



## **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, 21.*

Na-update ang pormularyong ito noong 12/01/2025.

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](http://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 – 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/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](http://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 Pederal 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 seksuwal 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 serbisyonang 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](http://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](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

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

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

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

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

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

Ang mga form ng reklamo ay available sa  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](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.

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

ՈՒՇԱԴԻՈՒԹՅՈՒՆ՝ Ձեր լեզվով օգնության դեպքում, գանգահարե՛ք 1-855-665-4627 (TTY՝ 711) հեռախոսահամարով: Հաճախդամների համար հասանելի են նաև աջակցման ծառայություններ, օրինակ՝ փաստաթղթեր բրայլյան և խոշոր տատերով: Զանգահարե՛ք՝ 1-855-665-4627, (TTY՝ 711):  
Ծառայությունները գործում են անվճար:

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 – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito. **Para sa karagdagang impormasyon**, bisitahin ang [MolinaHealthcare.com/Medicare](http://MolinaHealthcare.com/Medicare).

ਧਿਆਨ 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 ਮੁਫਤ ਹਨ।

ਧਿਆਨ ਦੇਂ: यदि आपको अपनी भाषा में सहायता की आवश्यकता हो, तो 1-855-665-4627 (TTY: 711) पर कॉल करें। वविकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज जैसी सहायताएं और सेवाएं भी उपलब्ध हैं। 1-855-665-4627 (TTY: 711) पर कॉल करें। ये सेवाएं मुफ्त हैं।

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.

ຂ້ອນເອົາໃຈໃສ່: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອກທ່ານ, ໃຫ້ໂທຫາ 1-855-665-4627 (TTY: 711). ນອກຈາກນີ້, ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່. ໂທຫາເບີ 1-855-665-4627 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ແມ່ນພຣີ.

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 rau 1-855-665-4627 (TTY:711). Cov kev pab cuam no yog muab yam tsis xam nqi.

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនដែលមានពិការភាព ដូចជាឯកសារជាអក្សរស្នាប និងជាពុម្ពអក្សរធំ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

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

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 – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito. **Para sa karagdagang impormasyon**, bisitahin ang [MolinaHealthcare.com/Medicare](http://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 serbisyong ito ay libre.

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

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

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

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

---

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

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

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

Ang mga gamot sa *Listahan ng Mga Saklaw na Gamot* na nagsisimula sa seksyon C1 ay ang mga gamot na sinasaklaw ng Molina Medicare Complete Care Plus (HMO D-SNP). Available ang mga gamot sa mga botika na nasa aming network. Nasa network namin ang isang botika kung nakipagkasundo kami sa kanila na makipagtulungan sa amin at pagserbisyuhan 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](http://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](http://MolinaHealthcare.com/Medicare).

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

Mahamanap mo rin ang na-update na listahan ng mga gamot na sinasaklaw namin sa aming website sa [MolinaHealthcare.com/Medicare](http://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](http://MolinaHealthcare.com/Medicare). Ang mga update sa *Listahan ng Gamot* ay inilalagay sa website buwan-buwan.
- Maaari mo ring tawagan ang mga Serbisyo para sa Miyembro sa (800) 665-3086, TTY: 711, Oktubre 1 – Marso 31: 7 araw sa isang linggo, 8 a.m. - 8 p.m., lokal na

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

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

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

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



**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://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 orihinal na biological na produkto kapag nagdaragdag ng biosimilar, o
- binabago namin ang mga patakaran o mga limitasyon ng saklaw para sa branded na gamot.

Kapag nangyari ang mga pagbabagong ito:

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

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

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

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

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

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

kondisyon. Maaari muna ninyong subukan ang isang gamot bago namin saklawin ang isa pang gamot. Kung sa tingin ng 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](http://MolinaHealthcare.com/Medicare). Nag-post kami ng mga online na dokumento na nagpapaliwanag sa aming paunang awtorisasyon at mga paghihigpit sa step therapy. Pwede din kayong humiling sa amin na padalhan kayo ng isang kopya.

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

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

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

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

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

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

May dalawang paraan upang hanapin ang isang gamot:

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

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



**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](http://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 – Biyernes, 8 a.m. – 8 p.m., lokal na oras at magtanong tungkol dito. Kung nalaman ninyo na hindi sasaklawin ng Molina Medicare Complete Care Plus ang gamot, pwede ninyong gawin ang isa sa mga bagay na ito:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Halimbawa, nililimitahan minsan ng Medicare Complete Care Plus ang dami ng gamot na sasaklawin namin. Kung may limitasyon ang inyong gamot, pwede kayong humiling sa amin na baguhin ang limitasyon at saklawin ang mas higit pa.
- Iba pang mga halimbawa: Pwede kayong humiling sa amin na alisin ang mga 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 – Biyernes, 8 a.m. – 8 p.m., lokal na oras. Libre ang tawag na ito. **Para sa karagdagang impormasyon**, bisitahin ang [MolinaHealthcare.com/Medicare](http://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 parmasya nang walang bagong reseta—depende sa mga batas ng estado.

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

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

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

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

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

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

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

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

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

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

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

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

### **B18. Ano ang aking copay?**

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

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

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



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

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

### **Mga Apela sa Ilalim ng Bahagi D**

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

### **C1. Listahan ng Mga Gamot ayon sa Medikal na Kondisyon**

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

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

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

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

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

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

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

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

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

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

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

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



**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://MolinaHealthcare.com/Medicare).

**MOLINA\_CY25\_1T\_SNP\_PMOD eff 12/01/2025****Drug Name Drug Tier Requirements/Limits****ANALGESICS****GOUT**

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

**MISCELLANEOUS**

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

**NSAIDS**

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

**OPIOID ANALGESICS, LONG-ACTING**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	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 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<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)



