorothiazide 40
lithium 55
lithium carbonate 55
lithium carbonate er 55
LITHOSTAT 83
LIVTENCITY 104
LOESTRIN 1.5/30 (21) 86
LOESTRIN 1/20 (21) 86
LOESTRIN FE 1/20 86
LOKELMA 75
lomustine 28
LONSURF 28
loperamide hcl 80
lopinavir-ritonavir 104
lorazepam 55, 56
LORAZEPAM INTENSOL 55
LORBRENA 28
LORYNA 86
losartan potassium 40
losartan potassium-hctz 40
loteprednol etabonate 111
loteprednol-tobramycin 111
lovastatin 40
LOW-OGESTREL 86
loxapine succinate 56
LO-ZUMANDIMINE 86
lubiprostone 80
LUIZZA 1.5/30 86
LUIZZA 1/20 86
LUMAKRAS 28
LUMIGAN 111
LUPRON DEPOT (1-MONTH) 28
lurasidone hcl 56
LYBALVI 56
LYLEQ 86
LYLLANA 86
LYNPARZA 28
LYSODREN 28
LYTGOBI (12 MG DAILY DOSE) 28
LYTGOBI (16 MG DAILY DOSE) 28
LYTGOBI (20 MG DAILY DOSE) 29
LYZA 87

M

macitentan 115
magnesium sulfate 71
malathion 68
maraviroc 104
marlissa 87
MARPLAN 56
MATULANE 29
MATZIM LA 40
MAVYRET 104
meclizine hcl 80
medroxyprogesterone acetate 87
mefloquine hcl 104
megestrol acetate 29, 87
MEKINIST 29
MEKTOVI 29
MELEYA 87
meloxicam 22
memantine hcl 56
memantine hcl er 56
MENQUADFI 93
MENVEO 93
meperidine hcl 22
meprobamate 56
mercaptopurine 29
meropenem 104
mesalamine 80
mesalamine er 80
mesna 29
metformin hcl 75
metformin hcl er 75
methadone hcl 22
methazolamide 111
methenamine hippurate 104
methimazole 87
methocarbamol 56
methotrexate sodium 94
methotrexate sodium (pf) 94
methoxsalen rapid 68
methscopolamine bromide 80
methsuximide 56
methyldopa 40
methylphenidate hcl 56, 57
methylphenidate hcl er 56
methylphenidate hcl er (cd) 56
methylphenidate hcl er (osm) 56
methylprednisolone 87
methyltestosterone 87
metoclopramide hcl 80
metolazone 40
metoprolol succinate er 40
metoprolol tartrate 40
metoprolol-hydrochlorothiazide 40
metronidazole 68, 83, 104, 105
metyrosine 41
mexiletine hcl 41
MIBELAS 24 FE 87
micafungin sodium 105
miconazole 3 83
MICROGESTIN 1.5/30 87

MICROGESTIN 1/20 87
MICROGESTIN FE 1/20.....87
midodrine hcl.....41
mifepristone.....87
MIGERGOT.....57
miglitol 75
miglustat.....82
MILI 87
minocycline hcl.....105
minoxidil.....41
mirabegron er.....83
mirtazapine.....57
misoprostol.....80
M-M-R II.....94
modafinil.....57
MODEYSO 29
moexipril hcl.....41
molindone hcl 57
mometasone furoate 68, 115
MONDOXYNE NL 105
MONO-LINYAH 87
montelukast sodium 115
morphine sulfate.....23
morphine sulfate (concentrate) 22
morphine sulfate (pf) 23
morphine sulfate er.....23
MOUNJARO.....75
MOVANTIK 80
moxifloxacin hcl 105, 111
moxifloxacin hcl (2x day) 111
moxifloxacin hcl in nacl 105
MRESVIA.....94
MULTAQ.....41
multiple electro type 1 ph 5.5.71
multiple electro type 1 ph 7.4.71
mupirocin 68
mupirocin calcium.....68
mycophenolate mofetil.....94
mycophenolate sodium 94
mycophenolic acid.....94
MYTESI.....80

