



Molina Medicare Complete Care Plus (HMO D-SNP)

lub Medicare Medi-Cal Plan

Daim Npe Cov Tshuaj Uas Tau Txais Kev Pab Them 2024 (Daim Ntawv Teev Npe Tshuaj)

**THOV NYEEM: DAIM NTAUV NO MUAJ COV NTAUB NTAUV HAIS TXOG COV TSHUAJ KHO
MOB UAS PEB PAB THEM NYOB RAU HAUV LUB PHIAJ XWM NO**

Tus ID Xa Daim Ntawv Teev Npe Tshuaj Kho Mob Uas Tau Txais Kev Pom Zoo Ntawm HPMS
00024170, Vaws Saj 18

Daim ntawv teev npe tshuaj no yog tau txais kev hloov kho dua tshiab nyob rau 12/01/2024.

**Tsab Ntawv Xa Xov Tseem Ceeb Hais Txog Tej Yam Uas Koj Yuav Them Rau Cov Tshuaj Tiv
Thaiv Kab Mob** – Qee cov tshuaj tiv thaiv kab mob xam tias yog cov txiaj ntsig fab kev kho
mob. Lwm cov tshuaj tiv thaiv kab mob xam tias yog cov tshuaj kho mob Phab D. Peb lub phiaj xwm
pab them rau cov tshuaj tiv thaiv kab mob Phab D feem ntau yam tsis xam nqi rau koj.

Rrau cov ntaub ntawv kev paub ntiv uas tshiab tshaj no los sis lwm cov lus nug, txuas lus rau peb
ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau
ib vij, 8 teev sawv ntov - 8 teev tsaus ntuj, sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj
Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntov – 8 teev tsaus ntuj, sij hawm hauv zos
los sis mus saib MolinaHealthcare.com/Medicare.

Lus Qhia

Daim ntawv no yog tau hu ua *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* (los kuj hu ua Daim Npe Tshuaj). Nws qhia koj seb cov tshuaj twg thiaj tau txais kev pab them los ntawm Molina Medicare Complete Care Plus. Daim Npe Tshuaj los kuj qhia koj seb puas muaj tej cov kev cai tshwj xeeb los sis cov kev txwv rau tej cov tshuaj uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus.

Peb cov ntaub ntawv sib txuas lus, nrog rau hnuv tim peb hloov kho dua tshiab Daim Npe Tshuaj zaum kawg nkaus, yuav pom tshwm nyob rau hauv nplooj ntawv khwb phab xub tiag thiab phab sab raum qab. Cov lus tseem ceeb thiab cov ntsiab lus txhais yuav pom tshwm nyob rau hauv tshooj kawg nkaus ntawm qhov *Pov Thawj Kev Pab Them*.

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Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm

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A. Cov lus tsis kam lees

Qhov no yog daim npe cov tshuaj kho mob uas cov tswv cuab tuaj yeem tau txais nyob rau hauv *Molina Medicare Complete Care Plus*.

- ❖ Thov ntsuam xyuas tas li nrog rau Molina Medicare Complete Care Plus *Daim Npe Cov Tshuaj Uas Tau Txais Kev Pab Them* uas tshiab tshaj plaws tam sim no nyob rau hauv oos lais ntawm Molinahealthcare.com/Medicare los sis los ntawm kev hu rau (800) 665-3086, TTY: 711.
- ❖ Koj tuaj yeem tau txais daim ntawv no ua lwm tus qauv ntawv yam tsis xam nqi, xws li luam ua tus ntawv loj, ntawv xuas, los sis kaw ua suab. Hu rau tus xov too (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos. Hu dawb.
- ❖ Muaj cov khoom pab thiab cov kev pab cuam pub dawb, xws li cov kws txhais lus piav tes, cov kev txhais ntaub ntawv, thiab cov ntaub ntawv uas sau ua ntaub ua ntawv ua lwm tus qauv ntawv rau koj. Hu rau tus xov tooj 1-855-665-4627 (TTY: 711).
- ❖ English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-665-4627. Someone who speaks English can help you. This is a free service.
- ❖ Spanish: Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-855-665-4627. Alguien que hable Español puede ayudarle. Este es un servicio gratuito.
- ❖ Chinese Mandarin: 如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-855-665-4627。说普通话的人士会帮助您。这是免费服务。
- ❖ Chinese Cantonese: 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 1-855-665-4627 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。
- ❖ Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-855-665-4627. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm

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- ❖ Vietnamese: Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-665-4627. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.
- ❖ Korean: 당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 1-855-665-4627 로 전화하십시오. 한국말 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

- ❖ Russian: Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-855-665-4627. Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.

❖ **Arabic:** نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. وللحصول على مترجم فوري، تفضل بالاتصال بنا على الرقم 1-855-665-4627. ويمكن لشخص يتحدث اللغة مساعدتك. تقدم هذه الخدمة مجاناً.

- ❖ Hindi: हमारे हेल्थ या ड्रग प्लान के बारे में आपके किसी भी सवाल का ज़वाब देने के लिए हमारे पास मुफ्त इंटरप्रेटर सेवाएं हैं। इंटरप्रेटर से बात करने के लिए, बस हमें 1-855-665-4627 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

- ❖ Japanese: 弊社の健康保険や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳サービスを利用するには、1-855-665-4627 までお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

- ❖ Armenian: Մենք ունենք անվճար թարգմանչական ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-855-665-4627 հեռախոսահամարով: Ինչ-որ մեկն, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվճար ծառայություն է:

- ❖ Cambodian: យើងមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយតបទៅនឹងសំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងនិសធម៌របស់យើង។ ដើម្បីទទួលបានកម្មបកប្រែផ្ទាល់មាត់ម្នាក់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-855-665-4627 ។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃនោះទេ។

❖ **Persian (Farsi):** خدمات ترجمه رایگان ما استفاده کنید. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-855-665-4627 با ما تماس بگیرید. فردی که به زبان فارسی صحبت می کند به شما کمک خواهد کرد. این سرویس رایگان است.

- ❖ Hmong: Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog pab txoj phiaj xwm kev noj qab haus huv los sis tshuaj. Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau pab ntawm 1-855-665-4627. Ib tus neeg uas hais lus Hmoob tuaj yeem pab koj. Qhov no yog ib qho kev pab cuam pub dawb.

- ❖ **Laotian:** ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-665-4627. ຄົນທີ່ເວົ້າ ພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.
- ❖ **Mien:** Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih, haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv. Oix duqv taux taengx meih mbienv wac, kungx zuqc mboqv yie mbuo nyei dienx wac 1-855-665-4627. Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih. Naiv se yietc nyungc mv nongc zinh nyei bong taengx.
- ❖ **Punjabi:** ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਆਰੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-855-665-4627 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- ❖ **Thai:** เรามีบริการสามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการรับบริการสาม แปลโทรหาเราที่ 1-855-665-4627 คนที่สามารถพูดภาษา ภาษาไทย สามารถช่วยคุณได้ บริการนี้เป็นบริการที่ไม่มีค่าใช้จ่าย
- ❖ **Ukrainian:** У нас є безкоштовні послуги перекладач а, щоб відповісти на будь-які питання, які ви м ожете мати про наш план здоров'я або наркотик і в. Щоб отримати інтерпретатор, просто зател ефонуйте нам на 1-855-665-4627. Хтось, хто говорить У країнська мова, може вам допомогти. Це безкош товна послуга.
- ❖ **French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-665-4627. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
- ❖ **German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-665-4627. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- ❖ **Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-665-4627. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.
- ❖ **Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um

intérprete, contacte-nos através do número 1-855-665-4627. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

- ❖ French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-665-4627. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- ❖ Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-665-4627. Ta usługa jest bezpłatna.
- ❖ Koj tuaj yeem thov tau tas li kom peb xa cov ntaub ntawv ua hom lus los sis tus qauv ntawv uas koj xav tau rau koj. Qhov no tau hu ua kev thov yam tsis tu ncua. Hu rau tus xov too (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos Lub Chaw Pab Cuam Tswv Cuab tus neeg sawv cev tuaj yeem pab tau koj ua los sis hloov pauv qhov kev thov yam tsis tu ncua. Peb yuav taug qab koj qhov kev thov yam tsis tu ncua, yog li ntawd koj tsis tas yuav ua lwm qhov kev thov ntxiv lawm txhua zaus uas peb xa cov ntaub ntawv tuaj rau koj.

B. Cov Lus Nug Uas Nquag Nug (FAQ)

Nrhiav cov lus teb ntawm no rau cov lus nug uas koj muaj hais txog *Daim Npe Cov Tshuaj Uas Tau Txais Kev Pab Them* no. Koj tuaj yeem nyeem tau txhua nqe FAQ txhawm rau kawm paub ntxiv los sis nrhiav lus nug thiab lus teb.

B1. Cov tshuaj kho mob raws ntawv sau yuav puas nyob rau hauv *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them*? (Peb hu *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* luv - luv ua “Daim Npe Tshuaj Kho Mob”.)

Cov tshuaj kho mob nyob rau hauv *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* uas pib nyob rau nplooj ntawv 18 yog cov tshuaj uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus (HMO D-SNP). Cov tshuaj kho yog muaj muag nyob rau ntawm cov chaw muag tshuaj nyob rau hauv peb lub nev vawj. Lub chaw muag tshuaj yog nyob rau hauv peb lub nev vawj yog tias peb muaj daim ntawv cog lus nrog rau lawv los ua hauj lwm nrog rau peb thiab muab cov kev pab cuam rau koj. Peb hu cov chaw muag tshuaj no tias "cov chaw muag tshuaj hauv nev vawj." Cov tshuaj raws ntawv sau yuav uas tau muaj nyob rau hauv *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* no yog tau txais kev pab them los ntawm Molina Medicare Complete Care Plus. Lwm cov tshuaj xws li, qee cov tshuaj kho mob uas yuav raws chaw muag tshuaj (OTC) thiab qee cov vis tas mees, tej zaum yuav tau txais kev pab them los ntawm Medi-Cal Rx. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li no lawm koj tuaj yeem hu tau rau Medi-Cal Rx Lub Chaw Pab Cuam Tub Lag Luam ntawm 800-977-2273. Thov nqa koj Daim Npav Txheeb Xyuas Tus Neeg Tau Txais Txiaj Ntsig

Koj tuaj yeem nrhiav tau ntaub ntawv kev paub ntxiv txog tej cov cim thiab cov lus sau luv nyob rau hauv lub kem ntawv no los ntawm kev mus rau tus nab npawb nplooj ntawv 16 thiab 17.

(Beneficiary Identification Card, BIC) ntawm Medi-Cal thaum tau txais cov ntawv yuav tshuaj los ntawm Medi-Cal Rx.

- Molina Medicare Complete Care Plus yuav pab them rau txhua cov tshuaj uas muaj kev tsim nyog rau fab kev kho mob nyob rau hauv Daim Npe Tshuaj Kho Mob yog tias:
 - koj tus kws kho mob los sis lwm tus neeg txib yuav tshuaj hais tias koj yuav tsum tau siv cov tshuaj ntawd los ua kom tus mob zoo zog los sis muaj kev noj qab nyob zoo,
 - Molina Medicare Complete Care Plus pom zoo tias qhov tshuaj muaj kev tsim nyog rau fab kev kho mob rau koj, **thiab**
 - koj yuav sau daim ntawv yuav tshuaj nyob ntawm Molina Medicare Complete Care Plus lub chaw muag tshuaj hauv nev vawj.
- Nyob rau qee xwm txheej, koj yuav tsum tau ua qee yam dab tsi ua ntej koj thiaj tau txais qhov tshuaj. Saib nqe lus nug B4 rau ntaub ntawv kev paub ntxiv.

Dhau li no lawm koj tuaj yeem nrhiav tau daim npe cov tshuaj kho mob uas tshiab tshaj plaws tam sim no uas peb pab them nyob rau hauv peb lub vev xaib ntawm Molinahealthcare.com/Medicare los sis hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711.