**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/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.

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

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

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



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>ANTIFUNGALS</b>		
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>casprofungin 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)
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinine sulfate</i> CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
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
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, 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](https://www.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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 675/150	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
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
<b>ANTIVIRALS</b>		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	1	
<i>acyclovir sodium SOLN 50mg/ml</i>	1	B/D
<i>adefovir dipivoxil TABS 10mg</i>	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir TABS .5mg, 1mg</i>	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	1	
<i>ganciclovir sodium SOLR 500mg</i>	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
<b>CEPHALOSPORINS</b>		
<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	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	NDS
<b>FLUOROQUINOLONES</b>		
<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](https://www.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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml	1	
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml	1	
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml	1	
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml	1	
<i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg	1	
<i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg	1	
<i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg	1	
<i>amoxicillin &amp; k clavulanate tab er</i> 12hr 1000-62.5 mg	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1-0.5) gm	1	
<i>ampicillin &amp; sulbactam sodium for inj</i> 3 (2-1) gm	1	
<i>ampicillin &amp; sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	1	
<i>ampicillin &amp; sulbactam sodium for iv soln</i> 3 (2-1) gm	1	
<i>ampicillin &amp; sulbactam sodium for iv soln</i> 15 (10-5) gm	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	1	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>TETRACYCLINES</b>		
<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	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	
<i>tigecycline SOLR 50mg</i>	1	NDS
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	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
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide SOLR 2gm</i>	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	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 – 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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>ANTIMETABOLITES</b>		
<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
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<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.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
MODEYSO CAPS 125mg	1	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	1	NDS, QL (240 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	NDS, QL (1 pack / 28 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
BRUKINSA TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERNEXEOS TABS 60mg	1	NDS, QL (120 tabs / 30 days), 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
IBTROZI CAPS 200mg	1	NDS, QL (90 caps / 30 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
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
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



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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
TAGRISO 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



**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://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.

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<b>PROTECTIVE AGENTS</b>		
<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



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MESNEX TABS 400mg	1	NDS

## **CARDIOVASCULAR**

### **ACE INHIBITOR COMBINATIONS**

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

### **ACE INHIBITORS**

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 50-12.5 mg	1	
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-12.5 mg	1	
<i>losartan potassium &amp; hydrochlorothiazide tab</i> 100-25 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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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)
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<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/af)</i> TABS 80mg, 120mg, 160mg	1	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<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)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)



**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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<b>BETA-BLOCKERS</b>		
<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	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
<b>DIURETICS</b>		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &amp; 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 &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 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 – 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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<b>MISCELLANEOUS</b>		
<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
<b>NITRATES</b>		
<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	
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	1	NDS, QL (90 tabs / 30 days), NM, PA
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bosentan</i> TBSO 32mg	1	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
UPTRAVI TABS 200mcg	1	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	NDS, QL (1 pack / 28 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	NDS, QL (224 caps / 28 days), NM, PA

## **CENTRAL NERVOUS SYSTEM**

### **ANTI-ANXIETY**

<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)



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranlycypromine 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
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older
<b>ANTIPSYCHOTICS</b>		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), 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](https://www.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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	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>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR 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)
ZYPREXA RELPREVV SUSR 210mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
<b>ANTISEIZURE AGENTS</b>		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; 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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
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)



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
LEVETIRACETAM 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>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 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
<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

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

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



**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://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.

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

### **ATTENTION DEFICIT HYPERACTIVITY DISORDER**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>HYPNOTICS</b>		
<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)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	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 CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older



**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://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.

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<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	
<b>NARCOLEPSY/CATAPLEXY</b>		
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<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	
KLOXXADO LIQD 8mg/0.1ml	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<b>ANTIDIABETICS</b>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
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 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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)
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)
<b>ANTIDIABETICS, INSULINS</b>		
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	
CEQR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEQR 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)
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 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	1	NDS, NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, NM, PA; (ALVOGEN product)



**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](http://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WYOST SOLN 120mg/1.7ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM
<b>CHELATING AGENTS</b>		
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
<b>CONTRACEPTIVES</b>		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle-28	1	
cyred eq	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	
<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 &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>galbriela</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	



**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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 &amp;eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; 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	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</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 &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	



**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](http://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<b>ESTROGENS</b>		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
<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 &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvafem</i> TABS 10mcg	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](https://www.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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 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	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	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</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
VEOZAH TABS 45mg	1	PA
<i>zelvysia</i> PACK 100mg, 500mg	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](https://www.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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROGESTINS</b>		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
<b>THYROID AGENTS</b>		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<b>VITAMIN D ANALOGS</b>		
<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
<b>GASTROINTESTINAL ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; <i>SOSY</i> 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
<b>ANTISPASMODICS</b>		
<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)
<b>H2-RECEPTOR ANTAGONISTS</b>		
<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	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<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)



**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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<b>MISCELLANEOUS</b>		
<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
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml; SOSY 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

### **PROTON PUMP INHIBITORS**

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

#### **MISCELLANEOUS**

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

#### **URINARY ANTISPASMODICS**

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL 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> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<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)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
<b>MISCELLANEOUS</b>		
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
DROXIA CAPS 200mg, 300mg, 400mg	1	
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
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	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](https://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 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 SOAJ 45mg/0.5ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), 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
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



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), 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
TREMFYA PEN SOAJ 100mg/ml	1	NDS, QL (1 pen / 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
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<b><i>IMMUNOGLOBULINS</i></b>		
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM



**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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
<b>VACCINES</b>		
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	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 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/NAACL INJ 0.45%	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% 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](https://www.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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; 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% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	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	
<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>	1	
<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>	1	
<i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>	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	
<i>TPN ELECTROL INJ</i>	1	B/D
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
<b>IV NUTRITION</b>		
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
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	



**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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
<b>ANTI-INFECTIVES</b>		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
XDEMVI SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
<b>ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
<b>ANTI GLAUCOMA</b>		
<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 2-0.5%</i>	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	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	



**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](http://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<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	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
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)
<b>ANTICHOLINERGICS</b>		
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	
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA; PA applies if 70 years and older

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	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 – 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://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>NASAL STEROIDS</b>		
<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
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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)



**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/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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyana</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

## **TOPICAL**

### **DERMATOLOGY, ACNE**

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical) 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<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



**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](http://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
<b><i>DERMATOLOGY, CORTICOSTEROIDS</i></b>		
<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)
<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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>DERMATOLOGY, LOCAL ANESTHETICS</i></b>		
<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
<b><i>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</i></b>		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA



**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](http://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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**