N

na sulfate-k sulfate-mg sulf 80
nabumetone 23
nadolol.....41
nafcillin sodium.....105
naftifine hcl.....68
naloxone hcl 57
naltrexone hcl.....57
NAMZARIC.....57
naproxen.....23
naproxen dr 23
naproxen sodium 23
NATACYN 111
nateglinide.....75
NAYZILAM.....57
nebivolol hcl 41
nefazodone hcl.....57
neomycin sulfate 105
neomycin-bacitracin zn-polymyx 112
neomycin-polymyxin-dexameth 112
neomycin-polymyxin-gramicidin 112
neomycin-polymyxin-hc 112, 113
NERLYNX.....29
NEULASTA.....35
NEULASTA ONPRO 35
NEUPRO.....57
nevirapine.....105
nevirapine er.....105
NEXLETOL 41
NEXLIZET.....41
NEXPLANON.....87
niacin (antihyperlipidemic) 41
niacin er (antihyperlipidemic) 41
niacor.....41
nicardipine hcl.....41
NICOTROL NS.....57
nifedipine er.....41
nifedipine er osmotic release..41
NIKKI.....87
nilotinib hcl.....29
nilutamide.....29
nimodipine.....41
NINLARO 29
nintedanib esylate.....115
nisoldipine er.....41
nitazoxanide.....105
nitisinone 82
nitrofurantoin macrocrystal .105
nitrofurantoin monohyd macro 105
nitroglycerin 41, 68
nizatidine 80
NORA-BE 87
NORDITROPIN FLEXPRO ..87
norelgestromin-eth estradiol ..87
norethin ace-eth estrad-fe 87
norethindrone 88
norethindrone acetate.....87
norethindrone acet-ethinyl est 87, 88
norethin-eth estradiol-fe.....88
norgestimate-eth estradiol.....88
*norgestim-eth estrad triphasic*88
NORLYROC 88
nortriptyline hcl.....57
NORVIR.....105
NOVOLIN 70/30.....75
NOVOLIN 70/30 FLEXPEN .75
NOVOLIN 70/30 FLEXPEN RELION 75
NOVOLIN 70/30 RELION 75
NOVOLIN N.....75
NOVOLIN N FLEXPEN 75
NOVOLIN N FLEXPEN RELION 75
NOVOLIN N RELION 75
NOVOLIN R 75
NOVOLIN R FLEXPEN.....75
NOVOLIN R FLEXPEN RELION 76
NOVOLIN R RELION.....76
NOVOLOG 76
NOVOLOG 70/30 FLEXPEN RELION 76
NOVOLOG FLEXPEN.....76
NOVOLOG FLEXPEN RELION 76
NOVOLOG MIX 70/30 76
NOVOLOG MIX 70/30 FLEXPEN.....76
NOVOLOG MIX 70/30 RELION 76
NOVOLOG PENFILL 76
NOVOLOG RELION.....76
NUBEQA 29
NUCALA 116
NUEDEXTA 57
NUPLAZID 57
NURTEC 57
NUTRILIPID.....71
NUZYRA 105
NYAMYC 68
nystatin 68, 105
nystatin-triamcinolone.....69
NYSTOP.....69

O

OCTAGAM.....94
octreotide acetate 88

ODEFSEY 105
ODOMZO 29
OFEV 116
ofloxacin 105, 112, 113
OGSIVEO 29
OJEMDA 29
OJJAARA 29
olanzapine 57, 58
olanzapine-fluoxetine hcl 58
olmesartan medoxomil 41
olmesartan medoxomil-hctz 41
olmesartan-amlodipine-hctz 41, 42
olopatadine hcl 112, 116
omega-3-acid ethyl esters 42
omeprazole 81
OMNIPOD 5 DEXG7G6 INTRO GEN 5 109
OMNIPOD 5 DEXG7G6 PODS GEN 5 109
OMNIPOD 5 LIBRE INTRO 109
OMNIPOD 5 LIBRE PODS 110
OMNIPOD DASH INTRO (GEN 4) 110
OMNIPOD DASH PODS (GEN 4) 110
OMNITROPE 88
ondansetron 81
ondansetron hcl 81
ONUREG 29
OPIPZA 58
ORALONE 69
ORENITRAM 116
ORGOVYX 29
ORKAMBI 116
orphenadrine citrate er 58
ORQUIDEA 88
ORSERDU 29
oseltamivir phosphate 105
OSPHENA 88
OTEZLA 94
OTEZLA XR 94
OTEZLA/OTEZLA XR INITIATION PK 94
oxaprozin 23
oxazepam 58
oxcarbazepine 58
OXERVATE 112
oxybutynin chloride 83
oxybutynin chloride er 83
oxycodone hcl 23
oxycodone-acetaminophen 23
oxymorphone hcl 23
OZEMPIC 76
OZEMPIC (0.25 OR 0.5 MG/DOSE) 76
OZEMPIC (1 MG/DOSE) 76
OZEMPIC (2 MG/DOSE) 76

