



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

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

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

HPMS Approved Formulary File Submission ID, 00025316 Version Number, 16.

Na-update ang pormularyong ito noong 08/01/2025.

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

Panimula

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

Talaan ng mga Nilalaman

A. Mga Disclaimer.....	3
B. Mga Madalas Itanong (Frequently Asked Questions o FAQ)	9
B1. Anong mga resetang gamot ang nasa <i>Listahan ng Mga Saklaw na Gamot</i> ? (Tinatawag naming “ <i>Listahan ng Gamot</i> ” ang <i>Listahan ng Mga Saklaw na Gamot</i> para mas maikli.)	9
B2. Nagbabago ba ang <i>Listahan ng Gamot</i> ?	10
B3. Ano ang mangyayari kapag may pagbabago sa <i>Listahan ng Gamot</i> ?.....	11
B4. May mga paghihigpit o limitasyon ba sa pagsaklaw ng gamot o anumang kinakailangang gawin upang makakuha ng partikular na gamot?.....	12
B5. Paano ko malalaman kung may limitasyon ang gamot na gusto ko o kung may kailangang gawin upang makuha ang gamot?.....	13
B6. Ano ang mangyayari kung baguhin ng Molina Medicare Complete Care Plus ang kanilang mga tuntunin tungkol sa kung paano nila sasaklawin ang ilang mga gamot (halimbawa, paunang pahintulot, limitasyon sa dami, at/o mga paghihigpit sa step therapy)?	13
B7. Paaano ako makakahanap ng gamot sa Listahan ng Gamot?	13
B8. Paano kung ang gamot na gusto kong inumin ay wala sa <i>Listahan ng Gamot</i> ?.....	14
B9. Paano kung ako ay bagong miyembro ng Molina Medicare Complete Care Plus at hindi ko mahanap ang gamot ko sa <i>Listahan ng Gamot</i> o nahihirapang makuha ang gamot ko?	14
B10. Pwede ba akong humiling ng isang pagbubukod upang saklawin ang aking gamot?.....	15
B11. Paano ako hihiling ng isang pagbubukod?.....	16

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

B12. Gaano katagal bago makakuha ng isang pagbubukod?.....	16
B13. Ano ang mga generic na gamot?	16
B14. Ano ang mga orihinal na biological na produkto at paano ito nauugnay sa mga biosimilar?	16
B15. Sinasaklaw ba ng Molina Medicare Complete Care Plus ang mga hindi gamot na OTC na produkto?	17
B16. Sinasaklaw ba ng Molina Medicare Complete Care Plus ang mga pangmatagalang supply ng reseta?	17
B17. Pwede ko bang ipahatid ang mga reseta ko sa bahay mula sa isang lokal na botika?.....	17
B18. Ano ang aking copay?	17
C. Overview ng <i>Listahan ng Mga Saklaw na Gamot</i>	18
C1. Listahan ng Mga Gamot ayon sa Medikal na Kondisyon.....	18
D. Index ng Mga Saklaw na Gamot.....	105

A. Mga Disclaimer

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

- ❖ Pwede mong palaging tingnan ang na-update na *Listahan ng Mga Saklaw na Gamot* ng Molina Medicare Complete Care Plus online sa MolinaHealthcare.com/Medicare o sa pamamagitan ng pagtawag sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.
- ❖ Maaari ninyong makuha ang dokumentong ito nang libre sa iba pang format, gaya ng malalaking titik, braille, o audio. Tumawag sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.
- ❖ Ang Molina Healthcare ay isang C-SNP, D-SNP at HMO na plano na may kontrata sa Medicare. Ang mga plano sa D-SNP ay may kontrata sa programa ng Medicaid ng estado. Ang pagpapatala ay depende sa pag-renew ng kontrata.
- ❖ Sinusunod ng Molina Healthcare (Molina) ang mga naaangkop na Federal na batas sa mga karapatang sibil at hindi nagpapakita ng diskriminasyon batay sa sekso, lahi, kulay, relihiyon, ninuno, bansang pinagmulan, pagkakakilanlan ng etnikong grupo, edad, mental na kapansanan, pisikal na kapansanan, medikal na kondisyon, henetikong impormasyon, estado sa pag-aasawa, kasarian, pagkakakilanlan ng kasarian, o seksual na kinasanayan.

Upang makatulong sa iyo na mabisang makipag-usap sa amin, ang Molina Healthcare ay nagbibigay ng mga serbisyo nang libre at sa napapanahong paraan:

- Nagbibigay ang Molina Healthcare ng mga makatuwirang pagbabago at naaangkop na tulong at serbisyo sa mga taong may kapansanan. Kabilang dito ang: (1) Mga kwalipikadong interpreter. (2) Impormasyon sa iba pang mga format, tulad ng malalaking print, audio, naa-access na mga electronic na format, Braille.
- Ang Molina Healthcare ay nagbibigay ng mga serbisyo sa wika sa mga taong nagsasalita ng ibang wika o may limitadong kaalaman sa Ingles. Kabilang dito ang: (1) Mga kwalipikadong oral interpreter. (2) Impormasyong isinalin sa iyong wika.

Kung kailangan mo ang mga serbisyong ito, makipag-ugnayan sa Molina Member Services sa 1-800-665-3086 o TTY/TDD: 711.

Kung naniniwala ka na may diskriminasyon kami batay sa edad, kulay, kapansanan, bansang pinagmulan, lahi, o kasarian maaari kang maghain ng reklamo. Maaari kang maghain ng reklamo nang personal o sa pamamagitan sulat, fax, o email. Kung kailangan mo ng tulong sa pagsulat ng iyong reklamo, tutulungan ka namin. Maaari mong makuha ang aming pamamaraan ng reklamo sa pamamagitan ng pagbisita sa aming website sa

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

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

<https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx> Tumawag sa aming Civil Rights Coordinator sa 1-866-606-3889, TTY/TDD: 711 o isumite ang iyong reklamo sa:

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

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

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

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

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

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

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

CALIFORNIA EAE NOTICE OF AVAILABILITY

ATTENTION: If you need help in your language, call 1-855-665-4627 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-855-665-4627 (TTY: 711). These services are free.

تبیه: إذا كنت بحاجة إلى المساعدة بلغتك، فيرجى الاتصال على الرقم 1-855-665-4627 (و بالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). كما توفر أدوات مساعدة وخدمات لذوي الاحتياجات الخاصة، مثل الوثائق بلغة برايل والطباعة بأحرف كبيرة. يرجى الاتصال على الرقم 1-855-665-4627 (و بالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). هذه الخدمات مجانية.

ԱԽԱԴՐՈՒԹՅՈՒՆ՝ Ձեր լեզվով օգնության դեպքում, զանգահարեք 1-855-665-4627 (TTY՝ 711) հեռախոսահամարով։ Հաշմանդամների համար հաստիքի են նաև տջակցման ծառայություններ, օրինակ՝ փաստաթղթեր բրայլյան և խուռը տպություն։ Զանգահարեք՝ 1-855-665-4627, (TTY՝ 711)։
Ծառայությունները գործում են տունիար:

請注意：如果您需要語言方面的協助，請撥打 1-855-665-4627 (TTY: 711)。我們也向身心障礙人士提供輔助及服務，例如點字與大字體文件。請撥打 1-855-665-4627 (TTY: 711)。這些服務均為免費。



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

ਪਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਇੱਥੇ ਕਾਲ ਕਰੋ 1-855-665-4627 (TTY: 711). ਅਸਮਰਥਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਲਈ ਮਦਦ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-855-665-4627 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

ਧਿਆਨ ਦੇਂ: ਯਦਿ ਆਪਕੇ ਅਪਨੀ ਭਾਸ਼ਾ ਮੌਜੂਦਾ ਸਹਾਇਤਾ ਕੀਤੀ ਜਾਵੇ ਹੋ, ਤਾਂ 1-855-665-4627 (TTY: 711) ਪਰ ਕੌਲ ਕਰੋ। ਵਿਕਲਾਂਗ ਲੋਗਾਂ ਦੀ ਲਿਏ ਬ੍ਰੇਲ ਔਰਾਂ ਬੱਡੇ ਪ੍ਰਿੰਟ ਮੈਂ ਦਸਤਾਵੇਜ਼ ਜੈਂਸੀ ਸਹਾਇਤਾਏਂ ਔਰਾਂ ਸੇਵਾਏਂ ਮੁਫ਼ਤ ਹਨ। 1-855-665-4627 (TTY: 711) ਪਰ ਕੌਲ ਕਰੋ। ਯੇ ਸੇਵਾਏਂ ਮੁਫ਼ਤ ਹਨ।

THOV MUAB SIAB RAU: Yog koj xav tau kev pab ua koj hom lus, hu rau 1-855-665-4627 (TTY: 711). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua ntawv su thiab cov ntawv loj. Hu rau 1-855-665-4627 (TTY: 711). Lawv cov kev pab cuam yog muab pab dawb xwb.

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

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

ຂໍ້ຄວນເອົາໃລ້ໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຈ່ວຍເຫຼືອເປັນພາສາຂອາທ່ານ,
ໃຫ້ໂທຫາ 1-855-665-4627 (TTY: 711). ນອກຈາກນີ້,
ຢັ້ງມີການຈ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນຜົການ ເຊັ່ນ:
ເອກະສານທີ່ເປັນຕົວອັກສອນນູ້ນ ແລະ ຕົວຜົມຂະໜາດໃຫຍ່. ໂທຫາເປີ
1-855-665-4627 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຜົກ.

UA ZOO SAIB: Yog tias koj xav tau kev pab ua koj hom lus, ces
hu rau 1-855-665-4627 (TTY:711). Dhau li no lawm kuj muaj
cov kev pab thiab cov kev pab cuam rau cov neeg uas muaj kev
xiam oob qhab, xws li cov ntaub ntawv ua ntawv xuas thiab
luam ua tus ntawv loj. Hu rau1-855-665-4627 (TTY:711).Cov
kev pab cuam no yog muab yam tsis xam nqi.

ຕໍ່ແນ່ນ: ປ්‍රසිනເບේມුක් ກ්‍රු ກාර්ස් ສාර්ප් මුක් ສුමුද්‍ර
සුතුරේເລຂ 1-855-665-4627 (TTY: 711) ຊື່ ຊື່ ເස් ກ්‍රු ມු
සුමාප ຜ ພ ມ ຢ ຕ ອ ຕ ວ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ ດ
ක් ດ
ක් ດ
ක් ດ

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

ВНИМАНИЕ! Если вам необходима информация на вашем языке, позвоните 1-855-665-4627 (TTY: 711). Для людей с инвалидностью также предоставляются услуги и информация в доступном формате — например, документы шрифтом Брайля или крупным шрифтом.

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

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

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

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

PAUNAWA: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-855-665-4627 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malalaking print. Tumawag sa 1-855-665-4627 (TTY: 711). Ang mga serbisyo ito ay libre.

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ โทร 1-855-665-4627 (TTY: 711) รวมถึงยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรภาษาเบรล์และตัวพิมพ์ใหญ่ อีกด้วย โทร 1-855-665-4627(TTY: 711) บริการเหล่านี้ไม่มีค่าใช้จ่าย

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

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

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

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

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

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

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

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

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

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

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

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

B2. Nagbabago ba ang *Listahan ng Gamot*?

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

Kapag mangyari ang mga pagbabagong ito:

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

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

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

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

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

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

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

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

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

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

Ang talahanayan sa Listahan ng mga Gamot ayon sa kondisyon medikal ay may column na may label na "Mga kinakailangang gawin, mga paghihigpit, o mga limitasyon sa paggamit."

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

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

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

May dalawang paraan upang hanapin ang isang gamot:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

B11. Paano ako hihiling ng isang pagbubukod?

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

B12. Gaano katagal bago makakuha ng isang pagbubukod?

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

Ipadala ang pahayag ng tagapagreseta sa:
Molina Healthcare
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

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

B13. Ano ang mga generic na gamot?

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

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

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

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

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

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

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

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

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

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

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

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

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

B18. Ano ang aking copay?

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

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

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

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

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

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

Lahat ng tier ay walang copay.

Ang mga OTC ay may \$0 na copay.

Kung mayroon kang mga tanong, tumawag sa mga Serbisyo para sa Miyembro sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras, Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras.