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

**MOUTH/THROAT/DENTAL AGENTS**

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

**\_PART B**

**DIABETIC METERS AND TEST STRIPS**

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

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

## D. Index ng Mga Saklaw na Gamot

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

<i>abacavir sulfate</i> ..... 25	ADACEL INJ..... 90	<i>alfuzosin hcl</i> ..... 83
<i>abacavir sulfate-</i>	ADALIMUMAB-AACF (2	<i>aliskiren fumarate</i> .. 50
<i>lamivudine tab 600-</i>	PEN)..... 86	<i>allopurinol</i> ..... 20
<i>300 mg</i> ..... 26	ADALIMUMAB-AACF (2	<i>alosepron hcl</i> ..... 82
<i>abigale</i> ..... 77	SYRING ..... 86	<i>alprazolam</i> ..... 51
<i>abigale lo</i> ..... 77	ADALIMUMAB-AACF	<i>altavera</i> ..... 72
ABILIFY ASIMTUFII 54	STARTER P ..... 86	ALUNBRIG ..... 35
ABILIFY MAINTENA. 54	<i>adefovir dipivoxil</i> .... 27	ALUNBRIG PAK ..... 35
<i>abiraterone acetate</i> 32	ADEMPAS..... 50	ALVAIZ..... 85
<i>abirtega</i> ..... 32	ADMELOG ..... 69	ALVESCO ..... 99
ABRYSVO ..... 90	ADMELOG SOLOSTAR	<i>alyacen 1/35</i> ..... 72
<i>acamprosate calcium</i>	..... 69	<i>alyacen 7/7/7</i> ..... 72
..... 67	ADVAIR HFA AER	ALYFTREK TAB 10-50-
<i>acarbose</i> ..... 68	115/21 ..... 99	125 ..... 98
<i>accutane</i> ..... 100	ADVAIR HFA AER	ALYFTREK TAB 4-20-
<i>acebutolol hcl</i> ..... 48	230/21 ..... 99	50 ..... 98
<i>acetaminophen w/</i>	ADVAIR HFA AER	ALYGLO ..... 88
<i>codeine soln 120-12</i>	45/21 ..... 99	<i>alyq</i> ..... 50
<i>mg/5ml</i> ..... 21	<i>afirmelle</i> ..... 72	<i>amantadine hcl</i> .53, 54
<i>acetaminophen w/</i>	AIMOVIG ..... 64	<i>ambrisentan</i> ..... 50
<i>codeine tab 300-15</i>	AIRSUPRA AER 90-	<i>amethia</i> ..... 72
<i>mg</i> ..... 21	80MCG ..... 100	<i>amethyst</i> ..... 72
<i>acetaminophen w/</i>	AKEEGA TAB 100/500	<i>amikacin sulfate</i> ..... 22
<i>codeine tab 300-30</i>	..... 32	<i>amiloride &amp;</i>
<i>mg</i> ..... 21	AKEEGA TAB	<i>hydrochlorothiazide</i>
<i>acetaminophen w/</i>	50/500MG ..... 32	<i>tab 5-50 mg</i> ..... 49
<i>codeine tab 300-60</i>	<i>ala-cort</i> ..... 102	<i>amiloride hcl</i> ..... 49
<i>mg</i> ..... 21	<i>albendazole</i> ..... 22	<i>amiodarone hcl</i> ..... 46
<i>acetazolamide</i> ..... 49	<i>albuterol sulfate</i> .... 97	<i>amitriptyline hcl</i> ..... 52
<i>acetic acid</i> ..... 83	<i>alclometasone</i>	<i>amlodipine besylate</i> 48
<i>acetic acid (otic)</i> .... 96	<i>dipropionate</i> ..... 102	<i>amlodipine besylate-</i>
<i>acetylcysteine</i> ..... 97	ALCOHOL SWABS: BD-	<i>benazepril hcl cap</i>
<i>acitretin</i> ..... 101	EMBECTA/MHC/RUG	<i>10-20 mg</i> ..... 44
ACTHIB INJ ..... 90	BY..... 69	<i>amlodipine besylate-</i>
ACTIMMUNE ..... 89	ALDURAZYME ..... 78	<i>benazepril hcl cap</i>
<i>acyclovir</i> ..... 27	ALECENSA ..... 34	<i>10-40 mg</i> ..... 44
<i>acyclovir sodium</i> .... 27	<i>alendronate sodium</i> 71	



**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](http://MolinaHealthcare.com/Medicare).

<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> ..... 44	<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> 30	<i>amphetamine- dextroamphetamine tab 10 mg</i> ..... 62
<i>amlodipine besylate- benazepril hcl cap 5- 10 mg</i> ..... 44	<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml...</i> 30	<i>amphetamine- dextroamphetamine tab 12.5 mg</i> ..... 62
<i>amlodipine besylate- benazepril hcl cap 5- 20 mg</i> ..... 44	<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> 30	<i>amphetamine- dextroamphetamine tab 15 mg</i> ..... 63
<i>amlodipine besylate- benazepril hcl cap 5- 40 mg</i> ..... 44	<i>amoxicillin &amp; k clavulanate tab 250- 125 mg</i> ..... 30	<i>amphetamine- dextroamphetamine tab 20 mg</i> ..... 63
<i>amlodipine besylate- olmesartan medoxomil tab 10- 20 mg</i> ..... 45	<i>amoxicillin &amp; k clavulanate tab 500- 125 mg</i> ..... 30	<i>amphetamine- dextroamphetamine tab 30 mg</i> ..... 63
<i>amlodipine besylate- olmesartan medoxomil tab 10- 40 mg</i> ..... 45	<i>amoxicillin &amp; k clavulanate tab 875- 125 mg</i> ..... 30	<i>amphetamine- dextroamphetamine tab 5 mg</i> ..... 62
<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i> ..... 45	<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg .....</i> 30	<i>amphetamine- dextroamphetamine tab 7.5 mg</i> ..... 62
<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i> ..... 45	<i>amphetamine- dextroamphetamine cap er 24hr 10 mg .....</i> 62	<i>amphotericin b</i> ..... 24
<i>amlodipine besylate- valsartan tab 10-160 mg</i> ..... 45	<i>amphetamine- dextroamphetamine cap er 24hr 15 mg .....</i> 62	<i>amphotericin b liposome</i> ..... 24
<i>amlodipine besylate- valsartan tab 10-320 mg</i> ..... 45	<i>amphetamine- dextroamphetamine cap er 24hr 20 mg .....</i> 62	<i>ampicillin</i> ..... 30
<i>amlodipine besylate- valsartan tab 5-160 mg</i> ..... 45	<i>amphetamine- dextroamphetamine cap er 24hr 25 mg .....</i> 62	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> ..... 30
<i>amlodipine besylate- valsartan tab 5-320 mg</i> ..... 45	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg .....</i> 62	<i>ampicillin &amp; sulbactam sodium for inj 3 (2- 1) gm</i> ..... 30
<i>amnestem</i> ..... 100	<i>amphetamine- dextroamphetamine cap er 24hr 30 mg .....</i> 62	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm....</i> 30
<i>amoxapine</i> ..... 52	<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i> 62	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> ..... 30
<i>amoxicillin</i> ..... 30		<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> ..... 30
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> 30		<i>ampicillin sodium</i> ... 30
		<i>anagrelide hcl</i> ..... 85
		<i>anastrozole</i> ..... 33
		<i>ANORO ELLIPT AER 62.5-25</i> ..... 96
		<i>aprepitant</i> ..... 80