P

pacerone 42
paliperidone er 58
PANRETIN 69
pantoprazole sodium 81
paricalcitol 76
paroxetine hcl 58
paroxetine hcl er 58
paroxetine mesylate 58
PAXLOVID (150/100) 105
PAXLOVID (300/100 & 150/100) 106
PAXLOVID (300/100) 106
pazopanib hcl 29
PEDIARIX 94
PEDVAXHIB 94
peg 3350-kcl-na bicarb-nacl 81
peg-3350/electrolytes 81
PEGASYS 94
PEMAZYRE 30
PENBRAYA 94
penicillamine 83
penicillin g potassium 106
penicillin g sodium 106
penicillin v potassium 106
penmenvy 94
PENTACEL 94
pentamidine isethionate 106
pentazocine-naloxone hcl 23
pentoxifylline er 35
perampanel 58
perindopril erbumine 42
PERIOGARD 69
permethrin 69
perphenazine 58
perphenazine-amitriptyline 58
PFIZERPEN 106
phenelzine sulfate 59
phenobarbital 59
PHENYTEK 59
phenytoin 59
PHENYTOIN INFATABS 59
phenytoin sodium extended 59
PHESGO 30
PHYRAGO 30
PIFELTRO 106
pilocarpine hcl 69, 112
pimecrolimus 69
pimozide 59
PIMTREA 88
pindolol 42
pioglitazone hcl 76
pioglitazone hcl-glimepiride 76
pioglitazone hcl-metformin hcl 76
piperacillin sod-tazobactam 106
PIQRAY (200 MG DAILY DOSE) 30
PIQRAY (250 MG DAILY DOSE) 30
PIQRAY (300 MG DAILY DOSE) 30
pirfenidone 116
piroxicam 23
pitavastatin calcium 42
PLENAMINE 71
podofilox 69
POLYCIN 112
polymyxin b-trimethoprim 112
pomalidomide 30
POMALYST 30
PORTIA-28 88
posaconazole 106
potassium chloride 71, 72
potassium chloride crys er 71
potassium chloride er 71
potassium chloride in nacl 71
potassium citrate er 83
potassium cl in dextrose 5% 72
pramipexole dihydrochloride 59
pramipexole dihydrochloride er 59
prasugrel hcl 35
pravastatin sodium 42
praziquantel 106
prazosin hcl 42
prednisolone 88
prednisolone acetate 112
prednisolone sodium phosphate 88, 112
prednisone 88
pregabalin 59
PREMARIN 88, 89
PREMASOL 72

pretomanid 106
prevalite 42
PREVYMIS 106
PREZCOBIX 106
PREZISTA 106
PRIFTIN 106
primaquine phosphate 106
primidone 59
PRIORIX 95
PRIVIGEN 95
probenecid 23
prochlorperazine 81
prochlorperazine maleate 81
PROCRIT 35
PROCTO-MED HC 69
PROCTOSOL HC 69
PROCTOZONE-HC 69
progesterone 89
PROGRAF 95
PROLASTIN-C 82
PROLIA 76
promethazine hcl 81
promethazine-codeine 110
promethazine-dm 110
PROMETHEGAN 81
propafenone hcl 42
propafenone hcl er 42
proparacaine hcl 112
propranolol hcl 42
propranolol hcl er 42
propylthiouracil 89
PROQUAD 95
PROSOL 72
protriptyline hcl 59
PULMOZYME 116
pyrazinamide 106
pyridostigmine bromide 59
pyridostigmine bromide er 59
pyrimethamine 106

Q

QINLOCK 30
QUADRACEL 95
quetiapine fumarate 60
quetiapine fumarate er 59, 60
quinapril hcl 42
quinapril-hydrochlorothiazide 42
quinidine gluconate er 42
quinidine sulfate 42
quinine sulfate 106