B2. Puas yog Daim Npe Tshuaj Kho Mob twb muaj kev hloov pauv dua los lawm?

Yog, thiab Molina Medicare Complete Care Plus yuav tsum ua raws li Medicare thiab Medi-Cal cov kev cai thaum ua cov kev hloov pauv. Tej zaum peb yuav txhab ntxiv los sis tshem tawm tau cov tshuaj nyob rau hauv Daim Npe Tshuaj Kho Mob ncuaj sij hawm lub xyoo.

Dhau li no lawm tej zaum peb kuj yuav hloov pauv tau peb cov kev cai hais txog cov tshuaj. Piv txwv, peb tuaj yeem:

- Txiaiv txim tias yuav tsum tau muaj los sis tsis tas muaj kev tso cai ua ntej rau qhov tshuaj. (Kev tso cai ua ntej yog qhov kev tso cai los ntawm Molina Medicare Complete Care Plus ua ntej koj tau txais qhov tshuaj.)
- Txhab ntxiv los sis hloov pauv qhov ntau ntawm qhov tshuaj uas koj tuaj yeem tau txais (tau hu ua cov ciam txwv rau qhov ntau).
- Txhab ntxiv los sis hloov pauv cov kev txwv kev kho mob raws kauj ruam rau qhov tshuaj. (Kev kho mob raws kauj ruam txhais tau tias koj yuav tsum sim siv ib qho tshuaj ua ntej peb yuav pab them rau lwm qhov tshuaj.)

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos. Hu dawb. **Rau ntaub ntawv kev paub ntxiv**, mus saib Molinahealthcare.com/Medicare.



Rau ntaub ntawv kev paub ntiv txog cov kev cai rau qhov tshuaj no, saib nqe lus nug B4.

Yog tias koj siv qhov tshuaj uas tau txais kev pab them nyob rau **thaum pib** ntawm lub xyoo, ces raws li ncuu dav lawm peb yuav tsis tshem tawm los sis hloov pauv qhov kev pab them qhov tshuaj ntawd **nyob rau ncuu sij hawm seem ntawm lub xyoo** tshwj tsis yog:

- muaj qhov tshuaj tshiab, qhov tshuaj tus nqi pheej yig dua muag nyob rau hauv kiab khw uas siv tau zoo ib yam li qhov tshuaj nyob rau hauv Daim Npe Tshuaj Kho Mob tam sim no, **los sis**
- peb paub tias qhov tshuaj tsis muaj kev nyab xeeb, **los sis**
- qhov tshuaj raug tshem tawm ntawm kiab khw.

Cov nqe lus nug B3 thiab B6 hauv qab muaj cov ntaub ntawv kev paub ntiv txog tej yam uas tshwm sim thaum Daim Npe Tshuaj Kho Mob hloov pauv.

- Koj tuaj yeem ntsuam xyuas tau tas li rau Molina Medicare Complete Care Plus Daim Npe Tshuaj Kho Mob uas tshiab tshaj plaws tam sim no nyob rau hauv oos lais ntawm Molinahealthcare.com/Medicare.
- Koj tuaj yeem hu tau rau Lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711 txhawm rau ntsuam xyuas Daim Npe Tshuaj Kho Mob tam sim no.

B3. Yuav muaj dab tsi tshwm sim thaum muaj qhov kev hloov pauv rau Daim Npe Tshuaj Kho Mob?

Qee cov kev hloov pauv rau Daim Npe Tshuaj Kho mob yuav tshwm sim **tam sim ntawd**. Piv txwv:

- **Muaj qhov tshuaj uas tsis muaj npe lag luam tshiab.** Qee zaub, muaj qhov tshuaj uas tsis muaj npe lag luam tshiab muag nyob rau hauv kiab khw uas siv tau zoo ib yam li qhov tshuaj muaj npe lag luam nyob rau hauv Daim Npe Tshuaj Kho Mob tam sim no. Thaum qhov ntawv tshwm sim, tej zaum peb yuav tshem tawm qhov tshuaj muaj npe lag luam, thiab txhab ntiv qhov tshuaj tsis muaj npe lag luam tshiab, tab sis koj qhov nqi rau qhov tshuaj tshiab tseem yuav yog \$0. Thaum peb txhab ntiv qhov tshuaj tsis muaj npe lag luam tshiab, tej zaum peb kuj yuav txiav txim ceev cia qhov tshuaj muaj npe lag luam nyob rau hauv daim npe tab sis hloov pauv nws cov cai los sis cov ciam txwv rau kev pab them.
 - Tej zaum peb yuav tsis qhia rau koj ua ntej peb ua qhov kev hloov pauv no, tab sis peb yuav xa cov ntaub ntawv kev paub txog qhov kev hloov pauv tshwj xeeb uas peb tau ua thaum nws tshwm tshim tuaj rau koj.
 - Koj los sis koj tus kws pab kho mob tuaj yeem thov tau qhov kev zam los ntawm cov kev hloov pauv no. Peb yuav xa daim ntawv ceeb toom uas muaj cov kauj ruam uas koj tuaj yeem ua tau los thov qhov kev zam tuaj rau koj. Thov saib rau cov lus nug B10-B12 rau ntaub ntawv kev paub ntiv txog kev zam.

- **Qhov tshuaj raug rho tawm ntawm kiab khw.**Yog tias Lub Chaw Tswj Khoom Noj thiab Tshuaj Kho Mob (Food and Drug Administration, FDA) hais tias qhov tshuaj uas koj tab tom siv tsis muaj kev nyab xeeb los sis lub chaw tsim qhov tshuaj rho qhov tshuaj tawm ntawm kiab khw lawm, ces peb yuav muab nws rho tawm ntawm Daim Npe Tshuaj Kho Mob.Yog tias koj tab tom siv qhov tshuaj, ces peb yuav qhia rau koj paub.Sib tham nrog rau koj tus kws kho mob los sis lwm tus kws txib yuav tshuaj los nrhiav txoj hauv kev xaiv uas muaj kev nyab xeeb rau koj.

Tej zaum peb yuav ua lwm cov kev hloov pauv uas muaj feem cuam tshuam tsis zoo rau qhov tshuaj uas koj siv.Peb yuav qhia rau koj paub ua ntej hais txog lwm cov kev hloov pauv Daim Npe Tshuaj Kho Mob no.Cov kev hloov pauv no tej zaum yuav tshwm sim yog tias:

- FDA muab lus qhia tshiab los sis muaj cov lus qhia fab chaw kuaj mob hais txog qhov tshuaj.
- Peb txhab ntxiv qhov tshuaj uas tsis muaj npe lag luam uas tsis hyog qhov tshuaj tshiab nyob rau hauv kiab khw **thiab**
 - Hloov pauv qhov tshuaj muaj npe lag luam tam sim no nyob rau hauv Daim Npe Tshuaj Kho Mob **los sis**
 - Hloov pauv cov kev cai los sis cov ciam txwv kev pab them rau qhov tshuaj muaj npe lag luam.

Thaum cov kev hloov pauv no tshwm sim, peb yuav:

- Qhia rau koj paub yam tsawg kawg 30 hnuv ua ntej peb ua qhov kev hloov pauv Daim Npe Tshuaj Kho Mob **los sis**
- Qhia rau koj paub thiab muab sij hawm muab tshuaj li 31 hnuv rau koj tom qab koj thov qhov kev rov sau dua.

Peb yuav muab sij hawm rau koj los mus sib tham nrog koj tus kws pab kho mob los sis lwm tus kws txib yuav tshuaj.Lawv tuaj yeem pab tau koj txiav txim:

- Yog tias muaj qhov tshuaj uas zoo thoog li ntawd nyob rau hauv Daim Npe Tshuaj Kho Mob ces koj tuaj yeem siv tau los hloov los sis
- Seb puas thov qhov kev zam los ntawm cov kev hloov pauv no.Txhawm rau kawm paub ntxiv txog cov kev zam, saib cov nqe lus nug B10-B12.

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm

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B4. Puas yog muaj tej cov kev txwv los sis cov ciam txwv rau kev pab them tshuaj kho mob los sis tej cov kev nqis tes uas yuav tsum tau muaj los ua kom tau txais qee cov tshuaj kho mob?

Yog, qee cov tshuaj kho mob muaj cov kev cai los sis cov ciam txwv rau kev pab them hais txog qhov ntau uas koj tuaj yeem tau txais. Nyob rau qee xwm txheej, koj los sis koj tus kws kho mob los sis lwm tus kws txib yuav tshuaj yuav tsum ua qee yam dab tsi ua ntej koj tuaj yeem tau txais qhov tshuaj. Piv txwv:

- **Kev tso cai ua ntej:** Rau qee cov tshuaj, koj los sis koj tus kws kho mob los sis lwm tus kws txib yuav tshuaj yuav tsum tau txais kev tso cai ua ntej los ntawm Molina Medicare Complete Care Plus ua ntej koj sau koj daim ntawv yuav tshuaj. Kev tso cai ua ntej yog txawv li kev xa txuas mus. Tej zaum Molina Medicare Complete Care Plus yuav tsis pab them rau qhov tshuaj kho mob yog tias koj tsis tau txais kev tso cai ua ntej.
- **Cov ciam txwv rau qhov ntau:** Qee zaus Molina Medicare Complete Care Plus yuav muaj ciam txwv rau qhov ntau ntawm qhov tshuaj uas koj tuaj yeem tau txais.
- **Kev kho mob raws kauj ruam:** Qee zaus Molina Medicare Complete Care Plus xav kom koj ua qhov kev kho mob raws kauj ruam tso. Qhov no txhais tias koj yuav tsum tau sim siv cov tshuaj kho mob ua ntu zus rau koj tus yam ntxwv fab kev kho mob. Tej zaum koj yuav tsum tau sim siv ib qhov tshuaj ua ntej peb yuav pab them rau lwm qhov tshuaj. Yog tias koj tus kws kho mob xav tias thawj qhov tshuaj kho mob yuav kho tsis tau koj, ces lawv yuav pab them rau qhov tshuaj tib ob.

Koj tuaj yeem saib tau seb koj qhov tshuaj puas muaj cov cai teeb tseg los sis cov ciam txwv txhab ntxiv los ntawm kev saib hauv cov kem ntawv uas pib nyob rau nplooj ntawv 18. Dhau li no lawm koj kuj tuaj yeem nrhiav tau ntaub ntawv kev paub ntxiv los ntawm kev mus saib peb lub vev xaib ntawm Molinahealthcare.com/Medicare. Peb tau tso tawm cov ntaub ntawv rau hauv oos lais uas piav qhia peb qhov kev tso cai ua ntej thiab cov kev txwv rau kev kho mob raws kauj ruam. Dhau li no lawm tej zaum koj kuj yuav tov tau kom peb xa daim ntawv theej tawm tuaj rau koj.

Koj tuaj yeem thov tau qhov kev zam los ntawm cov ciam txwv no. Peb yuav muab sij hawm rau koj los mus sib tham nrog koj tus kws pab kho mob los sis lwm tus kws txib yuav tshuaj. Lawv tuaj yeem pab tau koj txiav txim seb puas muaj qhov tshuaj kho mob uas zoo thoog li ntawd nyob rau hauv Daim Npe Tshuaj Kho Mob uas koj tuaj yeem siv tau los hloov pauv los sis seb puas thov qhov kev zam. Saib cov nqe lus nug B10-B12 rau ntaub ntawv kev paub ntxiv txog cov kev zam.

B5. Kuv yuav paub tau li cas yog tias qhov tshuaj uas kuv xav tau muaj cov ciam txwv los sis yog tias muaj cov kev nqis tes uas yuav tsum tau muaj los ua kom tau txais qhov tshuaj?

Lub kem ntawv nyob rau hauv Daim Npe Cov Tshuaj Kho Mob los ntawm Tus Yam Ntxwv Fab Kev Kho Mob nyob rau hauv nplooj ntawv 18 muaj kem uas lo npe tias “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv.”