<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> ..... 80	ATROVENT HFA..... 96	BCG VACCINE..... 90
<i>apri</i> ..... 72	<i>aubra eq</i> ..... 72	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> ... 44
APTIOM ..... 58	AUGTYRO..... 35	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> ... 44
APTIVUS ..... 25	<i>aurovela 1/20</i> ..... 72	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> ..... 44
ARALAST NP..... 98	<i>aurovela 24 fe</i> ..... 72	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> ..... 44
<i>aranelle</i> ..... 72	<i>aurovela fe 1.5/30</i> . 72	<i>benazepril hcl</i> ..... 44
ARCALYST..... 89	<i>aurovela fe 1/20</i> .... 72	BENDAMUSTINE
AREXVY ..... 90	AUSTEDO..... 65	HYDROCHLORID . 31
ARIKAYCE ..... 22	AUSTEDO XR..... 65	BENDEKA..... 31
<i>aripiprazole</i> ..... 54, 55	AUSTEDO XR TAB	BENLYSTA..... 89
ARISTADA..... 55	TITR KIT ..... 65	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....100
ARISTADA INITIO .. 55	AUVELITY TAB 45-105MG..... 52	<i>benztropine mesylate</i> ..... 54
<i>armodafinil</i> ..... 66	<i>aviane</i> ..... 72	BERINERT ..... 85
ARNUITY ELLIPTA... 99	AVMAPKI PAK	BESIVANCE..... 94
<i>asenapine maleate</i> . 55	FAKZYNJA ..... 35	BESREMI ..... 34
<i>ashlyna</i> ..... 72	<i>ayuna</i> ..... 72	<i>betaine powder for oral solution</i> ..... 78
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> ..... 85	AYVAKIT ..... 35	<i>betamethasone dipropionate (topical)</i> .....102
ASTAGRAF XL..... 89	<i>azacitidine</i> ..... 32	<i>betamethasone dipropionate augmented</i> .....102
<i>atazanavir sulfate</i> .. 25	<i>azathioprine</i> ..... 89	<i>betamethasone valerate</i> .....102
<i>atenolol</i> ..... 48	<i>azelastine hcl</i> ..... 96	BETASERON ..... 65
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> ..... 48	<i>azelastine hcl (ophth)</i> ..... 95	<i>betaxolol hcl</i> ..... 48
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> ..... 48	<i>azithromycin</i> ..... 29	<i>betaxolol hcl (ophth)</i> ..... 95
<i>atomoxetine hcl</i> ..... 63	<i>aztreonam</i> ..... 22	<i>bethanechol chloride</i> ..... 83
<i>atorvastatin calcium</i> 47	<i>azurette</i> ..... 72	
<i>atovaquone</i> ..... 22	<i>bacitracin (ophthalmic)</i> ..... 94	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> ..... 24	<i>bacitracin-polymyxin b ophth oint</i> ..... 94	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> ..... 24	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> ..... 93	
ATROPINE SULFATE 95	<i>baclofen</i> ..... 66	
<i>atropine sulfate (ophthalmic)</i> ..... 95	BAFIERTAM ..... 65	
	<i>balsalazide disodium</i> ..... 81	
	BALVERSA ..... 35	
	<i>balziva</i> ..... 72	
	BARACLUDGE ..... 27	
	BASAGLAR KWIKPEN ..... 69	



**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](http://MolinaHealthcare.com/Medicare).

BETOPTIC-S .....	95	BRILINTA.....	85	bupropion hcl .....	52
BEVESPI AER 9-		<i>brimonidine tartrate</i>	95	<i>bupropion hcl</i>	
4.8MCG.....	96	<i>brinzolamide</i> .....	95	(smoking deterrent)	
<i>bexarotene</i> .....	34	BRIVIACT.....	58	.....	67
<i>bexarotene (topical)</i>		<i>bromfenac sodium</i>		<i>buspironone hcl</i> .....	51
.....	103	( <i>ophth</i> ).....	94	<i>butorphanol tartrate</i>	21
BEXSERO .....	90	<i>bromocriptine</i>		<i>cabergoline</i> .....	78
<i>bicalutamide</i> .....	33	<i>mesylate</i> .....	54	CABOMETYX.....	35
BICILLIN L-A .....	30	BRUKINSA .....	35	<i>calcipotriene</i> .....	101
BIKTARVY TAB 30-		<i>budesonide</i> .....	81	<i>calcitonin (salmon)</i>	
120-15 MG .....	26	<i>budesonide</i>		<i>spray</i> .....	71
BIKTARVY TAB 50-		( <i>inhalation</i> ) .....	99	<i>calcitrene</i> .....	101
200-25 MG .....	26	<i>budesonide-formoterol</i>		<i>calcitriol</i> .....	80
<i>bisoprolol &amp;</i>		<i>fumarate dihyd</i>		<i>calcitriol (oral)</i> .....	80
<i>hydrochlorothiazide</i>		<i>aerosol 160-4.5</i>		CALQUENCE .....	35
<i>tab 10-6.25 mg</i> ...	48	<i>mcg/act</i> .....	100	<i>camila</i> .....	72
<i>bisoprolol &amp;</i>		<i>budesonide-formoterol</i>		<i>camrese</i> .....	72
<i>hydrochlorothiazide</i>		<i>fumarate dihyd</i>		<i>camrese lo</i> .....	72
<i>tab 2.5-6.25 mg</i> ..	48	<i>aerosol 80-4.5</i>		<i>candesartan cilexetil</i>	46
<i>bisoprolol &amp;</i>		<i>mcg/act</i> .....	100	<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide</i>		<i>bumetanide</i> .....	49	<i>hydrochlorothiazide</i>	
<i>tab 5-6.25 mg</i> ....	48	<i>buprenorphine</i> .....	20	<i>tab 16-12.5 mg</i> ...	45
<i>bisoprolol fumarate</i>	48	<i>buprenorphine hcl</i> ..	67	<i>candesartan cilexetil-</i>	
BIVIGAM.....	88	<i>buprenorphine hcl-</i>		<i>hydrochlorothiazide</i>	
<i>blisovi 24 fe</i> .....	72	<i>naloxone hcl sl film</i>		<i>tab 32-12.5 mg</i> ...	45
<i>blisovi fe 1.5/30</i> ....	72	12-3 mg ( <i>base</i>		<i>candesartan cilexetil-</i>	
BONSITY.....	71	<i>equiv</i> ).....	67	<i>hydrochlorothiazide</i>	
BOOSTRIX INJ .....	90	<i>buprenorphine hcl-</i>		<i>tab 32-25 mg</i> .....	45
<i>bortezomib</i> .....	35	<i>naloxone hcl sl film</i>		CAPLYTA.....	55
BORTEZOMIB .....	35	2-0.5 mg ( <i>base</i>		CAPRELSA.....	36
<i>bosentan</i> .....	50, 51	<i>equiv</i> ).....	67	<i>captopril</i> .....	44
BOSULIF.....	35	<i>buprenorphine hcl-</i>		<i>captopril &amp;</i>	
BRAFTOVI .....	35	<i>naloxone hcl sl film</i>		<i>hydrochlorothiazide</i>	
BREO ELLIPTA INH		4-1 mg ( <i>base equiv</i> )		<i>tab 25-15 mg</i> .....	44
100-25 .....	100	.....	67	<i>captopril &amp;</i>	
BREO ELLIPTA INH		<i>buprenorphine hcl-</i>		<i>hydrochlorothiazide</i>	
200-25 .....	100	<i>naloxone hcl sl film</i>		<i>tab 25-25 mg</i> .....	44
BREO ELLIPTA INH 50-		8-2 mg ( <i>base equiv</i> )		<i>captopril &amp;</i>	
25MCG .....	100	.....	67	<i>hydrochlorothiazide</i>	
<i>breyna</i> .....	100	<i>buprenorphine hcl-</i>		<i>tab 50-15 mg</i> .....	44
BREZTRI AERO AER		<i>naloxone hcl sl tab</i>		<i>captopril &amp;</i>	
SPHERE .....	96	2-0.5 mg ( <i>base</i>		<i>hydrochlorothiazide</i>	
BREZTRI AERO AER		<i>equiv</i> ).....	67	<i>tab 50-25 mg</i> .....	44
SPHERE		<i>buprenorphine hcl-</i>		<i>carb/levo orally</i>	
(INSTITUTIONAL		<i>naloxone hcl sl tab</i>		<i>disintegrating tab</i>	
PACK).....	96	8-2 mg ( <i>base equiv</i> )		10-100mg .....	54
<i>brillyn</i> .....	72	.....	67		