R

RABAVERT 95
RALDESY 60
raloxifene hcl 89
ramelteon 60
ramipril 42
ranolazine er 42
rasagiline mesylate 60
RASONQUE 30
RECLIPSEN 89
RECOMBIVAX HB 95
RELENZA DISKHALER 107
repaglinide 76
REPATHA 42
REPATHA SURECLICK 42
RESTASIS 112
RESTASIS MULTIDOSE 112
RETACRIT 35
RETEVMO 30
RETROVIR 107
REVCOVI 82
REVUFORJ 30
REXULTI 60
REYATAZ 107
REZDIFFRA 89
REZLIDHIA 30
REZUROCK 95
RHOPRESSA 112
ribavirin 107
rifabutin 107
rifampin 107
rifapentine 107
rilpivirine hcl 107
riluzole 60
rimantadine hcl 107
RINVOQ 95
RINVOQ LQ 95
risedronate sodium 76, 77
risperidone 60, 61
risperidone microspheres er 60
ritonavir 107
rivaroxaban 35
rivastigmine 61
rivastigmine tartrate 61
ROCKLATAN 112
roflumilast 116
ROMVIMZA 30
ropinirole hcl 61
ropinirole hcl er 61
rosuvastatin calcium 42
ROTARIX 95
ROTATEQ 95
ROWEEPRA 61
ROZLYTREK 30
RUBRACA 30
rufinamide 61
RUKOBIA 107
RYBELSUS 77
RYDAPT 30
RYKINDO 61
RYLAZE 30

S

sacubitril-valsartan 42
SAJAZIR 35
SANTYL 69
sapropterin dihydrochloride 82
SCEMBLIX 30
scopolamine 81
SECUADO 61
SELARSDI 95
selegiline hcl 61
selenium sulfide 69
SELZENTRY 107
SEREVENT DISKUS 116
sertraline hcl 61
sevelamer carbonate 77
SHAROBEL 89
SHINGRIX 95
SIGNIFOR 89
sildenafil citrate 83, 116
silodosin 83
silver sulfadiazine 69
SIMBRINZA 112
SIMLANDI (1 PEN) 95
SIMLANDI (1 SYRINGE) 95
SIMLANDI (2 PEN) 95
SIMLANDI (2 SYRINGE) 95, 96
SIMLIYA 89
simvastatin 43
sirolimus 96
SIRTURO 107
sitagliptin phos-metformin hcl 77
sitagliptin phosphate 77
SKYLA 89
SKYRIZI 96
SKYRIZI PEN 96
SOAANZ 43
sodium chloride 72, 110
sodium fluoride 72
sodium oxybate 61
sodium phenylbutyrate 82
sodium polystyrene sulfonate .77
sofosbuvir-velpatasvir 107

solifenacin succinate 83
SOLIQUA 77
SOLTAMOX 30
SOMAVERT 89
sorafenib tosylate 31
sotalol hcl 43
sotalol hcl (af) 43
SPIRIVA RESPIMAT 116
spironolactone 43
spironolactone-hctz 43
SPRAVATO (56 MG DOSE) 61
SPRAVATO (84 MG DOSE) 61
SPRINTEC 28 89
SPRITAM 61
SPS (SODIUM POLYSTYRENE SULF) ... 77
SSD (SILVER SULFADIAZINE) 69
STIOLTO RESPIMAT 116
STIVARGA 31
streptomycin sulfate 107
STRIBILD 107
SUBVENITE 61
sucralfate 81
sulfacetamide sodium 112
sulfacetamide sodium (acne) .. 69
sulfacetamide-prednisolone . 112
sulfadiazine 107
sulfamethoxazole-trimethoprim 107
sulfasalazine 81
sulindac 23
sumatriptan succinate 61
sunitinib malate 31
SUNLENCA 107
SYMDEKO 116
SYMLINPEN 120 77
SYMLINPEN 60 77
SYMPAZAN 61, 62
SYMTUZA 107
SYNAREL 89
SYNJARDY 77
SYNJARDY XR 77
SYNTHROID 89