C. Overview ng *Listahan ng Mga Saklaw na Gamot*

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

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

Mga Apela sa Iilim ng Bahagi D

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

C1. Listahan ng Mga Gamot ayon sa Medikal na Kondisyon

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

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

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

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

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

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

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

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

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

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

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

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



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

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

MOLINA_CY25_1T_SNPMOD eff 08/01/2025**Drug Name****Drug Tier Requirements/Limits****ANALGESICS****GOUT**

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

MISCELLANEOUS

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<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	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
EDURANT PED TBSO 2.5mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM

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

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

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	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</i> tab 600- 200-300 mg	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df</i> tab 400-300- 300 mg	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df</i> tab 600-300- 300 mg	1	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df</i> tab 200-25- 300 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 100-150 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 133-200 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 167-250 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate</i> tab 200-300 mg	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine</i> tab 150-300 mg	1	NM

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

Drug Name	Drug Tier	Requirements/Limits
<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	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	1	NDS
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECATOR TABS 250mg	1	
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
entecavir 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
famciclovir TABS 125mg, 250mg, 500mg	1	
ganciclovir sodium 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
lamivudine (hbv) TABS 100mg	1	NM

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

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

Drug Name	Drug Tier	Requirements/Limits
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-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>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>TEFLARO</i> 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	
<i>DIFICID</i> 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	
<i>ERYTHROCIN LACTOBIONATE</i> SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 <i>mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 <i>mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp</i> 400-57 <i>mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 <i>mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin & k clavulanate tab er 12hr</i> 1000- 62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1- 0.5) gm	1	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2- 1) gm	1	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
<i>BICILLIN L-A</i> 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	
<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</i> 3.375 gm (3-0.375 gm)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg</i>	1	NDS, NM
<i>NUZYRA TABS 150mg</i>	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	1	NDS, B/D, NM
<i>BENDEKA SOLN 100mg/4ml</i>	1	NDS, B/D, NM
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	1	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml</i>	1	NDS, B/D, NM
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	1	NDS, B/D
<i>cyclophosphamide SOLR 2gm</i>	1	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	1	B/D

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

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NDS, NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM
TABLOID TABS 40mg	1	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
<i>ELIGARD</i> KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
<i>ERLEADA</i> TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>ERLEADA</i> TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>EULEXIN</i> CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
<i>FIRMAGON</i> SOLR 80mg	1	NM, PA
<i>FIRMAGON</i> 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
<i>LUPRON</i> DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
<i>LUPRON</i> DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
<i>LYSODREN</i> TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
<i>NUBEQA</i> TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>ORGOVYX</i> TABS 120mg	1	NDS, NM, PA
<i>ORSERDU</i> TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>ORSERDU</i> TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>SOLTAMOX</i> SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
<i>XTANDI</i> CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>XTANDI</i> TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>XTANDI</i> TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>YONSA</i> TABS 125mg	1	NDS, QL (120 tabs / 30 days), NM, PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
---	---	-------------------------------------

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
hydroxyurea CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj</i> 100mg	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTrif TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUWICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUWICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUWICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUWICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA

 **Kung mayroon kayong mga tanong**, tumawag sa Molina Medicare Complete Care Plus sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras,

Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

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

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA

 **Kung mayroon kayong mga tanong**, tumawag sa Molina Medicare Complete Care Plus sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras,

Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

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

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORA TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
---	---	------------------------

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

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

Drug Name	Drug Tier	Requirements/Limits
<u>amlodipine besylate-benazepril hcl cap 5-10 mg</u>	1	QL (30 caps / 30 days)
<u>amlodipine besylate-benazepril hcl cap 5-20 mg</u>	1	QL (30 caps / 30 days)
<u>amlodipine besylate-benazepril hcl cap 5-40 mg</u>	1	QL (30 caps / 30 days)
<u>amlodipine besylate-benazepril hcl cap 10-20 mg</u>	1	QL (30 caps / 30 days)
<u>amlodipine besylate-benazepril hcl cap 10-40 mg</u>	1	QL (30 caps / 30 days)
<u>benazepril & hydrochlorothiazide tab 5-6.25mg</u>	1	
<u>benazepril & hydrochlorothiazide tab 10-12.5 mg</u>	1	
<u>benazepril & hydrochlorothiazide tab 20-12.5 mg</u>	1	
<u>benazepril & hydrochlorothiazide tab 20-25 mg</u>	1	
<u>captopril & hydrochlorothiazide tab 25-15 mg</u>	1	
<u>captopril & hydrochlorothiazide tab 25-25 mg</u>	1	
<u>captopril & hydrochlorothiazide tab 50-15 mg</u>	1	
<u>captopril & hydrochlorothiazide tab 50-25 mg</u>	1	
<u>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</u>	1	
<u>enalapril maleate & hydrochlorothiazide tab 10-25 mg</u>	1	
<u>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</u>	1	
<u>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</u>	1	
<u>lisinopril & hydrochlorothiazide tab 10-12.5 mg</u>	1	
<u>lisinopril & hydrochlorothiazide tab 20-12.5 mg</u>	1	
<u>lisinopril & hydrochlorothiazide tab 20-25 mg</u>	1	
ACE INHIBITORS		
<u>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</u>	1	
<u>captopril TABS 12.5mg, 25mg, 50mg, 100mg</u>	1	
<u>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</u>	1	
<u>fosinopril sodium TABS 10mg, 20mg, 40mg</u>	1	
<u>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</u>	1	
<u>moexipril hcl TABS 7.5mg, 15mg</u>	1	
<u>perindopril erbumine TABS 2mg, 4mg, 8mg</u>	1	
<u>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</u>	1	
<u>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</u>	1	
<u>trandolapril TABS 1mg, 2mg, 4mg</u>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<u>eplerenone TABS 25mg, 50mg</u>	1	
<u>KERENDIA TABS 10mg, 20mg</u>	1	QL (30 tabs / 30 days)
<u>spironolactone TABS 25mg, 50mg, 100mg</u>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ALPHA BLOCKERS</i>		
<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	
<i>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</i>		
<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)
<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)
<i>ENTRESTO CAP 6-6MG</i>	1	QL (240 caps / 30 days)
<i>ENTRESTO CAP 15-16MG</i>	1	QL (240 caps / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	1	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 49-51MG</i>	1	QL (60 tabs / 30 days)
<i>ENTRESTO TAB 97-103MG</i>	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)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>olmesartanamlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanamlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartanhydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>NEXLETOL</i> TABS 180mg	1	QL (30 tabs / 30 days)
<i>NEXLIZET</i> 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	
<i>REPATHA</i> SOSY 140mg/ml	1	NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	

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

Drug Name	Drug Tier Requirements/Limits
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1
<i>isradipine</i> CAPS 2.5mg, 5mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1
<i>nimodipine</i> CAPS 30mg	1
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1
<i>amiloride hcl</i> TABS 5mg	1
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1
<i>chlorthalidone</i> TABS 25mg, 50mg	1
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1
<i>furosemide inj</i> SOLN 10mg/ml	1
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1
<i>indapamide</i> TABS 1.25mg, 2.5mg	1
<i>methazolamide</i> TABS 25mg, 50mg	1
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1
<i>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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	1	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	1	
<i>digoxin TABS 125mcg, 250mcg</i>	1	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	1	
<i>guanfacine hcl TABS 1mg, 2mg</i>	1	PA; PA applies if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	1	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	1	NDS, NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil TABS 2.5mg, 10mg</i>	1	
<i>ranolazine TB12 500mg, 1000mg</i>	1	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	1	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq TABS 20mg</i>	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan TABS 5mg, 10mg</i>	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan TABS 62.5mg, 125mg</i>	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>OPSUMIT TABS 10mg</i>	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg</i>	1	QL (360 tabs / 30 days), NM, PA

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 TABS 200mg</i>	1	
<i>INBRIJA CAPS 42mg</i>	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	1	NDS, QL (1 syringe / 56 days)
<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	1	NDS, QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days), ST
<i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i>	1	NDS, QL (1 syringe / 28 days)
<i>ARISTADA PRSY 1064mg/3.9ml</i>	1	NDS, QL (1 syringe / 56 days)
<i>ARISTADA INITIO PRSY 675mg/2.4ml</i>	1	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
<i>CAPLYTA CAPS 10.5mg, 21mg, 42mg</i>	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
<i>FANAPT</i> TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
<i>FANAPT</i> PAK PACK A	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxpipamine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	

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

Drug Name		Drug Tier	Requirements/Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg		1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg		1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg		1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg		1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg		1	NDS, QL (2 injections / 28 days)
<i>SECUADO</i> 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	
<i>VERSACLOZ</i> SUSP 50mg/ml		1	NDS, QL (600 mL / 30 days), PA
<i>VRAYLAR</i> CAPS 1.5mg		1	NDS, QL (60 caps / 30 days)
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg		1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg		1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg		1	QL (6 injections / 3 days)

ANTISEIZURE AGENTS

<i>APTIOM</i> TABS 200mg, 400mg		1	NDS, QL (30 tabs / 30 days)
<i>APTIOM</i> TABS 600mg, 800mg		1	NDS, QL (60 tabs / 30 days)
<i>BRIVIACT</i> SOLN 10mg/ml		1	NDS, QL (600 mL / 30 days), PA
<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg		1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg		1	
<i>clobazam</i> SUSP 2.5mg/ml		1	QL (480 mL / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>LEVETIRACETAM</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<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	
<i>methylsuximide</i> CAPS 300mg	1	
<i>NAYZILAM</i> SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<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
<i>SPRITAM</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>SPRITAM</i> TB3D 500mg	1	QL (180 tabs / 30 days)
<i>SPRITAM</i> TB3D 750mg	1	QL (120 tabs / 30 days)
<i>SPRITAM</i> TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>SYMPAZAN</i> FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
<i>VALTOCO</i> 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>VALTOCO</i> 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
vigabatrin PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<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>EMGALITY</i> SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
<i>EMGALITY</i> SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
<i>EMGALITY</i> SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl TABS 1mg, 2.5mg</i>	1	QL (12 tabs / 30 days)
<i>NURTEC TBDP 75mg</i>	1	QL (16 tabs / 30 days), PA
<i>QULIPTA TABS 10mg, 30mg, 60mg</i>	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	1	QL (24 units / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	1	QL (12 units / 30 days)
<i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i>	1	QL (18 injections / 30 days)
<i>sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i>	1	QL (12 tabs / 30 days)
<i>UBRELVY TABS 50mg, 100mg</i>	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
<i>AUSTEDO TABS 6mg</i>	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>AUSTEDO TABS 9mg, 12mg</i>	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>AUSTEDO XR TB24 6mg</i>	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>AUSTEDO XR TB24 12mg</i>	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>AUSTEDO XR TB24 18mg, 24mg</i>	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg</i>	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>AUSTEDO XR TAB TITR KIT</i>	1	NDS, QL (2 packs / year), NM, PA
<i>lithium SOLN 8meq/5ml</i>	1	
<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg</i>	1	
<i>NUEDEXTA CAP 20-10MG</i>	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS 60mg</i>	1	
<i>riluzole TABS 50mg</i>	1	
<i>tetrabenazine TABS 12.5mg</i>	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine TABS 25mg</i>	1	NDS, QL (120 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	1	
carisoprodol 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
cyclobenzaprine hcl 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
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
<i>NICOTROL INHALER</i> INHA 10mg	1	
<i>NICOTROL NS</i> SOLN 10mg/ml	1	

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

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

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</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 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
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	

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

Drug Name	Drug Tier	Requirements/Limits
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
ibandronate sodium TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, NM, PA; (ALVOGEN product)
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
deferasirox TBSO 250mg, 500mg	1	NDS, NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NDS, NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyeq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<u>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</u>	1	
<u>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</u>	1	
<u>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</u>	1	
<u>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</u>	1	
<u>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</u>	1	
<u>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</u>	1	
<u>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</u>	1	
<u>norlyroc TABS .35mg</u>	1	
<u>nortrel 0.5/35 (28)</u>	1	
<u>nortrel 1/35 (21)</u>	1	
<u>nortrel 1/35 (28)</u>	1	
<u>nortrel 7/7/7</u>	1	
<u>nylia 1/35</u>	1	
<u>nylia 7/7/7</u>	1	
<u>ocella</u>	1	
<u>philith</u>	1	
<u>pimtrea</u>	1	
<u>portia-28</u>	1	
<u>reclipsen</u>	1	
<u>rivelsa</u>	1	
<u>rosyrah</u>	1	
<u>setlakin</u>	1	
<u>sharobel TABS .35mg</u>	1	
<u>simliya</u>	1	
<u>simpesse</u>	1	
<u>sprintec 28</u>	1	
<u>sronyx</u>	1	
<u>syeda</u>	1	
<u>tarina 24 fe</u>	1	
<u>tarina fe 1/20 eq</u>	1	
<u>tilia fe</u>	1	
<u>tri-estarrylla</u>	1	
<u>tri-legest fe</u>	1	

 **Kung mayroon kayong mga tanong**, tumawag sa Molina Medicare Complete Care Plus sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras,

Abril 1 - Setyembre 30: Lunes – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienna</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethynodiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethynodiol tab 1 mg-5 mcg</i>	1	
<i>yuvafem</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
<i>DEXAMETHASONE INTENSOL CONC</i> 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
<i>PREDNISONE INTENSOL CONC</i> 5mg/ml	1	B/D
<i>SOLU-CORTEF</i> SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
<i>ZEGALOGUE SOAJ</i> .6mg/0.6ml; SOSY .6mg/0.6ml	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline TABS .5mg</i>	1	
<i>carglumic acid TBSO 200mg</i>	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl TABS 30mg, 60mg</i>	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl TABS 90mg</i>	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate SOLN 4mcg/ml</i>	1	NDS
<i>desmopressin acetate TABS .1mg, .2mg</i>	1	
<i>desmopressin acetate spray SOLN .01%</i>	1	
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor PACK 100mg, 500mg; TABS 100mg</i>	1	NDS, NM, PA
<i>lanreotide acetate SOLN 120mg/0.5ml</i>	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</i>	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia) TABS 300mg</i>	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone CAPS 2mg, 5mg, 10mg, 20mg</i>	1	NDS, NM, PA
<i>octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml</i>	1	NM, PA
<i>octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml</i>	1	NDS, NM, PA
<i>raloxifene hcl TABS 60mg</i>	1	
<i>sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg</i>	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	1	
megestrol acetate (appetite) SUSP 625mg/5ml	1	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>gransetron 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 applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>INFLAMMATORY BOWEL DISEASE</i>		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
<i>LAXATIVES</i>		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>PLENVU SOL</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<i>MISCELLANEOUS</i>		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	1	
<i>CREON CAP 6000UNIT</i>	1	
<i>CREON CAP 12000UNT</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	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 TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	1	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg</i>	1	
<i>rabeprazole sodium TBEC 20mg</i>	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl TB24 10mg</i>	1	QL (30 tabs / 30 days)
<i>dutasteride CAPS .5mg</i>	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 TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>tadalafil TABS 5mg</i>	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl CAPS .4mg</i>	1	QL (60 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>acetic acid SOLN .25%</i>	1	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	1	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate TB24 4mg, 8mg</i>	1	QL (30 tabs / 30 days)
<i>GEMTESA TABS 75mg</i>	1	QL (30 tabs / 30 days)
<i>MYRBETRIQ SRER 8mg/ml</i>	1	QL (300 mL / 28 days)
<i>MYRBETRIQ TB24 25mg, 50mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride SOLN 5mg/5ml</i>	1	QL (600 mL / 30 days)
<i>oxybutynin chloride TABS 5mg</i>	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride TB24 5mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>solifenacin succinate TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate CP24 2mg, 4mg</i>	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate TABS 1mg, 2mg</i>	1	QL (60 tabs / 30 days)
<i>trospium chloride TABS 20mg</i>	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal CREA 2%</i>	1	
<i>metronidazole vaginal GEL .75%</i>	1	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate CAPS 110mg</i>	1	QL (120 caps / 30 days)
<i>ELIQUIS TABS 2.5mg</i>	1	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	1	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	1	
<i>fondaparinux sodium SOLN 2.5mg/0.5ml</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>L-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>BRILINTA</i> TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
<i>ADALIMUMAB-AACF</i> (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
<i>ADALIMUMAB-AACF</i> (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
<i>ADALIMUMAB-AACF STARTER P</i> AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
<i>COSENTYX</i> SOLN 125mg/5ml	1	NDS, NM, PA
<i>COSENTYX</i> SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
<i>COSENTYX</i> SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
<i>COSENTYX SENSOREADY PEN</i> SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
<i>COSENTYX UNOREADY</i> SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 days), NM, PA
<i>DUPIXENT</i> SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
<i>DUPIXENT</i> SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
<i>ENBREL</i> SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
<i>ENBREL</i> SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
<i>ENBREL</i> SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
<i>ENBREL MINI</i> SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

hydroxychloroquine sulfate TABS 200mg	1
---------------------------------------	---

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
<i>NULOJIX</i> SOLR 250mg	1	NDS, B/D, NM
<i>PROGRAF</i> PACK .2mg, 1mg	1	B/D, NM
<i>REZUROCK</i> TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1
ACTHIB INJ	1
ADACEL INJ	1
AREXVY SUSR 120mcg/0.5ml	1
BCG VACCINE SOLR 50mg	1
BEXSERO SUSY .5ml	1
BOOSTRIX INJ	1
DAPTACEL INJ	1
DENGVAXIA SUS	1
DIP/TET PED INJ 25-5LFU	1
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1
GARDASIL 9 SUSP .5ml; SUSY .5ml	1
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1
HEPLISAV-B SOSY 20mcg/0.5ml	1
HIBERIX SOLR 10mcg	1
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1
INFANRIX INJ	1
IPOV INJ INACTIVE	1
IXCHIQ INJ	1
IXIARO INJ	1
JYNNEOS SUSP .5ml	1
KINRIX INJ	1
M-M-R II INJ	1

 **Kung mayroon kayong mga tanong**, tumawag sa Molina Medicare Complete Care Plus sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na oras,

Abril 1 - Setyembre 30: Lunes – Biernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito.