<i>carb/levo orally</i>	<i>caspofungin acetate</i> 24	<i>cetirizine hcl</i> ..... 96
<i>disintegrating tab</i>	CAYSTON..... 22	<i>cevimeline hcl</i> .....104
25-100mg ..... 54	<i>cefaclor</i> ..... 28	<i>chateal eq</i> ..... 72
<i>carb/levo orally</i>	<i>cefadroxil</i> ..... 28	CHEMET..... 72
<i>disintegrating tab</i>	CEFAZOLIN ..... 28	<i>chlorhexidine</i>
25-250mg ..... 54	CEFAZOLIN INJ	<i>gluconate (mouth-</i>
<i>carbamazepine</i> ..... 58	1GM/50ML..... 28	<i>throat)</i> .....104
<i>carbidopa &amp; levodopa</i>	<i>cefazolin sodium</i> .... 28	<i>chloroquine phosphate</i>
<i>tab 10-100 mg</i> .... 54	CEFAZOLIN SOLN	..... 24
<i>carbidopa &amp; levodopa</i>	2GM/100ML-4% .. 28	<i>chlorpromazine hcl</i> . 55
<i>tab 25-100 mg</i> .... 54	CEFAZOLIN/DEX SOL	<i>chlorthalidone</i> ..... 49
<i>carbidopa &amp; levodopa</i>	1GM/50ML-4%.... 28	<i>cholestyramine</i> ..... 47
<i>tab 25-250 mg</i> .... 54	CEFAZOLIN/DEX SOL	<i>cholestyramine light</i> 47
<i>carbidopa &amp; levodopa</i>	2GM/50ML-3%.... 28	<i>ciclopirox</i> .....101
<i>tab er 25-100 mg</i> 54	CEFAZOLIN/DEX SOL	<i>ciclopirox olamine</i> .101
<i>carbidopa &amp; levodopa</i>	3GM/150ML-4% .. 28	<i>cilostazol</i> ..... 85
<i>tab er 50-200 mg</i> 54	CEFAZOLIN/DEX SOL	CILOXAN ..... 94
<i>carbidopa-levodopa-</i>	3GM/50ML-2%.... 28	CIMDUO TAB 300-300
<i>entacapone tabs</i>	<i>cefdinir</i> ..... 28	..... 26
12.5-50-200 mg.. 54	<i>cefepime hcl</i> ..... 28	<i>cinacalcet hcl</i> ..... 78
<i>carbidopa-levodopa-</i>	<i>cefixime</i> ..... 28	<i>ciprofloxacin 200</i>
<i>entacapone tabs</i>	<i>cefotetan disodium</i> . 28	<i>mg/100ml in d5w</i> 29
18.75-75-200 mg 54	<i>cefoxitin sodium</i> .... 28	<i>ciprofloxacin 400</i>
<i>carbidopa-levodopa-</i>	<i>cefpodoxime proxetil</i>	<i>mg/200ml in d5w</i> 29
<i>entacapone tabs 25-</i>	..... 28	<i>ciprofloxacin hcl</i> ..... 29
100-200 mg ..... 54	<i>cefprozil</i> ..... 28	<i>ciprofloxacin hcl</i>
<i>carbidopa-levodopa-</i>	<i>ceftazidime</i> ..... 29	<i>(ophth)</i> ..... 94
<i>entacapone tabs</i>	<i>ceftriaxone sodium</i> . 29	<i>ciprofloxacin-</i>
31.25-125-200 mg	<i>cefuroxime axetil</i> ... 29	<i>dexamethasone otic</i>
..... 54	<i>cefuroxime sodium</i> . 29	<i>susp 0.3-0.1%</i> .... 96
<i>carbidopa-levodopa-</i>	<i>celecoxib</i> ..... 20	<i>cisplatin</i> ..... 31
<i>entacapone tabs</i>	<i>cephalexin</i> ..... 29	<i>citalopram</i>
37.5-150-200 mg 54	CEQUR SIMPL KIT	<i>hydrobromide</i> ..... 52
<i>carbidopa-levodopa-</i>	PATCH 2U (3-DAY)	<i>claravis</i> .....100
<i>entacapone tabs 50-</i>	..... 69	<i>clarithromycin</i> ..... 29
200-200 mg ..... 54	CEQUR SIMPL KIT	<i>clindamycin hcl</i> ..... 22
<i>carboplatin</i> ..... 31	PATCH 2U (4-DAY)	<i>clindamycin palmitate</i>
<i>carglumic acid</i> ..... 78	..... 69	<i>hydrochloride</i> ..... 22
<i>carisoprodol</i> ..... 66	CEQUR SIMPL MIS	<i>clindamycin phosphate</i>
<i>carteolol hcl (ophth)</i> 95	INSERTER ..... 70	..... 22
<i>cartia xt</i> ..... 48	CERDELGA ..... 78	<i>clindamycin phosphate</i>
<i>carvedilol</i> ..... 48	CEREZYME ..... 78	<i>(topical)</i> .....100