T

TABLOID 31
TABRECTA 31
tacrolimus 69, 96
tadalafil 83
tadalafil (pah) 116
TAFINLAR 31
TAGRISSO 31
TAKHZYRO 35
TALZENNA 31
tamoxifen citrate 31
tamsulosin hcl 83
TARINA 24 FE 89
TARINA FE 1/20 EQ 89
TARPEYO 83
tazarotene 69
TAZICEF 107, 108
TECENTRIQ HYBREZA 31
TECVAYLI 31
TEGLUTIK 62
telmisartan 43
telmisartan-amlodipine 43
telmisartan-hctz 43
temazepam 62
TENIVAC 96
tenofovir disoproxil fumarate 108
TEPMETKO 31
terazosin hcl 43
terbinafine hcl 108
terconazole 83
teriflunomide 62
teriparatide 77
testosterone 89
testosterone cypionate 89
testosterone enanthate 89
tetrabenazine 62
tetracycline hcl 108
THALOMID 31
theophylline 117
theophylline er 116
thioridazine hcl 62
thiothixene 62
TIADYLT ER 43
tiagabine hcl 62
TIBSOVO 31
ticagrelor 35
TICOVAC 96
tigecycline 108
TIGLUTIK 62
timolol maleate 43, 112
timolol maleate (once-daily) 112
tinidazole 108
tiotropium bromide 117
TIVICAY 108
TIVICAY PD 108
tizanidine hcl 62
TOBI PODHALER 117
TOBRADEX 112
TOBRADEX ST 112
tobramycin 112, 117
tobramycin sulfate 108
tobramycin-dexamethasone .. 113
TOBREX 113
tofacitinib citrate 96
tofacitinib citrate er 96
tolcapone 62
tolterodine tartrate er 83
tolvaptan 77
topiramate 62
toremifene citrate 31
torsemide 43
TOUJEO MAX SOLOSTAR . 77
TOUJEO SOLOSTAR 77
TPN ELECTROLYTES 72
TRADJENTA 77
tramadol hcl 23
tramadol hcl (er biphasic) 23
tramadol hcl er 23
tramadol-acetaminophen 23
trandolapril 43
trandolapril-verapamil hcl er . 43
tranexamic acid 35
tranylcypromine sulfate 62
TRAVASOL 72
travoprost (bak free) 113
trazodone hcl 62
TRELEGY ELLIPTA 117
TRELSTAR MIXJECT 31
TREMFYA 96
TREMFYA ONE-PRESS 96
TREMFYA PEN 96
TREMFYA-CD/UC INDUCTION 96
tretinoin 31, 69
triamcinolone acetonide 69
triamterene-hctz 43
triazolam 62
TRIDERM 70
trientine hcl 77
TRI-ESTARYLLA 89
trifluoperazine hcl 62
trifluridine 108
trihexyphenidyl hcl 62
TRIJARDY XR 78
TRIKAFTA 117
TRI-LINYAH 89
TRI-LO-ESTARYLLA 89
TRI-LO-MARZIA 90

TRI-LO-MILI....90
TRI-LO-SPRINTEC....90
trimethoprim....108
TRI-MILI....90
trimipramine maleate....62
TRINTELLIX....63
TRI-SPRINTEC....90
TRIUMEQ....108
TRIUMEQ PD....108
TRI-VYLIBRA....90
TRI-VYLIBRA LO....90
TROPHAMINE....72
TRULICITY....78
TRUMENBA....96
TRUQAP....31
TUKYSA....31
TURALIO....31
TURQOZ....90
TWINRIX....96
TYBOST....108
TYENNE....96
TYMLOS....78
TYPHIM VI....96

U

UBRELVY....63
UDENYCA....35
UDENYCA ONBODY....36
umeclidinium-vilanterol....117
UNITHROID....90
ursodiol....81