Para sa karagdagang impormasyon, bisitahin ang MolinaHealthcare.com/Medicare.

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

Drug Name	Drug Tier	Requirements/Limits
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTAVERSE SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D10W/NACL INJ 0.2%	1
dextrose 2.5% w/ sodium chloride 0.45%	1
dextrose 5% in lactated ringers	1
dextrose 5% w/ sodium chloride 0.2%	1
dextrose 5% w/ sodium chloride 0.3%	1
dextrose 5% w/ sodium chloride 0.9%	1
dextrose 5% w/ sodium chloride 0.45%	1
dextrose 5% w/ sodium chloride 0.225%	1
dextrose 10% w/ sodium chloride 0.45%	1
ISOLYTE-P INJ /D5W	1

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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>TOBRADEX OIN 0.3-0.1%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<i>ZYLET SUS 0.5-0.3%</i>	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>BESIVANCE SUSP .6%</i>	1	
<i>CILOXAN OINT .3%</i>	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>NATACYN SUSP 5%</i>	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-gramcid 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	
<i>XDEMVY SOLN .25%</i>	1	NDS, NM, PA
<i>ZIRGAN GEL .15%</i>	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate (ophth)</i>	1	
SOLN .1%		
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>diloprednate EMUL</i> .05%	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	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIATE 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, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>proparacaine hcl SOLN .5%</i>	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<u>LEUKOTRIENE MODULATORS</u>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
<u>MISCELLANEOUS</u>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	1	QL (118 mL / 30 days)
<i>tretinoi</i> n CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	1	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	1	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort</i> CREA 1%	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)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>protozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR KIT 3 SENSOR	0	PA
FREESTY LIBR KIT SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTY LIBR MIS 3 READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

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

D. Index ng Mga Saklaw na Gamot

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

<i>abacavir sulfate</i>.....25	ADALIMUMAB-AACF STARTER P	alyacen 1/35.....71
<i>abacavir sulfate-</i> <i>lamivudine tab 600-</i> <i>300 mg</i>	<i>adefovir dipivoxil</i> ... 27	<i>alyacen</i> 7/7/7 .....71
<i>ABELCET</i>	ADMELOG	ALYFTREK TAB 10-50-
<i>ABILIFY ASIMTUFII</i> .54	ADMELOG SOLOSTAR	125.....97
<i>ABILIFY MAINTENA</i> .54	ADVAIR HFA AER	ALYFTREK TAB 4-20-
<i>abiraterone acetate</i> .32	115/21	50 .....97
<i>abirtega</i>	ADVAIR HFA AER	ALYGLO.....88
<i>ABRYSVO</i>	230/21	<i>alyq</i>.....50
<i>acamprosate calcium</i>	ADVAIR HFA AER	<i>amantadine hcl</i> .....53
.....66	45/21	<i>ambrisentan</i>
<i>acarbose</i>	<i>afirmelle</i>	50
<i>accutane</i>	AIMOVIG	<i>amethia</i>
<i>acebutolol hcl</i>.....48	AIRSUPRA AER 90-	71
<i>acetaminophen w/</i> <i>codeine soln 120-12</i> <i>mg/5ml</i>	80MCG	<i>amethyst</i>.....71
<i>acetaminophen w/</i> <i>codeine tab 300-15</i> <i>mg</i>.....21	AKEEGA TAB 100/500	<i>amikacin sulfate</i> ....22
<i>acetaminophen w/</i> <i>codeine tab 300-30</i> <i>mg</i>.....21	.....32	<i>amiloride &</i>
<i>acetaminophen w/</i> <i>codeine tab 300-60</i> <i>mg</i>.....21	AKEEGA TAB	<i>hydrochlorothiazide</i>
<i>acetazolamide</i>	50/500MG	<i>tab 5-50 mg</i>
<i>acetic acid</i>	<i>ala-cort</i>	49
<i>acetic acid (otic)</i>....95	<i>albendazole</i>.....22	<i>amiodarone hcl</i>
<i>acetylcysteine</i>	<i>albuterol sulfate</i>....96	<i>amitriptyline hcl</i>
<i>acitretin</i>	<i>alclometasone</i>	52
<i>ACTHIB INJ</i>.....89	<i>dipropionate</i>	<i>amlodipine besylate</i> 48
<i>ACTIMMUNE</i>.....88	101	<i>amlodipine besylate-</i>
<i>acyclovir</i>.....27	ALCOHOL SWABS: BD-	<i>benazepril hcl cap</i>
<i>acyclovir sodium</i>....27	EMBECTA/MHC/RUG	10-20 mg
<i>ADACEL INJ</i>	BY	44
<i>ADALIMUMAB-AACF (2</i> <i>PEN)</i>	ALDURAZYME	<i>amlodipine besylate-</i>
<i>ADALIMUMAB-AACF (2</i> <i>SYRING</i>	34	<i>benazepril hcl cap</i>
85	<i>alecensa</i>	2.5-10 mg
85	<i>alendronate sodium</i> 71	43
85	<i>alfuzosin hcl</i>	<i>amlodipine besylate-</i>
85	<i>aliskiren fumarate</i> .. 50	<i>benazepril hcl cap</i> 5-
85	<i>allopurinol</i>.....20	10 mg
85	<i>alosetron hcl</i>	44
85	<i>alprazolam</i>	<i>amlodipine besylate-</i>
85	<i>altavera</i>	<i>benazepril hcl cap</i> 5-
85	71	20 mg
85	ALUNBRIG.....34, 35	44
85	ALUNBRIG PAK	<i>amlodipine besylate-</i>
85	35	<i>olmesartan</i>
85	ALVAIZ	
85	84	
85	ALVESCO	
85	98	

<i>medoxomil tab 10-20 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	45
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	45
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	45
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	45
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	45
<i>amnesteem</i>	100
<i>amoxapine</i>	52
<i>amoxicillin</i>	30
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> ..	30
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> ..	30
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> ...	30
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> ..	30
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	30
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	30
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	30
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	30
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	61
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	61
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	62
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	62
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	62
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> ..	61
<i>amphetamine-dextroamphetamine tab 10 mg</i>	62
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	62
<i>amphetamine-dextroamphetamine tab 15 mg</i>	62
<i>amphetamine-dextroamphetamine tab 20 mg</i>	62
<i>amphetamine-dextroamphetamine tab 30 mg</i>	62
<i>amphetamine-dextroamphetamine tab 5 mg</i>	62
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	62
<i>amphotericin b</i>	24
<i>amphotericin b liposome</i>	24
<i>ampicillin</i>	30
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	30
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	30
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	30
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	30
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	30
<i>ampicillin sodium</i> ...	30
<i>anagrelide hcl</i>	84
<i>anastrozole</i>	33
<i>ANORO ELLIPT AER 62.5-25</i>	95
<i>aprepitant</i>	80
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	80
<i>apri</i>	71
<i>APTIOM</i>	57
<i>APTIVUS</i>	25
<i>ARALAST NP</i>	97
<i>aranelle</i>	71
<i>ARCALYST</i>	88
<i>AREXVY</i>	89
<i>ARIKAYCE</i>	22
<i>ariPIPRAZOLE</i>	54
<i>ARISTADA</i>	54
<i>ARISTADA INITIO</i>	54
<i>armodafinil</i>	66
<i>ARNUITY ELLIPTA</i> ...	99

<i>asenapine maleate</i> ..	54
<i>ashlyna</i>	72
<i>aspirin-dipyridamole</i>	
<i>cap er 12hr 25-200 mg</i>	85
<i>ASTAGRAF XL</i>	88
<i>atazanavir sulfate</i> ...	25
<i>atenolol</i>	48
<i>atenolol & chlorthalidone tab 100-25 mg</i>	48
<i>atenolol & chlorthalidone tab 50-25 mg</i>	48
<i>atomoxetine hcl</i>	62
<i>atorvastatin calcium</i> 47	
<i>atovaquone</i>	22
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	24
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	24
ATROPINE SULFATE 94	
<i>atropine sulfate (ophthalmic)</i>	94
ATROVENT HFA	95
<i>aubra eq</i>	72
AUGTYRO	35
<i>aurovela 1/20</i>	72
<i>aurovela 24 fe</i>	72
<i>aurovela fe 1.5/30</i> ..	72
<i>aurovela fe 1/20</i>	72
AUSTEDO	64
AUSTEDO XR	64
AUSTEDO XR TAB TITR KIT	64
AUVELITY TAB 45-105MG	52
<i>aviane</i>	72
<i>ayuna</i>	72
AYVAKIT	35
<i>azacitidine</i>	32
<i>azathioprine</i>	88
<i>azelastine hcl</i>	96
<i>azelastine hcl (ophth)</i>	94
<i>azithromycin</i>	29
<i>aztreonam</i>	22
<i>azurette</i>	72
<i>bacitracin (ophthalmic)</i>	93
<i>bacitracin-polymyxin b ophth oint</i>	93
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	92
<i>baclofen</i>	65
BAFIERTAM	65
<i>balsalazide disodium</i>	81
BALVERSA	35
<i>balziva</i>	72
BARACLUDE	27
BASAGLAR KWIKPEN	69
BCG VACCINE	89
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> ..	44
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> ..	44
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> ..	44
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> ..	44
<i>benazepril hcl</i>	44
BENDAMUSTINE HYDROCHLORID .	31
BENDEKA	31
BENLYSTA	88
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	100
<i>benztropine mesylate</i>	53
BERINERT	84
BESIVANCE	93
BESREMI	34
<i>betaine powder for oral solution</i>	78
<i>betamethasone dipropionate (topical)</i>	101
<i>betamethasone dipropionate augmented</i>	101
<i>betamethasone valerate</i>	101
BETASERON	65
<i>betaxolol hcl</i>	48
<i>betaxolol hcl (ophth)</i>	94
<i>bethanechol chloride</i>	83
BETOPTIC-S	94
BEVESPI AER 9-4.8MCG	95
<i>bexarotene</i>	34
<i>bexarotene (topical)</i>	102
BEXZERO	89
<i>bicalutamide</i>	33
BICILLIN L-A	30
BIKTARVY TAB 30-120-15 MG	26
BIKTARVY TAB 50-200-25 MG	26
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> ...	48
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> ..	48
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	48
<i>bisoprolol fumarate</i>	48
BIVIGAM	88
<i>blisovi 24 fe</i>	72
<i>blisovi fe 1.5/30</i>	72
BOOSTRIX INJ	89
<i>bortezomib</i>	35
BORTEZOMIB	35
<i>bosentan</i>	50
BOSULIF	35
BRAFTOVI	35

BREO ELLIPTA INH	
100-25	99
BREO ELLIPTA INH	
200-25	99
BREO ELLIPTA INH 50-	
25MCG	99
breyna	99
BREZTRI AERO AER	
SPHERE	95
BREZTRI AERO AER	
SPHERE	
(INSTITUTIONAL	
PACK)	95
briellyn.....	72
BRILINTA	85
brimonidine tartrate	94
brinzolamide	94
BRIVIACT	57
bromfenac sodium	
(ophth).....	93
bromocriptine	
mesylate	53
BRONCHITOL	97
BRUKINSA	35
budesonide	81
budesonide	
(inhalation)	99
budesonide-formoterol	
fumarate dihyd	
aerosol 160-4.5	
mcg/act.....	99
budesonide-formoterol	
fumarate dihyd	
aerosol 80-4.5	
mcg/act.....	99
bumetanide	49
buprenorphine	20
buprenorphine hcl...66	
buprenorphine hcl-	
naloxone hcl sl film	
12-3 mg (base	
equiv)	66
buprenorphine hcl-	
naloxone hcl sl film	
2-0.5 mg (base	
equiv)	66
buprenorphine hcl-	
naloxone hcl sl film	
4-1 mg (base equiv)	
.....	66
buprenorphine hcl-	
naloxone hcl sl film	
8-2 mg (base equiv)	
.....	66
buprenorphine hcl-	
naloxone hcl sl tab	
2-0.5 mg (base	
equiv).....	66
buprenorphine hcl-	
naloxone hcl sl tab	
8-2 mg (base equiv)	
.....	66
bupropion hcl	52
bupropion hcl	
(smoking deterrent)	
.....	66
buspirone hcl.....	51
butorphanol tartrate	21
cabergoline	78
CABOMETYX	35
calcipotriene.....	101
calcitonin (salmon)	
spray	71
calcitrene	101
calcitriol.....	80
calcitriol (oral).....	80
CALQUENCE	35
camila	72
camrese	72
camrese lo	72
candesartan cilexetil	46
candesartan cilexetil-	
hydrochlorothiazide	
tab 16-12.5 mg ..	45
candesartan cilexetil-	
hydrochlorothiazide	
tab 32-12.5 mg ..	45
candesartan cilexetil-	
hydrochlorothiazide	
tab 32-25 mg	45
CAPLYTA.....	54
CAPRELSA.....	35
captopril	44
captopril &	
hydrochlorothiazide	
tab 25-15 mg.....	44
captopril &	
hydrochlorothiazide	
tab 25-25 mg.....	44
captopril &	
hydrochlorothiazide	
tab 50-15 mg.....	44
captopril &	
hydrochlorothiazide	
tab 50-25 mg.....	44
carb/levo orally	
disintegrating tab	
10-100mg	53
carb/levo orally	
disintegrating tab	
25-100mg	53
carb/levo orally	
disintegrating tab	
25-250mg	53
carbamazepine.....	57
carbidopa & levodopa	
tab 10-100 mg	53
carbidopa & levodopa	
tab 25-100 mg	53
carbidopa & levodopa	
tab 25-250 mg	53
carbidopa & levodopa	
tab er 25-100 mg	53
carbidopa & levodopa	
tab er 50-200 mg	53
carbidopa-levodopa-	
entacapone tabs	
12.5-50-200 mg..	54
carbidopa-levodopa-	
entacapone tabs	
18.75-75-200 mg	54
carbidopa-levodopa-	
entacapone tabs 25-	
100-200 mg.....	54
carbidopa-levodopa-	
entacapone tabs	
31.25-125-200 mg	
.....	54