B6. Yuav muaj dab tsi tshwm sim yog tias Molina Medicare Complete Care Plus hloov pauv lawv cov kev cai hais txog txoj hauv kev uas lawv pab them qee cov tshuaj (piv txwv, kev tso cai ua ntej, cov ciam txwv rau qhov ntau, thiab/los sis cov kev txwv rau kev kho mob raws kauj ruam)?

Nyob rau qee xwm txheej, peb yuav qhia rau koj paub ua ntej yog tias peb txhab ntxiv los sis hloov pauv kev tso cai ua ntej, cov ciam txwv rau qhov ntau, thiab/los sis cov kev txwv rau kev kho mob raws kauj ruam rau qhov tshuaj. Saib nqe lus nug B3 rau ntau ntawv kev paub ntxiv hais txog daim ntawv ceeb toom ua ntej no thiab cov xwm txheej uas tej zaum peb yuav tsis tuaj yeem qhia tau rau koj ua ntej thaum peb cov kev cai hais txog cov tshuaj kho mob nyob rau Daim Npe Tshuaj Kho Mob hloov pauv.

B7. Kuv tuaj yeem nrhiav tau qhov tshuaj nyob rau hauv Daim Npe Tshuaj Kho Mob Li Cas?

Muaj ob txoj hauv kev uas yuav nrhiav tau qhov tshuaj:

- Koj tuaj yeem tshawb nrhiav tau raws li tus niam ntawv, **los sis**
- Koj tuaj yeem tshawb nrhiav tau raws li tus yam ntxwv fab kev kho mob.

Txhawm rau tshawb nrhiav **raws li tus niam ntawv**, nrhiav koj qhov tshuaj nyob rau hauv nqe Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them. Koj tuaj yeem nrhiav tau nyob rau hauv nplooj ntawv 94.

Txhawm rau tshawb nrhiav **raws tus yam ntxwv fab kev kho mob**, nrhiav nqe uas muaj npe tias “Daim Npe Cov Tshuaj Kho Mob Raws Tus Yam Ntxwv Fab Kev Kho Mob” nyob rau hauv nplooj ntawv 18. Cov tshuaj kho mob nyob rau hauv nqe no yog raug cais ua hom nce raws li hom cov yam ntxwv fab kev kho mob uas cov tshuaj ntawd raug siv los kho. Piv txwv, yog tias koj muaj tus yam ntxwv mob plawv, ces koj tsim nyog nrhiav nyob rau hauv hom Kab Mob Plawv thiab Leeg Ntshav. Qhov ntawd yog qhov chaw uas koj yuav nrhiav cov tshuaj uas kho cov yam ntxwv mob plawv.

B8. Yuav ua li cas yog tias qhov tshuaj uas kuv xav siv tsis nyob rau hauv Daim Npe Tshuaj Kho Mob?

Yog tias koj nrhiav tsis tau koj qhov tshuaj nyob rau hauv Daim Npe Tshuaj Kho Mob, ces hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711 thiab nug qhov tshuaj ntawd. Yog tias koj paub tias Molina Medicare Complete Care Plus yuav tsis pab them qhov tshuaj, ces koj tuaj yeem ua tau ib qhov ntawm cov yam txuas mus no:

- Nug Lub Chaw Pab Cuam Tswv Cuab rau daim npe cov tshuaj kho mob uas zoo ib yam li ib qho uas koj xav siv. Ces muab daim npe ntawd rau tus kws kho mob los sis lwm tus kws txib yuav tshuaj saib. Lawv tuaj yeem txib yuav tau qhov tshuaj ntawd

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos. Hu dawb. **Rau ntau ntawv kev paub ntxiv**, mus saib Molinahealthcare.com/Medicare.



nyob rau hauv Daim Npe Tshuaj Kho Mob uas zoo ib yam li ib qho uas koj xav siv. **Los sis**

- Koj tuaj yeem nug tau Molina Medicare Complete Care Plus txhawm rau ua qhov kev zam los pab them koj qhov tshuaj. Saib cov nqe lus nug B10-B12 rau ntaub ntawv kev paub ntxiv txog cov kev zam.

B9. Yuav ua li cas yog tias kuv yog Molina Medicare Complete Care Plus tus tswv cuab tshiab thiab tsis tuaj yeem nrhiav rau kuv qhov tshuaj nyob rau hauv Daim Npe Tshuaj Kho Mob los sis muaj teeb meem txog kev tau txais kuv qhov tshuaj?

Peb tuaj yeem pab tau. Tej zaum peb yuav pab them rau qhov kev muab koj qhov tshuaj ib cua sijhawm li 31 hnuv nyob rau ncua sijhawm thawj 90 hnuv uas koj ua tus tswv cuab ntawm Molina Medicare Complete Care Plus. Peb yuav muab sijhawm rau koj los mus sib tham nrog koj tus kws pab kho mob los sis lwm tus kws txib yuav tshuaj. Lawv tuaj yeem pab tau koj txiav txim seb puas muaj qhov tshuaj kho mob uas zoo thoog li ntawd nyob rau hauv Daim Npe Tshuaj Kho Mob uas koj tuaj yeem siv tau los hloov pauv los sis seb puas thov qhov kev zam.

Yog tias tau sau koj daim ntawv yuav tshuaj uas siv sijhawm tsawg hnuv zog, ces peb yuav tso cai rau cov kev rov sau dua kom ntau zaus kom nce txog qhov ntev nkawg nkaus ntawm kev muab tshuaj 31 hnuv.

Peb yuav pab them rau ncua sijhawm 31-hnuv uas muab koj qhov tshuaj yog tias:

- koj tab tom noj qhov tshuaj uas tsis nyob rau hauv Daim Npe Tshuaj Kho Mob, **los sis**
- peb lub phiaj xwm cov kev cai tsis tso cai koj tau txais raws li qhov ntau uas tau txib yuav los ntawm koj tus kws txib yuav tshuaj, **los sis**
- qhov tshuaj yuav tsum muaj kev tso cai ua ntej los ntawm Molina Medicare Complete Care Plus, **los sis**
- koj tab tom noj qhov tshuaj uas yog ib feem ntawm kev txwv kev kho mob raws kauj ruam.

Yog tias koj nyob rau hauv tsev laus los sis chaw saib xyuas ncua sijhawm ntev thiab xav tau qhov tshuaj uas tsis nyob rau hauv Daim Npe Tshuaj Kho Mob los sis yog tias koj tsis muaj kev yooj yim uas yuav tau txais qhov tshuaj uas koj xav tau, ces peb tuaj yeem pab tau koj. Yog tias koj nyob rau hauv lub phiaj xwm ntev tshaj li 90 hnuv, nyob rau hauv lub chaw saib xyuas ncua sijhawm ntev, thiab xav tau txoj hauv kev muab tshuaj uas phim:

- Peb yuav pab them rau ib zaug kev muab thov tshuaj uas koj xav tau li 31-hnuv (tshwj tsis yog koj muaj daim ntawv sau yuav tshuaj uas siv sijhawm tsawg hnuv zog), tsis hais koj yuav yog los sis tsis yog tus tswv cuab tshiab ntawm Molina Medicare Complete Care Plus los xij.

- Qhov no yog dhau ntawm kev muab tshuaj ib ncua sij hawm nyob rau ncua sij hawm thawj 90 hnuv uas koj yog tus tswv cuab ntawm Molina Medicare Complete Care Plus.

Molina Medicare Complete Care Plus yuav muab sij hawm sau ntawv yuav tshuaj ib ncua sij hawm uas yog yam tsawg kawg li 31 hnuv (tshwj tsis yog daim ntawv yuav tshuaj tau sau uas siv sij hawm muab tshuaj tsawg tshaj li 31 hnuv los sis daim ntawv yuav tshuaj tau muab tshuaj tsawg tshaj li qhov ntau uas tau sau tseg vim yog cov ciam txwv rau qhov ntau rau cov hom phiaj kev nyab xeeb los sis cov kev hloov kho kev siv tshuaj saib raws li kev lo ntawv qhia ntawm qhov tshuaj uas tau txais kev pom zoo, nyob rau xwm txheej no Molina Medicare yuav tso cai sau kom ntau zaus kom nce txog 31 hnuv ntawm kev muab qhov tshuaj) nyob rau hauv lub chaw Saib Xyuas Ncua Sij Hawm Ntev nyob rau tej lub sij hawm twg ncua sij hawm thawj 90 hnuv ntawm kev sau npe ua tswv cuab, thaum pib tus neeg sau npe lub hnuv tim muaj kev pib siv tau kev pab them.

B10.Puas yog kuv tuaj yeem thov tau qhov kev zam los pab them kuv qhov tshuaj?

Yog.Koj tuaj yeem thov tau Molina Medicare Complete Care Plus los ua qhov kev zam los pab them qhov tshuaj uas tsis nyob rau hauv Daim Npe Tshuaj Kho Mob.

Dhau li no lawm koj los kuj tuaj yeem thov tau kom peb hloov pauv cov kev cai rau koj qhov tshuaj.

- Piv txwv, tej zaum Molina Medicare Complete Care Plus yuav muaj ciam txwv rau qhov ntau ntawm qhov tshuaj uas peb yuav pab them.Yog tias koj qhov tshuaj muaj ciam txwv, ces koj tuaj yeem thov tau kom peb hloov pauv qhov ciam txwv thiab pab them ntxiv.
- Lwm cov piv txwv: Koj tuaj yeem thov tau kom peb thim cov kev txwv kev kho mob raws kauj ruam los sis cov cai teeb tseg rau kev tso cai ua ntej.

B11.Kuv tuaj yeem thov tau qhov kev zam li cas?

Txhawm rau thov qhov kev zam, hu rau Lub Chaw Pab Cuam Tswv Cuab.Lub Chaw Pab Cuam Tswv Cuab tus neeg sawv cev yuav ua hauj lwm nrog koj thiab koj tus kws pab kho mob los pab koj thov qhov kev zam.Dhau li no lawm koj kuj tuaj yeem nyeem tau Tshooj 9 ntawm qhov *Pov Thawj Kev Pab Them* los kawm paub ntxiv txog cov kev zam.

B12.Nws yuav siv sij hawm ntev npaum cas thiaj tau txais qhov kev zam?

Tom qab tau txais daim ntawv qhia los ntawm koj tus kws txib yuav tshuaj uas pab txhawb koj qhov kev thov kev zam, peb yuav muab kev txiav txim siab rau koj kom tsis pub dhau 72 teev.Koj tus kws kho mob los sis lwm tus kws txib yuav tshuaj tuaj yeem fev tau los sis xa tau daim ntawv qhia uas pab txhawb tuaj rau peb.Dhau li no lawm lawv kuj tuaj yeem qhia tau rau peb los ntawm xov tooj thiab tag ntawd fev los sis xa daim ntawv qhia.

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm

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Yog tias koj tus kws txib yuav tshuaj xav tias tej zaum koj li kev noj qab haus yuv yuav raug kev phom sij yog tias koj tos qhov kev txiav txim ntev li 72 teev, ces koj tuaj yeem thov tau qhov kev zam maj ceev. Qhov no yog qhov kev txiav txim uas ceev zog. Yog tias koj tus neeg txib yuav tshuaj pab txhawb koj qhov kev thov, ces peb yuav muab kev txiav txim siab rau koj kom tsis pub dhau 24 teev tom qab tau txais koj tus neeg txib yuav tshuaj daim ntawv qhia uas pab txhawb.

B13.Cov tshuaj tsis muaj npe lag luam yog dab tsi?

Cov tshuaj tsis muaj npe lag luam muaj tib cov feem xyuam xyaw ib yam li cov tshuaj muaj npe raws li ncu dav. Feem ntau lawm cov tshuaj ntawd tus nqi yuav phee yig dua qhov tshuaj muaj npe lag luam thiab feem ntau lawm yuav tsis muaj cov npe uas paub zoo. Cov tshuaj tsis muaj npe lag luam yeej tau txais kev pom zoo los ntawm Lub Chaw Tswj Khoom Noj thiab Tshuaj Kho Mob (Food and Drug Administration, FDA).