V

valacyclovir hcl....108
VALCHLOR....70
valganciclovir hcl....108
valproic acid....63
valsartan....43
valsartan-hydrochlorothiazide....43
VALTOCO 10 MG DOSE....63
VALTOCO 15 MG DOSE....63
VALTOCO 20 MG DOSE....63
VALTOCO 5 MG DOSE....63
VALTYA 1/50....90
vancomycin hcl....108
VANDAZOLE....83
VANFLYTA....31
VAQTA....97
varenicline tartrate....63
varenicline tartrate (starter)....63
varenicline tartrate(continue)....63
VARIVAX....97
VARIZIG....97
VARUBI (180 MG DOSE)....81
VASCEPA....43
VAXCHORA....97
VELSIPITY....81
VELTASSA....78
VENCLEXTA....31
VENCLEXTA STARTING PACK....31
venlafaxine besylate er....63
venlafaxine hcl....63
venlafaxine hcl er....63
VEPPANU....31
verapamil hcl....44
verapamil hcl er....44
VERQUVO....44
VERSACLOZ....63
VERZENIO....32
VESTURA....90
vigabatrin....63
VIGADRONE....63, 64
vilazodone hcl....64
VIMKUNYA....97
viorele....90
VIRACEPT....108, 109
VIREAD....109
vitamin d (ergocalciferol)....78
VITRAKVI....32
VIVOTIF....97
VIZIMPRO....32
VOLNEA....90
VONJO....32
VORANIGO....32
voriconazole....109
VOSEVI....109
VOWST....81
VRAYLAR....64
VYLIBRA....90
VYZULTA....113

W

warfarin sodium....36
WEGOVY....110
WELIREG....32
WINREVAIR....117
wixela inhub....117
WYMZYA FE....90

X

XALKORI....32
XARELTO....36
XARELTO STARTER PACK....36
XATMEP....97
XCOPRI....64
XCOPRI (250 MG DAILY DOSE)....64
XCOPRI (350 MG DAILY DOSE)....64
XDEMVY....113
XELRIA FE....90
XERMELO....81
XGEVA....78
XIFAXAN....109
XIGDUO XR....78
XIIDRA....113
XOCOVA....109
XOLAIR....117
XOSPATA....32
XPOVIO (100 MG ONCE WEEKLY)....32
XPOVIO (40 MG ONCE WEEKLY)....32
XPOVIO (40 MG TWICE WEEKLY)....32
XPOVIO (60 MG ONCE WEEKLY)....32
XPOVIO (60 MG TWICE WEEKLY)....32
XPOVIO (80 MG ONCE WEEKLY)....32
XPOVIO (80 MG TWICE WEEKLY)....32
XTANDI....32, 33

Y

YARGESA....82
YESINTEK....97
YF-VAX....97
YULITHIRA....33
yuvafem....90

Z

zafirlukast....117
zaleplon....64
ZARXIO....36
ZEJULA....33
ZELBORAF....33
ZENATANE....70
ZENBEXUS....33
ZENPEP....82
ZENZEDI....64
zidovudine....109
ziprasidone hcl....64
ziprasidone mesylate....64
ZIRGAN....109

ZOLINZA.....33
zolpidem tartrate.....64
zolpidem tartrate er.....64
ZONISADE.....64
zonisamide.....64
ZTALMY.....64
ZURZUVAE.....64
ZYDELIG.....33
ZYKADIA.....33
ZYMFENTRA (2 PEN).....97
ZYMFENTRA (2 SYRINGE).....97
ZYPREXA RELPREVV.....64

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English – ATTENTION: If you need help in your language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-877-336-2069** (TTY: **1-877-206-0500**). Hours of operation are 8 a.m. to 8 p.m. local time, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Español (Spanish) – ATENCIÓN: Si necesita ayuda en su idioma, tiene a su disposición servicios gratuitos de asistencia en otros idiomas. También puede obtener ayudas y servicios auxiliares adecuados gratuitos para proporcionar información en formatos accesibles. Llame al número de teléfono indicado anteriormente. El horario de atención es de 8 a.m. a 8 p.m. hora local, los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1.º de octubre hasta el 31 de marzo, y de lunes a viernes (excepto los días feriados) desde el 1.º de abril hasta el 30 de septiembre.

العربية (Arabic) – تنبيه: إذا كنت تحتاج إلى المساعدة بلغتك، فإن خدمات المساعدة اللغوية المجانية متاحة لك. كما تتوفر مساعدات وخدمات مساعدة مناسبة لتوفير المعلومات بأشكال يسهل الوصول إليها مجانا. اتصل على رقم الهاتف المذكور أعلاه. ساعات العمل من الساعة 8 صباحًا حتى الساعة 8 مساءً على مدار الأسبوع (ما عدا أيام عيد الشكر وعيد الميلاد) بدايةً من 1 أكتوبر حتى 31 مارس، ومن الاثنين حتى الجمعة (ما عدا أيام العطلات) من 1 أبريل حتى 30 سبتمبر.