<i>carbidopa-levodopa-entacapone tabs</i>	
<i>37.5-150-200 mg</i>	54
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>50-200-200 mg</i>	54
<i>carboplatin</i>	31
<i>carglumic acid</i>	78
<i>carisoprodol</i>	65
<i>carteolol hcl (ophth)</i>	94
<i>cartia xt</i>	48
<i>carvedilol</i>	48
<i>caspofungin acetate</i>	24
<i>CAYSTON</i>	22
<i>cefaclor</i>	28
<i>cefadroxil</i>	28
<i>CEFAZOLIN</i>	28
<i>CEFAZOLIN INJ</i>	
<i>1GM/50ML</i>	28
<i>cefazolin sodium</i>	28
<i>CEFAZOLIN SOLN</i>	
<i>2GM/100ML-4%</i>	28
<i>CEFAZOLIN/DEX SOL</i>	
<i>1GM/50ML-4%</i>	28
<i>CEFAZOLIN/DEX SOL</i>	
<i>2GM/50ML-3%</i>	28
<i>CEFAZOLIN/DEX SOL</i>	
<i>3GM/150ML-4%</i>	28
<i>CEFAZOLIN/DEX SOL</i>	
<i>3GM/50ML-2%</i>	28
<i>cefdinir</i>	28
<i>cefpime hcl</i>	28
<i>cefixime</i>	28
<i>cefotetan disodium</i>	28
<i>cefoxitin sodium</i>	28
<i>cefpodoxime proxetil</i>	
.....	28
<i>cefprozil</i>	29
<i>ceftazidime</i>	29
<i>ceftriaxone sodium</i>	29
<i>cefuroxime axetil</i>	29
<i>cefuroxime sodium</i>	29
<i>celecoxib</i>	20
<i>cephalexin</i>	29
<i>CEQUR SIMPL KIT</i>	
<i>PATCH 2U (3-DAY)</i>	
.....	69
<i>CEQUR SIMPL KIT</i>	
<i>PATCH 2U (4-DAY)</i>	
.....	69
<i>CEQUR SIMPL MIS</i>	
<i>INSERTER</i>	69
<i>CERDELGA</i>	78
<i>CEREZYME</i>	78
<i>cetirizine hcl</i>	96
<i>cevimeline hcl</i>	103
<i>chateal eq</i>	72
<i>CHEMET</i>	71
<i>chlorhexidine gluconate (mouth-throat)</i>	103
<i>chloroquine phosphate</i>	
.....	24
<i>chlorpromazine hcl</i>	54
<i>chlorthalidone</i>	49
<i>cholestyramine</i>	47
<i>cholestyramine light</i>	47
<i>ciclopirox</i>	100
<i>ciclopirox olamine</i>	100
<i>cilostazol</i>	84
<i>CILOXAN</i>	93
<i>CIMDUO TAB 300-300</i>	
.....	26
<i>cinacalcet hcl</i>	78
<i>ciprofloxacin 200 mg/100ml in d5w</i>	29
<i>ciprofloxacin 400 mg/200ml in d5w</i>	29
<i>ciprofloxacin hcl</i>	29
<i>ciprofloxacin hcl (ophth)</i>	93
<i>ciprofloxacin-</i>	
<i>dexamethasone otic susp 0.3-0.1%</i>	95
<i>cisplatin</i>	31
<i>citalopram</i>	
<i>hydrobromide</i>	52
<i>claravis</i>	100
<i>clarithromycin</i>	29
<i>clindamycin hcl</i>	22
<i>clindamycin palmitate hydrochloride</i>	22
<i>clindamycin phosphate</i>	
.....	22
<i>clindamycin phosphate (topical)</i>	100
<i>clindamycin phosphate in d5w iv soln</i>	300
<i>mg/50ml</i>	22
<i>clindamycin phosphate in d5w iv soln</i>	600
<i>mg/50ml</i>	22
<i>clindamycin phosphate in d5w iv soln</i>	900
<i>mg/50ml</i>	22
<i>clindamycin phosphate vaginal</i>	83
<i>CLINDMYC/NAC INJ 300/50ML</i>	22
<i>CLINDMYC/NAC INJ 600/50ML</i>	22
<i>CLINDMYC/NAC INJ 900/50ML</i>	22
<i>CLINIMIX INJ 4.25/D10</i>	92
<i>CLINIMIX INJ 4.25/D5W</i>	92
<i>CLINIMIX INJ 5%/D15W</i>	92
<i>CLINIMIX INJ 5%/D20W</i>	92
<i>CLINIMIX INJ 6/5</i>	92
<i>CLINIMIX INJ 8/10</i>	92
<i>CLINIMIX INJ 8/14</i>	92
<i>clinisol sf 15%</i>	92
<i>CLINOLIPID EMU 20%</i>	
.....	92
<i>clobazam</i>	57, 58
<i>clobetasol propionate e</i>	
.....	101
<i>clobetasol propionate e</i>	101
<i>clomipramine hcl</i>	52
<i>clonazepam</i>	58
<i>clonidine</i>	50
<i>clonidine hcl</i>	50
<i>clopidoogrel bisulfate</i>	85
<i>clorazepate dipotassium</i>	58
<i>clotrimazole</i>	103

<i>clotrimazole (topical)</i>		CREON CAP 12000UNT	<i>darunavir</i>	25
.....	100	.....	<i>dasatinib</i>	36
<i>clotrimazole w/</i>		CREON CAP 24000UNT	<i>dasetta 1/35</i>	72
<i>betamethasone</i>		.....	<i>dasetta 7/7/7</i>	72
<i>cream 1-0.05%</i>	. 100	CREON CAP 3000UNIT	<i>DAURISMO</i>	36
<i>clozapine</i>	.....	.....	<i>daysee</i>	72
<i>COARTEM TAB 20-</i>		CREON CAP 36000UNT	<i>DAYVIGO</i>	62
<i>120MG</i>	.....	.....	<i>deblitane</i>	72
<i>COBENFY CAP 100-</i>		CREON CAP 6000UNIT	<i>deferasirox</i>	71
<i>20MG</i>	.....	.....	<i>DELSTRIGO TAB</i>	26
<i>COBENFY CAP 125-</i>		<i>cromolyn sodium</i> ... 97	<i>DENGVAXIA SUS</i> 89	
<i>30MG</i>	.....	<i>cromolyn sodium</i>	<i>DEPO-SUBQ PROVERA</i>	
<i>COBENFY CAP 50-</i>		<i>(mastocytosis)</i> 82	104.....	72
<i>20MG</i>	.....	<i>cromolyn sodium</i>	<i>depo-testosterone</i> .. 67	
<i>COBENFY STRT CAP</i>		<i>(ophth)</i> 94	<i>DESCOVY TAB 120-</i>	
<i>PACK</i>	55	<i>cryselle-28</i> 72	<i>15MG</i>	26
<i>colchicine</i>	.....	<i>cyclobenzaprine hcl</i> 65	<i>DESCOVY TAB</i>	
<i>colchicine w/</i>		<i>cyclophosphamide</i> .. 31	200/25MG	26
<i>probenecid tab 0.5-</i>		<i>CYCLOPHOSPHAMIDE</i>	<i>desipramine hcl</i> 52	
<i>500 mg</i>	.....	.....	<i>desmopressin acetate</i>	
<i>colesevelam hcl</i>	.....	<i>CYCLOPHOSPHAMIDE</i>	.....	78
<i>colestipol hcl</i>	.....	MONOHYDR..... 32	<i>desmopressin acetate</i>	
<i>colistimethate sodium</i>		<i>cycloserine</i> 27	spray	78
.....	22	<i>cyclosporine</i> 88	<i>desmopressin acetate</i>	
<i>COMBIGAN SOL</i>		<i>cyclosporine modified</i>	spray refrigerated	78
0.2/0.5%.....	94	<i>(for microemulsion)</i>	<i>desvenlafaxine</i>	
<i>COMBIVENT AER 20-</i>		.....	<i>succinate</i> 52	
<i>100</i>	.....	88	<i>dexamethasone</i> 77	
<i>COMETRIQ (60MG</i>		<i>cyproheptadine hcl</i> . 96	<i>DEXAMETHASONE</i>	
<i>DOSE)</i>	.....	<i>cyred eq</i> 72	INTENSOL	77
<i>COMETRIQ KIT 100MG</i>		<i>CYSTADROPS</i>	<i>dexamethasone</i>	
.....	36	94	<i>sodium phosphate</i> 77	
<i>COMETRIQ KIT 140MG</i>		<i>CYSTAGON</i>	<i>dexamethasone</i>	
.....	36	78	<i>sodium phosphate</i>	
<i>COMPLERA TAB</i>	.....	<i>CYSTARAN</i>	<i>(ophth)</i>	94
<i>compro</i>	.....	94	<i>DEXCOM G6 MIS</i>	
<i>constulose</i>	.....	<i>cytarabine</i> 32	RECEIVER.....	103
<i>COPAXONE</i>	.....	<i>D10W/NACL INJ 0.2%</i>	<i>DEXCOM G6 MIS</i>	
<i>COPIKTRA</i>	.....	.....	SENSOR	103
<i>CORLANOR</i>	.....	90	<i>DEXCOM G6 MIS</i>	
<i>COSENTYX</i>	.....	<i>D2.5W/NACL INJ</i>	TRANSMIT	103
<i>COSENTYX</i>		0.45%	<i>DEXCOM G7 MIS</i>	
<i>SENSOREADY PEN85</i>		90	RECEIVER.....	104
<i>COSENTYX UNOREADY</i>		<i>dabigatran etexilate</i>	<i>DEXCOM G7 MIS</i>	
.....	85	<i>mesylate</i> 83	SENSOR	104
<i>COTELLIC</i>	.....	<i>dalfampridine</i>	<i>dexamethylphenidate</i>	
	36	65	<i>hcl</i>	62

<i>dextrose</i>	92	<i>diltiazem hcl</i>	48	DRIZALMA SPRINKLE	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	90	<i>diltiazem hcl coated beads</i>	49	<i>dronabinol</i>	52
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	90	<i>diltiazem hcl extended release beads</i>	49	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	80
<i>dextrose 5% in lactated ringers</i>	90	<i>dilt-xr</i>	48	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	72
<i>dextrose 5% w/ sodium chloride 0.2%</i>	90	<i>DIP/TET PED INJ 25- 5LFU</i>	89	<i>drospirenone-ethinyl estradiol levomefolate tab 3-0.02-0.451 mg</i>	72
<i>dextrose 5% w/ sodium chloride 0.225%</i>	90	<i>diphenhydramine hcl</i>	96	<i>drospirenone-ethinyl estradiol levomefolate tab 3-0.03-0.451 mg</i>	72
<i>dextrose 5% w/ sodium chloride 0.3%</i>	90	<i>diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml</i>	82	<i>droxidopa</i>	50
<i>dextrose 5% w/ sodium chloride 0.45%</i>	90	<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	82	DULERA AER 100- 5MCG	99
<i>dextrose 5% w/ sodium chloride 0.9%</i>	90	<i>dipyridamole</i>	85	DULERA AER 200- 5MCG	99
DIACOMIT	58	<i>disopyramide</i>		DULERA AER 50-5MCG	99
<i>diazepam</i>	58	<i>phosphate</i>	46	<i>duloxetine hcl</i>	52
<i>diazepam</i>		<i>disulfiram</i>	66	DUPIXENT	85
<i>(anticonvulsant)</i>	58	<i>divalproex sodium</i>	58	<i>dutasteride</i>	82
<i>diazepam inj</i>	58	<i>docetaxel</i>	34	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
<i>diazepam intensol</i>	58	<i>DOCETAXEL</i>	34	<i>e.e.s. 400</i>	82
<i>diazoxide</i>	77	<i>DOCIVYX</i>	34	<i>econazole nitrate</i>	100
<i>diclofenac potassium</i>		<i>dofetilide</i>	46	EDURANT	25
	20	<i>dolishale</i>	72	EDURANT PED	25
<i>diclofenac sodium</i>	20	<i>donepezil</i>		efavirenz	25
<i>diclofenac sodium</i>		<i>hydrochloride</i>	51	<i>efavirenz-</i>	
<i>(ophth)</i>	94	<i>DOPTELET</i>	84	<i>emtricitabine- tenofovir df tab 600- 200-300 mg</i>	26
<i>diclofenac sodium</i>		<i>dorzolamide hcl</i>	94	<i>efavirenz-lamivudine- tenofovir df tab 400- 300-300 mg</i>	26
<i>(topical)</i>	102	<i>dorzolamide hcl- timolol maleate ophth soln 2-0.5%</i>		<i>efavirenz-lamivudine- tenofovir df tab 600- 300-300 mg</i>	26
<i>dicloxacillin sodium</i>	.30	<i>dotti</i>	76	<i>ELIGARD</i>	33
<i>dicyclomine hcl</i>	80	<i>DOVATO TAB 50- 300MG</i>	26	<i>elinest</i>	72
DIFICID	29	<i>doxazosin mesylate</i>	45		
<i>diflunisal</i>	20	<i>doxepin hcl</i>	52		
<i>difluprednate</i>	94	<i>doxepin hcl (sleep)</i>	62		
<i>digoxin</i>	50	<i>doxorubicin hcl</i>	34		
<i>dihydroergotamine mesylate</i>	63	<i>doxorubicin hcl liposomal</i>	34		
DILANTIN	58	<i>doxy 100</i>	31		
		<i>doxycycline</i>			
		<i>(monohydrate)</i>	31		
		<i>doxycycline hyclate</i>	31		