Molina Medicare Complete Care Plus pab them rau cov tshuaj muaj npe lag luam thiab cov tshuaj tsis muaj npe lag luam tib si.

B14.Cov tshuaj OTC yog dab tsi?

OTC yog tus ntawv sau lus rau “yuav raws chaw muag tshuaj”. Molina Medicare Complete Care Plus tsis pab them rau cov tshuaj OTC.

B15.Puas yog Molina Medicare Complete Care Plus pab them rau cov khoom OTC uas tsis yog tshuaj?

Molina Medicare Complete Care Plus pab them rau qee cov khoom OTC uas tsis yog tshuaj thaum tau sau ua cov khoom yuav raws ntawv sau yuav los ntawm koj tus kws pab kho mob.

Koj tuaj yeem nyeem tau Molina Medicare Complete Care Plus Daim Npe Tshuaj Kho Mob los nrhiav tej cov khoom OTC uas tsis yog tshuaj kho mob uas tau txais kev pab them.

B16.Puas yog Molina Medicare Complete Care Plus pab them rau cov kev muab tshuaj raws ntawv sau yuav ncu sij hawm ntev?

- **Cov Khoos Kas Txib Yuav Hauv Kev Xa Ntawv** Peb muab lub khoos kas txib yuav hauv kev xa ntawv uas tso cai koj tau txais kev muab koj cov tshuaj raws ntawv sau yuav nce txog 90 hnuv uas yog xa ncaj nraim tuaj rau ntawm koj tsev. Qhov kev muab tshuaj 90 hnuv muaj tib tug nqi sib koom them ib yam li kev muab tshuaj ib lub hlis.
- **Cov Khoos Kas Chaw Txhem Muag Tshuaj 90 Hnuv** Dhau li no lawm tej zaum qee cov khoos kas chaw txhem muag tshuaj kuj yuav muab qhov kev muab cov tshuaj raws ntawv sau yuav uas tau txais kev pab them nce txog 90 hnuv. Qhov kev muab tshuaj 90 hnuv muaj tib tug nqi sib koom them ib yam li kev muab tshuaj ib lub hlis.

B17.Kuv puas tuaj yeem tau txais cov tshuaj raws ntawv sau yuav uas xa tuaj txog rau ntawm kuv tsev uas xa tuaj ntawm kuv lub chaw muag tshuaj hauv zos?

Tej zaum koj lub chaw muag tshuaj hauv zos yuav tuaj yeem xa tau koj qhov tshuaj raws ntawv sau yuav tuaj rau ntawm koj tsev.Koj tuaj yeem hu tau rau koj lub chaw muag tshuaj txhawm rau saib seb lawv puas muab qhov kev xa tuaj txog ntawm tsev.

B18.Kuv tus nqi sib koom them yog dab tsi?

Molina Medicare Complete Care Plus cov tswv cuab muaj *cov nqi sib koom them uas sib txawv uas nce raws li koj li LIS (Nyiaj Pab Rau Cov Muaj Nyiaj Khwv Tau Los Tsawg) los sis ncua Phab D* rau cov tshuaj raws ntawv sau yuav thiab OTC thiab cov khoom uas tsis yog tshuaj yog tias tus tswv cuab ua raws li lub phiaj xwm cov kev cai.Saib cov nqe lus nug nqe B14 thiab B15 rau ntaub ntawv kev paub ntxiv hais txog cov tshuaj OTC thiab cov khoom uas tsis yog tshuaj.

Cov them tshuaj yog cov pawg tshuaj nyob rau hauv peb Daim Npe Tshuaj Kho Mob.

Cov them tshuaj yog cov pawg tshuaj nyob rau hauv peb Daim Npe Tshuaj Kho Mob.

- Theem 1 Cov tshuaj tsis muaj npe lag luam uas nyiam siv \$0 tus nqi sib koom them; los sis \$1.55 tus nqi sib koom them; los sis \$4.50 tus nqi sib koom them.
- Theem 2 Cov tshuaj tsis muaj npe lag luam muaj \$0 tus nqi sib koom them; los sis \$1.55 tus nqi sib koom them; los sis \$4.50 tus nqi sib koom them.
- Theem 3 Cov tshuaj muaj npe lag luam uas nyiam siv thiab cov tshuaj tsis muaj npe lag luam uas muaj tus nqi nruab nrab muaj \$0 tus nqi sib koom them; los sis \$1.55 tus nqi sib koom them; los sis \$4.50 tus nqi sib koom them; los sis \$11.20 tus nqi sib koom them.
- Theem 4 Cov tshuaj uas tsis nyiam siv muaj \$0 tus nqi sib koom them; los sis \$1.55 tus nqi sib koom them; los sis \$4.50 tus nqi sib koom them; los sis \$11.20 tus nqi sib koom them.
- Theem 5 Cov tshuaj muaj npe lag luam tus nqi Siab thib cov tshuaj tsis muaj npe lag luam muaj \$0 tus nqi sib koom them; los sis \$1.55 tus nqi sib koom them; los sis \$4.50 tus nqi sib koom them; los sis \$11.20.

Yog tias koj muaj lus nug, thov hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711.

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm

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C. Kev nthuav qhia thoob plaws txog *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them*

Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them muab cov ntaub ntawv kev paub rau koj hais txog cov tshuaj uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus. Yog tias koj muaj teeb meem nyuaj hais txog kev nrhiav koj qhov tshuaj nyob rau hauv daim npe, ces mus saib *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* uas pib nyob rau hauv nplooj ntawv 94. *Daim npe* raws tus niam ntawv ntawm cov tshuaj uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus.

Cim tseg: Tus cim _ nyob tom ntej ntawm qhov tshuaj yog txhais tau tias qhov tshuaj tsis yog "qhov tshuaj Phab D." Cov tshuaj no muaj cov kev cai sib txawv rau cov kev thov kom rov qab txiav txim dua.

- Qhov kev thov kom rov qab txiav txim dua yog txoj hauv kev uas raug raws cai los thov kom peb tshab xyuas qhov kev txiav txim uas peb tau ua hais txog koj qhov kev pab them thiab los hloov pauv nws yog tias koj xav tias peb ua yuam kev lawm.
- Piv txwv, tej zaum peb yuav txiav txim tias tsis muaj kev pab them rau qhov tshuaj uas koj xav tau los sis tsis muaj kev pab them los ntawm Medicare los sis Medi-Cal mus ntxiv lawm.
- Yog tias koj los sis koj tus kws kho mob tsis pom zoo nrog rau peb qhov kev txiav txim, ces koj tuaj yeem thov tau kom rov qab txiav txim dua. Yog tias koj muaj lus nug, ces hu rau Lub Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711.
- Dhau li no lawm koj tuaj yeem nyeem tau Tshooj 9 ntawm qhov *Pov Thawj Kev Pab Them* los kawm paub txog qhov kev thov kom rov qab txiav txim dua rau qhov kev txiav txim.

C1. *Daim Npe Cov Tshuaj Kho Mob Raws Tus Yam Ntxwv Fab Kev Kho Mob*

Cov tshuaj kho mob nyob rau hauv npe no yog raug cais ua hom nce raws li hom cov yam ntxwv fab kev kho mob uas cov tshuaj ntawd raug siv los kho. Piv txwv, yog tias koj muaj tus yam ntxwv mob plawv, ces koj tsim nyog saib raws hom, Kab Mob Plawv thiab Leeg Ntshav. Qhov ntawd yog qhov chaw uas koj yuav nrhiav cov tshuaj uas kho cov yam ntxwv mob plawv.

Ntawm no yog cov ntsiab lus ntawm cov khauj uas raug siv nyob rau hauv kem "Cov kev nqis tes uas muaj kev tsim nyog, kev txwv, los sis cov ciam txwv rau kev siv":

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

QL = Cov Ciam Txwv Qhov Ntau: qhov ntau ntawm qhov tshuaj uas lub phiaj xwm yuav pab them.

ST = Tus Qauv Cai Kev Kho Mob Raws Kauj Ruam: koj yuav tsum sim siv lwm qhov tshuaj ua ntej koj tau txais qhov no.

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

B/D = Qhov tshuaj no tej zaum yuav tau txais kev pab them raws li Medicare Phab B los sis D uas nce raws li cov xwm txheej.

LA = Kev Nkag Mus Siv Tau Qhov Tshuaj Uas Muaj Ciam Txwv: qhov tshuaj no tej zaum tsuas muaj nyob rau hauv qee cov chaw muag tshuaj xwb.

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

NDS = Cov Hnub Kev Muab Tshuaj Uas Tsis Txuas Sij Hawm: koj yuav muaj ciam txwv rau qhov ntau hnub uas muab tshuaj uas koj tuaj yeem tau txais.

Thawj kem ntawm lub kem ntawv yuav qhia txog lub npe tshuaj.Cov tshuaj tsis muaj npe lag luam yog tau sau ua tus niam ntawv me uas qaij, (piv txwv, *metformin hcl*), cov tshuaj muaj npe lag luam yog tau sau ua tus niam ntawv loj (piv txwv li, JANUVIA TABS).Cov ntaub ntawv nyob rau hauv kem "Cov kev nqis tes uas muaj kev tsim nyog, kev txwv, los sis cov ciam txwv rau kev siv" yuav qhia koj tias seb Molina Medicare Complete Care Plus puas muaj tej cov kev cai rau kev pab them koj qhov tshuaj.

Yog tias koj muaj lus nug, ces thov hu rau Molina Medicare Complete Care Plus ntawm



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MOLINA_CY24_1T_SNP eff 12/01/2024

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE</i> SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>MORPHINE SULFATE/SODIUM C</i> SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>EMVERM CHEW 100mg</i>	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	NDS
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTI RETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM, LA
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	1	NDS, NM
SELZENTRY TABS 25mg	1	NM
SUNLENCA TBPK 300mg	1	NDS, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM, LA
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NDS, NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, LA, PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hcv)</i> TABS 100mg	1	NM
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSP 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VEMLIDY TABS 25mg	1	NDS, NM
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

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Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
CEFAZOLIN INJ 3GM/150ML-4%	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl TABS 400mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	1	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	1	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	1	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM, LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, LA, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NDS, NM, LA, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, LA, PA
pazopanib hcl TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>CORLANOR</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
<i>NITRO-BID</i> OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)
lorazepam SOLN 2mg/ml, 4mg/ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTiom TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate</i> SUSP 600mg/5ml	1	NDS
<i>felbamate</i> TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigpoder</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	1	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
<i>UBRELVY</i> TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

MISCELLANEOUS

<i>AUSTEDO</i> TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>AUSTEDO</i> TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>AUSTEDO XR</i> TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>AUSTEDO XR</i> TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), NM, LA, PA
<i>MUSCULOSKELETAL THERAPY AGENTS</i>		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	1	NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	

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Drug Name	Drug Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	

Koj tuaj yeem nrhiav tau ntaub ntawv kev paub ntiv txog tej cov cim thiab cov lus sau luv nyob rau hauv lub kem ntawv no los ntawm kev mus rau tus nab npawb nplooj ntawv 16 thiab 17.

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	

Koj tuaj yeem nrhiav tau ntaub ntawv kev paub ntiv txog tej cov cim thiab cov lus sau luv nyob rau hauv lub kem ntawv no los ntawm kev mus rau tus nab npawb nplooj ntawv 16 thiab 17.

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>SYNAREL SOLN 2mg/ml</i>	1	NDS, PA
ESTROGENS		
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	

Koj tuaj yeem nrhiav tau ntaub ntawv kev paub ntiv txog tej cov cim thiab cov lus sau luv nyob rau hauv lub kem ntawv no los ntawm kev mus rau tus nab npawb nplooj ntawv 16 thiab 17.