**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](http://MolinaHealthcare.com/Medicare).

<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	22	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	101	CREON CAP 24000UNT .....	82
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	22	<i>clozapine</i> .....	55	CREON CAP 3000UNIT .....	82
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	22	COARTEM TAB 20-120MG.....	24	CREON CAP 36000UNT .....	82
<i>clindamycin phosphate vaginal</i> .....	84	COBENFY CAP 100-20MG .....	55	CREON CAP 6000UNIT .....	82
CLINDMYC/NAC INJ 300/50ML.....	22	COBENFY CAP 125-30MG .....	55	<i>cromolyn sodium</i> ...	98
CLINDMYC/NAC INJ 600/50ML.....	22	COBENFY CAP 50-20MG .....	55	<i>cromolyn sodium (mastocytosis)</i> ....	82
CLINDMYC/NAC INJ 900/50ML.....	22	COBENFY STRT CAP PACK.....	55	<i>cromolyn sodium (ophth)</i> .....	95
CLINIMIX INJ 4.25/D10 .....	93	<i>colchicine</i> .....	20	<i>cryselle-28</i> .....	72
CLINIMIX INJ 4.25/D5W .....	93	<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	20	<i>cyclobenzaprine hcl</i>	66
CLINIMIX INJ 5%/D15W .....	93	<i>colesevelam hcl</i> .....	47	<i>cyclophosphamide..</i>	31
CLINIMIX INJ 5%/D20W .....	93	<i>colestipol hcl</i> .....	47	CYCLOPHOSPHAMIDE .....	31
CLINIMIX INJ 6/5... ..	93	<i>colistimethate sodium</i> .....	22	CYCLOPHOSPHAMIDE MONOHYDR.....	32
CLINIMIX INJ 8/10 .	93	COMBIGAN SOL 0.2/0.5% .....	95	<i>cycloserine</i> .....	27
CLINIMIX INJ 8/14 .	93	COMBIVENT AER 20-100 .....	96	<i>cyclosporine</i> .....	89
<i>clinisol sf 15%</i> .....	93	COMETRIQ (60MG DOSE) .....	36	<i>cyclosporine modified (for microemulsion)</i> .....	89
CLINOLIPID EMU 20% .....	93	COMETRIQ KIT 100MG .....	36	<i>cyproheptadine hcl</i> .	96
<i>clobazam</i> .....	58	COMETRIQ KIT 140MG .....	36	<i>cyred eq</i> .....	72
<i>clobetasol propionate</i> .....	102	COMPLERA TAB.....	26	CYSTADROPS .....	95
<i>clobetasol propionate e</i> .....	102	<i>compro</i> .....	80	CYSTAGON.....	78
<i>clomipramine hcl</i> ....	52	<i>constulose</i> .....	82	CYSTARAN .....	95
<i>clonazepam</i> .....	58	COPAXONE.....	65	<i>cytarabine</i> .....	32
<i>clonidine</i> .....	50	COPIKTRA.....	36	D10W/NACL INJ 0.2% .....	91
<i>clonidine hcl</i> .....	50	CORLANOR.....	50	D2.5W/NACL INJ 0.45% .....	91
<i>clopidogrel bisulfate</i>	85	COSENTYX .....	86	<i>dabigatran etexilate mesylate</i> .....	84
<i>clorazepate dipotassium</i> .....	58	COSENTYX SENSOREADY PEN86 .....	86	<i>dalfampridine</i> .....	65
<i>clotrimazole</i> .....	104	COSENTYX UNOREADY .....	86	<i>danazol</i> .....	67
<i>clotrimazole (topical)</i> .....	101	COTELLIC .....	36	<i>dantrolene sodium</i> .	66
		CREON CAP 12000UNT .....	82	DANZITEN .....	36
				<i>dapsone</i> .....	22
				DAPTACEL INJ .....	90
				<i>daptomycin</i> .....	22
				DAPTOMYCIN .....	22
				<i>darunavir</i> .....	25
				<i>dasatinib</i> .....	36