ELIQUIS	83
ELIQUIS STARTER PACK.....	83
eluryng	72
EMGALITY.....	63
EMSAM.....	52
emtricitabine.....	25
emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg.....	26
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg ..	26
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg ..	26
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg ..	26
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg ..	26
EMTRIVA	25
EMVERM	22
emzahh	72
enalapril maleate....	44
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	44
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	44
ENBREL.....	85
ENBREL MINI	85
ENBREL SURECLICK 86	
endocet tab 10-325mg	21
endocet tab 2.5- 325mg	21
endocet tab 5-325mg	21
endocet tab 7.5- 325mg	21
ENGERIX-B	89
enilloring	72
exenatide	83
enpresse-28	72
enskyce	72
ENSTILAR AER.....	101
entacapone	54
entecavir	27
ENTRESTO CAP 15- 16MG	45
ENTRESTO CAP 6-6MG	45
ENTRESTO TAB 24- 26MG	45
ENTRESTO TAB 49- 51MG	45
ENTRESTO TAB 97- 103MG.....	45
enulose.....	81
EPCLUSA PAK 150- 37.5	27
EPCLUSA PAK 200- 50MG	27
EPCLUSA TAB 200- 50MG	27
EPCLUSA TAB 400-100	27
EPIDIOLEX	58
epinephrine (anaphylaxis)	50, 97
epitol.....	58
eplerenone.....	44
EPRONTIA.....	58
ergotamine w/ caffeine tab 1-100 mg	64
ERIVEDGE.....	36
ERLEADA	33
erlotinib hcl	36
errin.....	72
ertapenem sodium ..	22
ery.....	100
ery-tab	29
ERYTHROCIN LACTOBIONATE ..	29
erythromycin (acne aid)	100
erythromycin (ophth)	93
erythromycin base ..	29
erythromycin ethylsuccinate	29
erythromycin lactobionate	29
escitalopram oxalate	52
eslicarbazepine acetate.....	58
esomeprazole magnesium.....	82
estarrylla	72
estradiol.....	76
estradiol & norethindrone acetate tab 0.5-0.1 mg	76
estradiol & norethindrone acetate tab 1-0.5 mg	76
estradiol vaginal.....	76
estradiol valerate ..	76
eszopiclone.....	63
ethambutol hcl	27
ethosuximide	58
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	72
etodolac	20
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	73
etoposide	34
etravirine	25
EULEXIN	33
euthyrox	79
everolimus	36
everolimus (immunosuppressan t).....	89
EVOTAZ TAB 300-150	26
exemestane.....	33

EYSUVIS	94
ezetimibe	47
ezetimibe-simvastatin tab 10-10 mg.....	47
ezetimibe-simvastatin tab 10-20 mg.....	47
ezetimibe-simvastatin tab 10-40 mg.....	47
ezetimibe-simvastatin tab 10-80 mg.....	47
FABRAZYME	78
falmina.....	73
famciclovir.....	27
famotidine	80
famotidine in nacl 0.9% iv soln 20 mg/50ml	80
FANAPT	55
FANAPT PAK PACK A55	
FARXIGA	67
FASENRA.....	97
FASENRA PEN	97
feirza 1.5/30.....	73
feirza 1/20.....	73
felbamate	58
felodipine	49
fenofibrate.....	47
fenofibrate micronized	47
fentanyl.....	20
fesoterodine fumarate	83
FETZIMA	52
FETZIMA CAP TITRATIO.....	52
FIASP.....	69
FIASP FLEXTOUCH..	69
FIASP PENFILL	69
FIASP PUMPCART ...	69
finasteride	82
fingolimod hcl	65
FINTEPLA	59
finzala	73
FIRMAGON	33
flac	95
FLAREX	94
FLEBOGAMMA DIF ..	88
flecainide acetate ...	46
fluconazole.....	24
fluconazole in nacl 0.9% inj 200 mg/100ml	24
fluconazole in nacl 0.9% inj 400 mg/200ml	24
flucytosine	24
fludrocortisone acetate	77
flunisolide (nasal) ..	98
fluocinolone acetonide	101
fluocinolone acetonide (otic)	95
fluocinonide .	101, 102
fluocinonide emulsified base	102
fluorometholone (ophth)	94
fluorouracil.....	32
fluorouracil (topical)	102
fluoxetine hcl.....	52
fluphenazine decanoate	55
fluphenazine hcl....	55
flurbiprofen	20
flurbiprofen sodium	94
fluticasone propionate	102
fluticasone propionate (nasal).....	98
fluticasone-salmeterol aer powder ba 100- 50 mcg/act.....	99
fluticasone-salmeterol aer powder ba 250- 50 mcg/act.....	99
fluticasone-salmeterol aer powder ba 500- 50 mcg/act.....	99
fluvoxamine maleate	51
fondaparinux sodium	83, 84
fosamprenavir calcium	25
fosinopril sodium	44
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg ...	44
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg ...	44
FOTIVDA	36
FREESTY LIBR KIT 2 SENSOR	104
FREESTY LIBR KIT 3 SENSOR	104
FREESTY LIBR KIT SENSOR	104
FREESTYLE MIS 2 READER	104
FREESTYLE MIS 3 READER	104
FREESTYLE MIS READER	104
FRINDOVYX	32
FRUZAQLA.....	36
FULPHILA	84
fulvestrant.....	33
furosemide	49
furosemide inj.....	49
FUZEON	25
fyavolv tab 0.5mg- 2.5mcg	76
fyavolv tab 1mg-5mcg	76
FYCOMPA	59
gabapentin	59
galantamine hydrobromide	51
gallifrey.....	79
GAMASTAN INJ	88
GAMMAGARD LIQUID	88
GAMMAGARD S/D IGA LESS TH	88
GAMMAKED	88
GAMMAPLEX	88
GAMUNEX-C	88
ganciclovir sodium..	27

GARDASIL 9	89
gatifloxacin (<i>ophth</i>)	93
GATTEX.....	82
GAUZE PADS 2.....	69
gavilyte-c	81
gavilyte-g	81
gavilyte-n/ <i>flavor pack</i>	
.....	81
GAVRETO	36
gefitinib.....	36
gemcitabine hcl	32
gemfibrozil	47
GEMTESA	83
generlac	81
gengraf	89
GENOTROPIN	78
GENOTROPIN	
MINIQUICK	78
gentamicin <i>in saline</i>	
<i>inj 0.8 mg/ml</i>	22
gentamicin <i>in saline</i>	
<i>inj 1 mg/ml</i>	22
gentamicin <i>in saline</i>	
<i>inj 1.2 mg/ml</i>	22
gentamicin <i>in saline</i>	
<i>inj 1.6 mg/ml</i>	22
gentamicin <i>in saline</i>	
<i>inj 2 mg/ml</i>	22
gentamicin sulfate ..	22
gentamicin sulfate	
(<i>ophth</i>).....	93
gentamicin sulfate	
(<i>topical</i>)	100
GENVOYA TAB.....	26
GIOTRIF	36
glatiramer acetate ..	65
glatopa.....	65
GLEOSTINE.....	32
glimepiride	67
glipizide	67
glipizide xl	67
glipizide-metformin hcl	
tab 2.5-250 mg ...	67
glipizide-metformin hcl	
tab 2.5-500 mg ...	67
glipizide-metformin hcl	
tab 5-500 mg.....	67
glycopyrrolate	80
glydo.....	102
GLYXAMBI TAB 10-5	
MG	67
GLYXAMBI TAB 25-5	
MG	67
GOMEKLI	37
granisetron hcl	80
griseofulvin microsize	
.....	24
griseofulvin	
ultramicrosize	24
guanfacine hcl	50
guanfacine hcl (<i>adhd</i>)	
.....	62
HAEGARDA	84
hailey 1.5/30.....	73
hailey 24 fe	73
halobetasol propionate	
.....	102
haloette	73
haloperidol	55
haloperidol decanoate	
.....	55
haloperidol lactate .	55
HARVONI PAK 33.75-	
150MG.....	27
HARVONI PAK 45-	
200MG.....	27
HARVONI TAB 45-	
200MG.....	27
HARVONI TAB 90-	
400MG.....	27
HAVRIX	89
heather	73
HEP SOD/NACL INJ	
25000UNT	84
heparin sodium	
(<i>porcine</i>).....	84
HEPLISAV-B	89
HERCEPTIN HYLEC SOL	
60-10000	37
HERCEPTIN	37
HERZUMA	37
HIBERIX	89
HUMIRA.....	86
HUMIRA PEN	86
HUMIRA PEN KIT	
PS/UV	86
HUMIRA PEN-	
CD/UC/HS START	86
HUMIRA PEN-	
PEDIATRIC UC S..	86
HUMULIN R U-500	
(CONCENTR.....	69
HUMULIN R U-500	
KWIKPEN.....	69
hydralazine hcl.....	50
hydrochlorothiazide	49
hydrocodone bitartrate	
.....	20
hydrocodone-	
acetaminophen soln	
7.5-325 mg/15ml	21
hydrocodone-	
acetaminophen tab	
10-325 mg	21
hydrocodone-	
acetaminophen tab	
5-325 mg	21
hydrocodone-	
acetaminophen tab	
7.5-325 mg	21
hydrocodone-	
ibuprofen tab 7.5-	
200 mg	21
hydrocortisone	77
hydrocortisone	
(<i>intrarectal</i>)	81
hydrocortisone (rectal)	
.....	102
hydrocortisone	
(<i>topical</i>)	102
hydrocortisone sod	
succinate	77
hydrocortisone	
valerate.....	102
hydromorphone hcl.	21
hydroxychloroquine	
sulfate.....	87
hydroxyurea	34
hydroxyzine hcl.....	96
hydroxyzine pamoate	
.....	96

ibandronate sodium 71
 IBRANCE 37
ibu 20
ibuprofen 20
icatibant acetate 84
iclevia 73
 ICLUSIG 37
 IDACIO (2 PEN) 86
 IDACIO (2 SYRINGE)
 86
 IDACIO CROHN INJ
 DISEASE 86
 IDACIO PLAQU INJ
 PSORIASIS 86
 IDHIFA 37
imatinib mesylate ... 37
 IMBRUVICA 37
imipenem-cilastatin
 intravenous for soln
 250 mg 22
imipenem-cilastatin
 intravenous for soln
 500 mg 22
imipramine hcl 52
imiquimod 102
 IMKELDI 37
 IMOVAX RABIES
 (H.D.C.V.) 89
 IMPAVIDO 23
 INBRIJA 54
incassia 73
 INCRELEX 78
 INCRUSE ELLIPTA... 95
indapamide 49
 INFANRIX INJ 89
 INFILXIMAB 86
 INLYTA 37
 INQOVI TAB 35-
 100MG 32
 INREBIC 37
 INSULIN PEN
 NEEDLES: BD-
 EMBECTA 69
 INSULIN SAFETY
 NEEDLES: BD-
 EMBECTA 69

INSULIN SYRINGES:
 BD-EMBECTA 69
 INTELENCE 25
 INTRALIPID 92
introvale 73
 INVEGA HAFYERA .. 55
 INVEGA SUSTENNA 55
 INVEGA TRINZA.... 55
 IPOL INJ INACTIVE. 89
*ipratropium bromide*95
ipratropium bromide
 (nasal) 95
ipratropium-albuterol
 nebu soln 0.5-2.5(3)
 mg/3ml 95
irbesartan 46
irbesartan-
 hydrochlorothiazide
 tab 150-12.5 mg. 45
irbesartan-
 hydrochlorothiazide
 tab 300-12.5 mg. 45
irinotecan hcl 34
 ISENTRESS 25
 ISENTRESS HD 25
isibloom 73
 ISOLYTE-P INJ /D5W
 90
 ISOLYTE-S INJ PH 7.4
 91
isoniazid 27
isosorbide dinitrate 50
isosorbide mononitrate
 50
isotretinoin 100
isradipine 49
 ITOVEBI 37
itraconazole 24
ivabradine hcl 50
ivermectin 23
 IWILFIN 34
 IXCHIQ INJ 89
 IXIARO INJ 89
jaimiess 73
 JAKAFI 38
jantoven 84

JANUMET TAB 50-
 1000 67
 JANUMET TAB 50-
 500MG 67
 JANUMET XR TAB 100-
 1000 67
 JANUMET XR TAB 50-
 1000 67
 JANUMET XR TAB 50-
 500MG 67
 JANUVIA 67
 JARDIANC 68
jasmiel 73
javygtor 78
 JAYPIRCA 38
 JENTADUETO TAB 2.5-
 1000 68
 JENTADUETO TAB 2.5-
 500 68
 JENTADUETO TAB 2.5-
 850 68
 JENTADUETO TAB XR
 2.5-1000MG 68
 JENTADUETO TAB XR
 5-1000MG 68
jinteli 76
jolessa 73
juleber 73
 JULUCA TAB 50-25MG
 26
junel 1.5/30 73
junel 1/20 73
junel fe 1.5/30 73
junel fe 1/20 73
junel fe 24 73
 JYLAMVO 88
 JYNNEOS 89
 KADCYLA 38
kaitlib fe 73
 KALETRA SOL 26
 KALYDECO 97
 KANJINTI 38
kariva 73
kcl 10 meq/l (0.075%)
 in dextrose 5% &
 nacl 0.45% inj 91