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	1	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm TABS 10mcg</i>	1	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	B/D
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	1	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	1	
<i>fludrocortisone acetate TABS .1mg</i>	1	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	1	
<i>hydrocortisone sod succinate SOLR 100mg</i>	1	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	1	B/D
<i>methylprednisolone TBPK 4mg</i>	1	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	1	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	1	B/D
<i>prednisolone SOLN 15mg/5ml</i>	1	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	1	B/D
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPK 5mg, 10mg</i>	1	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	1	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	1	NDS
<i>GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	1	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	NDS, QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
<i>famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml</i>	1	
<i>famotidine SUSR 40mg/5ml</i>	1	QL (300 mL / 30 days)
<i>famotidine TABS 20mg</i>	1	QL (120 tabs / 30 days)
<i>famotidine TABS 40mg</i>	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine CAPS 150mg, 300mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium CAPS 750mg</i>	1	
<i>budesonide CPEP 3mg</i>	1	QL (90 caps / 30 days), PA
<i>budesonide TB24 9mg</i>	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	1	
<i>mesalamine CP24 .375gm</i>	1	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	1	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	1	
<i>mesalamine TBEC 1.2gm</i>	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	1	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	1	
LAXATIVES		
<i>constulose SOLN 10gm/15ml</i>	1	
<i>enulose SOLN 10gm/15ml</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac SOLN 10gm/15ml</i>	1	
<i>lactulose SOLN 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>PLENVU SOL</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	1	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>GATTEX KIT 5mg</i>	1	NDS, NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	1	QL (30 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

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Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

Drug Name	Drug Tier	Requirements/Limits
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	1	NDS, QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	1	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (12 vials / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	1	NDS, QL (1 syringe / 28 days), NM, LA, PA
TREMFYA SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, LA, PA
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAIXA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D5W/LYTES INJ #48	1
D10W/NACL INJ 0.2%	1
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
<i>OPHTHALMIC</i>		
<i>ANTI-INFECTIVE/ANTI-INFLAMMATORY</i>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVI SOLN .25%	1	NDS, NM, LA, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

ANTI HISTAMINES

<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	

MOUTH/THROAT/DENTAL AGENTS

cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
triamcinolone acetonide (mouth) PSTE .1%	1	

PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	B, PA
DEXCOM G6 MIS SENSOR	0	B, PA
DEXCOM G6 MIS TRANSMIT	0	B, PA
DEXCOM G7 MIS RECEIVER	0	B, PA
DEXCOM G7 MIS SENSOR	0	B, PA
FREESTY LIBR KIT 2 SENSOR	0	B, PA
FREESTY LIBR KIT 3 SENSOR	0	B, PA
FREESTY LIBR KIT SENSOR	0	B, PA
FREESTY LIBR MIS 2 READER	0	B, PA
FREESTY LIBR MIS 3 READER	0	B, PA
FREESTYLE MIS READER	0	B, PA
TRUE METRIX KIT AIR	0	B
TRUE METRIX KIT METER	0	B
TRUE METRIX STRIPS	0	B

D. Daim Npe Cov Tshuaj Uas Tau Txais Kev Pab Them

Nyob rau hauv nqe no, koj tuaj yeem nrhiav tau qhov tshuaj los ntawm kev tshawb nrhiav nws lub npe raws li tus niam ntawv. Qhov no yuav qhia koj txog tus nab npawb nplooj ntawv uas koj tuaj yeem nrhiav tau cov ntaub ntawv kev paub txog kev pab them ntiv rau koj qhov tshuaj.

<i>abacavir sulfate</i>	22	ADVAIR HFA AER 115/21	89
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	24	ADVAIR HFA AER 230/21	89
ABELCET	22	ADVAIR HFA AER 45/21.....	89
ABILIFY MAINTENA	49	<i>afirmelle</i>	64
<i>abiraterone acetate</i>	29, 30	AIMOVIG	57
ABRYSVO	80	AIRSUPRA AER 90-80MCG	89
<i>acamprosate calcium</i>	59	AKEEGA TAB 100/500	30
<i>acarbose</i>	60	AKEEGA TAB 50/500MG	30
<i>accutane</i>	89	<i>ala-cort</i>	91
<i>acebutolol hcl</i>	43	<i>albendazole</i>	20
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	19	<i>albuterol sulfate</i>	87
<i>acetaminophen w/ codeine tab 300-15 mg</i>	19	<i>alclometasone dipropionate</i>	91
<i>acetaminophen w/ codeine tab 300-30 mg</i>	19	ALDURAZYME	70
<i>acetaminophen w/ codeine tab 300-60 mg</i>	19	ALECENSA	32
<i>acetazolamide</i>	44	<i>alendronate sodium</i>	63
<i>acetic acid</i>	74	<i>alfuzosin hcl</i>	74
<i>acetic acid (otic)</i>	86	<i>aliskiren fumarate</i>	45
<i>acetylcysteine</i>	87	<i>allopurinol</i>	18
<i>acitretin</i>	90	<i>alosetron hcl</i>	73
ACTHIB INJ.....	80	<i>alprazolam</i>	46
ACTIMMUNE.....	79	ALREX	84
<i>acyclovir</i>	25	<i>altavera</i>	64
<i>acyclovir sodium</i>	25	ALUNBRIG	32
ADACEL INJ	80	ALUNBRIG PAK.....	32
ADALIMUMAB-AACF (2 PEN)	77	ALVAIZ.....	76
ADALIMUMAB-AACF (2 SYRING	77	ALVESCO	89
ADALIMUMAB-AACF STARTER P....	77	<i>alyacen 1/35</i>	64
<i>adefovir dipivoxil</i>	25	<i>alyacen 7/7/7</i>	64
ADEMPAS	46	ALYGLO	79
ADMELOG.....	62	<i>amantadine hcl</i>	48
ADMELOG SOLOSTAR.....	62	<i>ambrisentan</i>	46
		<i>amethia</i>	64
		<i>amikacin sulfate</i>	20
		<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	44
		<i>amiloride hcl</i>	44

<i>amiodarone hcl</i>	42	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	27
<i>amitriptyline hcl</i>	47	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	27
<i>amlodipine besylate</i>	44	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	27
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	39	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	39	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	39	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	39	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	39	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	55
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	39	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	55
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	40	<i>amphetamine-dextroamphetamine tab 10 mg</i>	55
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	40	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	55
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	40	<i>amphetamine-dextroamphetamine tab 15 mg</i>	55
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	40	<i>amphetamine-dextroamphetamine tab 20 mg</i>	55
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	40	<i>amphetamine-dextroamphetamine tab 30 mg</i>	55
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	40	<i>amphetamine-dextroamphetamine tab 5 mg</i>	55
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	40	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	55
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	40	<i>amphotericin b</i>	22
<i>amnestem</i>	90	<i>amphotericin b liposome</i>	22
<i>amoxapine</i>	47	<i>ampicillin</i>	27
<i>amoxicillin</i>	27	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	27
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	27	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	27
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	27	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	27
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	27	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	27
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	27	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	27
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	27	<i>ampicillin sodium</i>	27
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	27		

<i>anagrelide hcl</i>	76	AUSTEDO XR	57
<i>anastrozole</i>	30	AUSTEDO XR TAB TITR KIT.....	57
ANORO ELLIPT AER 62.5-25.....	86	AUVELITY TAB 45-105MG	47
<i>aprepitant</i>	72	<i>aviane</i>	64
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	72	<i>ayuna</i>	64
<i>apri</i>	64	AYVAKIT	32
APTiom	51	<i>azacitidine</i>	29
APTIVUS.....	22	<i>azathioprine</i>	80
ARALAST NP	87	<i>azelastine hcl</i>	86
<i>aranelle</i>	64	<i>azelastine hcl (ophth)</i>	85
ARCALYST	79	<i>azithromycin</i>	26
AREXVY.....	80	<i>aztreonam</i>	20
<i>aripiprazole</i>	49	<i>azurette</i>	64
ARISTADA	49	<i>bacitracin (ophthalmic)</i>	84
ARISTADA INITIO.....	49	<i>bacitracin-polymyxin b ophth oint.</i>	84
<i>armodafinil</i>	59	<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i>	83
ARNUITY ELLIPTA	89	<i>baclofen</i>	58
<i>asenapine maleate</i>	49	BAFIERTAM.....	58
<i>ashlyna</i>	64	<i>balsalazide disodium</i>	73
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	77	BALVERSA	32
ASTAGRAF XL	79, 80	<i>balziva</i>	64
<i>atazanavir sulfate</i>	22	BARACLUDE.....	25
<i>atenolol</i>	43	BASAGLAR KWIKPEN.....	62
<i>atenolol & chlorthalidone tab 100-25</i> <i>mg</i>	43	BCG VACCINE	80
<i>atenolol & chlorthalidone tab 50-25</i> <i>mg</i>	43	BD ALCOHOL SWABS	62
<i>atomoxetine hcl</i>	56	<i>benazepril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	39
<i>atorvastatin calcium</i>	42	<i>benazepril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	39
<i>atovaquone</i>	20	<i>benazepril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	39
<i>atovaquone-proguanil hcl tab 250-</i> <i>100 mg</i>	22	<i>benazepril & hydrochlorothiazide tab</i> <i>5-6.25mg</i>	39
<i>atovaquone-proguanil hcl tab 62.5-</i> <i>25 mg</i>	22	<i>benazepril hcl</i>	40
ATROPINE SULFATE	85	BENDAMUSTINE HYDROCHLORID .	28
<i>atropine sulfate (ophthalmic)</i>	85	BENDEKA	28
ATROVENT HFA	86	BENLYSTA	80
<i>aubra eq</i>	64	<i>benzoyl peroxide-erythromycin gel</i> <i>5-3%</i>	90
AUGTYRO	32	<i>benztropine mesylate</i>	48
<i>aurovela 1/20</i>	64	BERINERT.....	76
<i>aurovela 24 fe</i>	64	BESIVANCE.....	84
<i>aurovela fe 1.5/30</i>	64	BESREMI	31
<i>aurovela fe 1/20</i>	64	<i>betaine powder for oral solution</i> ...	70
AUSTEDO	57		

<i>betamethasone dipropionate</i> (topical)	91	<i>bromocriptine mesylate</i>	48
<i>betamethasone dipropionate</i> <i>augmented</i>	91	BROMSITE	84
<i>betamethasone valerate</i>	91	BRONCHITOL	87
BETASERON	58	BRUKINSA	32
<i>betaxolol hcl</i>	43	<i>budesonide</i>	73
<i>betaxolol hcl (ophth)</i>	85	<i>budesonide (inhalation)</i>	89
<i>bethanechol chloride</i>	74	<i>bumetanide</i>	44
BETOPTIC-S	85	<i>buprenorphine</i>	18
BEVESPI AER 9-4.8MCG	86	<i>buprenorphine hcl</i>	59
<i>bexarotene</i>	31	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 12-3 mg (base equiv)</i>	59
<i>bexarotene (topical)</i>	92	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 2-0.5 mg (base equiv)</i>	59
BEXSERO INJ	80	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 4-1 mg (base equiv)</i>	59
<i>bicalutamide</i>	30	<i>buprenorphine hcl-naloxone hcl sl</i> <i>film 8-2 mg (base equiv)</i>	59
BICILLIN L-A	28	<i>buprenorphine hcl-naloxone hcl sl</i> <i>tab 2-0.5 mg (base equiv)</i>	59
BIKTARVY TAB 30-120-15 MG	24	<i>buprenorphine hcl-naloxone hcl sl</i> <i>tab 8-2 mg (base equiv)</i>	59
BIKTARVY TAB 50-200-25 MG	24	<i>bupropion hcl</i>	47
<i>bisoprolol & hydrochlorothiazide tab</i> <i>10-6.25 mg</i>	43	<i>bupropion hcl (smoking deterrent)</i>	59
<i>bisoprolol & hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i>	43	<i>buspirone hcl</i>	46
<i>bisoprolol & hydrochlorothiazide tab</i> <i>5-6.25 mg</i>	43	<i>butorphanol tartrate</i>	19
<i>bisoprolol fumarate</i>	43	BYDUREON BCISE	60
BIVIGAM	79	BYETTA	60
<i>blisovi 24 fe</i>	64	<i>cabergoline</i>	70
<i>blisovi fe 1.5/30</i>	64	CABOMETYX	32
BOOSTRIX INJ	80	<i>calcipotriene</i>	90
<i>bortezomib</i>	32	<i>calcitonin (salmon) spray</i>	63
BORTEZOMIB	32	<i>calcitrene</i>	90
<i>bosentan</i>	46	<i>calcitriol</i>	72
BOSULIF	32	<i>calcitriol (oral)</i>	72
BRAFTOVI	32	<i>calcium acetate (phosphate binder)</i>	71
BREO ELLIPTA INH 100-25	89	CALQUENCE	32
BREO ELLIPTA INH 200-25	89	<i>camila</i>	64
BREO ELLIPTA INH 50-25MCG	89	<i>camrese</i>	64
BREZTRI AERO AER SPHERE	86	<i>camrese lo</i>	64
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	86	<i>candesartan cilexetil</i>	42
<i>briellyn</i>	64	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5</i> <i>mg</i>	41
BRILINTA	77		
<i>brimonidine tartrate</i>	85		
<i>brinzolamide</i>	85		
BRIVIACT	51		
<i>bromfenac sodium (ophth)</i>	84		