简体中文 (Chinese Simplified) – 注意：如果您在您的语言方面需要帮助，我们可以为您提供免费的语言协助服务。我们还免费提供适当的辅助工具和服务，以可访问的格式提供信息。请拨打上面列出的电话号码。营业时间：10 月 1 日至 3 月 31 日，每周七天（感恩节和圣诞节除外），4 月 1 日至 9 月 30 日，周一至周五（节假日除外），当地时间上午 8 时至晚上 8 时。

繁體中文 (Chinese Traditional) – 注意：如果您在您的語言方面需要協助，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。請撥打上面列出的電話號碼。營業時間：10 月 1 日至 3 月 31 日，每週七天（感恩節和耶誕節除外），4 月 1 日至 9 月 30 日，週一至週五（節假日除外），當地時間上午 8 時至晚上 8 時。

Français (French) – ATTENTION : Si vous avez besoin d'aide dans votre langue, 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 mentionné ci-dessus. Les heures d'ouverture sont de 8h à 20h, heure locale, sept jours sur sept (sauf Thanksgiving et Noël) du 1er octobre au 31 mars, et du lundi au vendredi (sauf jours fériés) du 1er avril au 30 septembre.

Deutsch (German) – ACHTUNG: Wenn Sie Hilfe in Ihrer Sprache benötigen, 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 oben aufgeführte Telefonnummer an. Die Geschäftszeiten sind 8 Uhr bis 20 Uhr lokaler Zeit an sieben Tagen in der Woche (außer Thanksgiving und Weihnachten) vom 1. Oktober bis zum 31. März, und Montag bis Freitag (außer an Feiertagen) vom 1. April bis zum 30. September.

Kreyòl Ayisyen (Haitian Creole) – ATANSYON: Si w bezwen èd nan lang ou, 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 yo bay anwo a. Orè fonksyònman yo se 8 a.m. rive 8 p.m., sèt jou sou sèt (eksepte Jou Thanksgiving ak Nwèl) soti 1ye Oktòb rive 31 Mas, ak Lendi pou rive Vandredi (eksepte jou ferye) soti 1ye Avril rive 30 Septanm.

Italiano (Italian) –ATTENZIONE: se hai bisogno di supporto nella tua lingua, sono disponibili servizi di assistenza linguistica gratuita. Sono inoltre disponibili gratuitamente adeguati supporti e servizi per ottenere informazioni in formato accessibile. Chiama il numero di telefono riportato sopra. Il servizio è attivo dalle 8.00 alle 20.00 ora locale, sette giorni su sette (eccetto il Giorno del Ringraziamento e Natale) dal 1° ottobre al 31 marzo, e dal lunedì al venerdì (eccetto i giorni festivi) dal 1° aprile al 30 settembre.

한국어(Korean) – 주의: 귀하의 언어로 도움이 필요하신 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 대체 형식으로 정보를 제공하기 위한 적절한 보조 장치 및 서비스도 무료로 제공됩니다. 위의 전화 번호로 전화해 주십시오. 운영 시간은 현지 시간 오전 8시부터 오후 8시까지이며 10월 1일부터 3월 31일까지는 주 7일(추수 감사절과 성탄절은 제외) 내내, 4월 1일부터 9월 30일까지는 월요일부터 금요일까지(휴일은 제외)입니다.

ພາສາລາວ (Laotian) – ເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ນອກຈາກນີ້ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມໃນການໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບທີ່ລະບຸໄວ້ຂ້າງເທິງ. ເວລາເຮັດວຽກແມ່ນ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ ຕາມເວລາໃນທ້ອງຖິ່ນ, ເຈັດມື້ຕໍ່ອາທິດ (ຍົກເວັ້ນວັນຂອບໃຈພະເຈົ້າ ແລະ ວັນຄຣິດສມາດ) ຕັ້ງແຕ່ວັນທີ 1 ຕຸລາ ຫາ ວັນທີ 31 ມີນາ, ແລະ ວັນຈັນ ເຖິງ ວັນສຸກ (ຍົກເວັ້ນວັນພັກ) ຕັ້ງແຕ່ວັນທີ 1 ເມສາ ຫາ 30 ກັນຍາ.