<i>kcl 20 meq/l (0.149%)</i>	KISQALI 600 DOSE	38	LENVIMA 20 MG DAILY	
<i>in nacl 0.45% inj</i>	KISQALI 600 PAK		DOSE	38
<i>kcl 20 meq/l (0.15%)</i>	FEMARA	38	LENVIMA 4 MG DAILY	
<i>in dextrose 5% &</i>	klayesta.....	100	DOSE	38
<i>nacl 0.2% inj</i>	klor-con.....	92	LENVIMA 8 MG DAILY	
<i>kcl 20 meq/l (0.15%)</i>	klor-con 10	92	DOSE	38
<i>in dextrose 5% &</i>	klor-con 8	92	LENVIMA CAP 14 MG	
<i>nacl 0.45% inj</i>	klor-con m10.....	92	..... .....	38
<i>kcl 20 meq/l (0.15%)</i>	klor-con m15.....	92	LENVIMA CAP 18 MG	
<i>in dextrose 5% &</i>	klor-con m20.....	92	..... .....	38
<i>nacl 0.9% inj</i>	KOSELUGO.....	38	LENVIMA CAP 24 MG	
<i>kcl 20 meq/l (0.15%)</i>	kourzeq	103	..... .....	39
<i>in nacl 0.45% inj</i>	KRAZATI.....	38	<i>lessina</i>	73
<i>kcl 20 meq/l (0.15%)</i>	kurvelo	73	<i>letrozole</i>	33
<i>in nacl 0.9% inj</i>	labetalol hcl.....	48	<i>leucovorin calcium</i> ..	43
<i>kcl 30 meq/l (0.224%)</i>	lacosamide.....	59	LEUKERAN.....	32
<i>in dextrose 5% &</i>	lacosamide oral	59	<i>leuprolide acetate</i> ...	33
<i>nacl 0.45% inj</i>	<i>lactated ringer's</i>		<i>levalbuterol hcl</i>	96
<i>kcl 40 meq/l (0.3%) in</i>	<i>solution</i>	91	<i>levalbuterol tartrate</i>	96
<i>dextrose 5% & nacl</i>	<i>lactic acid (ammonium</i>		<i>levetiracetam</i>	59
<i>0.45% inj</i>	<i>lactate)</i>	102	LEVETIRACETAM	59
<i>kcl 40 meq/l (0.3%) in</i>	<i>lactulose</i>	81	<i>levetiracetam in</i>	
<i>dextrose 5% & nacl</i>	<i>lactulose</i>		<i>sodium chloride iv</i>	
<i>0.9% inj</i>	<i>(encephalopathy)</i>	81	<i>soln 1000 mg/100ml</i>	
<i>kcl 40 meq/l (0.3%) in</i>	<i>lamivudine</i>	25	..... .....	59
<i>nacl 0.9% inj</i>	<i>lamivudine (hbv)</i> ...	27	<i>levetiracetam in</i>	
KCL/D5W/NACL INJ	<i>lamivudine-zidovudine</i>		<i>sodium chloride iv</i>	
<i>0.3/0.9%</i>	<i>tab 150-300 mg..</i>	26	<i>soln 1500 mg/100ml</i>	
<i>kelnor 1/35</i>	<i>lamotrigine</i>	59	..... .....	59
<i>kelnor 1/50</i>	<i>lanreotide acetate ..</i>	78	<i>levetiracetam in</i>	
KERENDIA	<i>lansoprazole</i>	82	<i>sodium chloride iv</i>	
KESIMPTA	<i>lapatinib ditosylate.</i>	38	<i>soln 500 mg/100ml</i>	
<i>ketoconazole</i>	<i>larin 1.5/30</i>	73	..... .....	59
<i>ketoconazole (topical)</i>	<i>larin 1/20</i>	73	<i>levobunolol hcl</i>	94
	<i>larin 24 fe</i>	73	<i>levocarnitine</i>	
<i>ketorolac</i>	<i>larin fe 1.5/30</i>	73	<i>(metabolic</i>	
<i>tromethamine</i>	<i>larin fe 1/20</i>	73	<i>modifiers)</i>	78
<i>(ophth)</i>	<i>latanoprost</i>	94	<i>levocetirizine</i>	
KEYTRUDA	<i>layolis fe</i>	73	<i>dihydrochloride</i> ...	96
KINRIX INJ	<i>LAZCLUZE</i>	38	<i>levofloxacin</i>	29
<i>kionex</i>	<i>leflunomide</i>	88	<i>levofloxacin in d5w iv</i>	
KISQALI 200 DOSE	<i>lenalidomide....</i>	33, 34	<i>soln 250 mg/50ml</i>	29
KISQALI 200 PAK	LENVIMA 10 MG DAILY		<i>levofloxacin in d5w iv</i>	
<i>FEMARA</i>	DOSE	38	<i>soln 500 mg/100ml</i>	
KISQALI 400 DOSE	LENVIMA 12MG DAILY		..... .....	29
KISQALI 400 PAK	DOSE	38		
<i>FEMARA</i>				

<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	102	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	.45
<i>.....29</i>	<i>lidocan</i>	102	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	....45
<i>levonest</i>	<i>LILETTA</i>	74	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	45
<i>levonor-eth est tab 0.15-</i>	<i>linezolid</i>	23	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	...45
<i>0.02/0.025/0.03 mg &eth est 0.01 mg</i>	<i>LINEZOLID INJ 2MG/ML</i>	23	<i>LOTEMAX</i>	94
<i>.....73</i>	<i>LINZESS</i>	82	<i>loteprednol etabonate</i>	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	<i>liothyronine sodium</i>	79	<i>.....94</i>	
<i>.....74</i>	<i>lisinopril</i>	44	<i>lovastatin</i>	47
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg ..</i>	44	<i>low-ogestrel</i>	74
<i>.....74</i>	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg ..</i>	44	<i>loxapine succinate</i>	55
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg..</i>	<i>lisinopril & hydrochlorothiazide tab 20-25 mg ..</i>	44	<i>LUMAKRAS</i>	39
<i>.....74</i>	<i>lithium</i>	64	<i>LUMIGAN</i>	94
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	<i>lithium carbonate</i>	64	<i>LUMIZYME</i>	78
<i>.....74</i>	<i>LIVTENCITY</i>	28	<i>LUPRON DEPOT (1-MONTH)</i>	33
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	<i>loestrin 1.5/30-21..</i>	74	<i>LUPRON DEPOT (3-MONTH)</i>	33
<i>.....74</i>	<i>loestrin 1/20-21....</i>	74	<i>LUPRON DEPOT-PED (1-MONTH</i>	78
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	<i>loestrin fe 1.5/30 ...</i>	74	<i>LUPRON DEPOT-PED (3-MONTH</i>	78
<i>.....74</i>	<i>loestrin fe 1/20.....</i>	74	<i>LUPRON DEPOT-PED (6-MONTH</i>	78
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	<i>lojaimiess</i>	74	<i>lurasidone hcl</i>	56
<i>.....74</i>	<i>LOKELMA</i>	71	<i>lutera</i>	74
<i>levora 0.15/30-28 ..</i>	<i>LONSURF TAB 15-6.14 ..</i>	32	<i>LYBALVI TAB 10-10MG ..</i>	56
<i>.....74</i>	<i>LONSURF TAB 20-8.19 ..</i>	32	<i>LYBALVI TAB 15-10MG ..</i>	56
<i>levo-t</i>	<i>loperamide hcl</i>	82	<i>LYBALVI TAB 20-10MG ..</i>	56
<i>.....79</i>	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) ...</i>	27	<i>LYBALVI TAB 5-10MG ..</i>	56
<i>levothyroxine sodium</i>	<i>lopinavir-ritonavir tab 100-25 mg ..</i>	27	<i>lyleq</i>	74
<i>.....79</i>	<i>lopinavir-ritonavir tab 200-50 mg ..</i>	27	<i>lyllana</i>	77
<i>levoxyl</i>	<i>lorazepam</i>	51	<i>LYNPARZA</i>	39
<i>.....79</i>	<i>lorazepam intensol.</i>	51	<i>LYSODREN</i>	33
<i>l-glutamine (sickle cell)</i>	<i>LORBRENA</i>	39	<i>LYTGOBI (12 MG DAILY DOSE)</i>	39
<i>.....84</i>	<i>loryna</i>	74	<i>LYTGOBI (16 MG DAILY DOSE)</i>	39
<i>lidocaine</i>	<i>losartan potassium .</i>	46		
<i>.....102</i>				
<i>lidocaine hcl</i>				
<i>.....102</i>				
<i>lidocaine hcl (local anesth.)</i>				
<i>.....20</i>				
<i>lidocaine hcl (mouth-throat)</i>				
<i>.....103</i>				

LYTGOBI (20 MG DAILY DOSE)	39	MENVEO INJ.....	90	metyrosine	50
lyza	74	MENVEO SOL.....	90	mibelas 24 fe	74
magnesium sulfate	91	mercaptopurine	32	micafungin sodium ..	24
MAGNESIUM SULFATE	91	meropenem.....	23	microgestin 1.5/30 ..	74
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml.....</i>	91	mesalamine	81	microgestin 1/20	74
malathion	103	mesalamine w/ cleanser.....	81	microgestin fe 1.5/30	74
maraviroc.....	25	mesna	43	microgestin fe 1/20 ..	74
marlissa	74	MESNEX.....	43	midodrine hcl	50
MARPLAN	52	metformin hcl.....	68	MIEBO	94
MATULANE.....	34	methadone hcl.....	21	mifepristone	
MAVYRET PAK 50- 20MG	28	methadone hydrochloride i....	21	(hyperglycemia) ..	78
MAVYRET TAB 100- 40MG	28	methazolamide	49	mili.....	74
meclizine hcl	80	methenamine hippurate	23	mimvey.....	77
medroxyprogesterone acetate.....	79	methimazole	79	minocycline hcl	31
medroxyprogesterone acetate (contraceptive)....	74	methocarbamol	66	minoxidil	50
mefloquine hcl	24	methotrexate sodium	32, 88	mirtazapine	52
megestrol acetate..	33, 79	methsuximide.....	59	misoprostol	82
megestrol acetate (appetite)	79	methylphenidate hcl/62		MITIGARE.....	20
MEKINIST	39	methylprednisolone	77	M-M-R II INJ.....	89
MEKTOVI	39	methylprednisolone acetate	77	M-NATAL PLUS TAB ..	92
meloxicam	20	methylprednisolone sod succ.....	77	modafinil	66
memantine hcl	51	methyltestosterone	67	moexipril hcl	44
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	51	metoclopramide hcl	80	molindone hcl	56
memantine hcl- donepezil hcl cap er 24hr 14-10 mg	51	metolazone	49	mometasone furoate	102
memantine hcl- donepezil hcl cap er 24hr 21-10 mg	51	metoprolol & hydrochlorothiazide tab 100-25 mg ...	48	MONJUVI.....	39
memantine hcl- donepezil hcl cap er 24hr 28-10 mg	51	metoprolol & hydrochlorothiazide tab 100-50 mg ...	48	mono-linyah	74
MENACTRA INJ.....	90	metoprolol succinate	48	montelukast sodium	97
MENQUADFI.....	90	metoprolol tartrate	48	morphine sulfate	21
		metronidazole	23	MOUNJARO.....	68
		metronidazole	102	MOVANTIK	82
		(topical)	102	oxifloxacin hcl	29
		metronidazole vaginal	83	oxifloxacin hcl	
				(ophth)	93
				oxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.	29
				MRESVIA.....	90
				MULTAQ	46
				multiple electrolytes ph 5.5	91
				multiple electrolytes ph 7.4	91
				mupirocin	100
				mycophenolate mofetil	89

<i>mycophenolate</i>	
<i>sodium</i>	89
MYRBETRIQ	83
<i>nabumetone</i>	20
<i>nadolol</i>	48
<i>nafcillin sodium</i>	30
NAGLAZYME.....	78
<i>nalbuphine hcl</i>	21
<i>naloxone hcl</i>	66
<i>naltrexone hcl</i>	66
NAMZARIC CAP 14-	
10MG	51
NAMZARIC CAP 21-	
10MG	51
NAMZARIC CAP 28-	
10MG	51
NAMZARIC CAP 7-	
10MG	51
NAMZARIC CAP PACK	
.....	51
<i>naproxen</i>	20
<i>naproxen dr</i>	20
<i>naproxen sodium</i>	20
<i>naratriptan hcl</i>	64
NATACYN.....	93
<i>nateglinide</i>	68
NAYZILAM	59
<i>nebivolol hcl</i>	48
<i>necon 0.5/35-28</i>	74
<i>nefazodone hcl</i>	52
<i>neomycin sulfate</i>	23
<i>neomycin-bacitrac zn-</i>	
<i>polymyx 5(3.5)mg-</i>	
<i>400unt-10000unt op</i>	
<i>oin</i>	93
<i>neomycin-polymy-</i>	
<i>gramcid op sol</i>	
<i>1.75-10000-</i>	
<i>0.025mg-unt-mg/ml</i>	
.....	93
<i>neomycin-polymyxin-</i>	
<i>dexamethasone</i>	
<i>ophth oint 0.1%</i> ..	93
<i>neomycin-polymyxin-</i>	
<i>dexamethasone</i>	
<i>ophth susp 0.1%</i> .	93
<i>neomycin-polymyxin-</i>	
<i>hc ophth susp</i>	93
<i>neomycin-polymyxin-</i>	
<i>hc otic soln 1%</i> ...	95
<i>neomycin-polymyxin-</i>	
<i>hc otic susp 3.5</i>	
<i>mg/ml-10000</i>	
<i>unit/ml-1%</i>	95
<i>neo-polycin 5(3.5)mg-</i>	
<i>400unt-10000unt op</i>	
<i>oin</i>	93
<i>neo-polycin hc ophth</i>	
<i>oint 1%</i>	92
NERLYNX	39
<i>nevirapine</i>	25
NEXLETOL.....	47
NEXLIZET TAB	
180/10MG	47
NEXPLANON	74
<i>niacin</i>	
<i>(antihyperlipidemic)</i>	
.....	47
<i>nicardipine hcl</i>	49
NICOTROL INHALER	66
NICOTROL NS.....	66
<i>nifedipine</i>	49
<i>nikki</i>	74
<i>nilotinib hcl</i>	39
<i>nilutamide</i>	33
<i>nimodipine</i>	49
NINLARO	39
<i>nitazoxanide</i>	23
<i>nitisinone</i>	78
NITRO-BID.....	50
<i>nitrofurantoin</i>	
<i>macrocrystal</i>	23
<i>nitrofurantoin</i>	
<i>monohyd macro</i> ..	23
<i>nitroglycerin</i>	50
<i>nitroglycerin (intra-</i>	
<i>anal</i>	102
<i>nizatidine</i>	80
<i>nora-be</i>	74
<i>norelgestromin-ethinyl</i>	
<i>estradiol td ptwk</i>	
<i>150-35 mcg/24hr</i>	74
<i>norethindrone &</i>	
<i>ethinyl estradiol-fe</i>	
<i>chew tab 0.4 mg-35</i>	
<i>mcg</i>	74
<i>norethindrone</i>	
<i>(contraceptive)</i>	74
<i>norethindrone ace &</i>	
<i>ethinyl estradiol tab</i>	
<i>1 mg-20 mcg</i>	75
<i>norethindrone ace &</i>	
<i>ethinyl estradiol-fe</i>	
<i>tab 1 mg-20 mcg</i> .75	
<i>norethindrone ace-eth</i>	
<i>estradiol-fe chew tab</i>	
<i>1 mg-20 mcg (24)</i> 75	
<i>norethindrone acetate</i>	
.....	79
<i>norethindrone acetate-</i>	
<i>ethinyl estradiol tab</i>	
<i>0.5 mg-2.5 mcg</i> ..	77
<i>norethindrone acetate-</i>	
<i>ethinyl estradiol tab</i>	
<i>1 mg-5 mcg</i>	77
<i>norethindrone ac-</i>	
<i>ethinyl estrad-fe tab</i>	
<i>1-20/1-30/1-35 mg-</i>	
<i>mcg</i>	75
<i>norgestimate & ethinyl</i>	
<i>estradiol tab 0.25</i>	
<i>mg-35 mcg</i>	75
<i>norgestimate-eth</i>	
<i>estradi tab 0.18-</i>	
<i>25/0.215-25/0.25-</i>	
<i>25 mg-mcg</i>	75
<i>norgestimate-eth</i>	
<i>estradi tab 0.18-</i>	
<i>35/0.215-35/0.25-</i>	
<i>35 mg-mcg</i>	75
<i>norlyroc</i>	75
<i>nortrel 0.5/35 (28)</i> .	75
<i>nortrel 1/35 (21)</i>	75
<i>nortrel 1/35 (28)</i>	75
<i>nortrel 7/7/7</i>	75
<i>nortriptyline hcl</i>	52
NORVIR	25
NOVOLIN INJ 70/30	69