<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	41	<i>carboplatin</i>	28
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	41	<i>carglumic acid</i>	70
CAPLYTA	49	<i>carisoprodol</i>	58
CAPRELSA	32	<i>carteolol hcl (ophth)</i>	85
<i>captopril</i>	40	<i>cartia xt</i>	44
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	39	<i>carvedilol</i>	43
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	39	<i>caspofungin acetate</i>	22
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	39	CAYSTON.....	20
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	39	<i>cefaclor</i>	26
<i>carb/levo orally disintegrating tab 10-100mg</i>	48	CEFACLO ER	26
<i>carb/levo orally disintegrating tab 25-100mg</i>	48	<i>cefadroxil</i>	26
<i>carb/levo orally disintegrating tab 25-250mg</i>	48	CEFAZOLIN.....	26
<i>carbamazepine</i>	51	CEFAZOLIN INJ 1GM/50ML	26
<i>carbidopa & levodopa tab 10-100 mg</i>	48	CEFAZOLIN INJ 3GM/150ML-4%... 26	
<i>carbidopa & levodopa tab 25-100 mg</i>	48	<i>cefazolin sodium</i>	26
<i>carbidopa & levodopa tab 25-250 mg</i>	48	CEFAZOLIN SOLN 2GM/100ML-4% 26	
<i>carbidopa & levodopa tab er 25-100 mg</i>	48	<i>cefdinir</i>	26
<i>carbidopa & levodopa tab er 50-200 mg</i>	48	<i>cefepime hcl</i>	26
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	48	<i>cefexime</i>	26
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	48	<i>cefoxitin sodium</i>	26
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	48	<i>cefpodoxime proxetil</i>	26
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	48	<i>cefprozil</i>	26
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	48	<i>ceftazidime</i>	26
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	48	<i>ceftriaxone sodium</i>	26
		<i>cefuroxime axetil</i>	26
		<i>cefuroxime sodium</i>	26
		<i>celecoxib</i>	18
		<i>cephalexin</i>	26
		CERDELGA.....	70
		CEREZYME.....	70
		<i>cetirizine hcl</i>	86
		<i>cevimeline hcl</i>	93
		<i>chateal eq</i>	64
		CHEMET	64
		<i>chlorhexidine gluconate (mouth- throat)</i>	93
		<i>chloroquine phosphate</i>	22
		<i>chlorpromazine hcl</i>	49
		<i>chlorthalidone</i>	44
		<i>cholestyramine</i>	42
		<i>cholestyramine light</i>	43
		<i>ciclopirox olamine</i>	90
		<i>cilostazol</i>	76
		CILOXAN	84
		CIMDUO TAB 300-300.....	24
		<i>cinacalcet hcl</i>	70

CIPRO	27	clotrimazole	93
ciprofloxacin 200 mg/100ml in d5w	27	clotrimazole (topical)	90
ciprofloxacin 400 mg/200ml in d5w	27	clotrimazole w/ betamethasone cream 1-0.05%	90
ciprofloxacin hcl	27	clozapine	49
ciprofloxacin hcl (ophth)	84	COARTEM TAB 20-120MG	22
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	86	colchicine	18
cisplatin	28	colchicine w/ probenecid tab 0.5-500 mg	18
citalopram hydrobromide	47	colesevelam hcl	43
claravis	90	colestipol hcl	43
clarithromycin	26	colistimethate sodium	20
clindamycin hcl	20	COMBIGAN SOL 0.2/0.5%	85
clindamycin palmitate hydrochloride	20	COMBIVENT AER 20-100	86
clindamycin phosphate	20	COMETRIQ (60MG DOSE)	32
clindamycin phosphate (topical) ...	90	COMETRIQ KIT 100MG	32
clindamycin phosphate in d5w iv soln 300 mg/50ml	20	COMETRIQ KIT 140MG	33
clindamycin phosphate in d5w iv soln 600 mg/50ml	20	COMPLERA TAB	24
clindamycin phosphate in d5w iv soln 900 mg/50ml	20	compro	72
clindamycin phosphate vaginal	75	constulose	73
CLINDMYC/NAC INJ 300/50ML	20	COPIKTRA	33
CLINDMYC/NAC INJ 600/50ML	20	CORLANOR	45
CLINDMYC/NAC INJ 900/50ML	20	COTELLIC	33
CLINIMIX INJ 4.25/D10	83	CREON CAP 12000UNT	74
CLINIMIX INJ 4.25/D5W	83	CREON CAP 24000UNT	74
CLINIMIX INJ 5%/D15W	83	CREON CAP 3000UNIT	74
CLINIMIX INJ 5%/D20W	83	CREON CAP 36000UNT	74
CLINIMIX INJ 6/5	83	CREON CAP 6000UNIT	74
CLINIMIX INJ 8/10	83	cromolyn sodium	87
CLINIMIX INJ 8/14	83	cromolyn sodium (mastocytosis) ..	73
clinisol sf 15%	83	cromolyn sodium (ophth)	85
CLINOLIPID EMU 20%	83	cryselle-28	64
clobazam	52	cyclobenzaprine hcl	58
clobetasol propionate	91	cyclophosphamide	28, 29
clobetasol propionate e	91	CYCLOPHOSPHAMIDE	29
clomipramine hcl	47	CYCLOPHOSPHAMIDE MONOHYDR ..	29
clonazepam	52	cycloserine	24
clonidine	45	cyclosporine	80
clonidine hcl	45	cyclosporine modified (for microemulsion)	80
clopidogrel bisulfate	77	cyproheptadine hcl	86
clorazepate dipotassium	52	cyred eq	64
		CYSTADROPS	85
		CYSTAGON	70
		CYSTARAN	85
		cytarabine	29

D10W/NACL INJ 0.2%.....	81	<i>dexmethyphenidate hcl</i>	56
D2.5W/NACL INJ 0.45%	81	<i>dextrose</i>	83
D5W/LYTES INJ #48	81	<i>dextrose 10% w/ sodium chloride</i>	
<i>dabigatran etexilate mesylate</i>	75	0.45%	82
<i>dalfampridine</i>	58	<i>dextrose 2.5% w/ sodium chloride</i>	
<i>danazol</i>	68	0.45%	81
<i>dantrolene sodium</i>	58	<i>dextrose 5% in lactated ringers</i>	81
<i>dapsone</i>	20	<i>dextrose 5% w/ sodium chloride</i>	
DAPTACEL INJ.....	80	0.2%.....	81
<i>daptomycin</i>	20	<i>dextrose 5% w/ sodium chloride</i>	
DAPTOMYCIN	20	0.225%	82
<i>darunavir</i>	22, 23	<i>dextrose 5% w/ sodium chloride</i>	
<i>dasatinib</i>	33	0.3%.....	81
<i>dasetta 1/35</i>	64	<i>dextrose 5% w/ sodium chloride</i>	
<i>dasetta 7/7/7</i>	64	0.45%	81
DAURISMO	33	<i>dextrose 5% w/ sodium chloride</i>	
<i>daysee</i>	64	0.9%.....	81
DAYVIGO.....	56	DIACOMIT	52
<i>deblitane</i>	64	<i>diazepam</i>	52
<i>deferasirox</i>	64	<i>diazepam (anticonvulsant)</i>	52
DELSTRIGO TAB.....	24	<i>diazepam inj</i>	52
DENGVAIXIA SUS	80	<i>diazepam intensol</i>	52
DEPO-SUBQ PROVERA 104	65	<i>diazoxide</i>	69
<i>depo-testosterone</i>	60	<i>diclofenac potassium</i>	18
DESCOVY TAB 120-15MG	24	<i>diclofenac sodium</i>	18
DESCOVY TAB 200/25MG	24	<i>diclofenac sodium (ophth)</i>	85
<i>desipramine hcl</i>	47	<i>diclofenac sodium (topical)</i>	92
<i>desmopressin acetate</i>	70	<i>dicloxacillin sodium</i>	28
<i>desmopressin acetate spray</i>	70	<i>dicyclomine hcl</i>	72
<i>refrigerated</i>	70	DIFICID.....	26
<i>desogest-eth estrad & eth estrad tab</i>		<i>diflunisal</i>	18
0.15-0.02/0.01 mg(21/5)	65	<i>difluprednate</i>	85
<i>desogestrel & ethinyl estradiol tab</i>		<i>digoxin</i>	45
0.15 mg-30 mcg.....	65	<i>dihydroergotamine mesylate</i>	57
<i>desvenlafaxine succinate</i>	47	DILANTIN	52
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		0.025 mg/5ml	73