<i>dasetta 1/35</i> .....	73	DEXCOM G6 MIS		<i>diclofenac sodium</i>	
<i>dasetta 7/7/7</i> .....	73	TRANSMIT.....	104	( <i>ophth</i> ).....	94
DAURISMO.....	36	DEXCOM G7 MIS		<i>diclofenac sodium</i>	
<i>daysee</i> .....	73	RECEIVER .....	104	( <i>topical</i> ).....	103
DAYVIGO .....	63	DEXCOM G7 MIS		<i>dicloxacillin sodium</i>	30
<i>deblitane</i> .....	73	SENSOR.....	104	<i>dicyclomine hcl</i> .....	81
<i>deferasirox</i> .....	72	<i>dexmethylphenidate</i>		DIFICID.....	29
DELSTRIGO TAB ....	26	<i>hcl</i> .....	63	<i>diflunisal</i> .....	20
DENGVAZIA SUS....	90	<i>dextrose</i> .....	93	<i>difluprednate</i> .....	94
DEPO-SUBQ PROVERA		<i>dextrose 10% w/</i>		<i>digoxin</i> .....	50
104 .....	73	<i>sodium chloride</i>		<i>dihydroergotamine</i>	
<i>depo-testosterone</i> ..	67	<i>0.45%</i> .....	91	<i>mesylate</i> .....	64
DESCOVY TAB 120-		<i>dextrose 2.5% w/</i>		DILANTIN .....	59
15MG .....	26	<i>sodium chloride</i>		<i>diltiazem hcl</i> .....	49
DESCOVY TAB		<i>0.45%</i> .....	91	<i>diltiazem hcl coated</i>	
200/25MG .....	26	<i>dextrose 5% in</i>		<i>beads</i> .....	49
<i>desipramine hcl</i> .....	52	<i>lactated ringers</i> ...	91	<i>diltiazem hcl extended</i>	
<i>desmopressin acetate</i>		<i>dextrose 5% w/</i>		<i>release beads</i> .....	49
.....	78	<i>sodium chloride</i>		<i>dilt-xr</i> .....	48
<i>desmopressin acetate</i>		<i>0.2%</i> .....	91	DIP/TET PED INJ 25-	
<i>spray</i> .....	79	<i>dextrose 5% w/</i>		5LFU .....	90
<i>desmopressin acetate</i>		<i>sodium chloride</i>		<i>diphenhydramine hcl</i>	
<i>spray refrigerated</i>	79	<i>0.225%</i> .....	91	.....	96
<i>desogest-eth estrad &amp;</i>		<i>dextrose 5% w/</i>		<i>diphenoxylate w/</i>	
<i>eth estrad tab 0.15-</i>		<i>sodium chloride</i>		<i>atropine liq 2.5-</i>	
<i>0.02/0.01 mg(21/5)</i>		<i>0.3%</i> .....	91	<i>0.025 mg/5ml</i> .....	82
.....	73	<i>dextrose 5% w/</i>		<i>diphenoxylate w/</i>	
<i>desvenlafaxine</i>		<i>sodium chloride</i>		<i>atropine tab 2.5-</i>	
<i>succinate</i> .....	52	<i>0.45%</i> .....	91	<i>0.025 mg</i> .....	82
<i>dexamethasone</i> .....	78	<i>dextrose 5% w/</i>		<i>dipyridamole</i> .....	85
DEXAMETHASONE		<i>sodium chloride</i>		<i>disopyramide</i>	
INTENSOL .....	78	<i>0.9%</i> .....	91	<i>phosphate</i> .....	46
<i>dexamethasone</i>		DIACOMIT.....	58	<i>disulfiram</i> .....	67
<i>sodium phosphate</i>	78	<i>diazepam</i> .....	59	<i>divalproex sodium</i> ..	59
<i>dexamethasone</i>		<i>diazepam</i>		<i>docetaxel</i> .....	34
<i>sodium phosphate</i>		( <i>anticonvulsant</i> )..	59	DOCETAXEL .....	34
( <i>ophth</i> ).....	94	<i>diazepam inj</i> .....	59	DOCIVYX .....	34
DEXCOM G6 MIS		<i>diazepam intensol</i> ..	59	<i>dofetilide</i> .....	47
RECEIVER .....	104	<i>diazoxide</i> .....	78	<i>dolishale</i> .....	73
DEXCOM G6 MIS		<i>diclofenac potassium</i>		<i>donepezil</i>	
SENSOR.....	104	.....	20	<i>hydrochloride</i> .....	51
		<i>diclofenac sodium</i> ..	20	DOPTELET.....	85



**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](http://MolinaHealthcare.com/Medicare).

<i>dorzolamide hcl</i> .....	95	<i>dutasteride-tamsulosin</i>		<i>enalapril maleate &amp;</i>	
<i>dorzolamide hcl-</i>		<i>hcl cap 0.5-0.4 mg</i>		<i>hydrochlorothiazide</i>	
<i>timolol maleate</i>		.....	83	<i>tab 10-25 mg</i> .....	44
<i>ophth soln 2-0.5%</i>		<i>e.e.s. 400</i> .....	29	<i>enalapril maleate &amp;</i>	
.....	95	<i>econazole nitrate</i> .	101	<i>hydrochlorothiazide</i>	
<i>dotti</i> .....	77	EDURANT.....	25	<i>tab 5-12.5 mg</i> ....	44
DOVATO TAB 50-		EDURANT PED .....	25	ENBREL .....	86
300MG.....	26	<i>efavirenz</i> .....	25	ENBREL MINI.....	86
<i>doxazosin mesylate</i>	45	<i>efavirenz-</i>		ENBREL SURECLICK	86
<i>doxepin hcl</i> .....	52	<i>emtricitabine-</i>		<i>endocet tab 10-325mg</i>	
<i>doxepin hcl (sleep)</i> .	63	<i>tenofovir df tab 600-</i>		.....	21
<i>doxorubicin hcl</i> .....	34	<i>200-300 mg</i> .....	26	<i>endocet tab 2.5-</i>	
<i>doxorubicin hcl</i>		<i>efavirenz-lamivudine-</i>		<i>325mg</i> .....	21
<i>liposomal</i> .....	34	<i>tenofovir df tab 400-</i>		<i>endocet tab 5-325mg</i>	
<i>doxy 100</i> .....	31	<i>300-300 mg</i> .....	26	.....	21
<i>doxycycline</i>		<i>efavirenz-lamivudine-</i>		<i>endocet tab 7.5-</i>	
<i>(monohydrate)</i> ....	31	<i>tenofovir df tab 600-</i>		<i>325mg</i> .....	21
<i>doxycycline hyclate</i>	31	<i>300-300 mg</i> .....	26	ENGERIX-B .....	90
DRIZALMA SPRINKLE		ELIGARD.....	33	<i>enilloring</i> .....	73
.....	52	<i>elinest</i> .....	73	<i>enoxaparin sodium</i> .	84
<i>dronabinol</i> .....	80	ELIQUIS .....	84	<i>enpresse-28</i> .....	73
<i>drospirenone-ethinyl</i>		ELIQUIS STARTER		<i>enskyce</i> .....	73
<i>estradiol tab 3-0.02</i>		PACK .....	84	ENSTILAR AER.....	101
<i>mg</i> .....	73	<i>eluryng</i> .....	73	<i>entacapone</i> .....	54
<i>drospirenone-ethinyl</i>		EMGALITY .....	64	<i>entecavir</i> .....	27
<i>estradiol tab 3-0.03</i>		EMSAM .....	52	ENTRESTO CAP 15-	
<i>mg</i> .....	73	<i>emtricitabine</i> .....	25	16MG .....	45
<i>drospirenone-ethinyl</i>		<i>emtricitabine-</i>		ENTRESTO CAP 6-6MG	
<i>estradiol-levomefolate</i>		<i>rilpivirine-tenofovir</i>		.....	45
<i>tab 3-0.02-0.451</i>		<i>df tab 200-25-300</i>		<i>enulose</i> .....	82
<i>mg</i> .....	73	<i>mg</i> .....	26	EPCLUSA PAK 150-	
<i>drospirenone-ethinyl</i>		<i>emtricitabine-tenofovir</i>		37.5 .....	27
<i>estradiol-levomefolate</i>		<i>disoproxil fumarate</i>		EPCLUSA PAK 200-	
<i>tab 3-0.03-0.451</i>		<i>tab 100-150 mg</i> ..	26	50MG .....	27
<i>mg</i> .....	73	<i>emtricitabine-tenofovir</i>		EPCLUSA TAB 200-	
DROXIA .....	85	<i>disoproxil fumarate</i>		50MG .....	27
<i>droxidopa</i> .....	50	<i>tab 133-200 mg</i> ..	26	EPCLUSA TAB 400-100	
DULERA AER 100-		<i>emtricitabine-tenofovir</i>		.....	27
5MCG .....	100	<i>disoproxil fumarate</i>		EPIDIOLEX .....	59
DULERA AER 200-		<i>tab 167-250 mg</i> ..	26	<i>epinephrine</i>	
5MCG .....	100	<i>emtricitabine-tenofovir</i>		<i>(anaphylaxis)</i> 50, 98	
DULERA AER 50-5MCG		<i>disoproxil fumarate</i>		<i>epitol</i> .....	59
.....	100	<i>tab 200-300 mg</i> ..	26	<i>eplerenone</i> .....	45
<i>duloxetine hcl</i> .....	52	EMTRIVA .....	25	EPRONTIA.....	59
DUPIXENT .....	86	EMVERM .....	22	<i>ergotamine w/</i>	
<i>dutasteride</i> .....	83	<i>emzahn</i> .....	73	<i>caffeine tab 1-100</i>	
		<i>enalapril maleate</i> ...	44	<i>mg</i> .....	64