NOVOLIN INJ 70/30 FP	69
NOVOLIN N	69
NOVOLIN N FLEXPEN	69
NOVOLIN R	69
NOVOLIN R FLEXPEN	70
NOVOLOG	70
NOVOLOG FLEXPEN 70	
NOVOLOG MIX INJ 70/30.....	70
NOVOLOG MIX INJ FLEXPEN.....	70
NOVOLOG PENFILL	70
NUBEQA	33
NUEDEXTA CAP 20-10MG	64
NULOJIX	89
NUPLAZID	56
NURTEC	64
NUTRILIPID	92
NUZYRA	31
nyamyc	100
nylia 1/35	75
nylia 7/7/7	75
nystatin	24
nystatin (mouth-throat)	103
nystatin (topical)	100
nystop	100
ocella	75
OCTAGAM	88
octreotide acetate	78
ODEFSEY TAB	27
ODOMZO	39
OFEV	97
ofloxacin (ophth)	93
ofloxacin (otic)	95
OGIVRI	39
OGSIVEO	40
OJEMDA	40
OJJAARA	40
olanzapine	56
olmesartan medoxomil	46
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg ..</i>	45
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg ..</i>	46
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg ..</i>	46
<i>olmesartan amlodipine-hydrochlorothiazide tab 40-10-12.5 mg ..</i>	46
<i>olmesartan amlodipine-hydrochlorothiazide tab 40-10-25 mg ..</i>	46
<i>olmesartan amlodipine-hydrochlorothiazide tab 40-5-12.5 mg ..</i>	46
<i>olmesartan amlodipine-hydrochlorothiazide tab 40-5-25 mg ..</i>	46
<i>omega-3-acid ethyl esters cap 1 gm ..</i>	47
<i>omeprazole</i>	82
OMNIPOD 5 DX KIT INT G7G6.....	70
OMNIPOD 5 DX MIS POD G7G6.....	70
OMNIPOD 5 G7 KIT INTRO	70
OMNIPOD 5 G7 MIS PODS.....	70
OMNIPOD 5 L2 KIT INTRO G6	70
OMNIPOD 5 LB MIS PODS G6	70
OMNIPOD DASH KIT INTRO	70
OMNIPOD DASH MIS PODS	70
OMNIPOD GO KIT 10UNT/DY	70
OMNIPOD GO KIT 15UNT/DY	70
OMNIPOD GO KIT 20UNT/DY	70
OMNIPOD GO KIT 25UNT/DY	70
OMNIPOD GO KIT 30UNT/DY	70
OMNIPOD GO KIT 35UNT/DY	70
OMNIPOD GO KIT 40UNT/DY	70
OMNIPOD MIS CLASSIC.....	70
ondansetron	80
ondansetron hcl	80
ONTRUZANT	40
ONUREG	32
OPIPZA	56
OPSUMIT	50
ORGOVYX	33
ORKAMBI GRA 100-125.....	97
ORKAMBI GRA 150-188.....	97
ORKAMBI GRA 75-94MG	97
ORKAMBI TAB 100-125.....	97
ORKAMBI TAB 200-125.....	97
ORSERDU	33
<i>oseltamivir phosphate</i>	28
<i>oxacillin sodium</i>	30
<i>oxaliplatin</i>	32
<i>oxcarbazepine</i>	59
<i>oxybutynin chloride</i>	83
<i>oxycodone hcl</i>	21

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>.....22	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>.....81	<i>pioglitazone hcl- metformin hcl tab 15-500 mg</i> .....68
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>.....21	<i>PEGASYS</i> .....28	<i>pioglitazone hcl- metformin hcl tab 15-850 mg</i> .....68
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....21	<i>PEMAZYRE</i> .....40	<i>piperacillin sod- tazobactam na for inj 3.375 gm (3- 0.375 gm)</i> .....30
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>.....22	<i>pemetrexed disodium</i>.....32	<i>piperacillin sod- tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> .....31
OXYCONTIN.....21	<i>PENBRAYA INJ</i> .....90	<i>piperacillin sod- tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....31
OZEMPIC (0.25 OR 0.5 MG/DOSE)	<i>penicillamine</i> .....71	<i>piperacillin sod- tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....31
OZEMPIC (0.25 OR 0.5MG/DOSE).....68	<i>penicillin g potassium</i>.....30	<i>piperacillin sod- tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> .....31
OZEMPIC (1MG/DOSE) .....68	<i>PENTACEL INJ</i> .....90	<i>PIQRAY 200MG DAILY DOSE</i> .....40
OZEMPIC (2MG/DOSE) .....68	<i>pentamidine</i> <i>isethionate inh</i> 23	<i>PIQRAY 250MG TAB DOSE</i> .....40
<i>pacerone</i> .....46	<i>pentamidine</i> <i>isethionate inj</i> 23	<i>PIQRAY 300MG DAILY DOSE</i> .....40
<i>paclitaxel</i>.....34	<i>pentoxifylline</i>.....84	<i>pirfenidone</i> .....97, 98
<i>paclitaxel inj 100mg</i> 34	<i>perampanel</i>.....59	<i>piroxicam</i> .....20
<i>paliperidone</i>.....56	<i>perindopril erbumine</i>.....44	<i>plenamine</i> .....92
<i>pamidronate disodium</i>.....71	<i>periogard</i> .....103	<i>PLENUV SOL</i> .....81
PAMIDRONATE DISODIUM	<i>permethrin</i>.....103	<i>podofilox</i> .....103
PANRETIN.....103	<i>perphenazine</i> .....56	<i>polycin ophth oint</i> ... 93
<i>pantoprazole sodium</i>.....82	<i>pfizerpen</i> .....30	<i>polymyxin b sulfate</i> 23
PANZYGA.....88	<i>phenelzine sulfate</i> .. 53	<i>polymyxin b-</i> <i>trimethoprim ophth soln 10000 unit/ml- 0.1%</i> .....93
<i>paricalcitol</i> .....80	<i>phenobarbital</i> .....60	<i>POMALYST</i> .....34
<i>paroxetine hcl</i> .....53	<i>phenobarbital sodium</i>.....60	<i>portia-28</i> .....75
PAXLOVID PAK	<i>phenytek</i> .....60	<i>posaconazole</i> .....24
PAXLOVID TAB 150- 100	<i>phenytoin</i> .....60	
PAXLOVID TAB 300- 100	<i>phenytoin sodium</i> .. 60	
<i>pazopanib hcl</i>.....40	<i>phenytoin sodium</i> <i>extended</i>.....60	
PEDIARIX INJ 0.5ML90	<i>PHESGO SOL</i>.....40	
PEDVAX HIB	<i>philith</i>.....75	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....81	<i>PIFELTRO</i>.....25	
	<i>pilocarpine hcl</i> .....94	
	<i>pilocarpine hcl (oral)</i> .....103	
	<i>pimecrolimus</i>.....103	
	<i>pimozide</i> .....56	
	<i>pimtrea</i> .....75	
	<i>pindolol</i> .....48	
	<i>pioglitazone hcl</i>.....68	

POT CHL 20MEQ/L IN	
NACL 0.45% INJ..	91
POT CHL 20MEQ/L IN	
NACL 0.9% INJ....	91
POT CHL 40MEQ/L IN	
NACL 0.9% INJ....	91
potassium chloride.	91,
92	
potassium chloride 20	
meq/l (0.15%) in	
dextrose 5% inj...	91
potassium chloride	
microencapsulated	
crystals er.....	92
potassium citrate	
(alkalinizer)	83
pramipexole	
dihydrochloride....	54
prasugrel hcl.....	85
pravastatin sodium .	47
praziquantel.....	23
prazosin hcl	45
prednisolone	77
prednisolone acetate	
(ophth).....	94
PREDNISOLONE	
SODIUM PHOSP...	94
prednisolone sodium	
phosphate.....	77
prednisone	77
PREDNISONE	
INTENSOL.....	77
pregabalin	60
PREMASOL SOL 10%	
.....	92
PRENATAL TAB 27-	
1MG	92
PRENATAL TAB PLUS	
.....	92
prevalite	47
PREVYMIS	28
PREZCOBIX TAB 800-	
150.....	27
PREZISTA	25
PRIFTIN.....	27
primaquine phosphate	
.....	25
PRIMAQUINE	
PHOSPHATE	25
primidone	60
PRIORIX INJ.....	90
PRIVIGEN	88
probenecid	20
prochlorperazine	80
prochlorperazine	
edisylate	80
prochlorperazine	
maleate	80
PROCRIT	84
proctocort	103
procto-med hc.....	103
proctosol hc	103
proctozone-hc	103
progesterone.....	79
PROGRAF	89
PROLASTIN-C	98
PROLIA	71
promethazine hcl ...	80
propafenone hcl....	47
proparacaine hcl	95
propranolol hcl	48
propylthiouracil.....	79
PROQUAD INJ.....	90
PROSOL INJ 20%...	92
protriptyline hcl	53
PULMOZYME.....	98
PURIXAN.....	32
pyrazinamide.....	27
pyridostigmine	
bromide	64
pyrimethamine	23
PYZCHIVA	86
QINLOCK	40
QUADRACEL INJ 0.5ML	
.....	90
quetiapine fumarate	56
quinapril hcl	44
quinidine sulfate	47
quinine sulfate.....	25
QULIPTA	64
RABAVERT INJ.....	90
rabeprazole sodium	82
RALDESY	53
raloxifene hcl.....	78
ramipril	44
ranolazine	50
rasagiline mesylate.	54
reclipsen	75
RECOMBIVAX HB....	90
REGRANEX	103
RELENZA DISKHALER	
.....	28
RELISTOR.....	82
REMICADE.....	86
RENFLEXIS	86
repaglinide	68
REPATHA.....	47
REPATHA	
PUSHTRONEX	
SYSTEM.....	48
REPATHA SURECLICK	
.....	48
RESTASIS	95
RESTASIS MULTIDOSE	
.....	95
RETEVMO	40
REVUFORJ	40
REXULTI.....	56
REYATAZ	25
REZLIDHIA	40
REZUROCK	89
RHOPRESSA	94
ribavirin (hepatitis c)	
.....	28
rifabutin	27
rifampin	27
riluzole.....	64
rimantadine	
hydrochloride	28
RINVOQ	86
RINVOQ LQ	86
risedronate sodium .	71
risperidone	56, 57
risperidone	
microspheres	57
ritonavir	25
rivaroxaban	84
rivastigmine	52
rivastigmine tartrate	
.....	52
rivelsa.....	75