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<i>dipyridamole</i>	77	<i>efavirenz</i>	23
<i>disopyramide phosphate</i>	42	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	24
<i>disulfiram</i>	59	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	24
<i>divalproex sodium</i>	52	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	24
<i>docetaxel</i>	31	ELIGARD	30
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<i>donepezil hydrochloride</i>	46	ELIQUIS STARTER PACK	75
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<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	85	EMSAM.....	47
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<i>doxazosin mesylate</i>	40	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	24
<i>doxepin hcl</i>	47	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	24
<i>doxepin hcl (sleep)</i>	56	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	24
<i>doxorubicin hcl</i>	29	EMTRIVA	23
<i>doxorubicin hcl liposomal</i>	29	EMVERM	20
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<i>doxycycline (monohydrate)</i>	28	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	40
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<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	65	<i>endocet tab 10-325mg</i>	19
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DULERA AER 50-5MCG	89	<i>enilloring</i>	65
<i>duloxetine hcl</i>	47	<i>enoxaparin sodium</i>	75
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<i>entacapone</i>	48	<i>estradiol tab 1 mg-35 mcg</i>	65
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<i>erythromycin (ophth)</i>	84	<i>famotidine in nacl 0.9% iv soln 20</i>	
<i>erythromycin base</i>	26	<i>mg/50ml</i>	73
<i>erythromycin ethylsuccinate</i>	26	FANAPT	49
<i>erythromycin lactobionate</i>	26	FANAPT PAK.....	49
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<i>estradiol & norethindrone acetate tab</i>		<i>felodipine</i>	44
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<i>gentamicin in saline inj 1.6 mg/ml</i>	20	HEP SOD/D5W INJ 25000UNT	75
<i>gentamicin in saline inj 2 mg/ml...</i>	20	HEP SOD/NACL INJ 12500UNT	75
<i>gentamicin sulfate</i>	20	HEP SOD/NACL INJ 25000UNT	75
<i>gentamicin sulfate (ophth)</i>	84	<i>heparin sodium (porcine)</i>	75
<i>gentamicin sulfate (topical)</i>	90	HEPARIN/NACL INJ 25000UNT	75
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<i>glipizide xl</i>	60	HUMIRA PEN KIT PS/UV	77
<i>glipizide-metformin hcl tab 2.5-250</i>		HUMIRA PEN-CD/UC/HS START	77
<i>mg</i>	60	HUMIRA PEN-PEDIATRIC UC S	77
<i>glipizide-metformin hcl tab 2.5-500</i>		HUMULIN R U-500 (CONCENTR	62
<i>mg</i>	60	HUMULIN R U-500 KWIKPEN	62
<i>glipizide-metformin hcl tab 5-500 mg</i>		<i>hydralazine hcl</i>	45
.....	60	<i>hydrochlorothiazide</i>	44
<i>glycopyrrolate</i>	72	<i>hydrocodone bitartrate</i>	18
<i>glydo</i>	92	<i>hydrocodone-acetaminophen soln</i>	
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<i>granisetron hcl</i>	72	<i>325 mg</i>	19
<i>griseofulvin microsize</i>	22	<i>hydrocodone-acetaminophen tab 5-</i>	
<i>griseofulvin ultramicrosize</i>	22	<i>325 mg</i>	19
<i>guanfacine hcl</i>	45	<i>hydrocodone-acetaminophen tab</i>	
<i>guanfacine hcl (adhd)</i>	56	<i>7.5-325 mg</i>	19
GVOKE HYPOPEN 2-PACK	69	<i>hydrocodone-ibuprofen tab 7.5-200</i>	
GVOKE KIT	70	<i>mg</i>	19
GVOKE PFS	70	<i>hydrocortisone</i>	69
HAEGARDA	76	<i>hydrocortisone (intrarectal)</i>	73
<i>hailey 1.5/30</i>	65	<i>hydrocortisone (rectal)</i>	92
<i>hailey 24 fe</i>	65	<i>hydrocortisone (topical)</i>	91
<i>halobetasol propionate</i>	91	<i>hydrocortisone sod succinate</i>	69
<i>haloette</i>	65	<i>hydromorphone hcl</i>	19
<i>haloperidol</i>	50	<i>hydroxychloroquine sulfate</i>	79
<i>haloperidol decanoate</i>	50	<i>hydroxyurea</i>	31
<i>haloperidol lactate</i>	50	<i>hydroxyzine hcl</i>	87
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<i>soln 250 mg</i>	20	<i>isradipine</i>	44
<i>imipenem-cilastatin intravenous for</i>		<i>itraconazole</i>	22
<i>soln 500 mg</i>	21	<i>ivabradine hcl</i>	45
<i>imipramine hcl</i>	47	<i>ivermectin</i>	21
<i>imiquimod</i>	92	IWILFIN	31
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<i>ipratropium bromide</i>	86	<i>juleber</i>	65
<i>ipratropium bromide (nasal)</i>	86	JULUCA TAB 50-25MG	24
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>junel 1.5/30</i>	65
<i>2.5(3) mg/3ml</i>	86	<i>junel 1/20</i>	65
<i>irbesartan</i>	42	<i>junel fe 1.5/30</i>	65
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<i>kaitlib fe</i>	65	<i>klor-con 10</i>	83
KALYDECO	88	<i>klor-con 8</i>	83
KANJINTI	34	<i>klor-con m10</i>	83
<i>kariva</i>	65	<i>klor-con m15</i>	83
<i>kcl 10 meq/l (0.075%) in dextrose</i>		<i>klor-con m20</i>	83
<i>5% & nacl 0.45% inj</i>	82	KORLYM	70
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>		KOSELUGO	34
<i>inj</i>	82	<i>kourzeq</i>	93
<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>		KRAZATI	34
<i>& nacl 0.2% inj</i>	82	<i>kurvelo</i>	66
<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>		<i>labetalol hcl</i>	43
<i>& nacl 0.45% inj</i>	82	<i>lacosamide</i>	53
<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>		<i>lacosamide oral</i>	53
<i>& nacl 0.9% inj</i>	82	<i>lactated ringer's solution</i>	82
<i>kcl 20 meq/l (0.15%) in nacl 0.45%</i>		<i>lactic acid (ammonium lactate)</i>	92
<i>inj</i>	82	<i>lactulose</i>	73
<i>kcl 20 meq/l (0.15%) in nacl 0.9%</i>		<i>lactulose (encephalopathy)</i>	73
<i>inj</i>	82	<i>lamivudine</i>	23
<i>kcl 30 meq/l (0.224%) in dextrose</i>		<i>lamivudine (hcv)</i>	25
<i>5% & nacl 0.45% inj</i>	82	<i>lamivudine-zidovudine tab 150-300</i>	
<i>kcl 40 meq/l (0.3%) in dextrose 5%</i>		<i>mg</i>	24
<i>& nacl 0.45% inj</i>	82	<i>lamotrigine</i>	53
<i>kcl 40 meq/l (0.3%) in dextrose 5%</i>		<i>lanreotide acetate</i>	70
<i>& nacl 0.9% inj</i>	82	<i>lansoprazole</i>	74
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>		<i>lanthanum carbonate</i>	71
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KESIMPTA	58	<i>larin 24 fe</i>	66
<i>ketoconazole</i>	22	<i>larin fe 1.5/30</i>	66
<i>ketoconazole (topical)</i>	90, 91	<i>larin fe 1/20</i>	66
<i>ketorolac tromethamine (ophth)</i>	85	<i>latanoprost</i>	85
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<i>kionex</i>	64	<i>leflunomide</i>	79
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KISQALI 400 DOSE	34	LENVIMA 12MG DAILY DOSE	35
KISQALI 400 PAK FEMARA	31	LENVIMA 20 MG DAILY DOSE	35
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<i>levocarnitine (metabolic modifiers)</i>	70	<i>lisinopril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	40
<i>levocetirizine dihydrochloride</i>	87	<i>lisinopril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	40
<i>levofloxacin</i>	27	<i>lisinopril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	40
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<i>proctocort</i>	92	REPATHA	43
<i>procto-med hc</i>	92	REPATHA PUSHTRONEX SYSTEM ..	43
<i>proctosol hc</i>	92	REPATHA SURECLICK	43
<i>proctozone-hc</i>	92	RESTASIS	86
<i>progesterone</i>	71	RESTASIS MULTIDOSE	86
PROGRAF	80	RETEVMO	36
PROLASTIN-C	88	REVLIMID	31
PROLENSA	85	REXULTI	50, 51
PROLIA	63	REYATAZ	23
PROMACTA	76	REZLIDHIA	36
<i>promethazine hcl</i>	72	REZUROCK	80
<i>propafenone hcl</i>	42	RHOPRESSA	85
<i>proparacaine hcl</i>	85	<i>ribavirin (hepatitis c)</i>	25
<i>propranolol hcl</i>	44	<i>rifabutin</i>	25
<i>propylthiouracil</i>	72	<i>rifampin</i>	25
PROQUAD INJ	81	<i>riluzole</i>	58
PROSOL INJ 20%	83	<i>rimantadine hydrochloride</i>	25
<i>protriptyline hcl</i>	48	RINVOQ	78
PULMOZYME	88	RINVOQ LQ	78
PURIXAN	29	<i>risedronate sodium</i>	63
<i>pyrazinamide</i>	24	<i>risperidone</i>	51

<i>risperidone microspheres</i>	51	SKYRIZI	78
<i>ritonavir</i>	23	SKYRIZI PEN.....	78
<i>rivastigmine</i>	46	<i>sod sulfate-pot sulf-mg sulf oral sol</i>	
<i>rivastigmine tartrate</i>	47	17.5-3.13-1.6 gm/177ml	73
<i>rivelsa</i>	67	<i>sodium chloride</i>	83
<i>rizatriptan benzoate</i>	57	<i>sodium chloride (gu irrigant)</i>	93
ROCKLATAN DRO	85	<i>sodium fluoride chew; tab; 1.1 (0.5</i>	
<i>roflumilast</i>	88	f) mg/ml soln	83
<i>ropinirole hydrochloride</i>	49	SODIUM OXYBATE	59
<i>rosuvastatin calcium</i>	42	<i>sodium phenylbutyrate</i>	71
ROTARIX SUS	81	<i>sodium polystyrene sulfonate powder</i>	
ROTATEQ SOL.....	81		64
<i>roweepra</i>	54	<i>solifenacin succinate</i>	75
ROZLYTREK	36	SOLQUA INJ 100/33	63
RUBRACA	36	SOLTAMOX	30
<i>rufinamide</i>	54	SOLU-CORTEF.....	69
RUKOBIA.....	23	SOMATULINE DEPOT	71
RYBELSUS	61	SOMAVERT	71
RYDAPT.....	37	<i>sorafenib tosylate</i>	37
<i>sajazir</i>	76	<i>sorine</i>	42
SANDIMMUNE	80	<i>sotalol hcl</i>	42
SANTYL	93	<i>sotalol hcl (afib/afl)</i>	42
<i>sapropterin dihydrochloride</i>	71	<i>spironolactone</i>	40
SCEMBLIX	37	<i>spironolactone & hydrochlorothiazide</i>	
<i>scopolamine</i>	72	<i>tab 25-25 mg</i>	45
SECUADO	51	<i>sprintec 28</i>	67
<i>selegiline hcl</i>	49	SPRITAM	54
<i>selenium sulfide</i>	91	SPRYCEL	37
SELZENTRY.....	23	<i>sps</i>	64
SEREVENT DISKUS	87	<i>sronyx</i>	68
<i>sertraline hcl</i>	48	<i>ssd</i>	90
<i>setlakin</i>	67	STELARA	78
<i>sevelamer carbonate</i>	71	STIVARGA	37
<i>sharobel</i>	67	<i>streptomycin sulfate</i>	21
SHINGRIX	81	STRIBILD TAB.....	24
SIGNIFOR.....	71	<i>subvenite</i>	54
<i>sildenafil citrate (pulmonary</i>		<i>sucalfate</i>	74
<i>hypertension)</i>	46	<i>sulfacetamide sodium (acne)</i>	90
<i>silver sulfadiazine</i>	90	<i>sulfacetamide sodium (ophth)</i>	84
SIMBRINZA SUS 1-0.2%	85	<i>sulfacetamide sodium-prednisolone</i>	
<i>simliya</i>	67	<i>ophth soln 10-0.23(0.25)%</i>	84
<i>simpesse</i>	67	<i>sulfadiazine</i>	21
<i>simvastatin</i>	42	<i>sulfamethoxazole-trimethoprim iv</i>	
<i>sirolimus</i>	80	<i>soln 400-80 mg/5ml</i>	21
SIRTURO	25	<i>sulfamethoxazole-trimethoprim susp</i>	
SIVEXTRO	21	200-40 mg/5ml	21