Polski (Polish) – UWAGA: Jeśli potrzebujesz pomocy w swoim języku, 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 powyżej. Czynne od 8:00 rano do 8:00 wieczorem czasu lokalnego, siedem dni w tygodniu (oprócz Święta Dziękczynienia i Bożego Narodzenia) od 1 października do 31 marca oraz od poniedziałku do piątku (oprócz świąt) od 1 kwietnia do 30 września.

Português (Portuguese) – ATENÇÃO: Se necessita de ajuda no seu idioma, 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 acima indicado. Horário de expediente: das 8h às 20h, (hora local), sete dias por semana (exceto Dia de Ação de Graças e Natal) de 1 de outubro até 31 de março, e de segunda a sexta-feira (exceto feriados) de 1 de abril até 30 de setembro.

Русский (Russian) – ВНИМАНИЕ: Если вам нужна помощь на вашем языке, вам могут предоставить бесплатные услуги переводчика. Также бесплатно предоставляются вспомогательные средства и услуги, позволяющие получать информацию в доступных форматах. Позвоните по вышеуказанному номеру телефона. Часы работы: с 08:00 до 20:00 в любой день недели (кроме Дня благодарения и Рождества) с 1 октября по 31 марта и с понедельника по пятницу (кроме праздничных дней) с 1 апреля по 30 сентября.

Tagalog (Tagalog) – PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, 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 na nakalista sa itaas. Ang mga oras ng opisina ay 8 a.m. hanggang 8 p.m., lokal na oras, pitong araw sa isang linggo (maliban sa Thanksgiving at Pasko) mula Oktubre 1 hanggang Marso 31, at Lunes hanggang Biyernes (maliban sa mga holiday) mula Abril 1 hanggang Setyembre 30.

ภาษาไทย (Thai) – หมายเหตุ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ เรามีบริการช่วยเหลือด้านภาษาฟรีสำหรับคุณ นอกจากนี้ยังมีความช่วยเหลือและบริการเสริมที่เหมาะสม เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่ายอีกด้วย โทรไปยังหมายเลขโทรศัพท์ที่ระบุไว้ด้านบน เวลาทำการคือ 08.00 น. ถึง 20.00 น. ตามเวลาท้องถิ่น เจ็ดวันต่อสัปดาห์ (ยกเว้นวันขอบคุณพระเจ้าและวันคริสต์มาส) ตั้งแต่วันที่ 1 ตุลาคม ถึง 31 มีนาคม และวันจันทร์ถึงวันศุกร์ (ยกเว้นวันหยุด) ตั้งแต่วันที่ 1 เมษายน ถึง 30 กันยายน

Українська (Ukrainian) – УВАГА. Якщо вам потрібна допомога рідною мовою, ви можете скористатися безкоштовними послугами мовної підтримки. Відповідні допоміжні засоби й послуги для надання інформації в доступних форматах також можна отримати безкоштовно. Зателефонуйте за вказаним вище номером. Графік роботи: з 08:00 до 20:00 за місцевим часом, без вихідних (крім Дня подяки й Різдва) з 1 жовтня по 31 березня й із понеділка по п’ятницю (крім святкових днів) з 1 квітня по 30 вересня.

Tiếng Việt (Vietnamese) – CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, 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 nêu trên. Giờ làm việc từ 8 giờ sáng đến 8 giờ tối, giờ địa phương, bảy ngày một tuần (trừ Lễ Tạ ơn và Giáng sinh) từ ngày 1 Tháng Mười đến 31 Tháng Ba, và Thứ Hai đến Thứ Sáu (trừ các ngày lễ), từ ngày 1 Tháng Tư đến 30 Tháng Chín.

HealthSun
HEALTH PLANS

1-877-336-2069 / TTY: 711
11430 NW 20th Street, Suite 300, Miami, FL 33172
HealthSun.com

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 27026, Version 9

This formulary was updated on 09/24/2026. 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 09/24/2026. 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).

Y0114_27_3021826_0000_I_C
Approved 08/21/2026
1092363FLMMLHSP