<i>rizatriptan benzoate</i>	64	<i>sod sulfate-pot sulf-</i>	<i>sulfacetamide sodium-</i>
ROCKLATAN DRO	94	<i>mg sulf oral sol</i>	<i>prednisolone ophth</i>
<i>roflumilast</i>	98	<i>17.5-3.13-1.6</i>	<i>soln 10-</i>
ROMVIMZA	40	<i>gm/177ml</i>	<i>0.23(0.25)%</i>
<i>ropinirole</i>			93
<i>hydrochloride</i>	54	<i>sodium chloride</i>	23
<i>rosuvastatin calcium</i>	47	<i>sodium chloride (gu</i>	<i>sulfadiazine</i>
<i>rosyrah</i>	75	<i>irrigant)</i>	23
ROTARIX SUS	90	<i>sodium fluoride chew;</i>	<i>sulfamethoxazole-</i>
ROTATEQ SOL	90	<i>tab; 1.1 (0.5 f)</i>	<i>trimethoprim iv soln</i>
<i>roweepra</i>	60	<i>mg/ml soln</i>	<i>400-80 mg/5ml</i>
ROZLYTREK	40, 41	<i>SODIUM OXYBATE</i>	23
RUBRACA	41	<i>sodium phenylbutyrate</i>	<i>sulfamethoxazole-</i>
<i>rufinamide</i>	60	<i>.....</i>	<i>trimethoprim susp</i>
RUKOBIA	26	<i>sodium polystyrene</i>	<i>200-40 mg/5ml</i>
RYBELSUS	68	<i>sulfonate powder</i>	23
RYDAPT	41	<i>solifenacin succinate</i>	<i>sulfamethoxazole-</i>
<i>sajazir</i>	84	83	<i>trimethoprim tab</i>
SANTYL	103	<i>SOLIQUA INJ 100/33</i>	<i>400-80 mg</i>
<i>sapropterin</i>		.....	23
<i>dihydrochloride</i>	78	<i>SOLTAMOX</i>	SULFAMYRON
SCEMBLIX	41	33	100
<i>scopolamine</i>	80	<i>SOLU-CORTEF</i>	<i>sulfasalazine</i>
SECUADO	57	77	81
<i>selegiline hcl</i>	54	<i>SOMATULINE DEPOT</i>	<i>sulindac</i>
<i>selenium sulfide</i>	100	.....	20
SELZENTRY	26	<i>SOMAVERT</i>	<i>sumatriptan</i>
SEREVENT DISKUS	96	79	64
<i>sertraline hcl</i>	53	<i>sorafenib tosylate</i>	<i>sumatriptan succinate</i>
<i>setlakin</i>	75	41	.....
<i>sharobel</i>	75	<i>sotalol hcl</i>	64
SHINGRIX	90	47	<i>sunitinib malate</i>
SIGNIFOR	78	<i>sotalol hcl (afib/afl)</i>	41
SIKLOS	84	47	SUNLENCA
<i>sildenafil citrate</i>		<i>SOTYKTU</i>	26
<i>(pulmonary</i>		87	<i>syeda</i>
<i>hypertension)</i>	50	<i>spironolactone</i>	75
<i>silver sulfadiazine</i>	100	44	SYMDEKO TAB 100-
SIMBRINZA SUS 1-		<i>spironolactone &</i>	150
<i>0.2%</i>	94	<i>hydrochlorothiazide</i>	98
<i>simliya</i>	75	<i>tab 25-25 mg</i>	SYMDEKO TAB 50-
<i>simpesse</i>	75	49	75MG
<i>simvastatin</i>	47	<i>sprintec 28</i>	60
<i>sirolimus</i>	89	75	SYMTUZA TAB
SIRTURO	27	<i>SPRITAM</i>	27
SKYRIZI	86	60	SYNAREL
SKYRIZI PEN	86	<i>sps</i>	79
		71	SYNJARDY TAB 12.5-
		<i>sps rectal</i>	1000MG
		71	68
		<i>sronyx</i>	SYNJARDY TAB 12.5-
		75	500
		<i>ssd</i>	68
		100	SYNJARDY TAB 5-
		<i>STELARA</i>	1000MG
		87	68
		<i>STIVARGA</i>	SYNJARDY TAB 5-
		41	500MG
		<i>streptomycin sulfate</i>	68
		23	SYNJARDY XR TAB 10-
		<i>STRIBILD TAB</i>	1000
		27	68
		<i>subvenite</i>	SYNJARDY XR TAB
		60	12.5-1000
		<i>sucralfate</i>	68
		82	SYNJARDY XR TAB 25-
		<i>sulfacetamide sodium</i>	1000
		<i>(acne)</i>	68
		100	
		<i>sulfacetamide sodium</i>	
		<i>(ophth)</i>	
		93	

SYNJARDY XR TAB 5-
 1000MG.....68
 SYNTHROID79
 TABLOID32
 TABRECTA41
tacrolimus89
tacrolimus (topical)
 103
tadalafil82
tadalafil (pulmonary hypertension).....51
 TAFINLAR41
 TAGRISSO41
 TALZENNA41
tamoxifen citrate33
tamsulosin hcl82
tarina 24 fe.....75
tarina fe 1/20 eq75
 TASIGNA41
tasimelteon.....63
 TAVNEOS84
tazarotene101
tazicef.....29
 TAZORAC101
 TAZVERIK.....41
 TECENTRIQ.....41
 TECENTRIQ INJ
 HYBREZA.....41
 TEFLARO29
telmisartan46
telmisartan-
 amlodipine tab 40-
 10 mg46
telmisartan-
 amlodipine tab 40-5
 mg.....46
telmisartan-
 amlodipine tab 80-
 10 mg46
telmisartan-
 amlodipine tab 80-5
 mg.....46
telmisartan-
 hydrochlorothiazide
 tab 40-12.5 mg ...46

telmisartan-
 hydrochlorothiazide
 tab 80-12.5 mg .. 46
telmisartan-
 hydrochlorothiazide
 tab 80-25 mg 46
temazepam 63
 TENIVAC INJ 5-2LF 90
tenofovir disoproxil
 fumarate..... 26
 TEPMETKO 41
terazosin hcl..... 45
terbinafine hcl 24
terbutaline sulfate.. 96
terconazole vaginal 83
 TERIPARATIDE 71
testosterone 67
testosterone cypionate
 67
testosterone
 enanthate 67
testosterone pump . 67
tetrabenazine 64
tetracycline hcl 31
 THALOMID 34
 THEO-24 98
theophylline 98
thioridazine hcl 57
thiothixene..... 57
tiadylt er..... 49
tiagabine hcl 60
 TIBSOVO 42
ticagrelor 85
 TICOVAC 90
tigecycline..... 31
tilia fe..... 75
timolol maleate.... 48
timolol maleate
 (*ophth*) 94
tinidazole 23
 TIVICAY 26
 TIVICAY PD 26
tizanidine hcl 66
 TOBI PODHALER 23
 TOBRADEX OIN 0.3-
 0.1% 93
tobramycin 23
tobramycin (ophth) 93
tobramycin sulfate.. 23
tobramycin-
 dexamethasone
 ophth susp 0.3-
 0.1% 93
tolterodine tartrate . 83
topiramate 60
toremifene citrate... 33
torpenz 42
torsemide 49
 TOUJEO MAX
 SOLOSTAR..... 70
 TOUJEO SOLOSTAR 70
 TPN ELECTROL INJ . 92
 TRADJENTA 68
tramadol hcl 22
tramadol-
 acetaminophen tab
 37.5-325 mg..... 22
trandolapril..... 44
tranexamic acid 85
tranylcypromine
 sulfate..... 53
 TRAVASOL INJ 10% 92
 TRAZIMERA 42
trazodone hcl 53
 TRECATOR..... 27
 TRELEGY AER ELLIPTA
 100-62.5-25 MCG 95
 TRELEGY AER ELLIPTA
 200-62.5-25 MCG 95
 TREMFYA..... 87
 TREMFYA INDUCTION
 PACK FO..... 87
treprostинil..... 51
 TRESIBA 70
 TRESIBA FLEXTOUCH
 70
tretinoin 100
tretinoin
 (*chemotherapy*) .. 34
triамcinolone
 acetonide (mouth)
 103

<i>triamcinolone acetonide (topical)</i>	102	<i>tri-mili</i> 76	<i>valsartan-</i>
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> ... 49		<i>trimipramine maleate</i> 53	<i>hydrochlorothiazide tab 160-12.5 mg</i> . 46
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> ... 49		TRINTELLIX 53	<i>valsartan-</i>
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> 50		<i>tri-nymyo</i> 76	<i>hydrochlorothiazide tab 160-25 mg</i> 46
<i>tridacaine ii</i> 102		<i>tri-sprintec</i> 76	<i>valsartan-</i>
<i>triderm</i> 102		TRIUMEQ PD TAB ... 27	<i>hydrochlorothiazide tab 320-12.5 mg</i> . 46
<i>trientine hcl</i> 71		TRIUMEQ TAB 27	<i>valsartan-</i>
<i>tri-estarrylla</i> 75		<i>trivora-28</i> 76	<i>hydrochlorothiazide tab 320-25 mg</i> 46
<i>trifluoperazine hcl</i> ... 57		<i>tri-vylibra</i> 76	<i>valsartan-</i>
<i>trifluridine</i> 93		<i>tri-vylibra lo</i> 76	<i>hydrochlorothiazide tab 80-12.5 mg</i> ... 46
<i>trihexyphenidyl hcl</i> . 54		TROGARZO 26	VALTOCO 10 MG
TRIJARDY XR TAB ER 24HR 10-5-1000MG		TROPHAMINE INJ 10% 92	DOSE 60
	68	TRUE METRIX KIT AIR 104	VALTOCO 15 MG
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	68	TRUE METRIX KIT METER 104	DOSE 61
TRIJARDY XR TAB ER 24HR 25-5-1000MG		TRUE METRIX STRIPS 104	VALTOCO 20 MG
	68	TRULICITY 69	DOSE 61
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG		TRUMENBA 90	VALTOCO 5 MG DOSE
	68	TRUQAP 42	..... 60
TRIKAFTA PAK 59.5MG		TRUXIMA 42	<i>valtya 1/50</i> 76
	98	TUKYSA 42	<i>vancomycin hcl</i> 24
TRIKAFTA PAK 75MG		TURALIO 42	VANCOMYCIN INJ 1 GM 24
	98	<i>turqoz</i> 76	VANCOMYCIN INJ 500MG 24
TRIKAFTA TAB 100-50-75MG & 150MG		<i>twice-daily clindamycin phosphate (topical)</i> 100	VANCOMYCIN INJ 750MG 24
	98	TWINRIX INJ 90	VANFLYTA 42
TRIKAFTA TAB 50-25-37.5MG & 75MG .. 98		TYBOST 26	VAQTA 90
<i>tri-legest fe</i> 75		<i>tydemy</i> 76	<i>varenicline tartrate</i> . 67
<i>tri-linyah</i> 76		TYENNE 87	<i>varenicline tartrate tab</i>
<i>tri-lo-estarrylla</i> 76		TYPHIM VI 90	11 x 0.5 mg & 42 x 1 mg start pack... 67
<i>tri-lo-marzia</i> 76		UBRELVY 64	VARIVAX 90
<i>tri-lo-mili</i> 76		<i>unithroid</i> 79	VASCEPA 48
<i>tri-lo-sprintec</i> 76		<i>ursodiol</i> 82	VAXCHORA SUS 90
<i>trimethoprim</i> 23		<i>valacyclovir hcl</i> 28	<i>velvet</i> 76
		VALCHLOR 103	VELSIPITY 87
		<i>valganciclovir hcl</i> ... 28	VENCLEXTA 42
		<i>valproate sodium</i> ... 60	VENCLEXTA TAB
		<i>valproic acid</i> 60	START PK 42
		<i>valsartan</i> 46	<i>venlafaxine hcl</i> 53
			VENTOLIN HFA 96

VENTOLIN HFA (INSTITUTIONAL PACK)	96	XARELTO	84	XPOVIO PAK (60 MG TWICE WEEKLY) ..	43
VEOZAH	79	XARELTO STAR TAB 15/20MG.....	84	XPOVIO PAK (80 MG ONCE WEEKLY) ...	43
verapamil hcl	49	XATMEP	88	XPOVIO PAK (80 MG TWICE WEEKLY) ..	43
VERQUVO	50	XCOPRI	61	XTANDI	33
VERSACLOZ	57	XCOPRI PAK 100-150	61	xulane	76
VERZENIO	42	XCOPRI PAK 12.5-25	61	XULTOPHY INJ 100/3.6.....	71
vestura	76	XCOPRI PAK 150- 200MG (MAINTENANCE) .	61	YESINTEK.....	87
vienna	76	XCOPRI PAK 150- 200MG (TITRATION)	61	YF-VAX INJ	90
vigabatrin	61	XCOPRI PAK 50- 100MG.....	61	YONSA.....	33
vigadrone	61	XDEMVY	93	yuvafem.....	77
VIGAFYDE.....	61	XELJANZ	87	zafemy.....	76
vigpoder	61	XELJANZ XR	87	zafirlukast	97
vilazodone hcl	53	xelria fe	76	zaleplon	63
VIMKUNYA.....	90	XERMELO	82	ZARXIO.....	84
vincristine sulfate ..	34	XGEVA.....	71	ZEGALOGUE	77
vinorelbine tartrate .	34	XHANCE.....	98	ZEJULA	43
viorele	76	XIFAXAN	82	ZELBORAF	43
VIRACEPT	26	XIGDUO XR TAB 10- 1000	69	ZEMAIRA.....	98
VIREAD	26	XIGDUO XR TAB 10- 500MG.....	69	zenatane	100
VITRAKVI	42	XIGDUO XR TAB 2.5- 1000	69	ZENPEP CAP 10000UNT	82
VIVIMUSTA.....	32	XIGDUO XR TAB 5- 1000MG	69	ZENPEP CAP 15000UNT	82
VIVITROL	67	XIGDUO XR TAB 5- 500MG.....	69	ZENPEP CAP 20000UNT	82
VIVOTIF CAP EC ..	90	IIDRA	95	ZENPEP CAP 25000UNT	82
VIZIMPRO.....	42	XOFLUZA	28	ZENPEP CAP 3000UNIT	82
VONJO	42	XOLAIR.....	98	ZENPEP CAP 40000UNT	82
VORANIGO	42	XOSPATA	43	ZENPEP CAP 5000UNIT	82
voriconazole	24	XPOVIO PAK (100 MG ONCE WEEKLY) ...	43	ZENPEP CAP 60000UNT	82
VOSEVI TAB.....	28	XPOVIO PAK (40 MG ONCE WEEKLY) ...	43	ZERVIASTE.....	94
VOWST CAP	82	XPOVIO PAK (40 MG TWICE WEEKLY) .	43	zidovudine	26
VRAYLAR	57	XPOVIO PAK (60 MG ONCE WEEKLY) ...	43	ziprasidone hcl	57
vyfemla	76			ziprasidone mesylate	57
vylibra	76			ZIRABEV	43
VYZULTA	94			ZIRGAN.....	93
warfarin sodium	84			zoledronic acid	71
water for irrigation, sterile irrigation soln	103				
WELIREG.....	34				
wera	76				
WESTAB PLUS TAB 27-1MG	92				
wixela inhub	99				
wymzya fe	76				
XALKORI	42				
xarah fe	76				

ZOLINZA	43	<i>zovia 1/35</i>	76	ZYDELIG	43
<i>zolpidem tartrate</i>	63	ZTALMY	61	ZYKADIA	43
ZONISADE.....	61	<i>zumandimine</i>	76	ZYLET SUS 0.5-0.3%	
<i>zonisamide</i>	61	ZURZUVAE	53	.....	93



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

Ini-update ang polmularyong ito noong 08/01/2025

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