<i>sulfamethoxazole-trimethoprim tab</i>	TEFLARO	26
400-80 mg.....	<i>telmisartan</i>	42
<i>sulfamethoxazole-trimethoprim tab</i>	<i>telmisartan-amlodipine tab 40-10 mg</i>	41
800-160 mg.....		41
SULFAMYLON	<i>telmisartan-amlodipine tab 40-5 mg</i>	41
<i>sulfasalazine</i>		41
<i>sulindac</i>	<i>telmisartan-amlodipine tab 80-10 mg</i>	41
<i>sumatriptan</i>		41
<i>sumatriptan succinate</i>	<i>telmisartan-amlodipine tab 80-5 mg</i>	41
<i>sunitinib malate</i>		41
SUNLENCA.....	<i>telmisartan-hydrochlorothiazide tab</i>	
<i>syeda</i>	40-12.5 mg.....	41
SYMDEKO TAB 100-150.....	<i>telmisartan-hydrochlorothiazide tab</i>	
SYMDEKO TAB 50-75MG.....	80-12.5 mg.....	41
SYMPAZAN	<i>telmisartan-hydrochlorothiazide tab</i>	
SYMTUZA TAB.....	80-25 mg	41
SYNAREL	<i>temazepam</i>	56
SYNJARDY TAB 12.5-1000MG.....	TENIVAC INJ 5-2LF	81
SYNJARDY TAB 12.5-500.....	<i>tenofovir disoproxil fumarate</i>	23
SYNJARDY TAB 5-1000MG	TEPMETKO.....	37
SYNJARDY TAB 5-500MG	<i>terazosin hcl</i>	40
SYNJARDY XR TAB 10-1000	<i>terbinafine hcl</i>	22
SYNJARDY XR TAB 12.5-1000	<i>terbutaline sulfate</i>	87
SYNJARDY XR TAB 25-1000	<i>terconazole vaginal</i>	75
SYNJARDY XR TAB 5-1000MG	TERIPARATIDE	63
SYNTHROID	<i>testosterone</i>	60
TABLOID	<i>testosterone cypionate</i>	60
TABRECTA	<i>testosterone enanthate</i>	60
<i>tacrolimus</i>	<i>tetrabenazine</i>	58
<i>tacrolimus (topical)</i>	<i>tetracycline hcl</i>	28
TAFINLAR	THALOMID.....	31
TAGRISSO	THEO-24	88
TALTZ	<i>theophylline</i>	88
TALZENNA	<i>thioridazine hcl</i>	51
<i>tamoxifen citrate</i>	<i>thiothixene</i>	51
<i>tamsulosin hcl</i>	<i>tiadylt er</i>	44
<i>tarina 24 fe</i>	<i>tiagabine hcl</i>	54
<i>tarina fe 1/20 eq</i>	TIBSOVO	37
TASIGNA	TICOVAC	81
<i>tasimelteon</i>	<i>tigecycline</i>	28
<i>tazarotene</i>	<i>tilia fe</i>	68
<i>tazicef</i>	<i>timolol maleate</i>	44
TAZORAC	<i>timolol maleate (ophth)</i>	85
TAZVERIK.....	<i>tinidazole</i>	21
TDVAX INJ 2-2 LF	TIVICAY	23
TECENTRIQ.....	TIVICAY PD.....	23

<i>tizanidine hcl</i>	59	<i>trientine hcl</i>	64
TOBRADEX OIN 0.3-0.1%.....	84	<i>tri-estarylla</i>	68
TOBRADEX ST SUS 0.3-0.05	84	<i>trifluoperazine hcl</i>	51
<i>tobramycin</i>	21	<i>trifluridine</i>	84
<i>tobramycin (ophth)</i>	84	<i>trihexyphenidyl hcl</i>	49
<i>tobramycin sulfate</i>	21	TRIJARDY XR TAB ER 24HR 10-5-	
<i>tobramycin-dexamethasone ophth</i>		1000MG.....	61
<i>susp 0.3-0.1%</i>	84	TRIJARDY XR TAB ER 24HR 12.5-	
<i>tolterodine tartrate</i>	75	2.5-1000MG.....	61
<i>topiramate</i>	54	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	30	1000MG.....	61
<i>torpenz</i>	37	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>torsemide</i>	45	1000MG.....	61
TOUJEO MAX SOLOSTAR	63	TRIKAFTA PAK 59.5MG	88
TOUJEO SOLOSTAR	63	TRIKAFTA PAK 75MG.....	88
TPN ELECTROL INJ.....	83	TRIKAFTA TAB 100-50-75MG &	
TRADJENTA	61	150MG	88
<i>tramadol hcl</i>	20	TRIKAFTA TAB 50-25-37.5MG &	
<i>tramadol-acetaminophen tab 37.5-</i>		75MG	88
<i>325 mg</i>	20	<i>tri-legest fe</i>	68
<i>trandolapril</i>	40	<i>tri-lynyah</i>	68
<i>tranexamic acid</i>	76	<i>tri-lo-estarylla</i>	68
<i>tranylcypromine sulfate</i>	48	<i>tri-lo-marzia</i>	68
TRAVASOL INJ 10%	83	<i>tri-lo-mili</i>	68
TRAZIMERA	37	<i>tri-lo-sprintec</i>	68
<i>trazodone hcl</i>	48	<i>trimethoprim</i>	21
TRECATOR.....	25	<i>tri-mili</i>	68
TRELEGY AER ELLIPTA 100-62.5-25		<i>trimipramine maleate</i>	48
MCG.....	86	TRINTELLIX	48
TRELEGY AER ELLIPTA 200-62.5-25		<i>tri-nymyo</i>	68
MCG.....	86	<i>tri-sprintec</i>	68
TREMFYA.....	78	TRIUMEQ PD TAB.....	24
<i>treprostinil</i>	46	TRIUMEQ TAB	24
TRESIBA.....	63	<i>trivora-28</i>	68
TRESIBA FLEXTOUCH	63	<i>tri-vylibra</i>	68
<i>tretinoin</i>	90	<i>tri-vylibra lo</i>	68
<i>tretinoin (chemotherapy)</i>	31	TROGARZO	23
<i>triamcinolone acetonide (mouth)</i> ..	93	TROPHAMINE INJ 10%	83
<i>triamcinolone acetonide (topical)</i> ..	91	<i>trospium chloride</i>	75
<i>triamterene & hydrochlorothiazide</i>		TRUE METRIX KIT AIR.....	93
<i>cap 37.5-25 mg</i>	45	TRUE METRIX KIT METER	93
<i>triamterene & hydrochlorothiazide</i>		TRUE METRIX STRIPS	93
<i>tab 37.5-25 mg</i>	45	TRULICITY	61
<i>triamterene & hydrochlorothiazide</i>		TRUMENBA INJ.....	81
<i>tab 75-50 mg</i>	45	TRUQAP	37
<i>tridacaine ii</i>	92	TRUXIMA	37

TUKYSA.....	38	VELTASSA	64
TURALIO	38	VEMLIDY	25
<i>turqoz</i>	68	VENCLEXTA	38
TWINRIX INJ.....	81	VENCLEXTA TAB START PK	38
TYBOST.....	23	<i>venlafaxine hcl</i>	48
<i>tydemy</i>	68	VENTAVIS.....	46
TYPHIM VI	81	VENTOLIN HFA	87
TYRVAYA	86	VENTOLIN HFA (INSTITUTIONAL PACK)	87
UBRELVY	57	<i>verapamil hcl</i>	44
<i>unithroid</i>	72	VERQUVO	45
<i>ursodiol</i>	74	VERSACLOZ	51
<i>valacyclovir hcl</i>	25	VERZENIO	38
VALCHLOR.....	92	<i>vestura</i>	68
<i>valganciclovir hcl</i>	25	V-GO 20 KIT	63
<i>valproate sodium</i>	54	V-GO 30 KIT	63
<i>valproic acid</i>	54	V-GO 40 KIT	63
<i>valsartan</i>	42	<i>vienna</i>	68
<i>valsartan-hydrochlorothiazide tab</i> <i>160-12.5 mg</i>	41	<i>vigabatrin</i>	54
<i>valsartan-hydrochlorothiazide tab</i> <i>160-25 mg</i>	41	<i>vigadrone</i>	54
<i>valsartan-hydrochlorothiazide tab</i> <i>320-12.5 mg</i>	41	VIGAFYDE.....	54
<i>valsartan-hydrochlorothiazide tab</i> <i>320-25 mg</i>	42	<i>vigpoder</i>	55
<i>valsartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	41	<i>vilazodone hcl</i>	48
VALTOCO 10 MG DOSE.....	54	<i>vincristine sulfate</i>	31
VALTOCO 15 MG DOSE.....	54	<i>vinorelbine tartrate</i>	31
VALTOCO 20 MG DOSE.....	54	<i>viorele</i>	68
VALTOCO 5 MG DOSE	54	VIRACEPT	23
<i>vancomycin hcl</i>	21	VIREAD	23
VANCOMYCIN HYDROCHLORIDE...	21	VITRAKVI	38
VANCOMYCIN INJ 1 GM.....	21	VIVITROL	60
VANCOMYCIN INJ 500MG	21	VIZIMPRO.....	38
VANCOMYCIN INJ 750MG	21	VONJO	38
VANFLYTA.....	38	VORANIGO	38
VAQTA	81	<i>voriconazole</i>	22
<i>varenicline tartrate</i>	60	VOSEVI TAB.....	25
<i>varenicline tartrate tab 11 x 0.5 mg</i> <i>& 42 x 1 mg start pack</i>	60	VRAYLAR	51
VARIVAX	81	VRAYLAR CAP 1.5-3MG.....	51
VASCEPA.....	43	<i>vyfemla</i>	68
VAXCHORA SUS	81	<i>vylibra</i>	68
<i>velivet</i>	68	VYZULTA	85
VELPHORO.....	71	<i>warfarin sodium</i>	76
		<i>water for irrigation, sterile irrigation</i> <i>soln</i>	93
		WELIREG.....	31
		<i>wera</i>	68
		<i>wixela inhub</i>	89

<i>wymzya fe</i>	68	<i>yargesa</i>	71
XALKORI	38	YF-VAX INJ	81
XARELTO	76	<i>yuvaferm</i>	69
XARELTO STAR TAB 15/20MG	76	<i>zafemy</i>	68
XATMEP	79	<i>zafirlukast</i>	87
XCOPRI	55	<i>zaleplon</i>	56
XCOPRI PAK 100-150	55	ZARXIO	76
XCOPRI PAK 12.5-25	55	ZEJULA	39
XCOPRI PAK 150-200MG		ZELBORAF	39
(MAINTENANCE)	55	ZEMAIRA	88
XCOPRI PAK 150-200MG		<i>zenatane</i>	90
(TITRATION)	55	ZENPEP CAP 10000UNT	74
XCOPRI PAK 50-100MG	55	ZENPEP CAP 15000UNT	74
XDEMY	84	ZENPEP CAP 20000UNT	74
XELJANZ	79	ZENPEP CAP 25000UNT	74
XELJANZ XR	79	ZENPEP CAP 3000UNIT	74
XERMELO	74	ZENPEP CAP 40000UNT	74
XGEVA	63	ZENPEP CAP 5000UNIT	74
XHANCE	89	ZENPEP CAP 60000UNT	74
XIFAXAN	74	ZERVIAE	85
XIGDUO XR TAB 10-1000	62	<i>zidovudine</i>	23
XIGDUO XR TAB 10-500MG	62	ZIEXTENZO	76
XIGDUO XR TAB 2.5-1000	61	<i>ziprasidone hcl</i>	51
XIGDUO XR TAB 5-1000MG	62	<i>ziprasidone mesylate</i>	51
XIGDUO XR TAB 5-500MG	61	ZIRABEV	39
XIIDRA	86	ZIRGAN	84
XOFLUZA	25	<i>zoledronic acid</i>	64
XOLAIR	88	ZOLINZA	39
XOSPATA	38	<i>zolpidem tartrate</i>	57
XPOVIO 100 MG ONCE WEEKLY	39	ZONISADE	55
XPOVIO 40 MG ONCE WEEKLY	38	<i>zonisamide</i>	55
XPOVIO 40 MG TWICE WEEKLY	38	<i>zovia 1/35</i>	68
XPOVIO 60 MG ONCE WEEKLY	38	ZTALMY	55
XPOVIO 60 MG TWICE WEEKLY	38	<i>zumandimine</i>	68
XPOVIO 80 MG ONCE WEEKLY	39	ZURZUVAE	48
XPOVIO 80 MG TWICE WEEKLY	39	ZYDELIG	39
XTANDI	30	ZYKADIA	39
<i>xulane</i>	68	ZYLET SUS 0.5-0.3%	84
XULTOPHY INJ 100/3.6	63	ZYPREXA RELPREVV	51



Molina Medicare Complete Care Plus (HMO D-SNP) lub Medicare Medi-Cal Plan

Daim ntawv teev npe tshuaj no muaj kev hloov kho dua tshiab nyob rau 12/01/2024

Rau cov ntaub ntawv kev paub uas tshiab tshaj plaws no los sis lwm cov lus nug, txuas lus rau peb ntawm (800) 665-3086, TTY: 711 Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, sij hawm hauv zos los sis mus saib MolinaHealthcare.com/Medicare

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