ERIVEDGE.....	36	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg.....</i>	73	<i>feirza 1.5/30 .....</i>	73
ERLEADA .....	33	<i>etodolac .....</i>	20	<i>feirza 1/20 .....</i>	73
<i>erlotinib hcl.....</i>	36	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr .....</i>	73	<i>felbamate .....</i>	59
<i>errin.....</i>	73	<i>etoposide.....</i>	34	<i>felodipine.....</i>	49
<i>ertapenem sodium .</i>	22	<i>etravirine.....</i>	25	<i>fenofibrate .....</i>	47
<i>ery.....</i>	100	EULEXIN .....	33	<i>fenofibrate micronized .....</i>	47
<i>ery-tab .....</i>	29	<i>everolimus .....</i>	36	<i>fenofibrate micronized .....</i>	47
ERYTHROCIN		<i>everolimus (immunosuppressant).....</i>	89	<i>fentanyl.....</i>	20
LACTOBIONATE... ..	29	EVOTAZ TAB 300-150 .....	26	<i>fesoterodine fumarate .....</i>	83
<i>erythromycin (acne aid).....</i>	100	<i>exemestane .....</i>	33	FETZIMA.....	53
<i>erythromycin (ophth) .....</i>	94	EYSUVIS.....	95	FETZIMA CAP	
<i>erythromycin base .</i>	29	<i>ezetimibe.....</i>	47	TITRATIO .....	53
<i>erythromycin ethylsuccinate.....</i>	29	<i>ezetimibe-simvastatin tab 10-10 mg .....</i>	47	FIASP.....	70
<i>erythromycin lactobionate.....</i>	29	<i>ezetimibe-simvastatin tab 10-20 mg .....</i>	47	FIASP FLEXTOUCH .	70
ERZOFRI.....	55	<i>ezetimibe-simvastatin tab 10-40 mg .....</i>	47	FIASP PENFILL.....	70
<i>escitalopram oxalate .....</i>	52	<i>ezetimibe-simvastatin tab 10-80 mg .....</i>	47	FIASP PUMPCART ...	70
<i>eslicarbazepine acetate .....</i>	59	FABRAZYME .....	79	<i>fidaxomicin .....</i>	29
<i>esomeprazole magnesium .....</i>	83	<i>falmina .....</i>	73	<i>finasteride .....</i>	83
<i>estarylla .....</i>	73	<i>famciclovir .....</i>	27	<i>finzala .....</i>	73
<i>estradiol .....</i>	77	<i>famotidine .....</i>	81	FIRMAGON .....	33
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg .....</i>	77	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml.....</i>	81	<i>flac .....</i>	96
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg .....</i>	77	FANAPT .....	55	FLAREX .....	94
<i>estradiol vaginal ....</i>	77	FANAPT PAK PACK A55		FLEBOGAMMA DIF..	88
<i>estradiol valerate ...</i>	77	FANAPT PAK PACK B56		<i>flecainide acetate... ..</i>	47
<i>eszopiclone .....</i>	63	FANAPT PAK PACK C56		<i>fluconazole.....</i>	24
<i>ethambutol hcl.....</i>	27	FARXIGA.....	68	<i>fluconazole in nacl 0.9% inj 200 mg/100ml .....</i>	24
<i>ethosuximide.....</i>	59	FASENRA .....	98	<i>fluconazole in nacl 0.9% inj 400 mg/200ml .....</i>	24
		FASENRA PEN.....	98	<i>flucytosine .....</i>	24
				<i>fludrocortisone acetate .....</i>	78
				<i>flunisolide (nasal) ..</i>	99
				<i>fluocinolone acetonide .....</i>	102
				<i>fluocinolone acetonide (otic).....</i>	96



**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](http://MolinaHealthcare.com/Medicare).

<i>fluocinonide</i> .....	102	FREESTY LIBR MIS 2	GENOTROPIN .....	79
<i>fluocinonide emulsified</i>		READER .....	GENOTROPIN	
<i>base</i> .....	102	FREESTY LIBR MIS 3	MINIQUICK .....	79
<i>fluorometholone</i>		READER .....	<i>gentamicin in saline</i>	
( <i>ophth</i> ) .....	94	FREESTYLE MIS	<i>inj 0.8 mg/ml</i> .....	22
<i>fluorouracil</i> .....	32	READER .....	<i>gentamicin in saline</i>	
<i>fluorouracil (topical)</i>		FRINDOVYX.....	<i>inj 1 mg/ml</i> .....	22
.....	103	FRUZAQLA .....	<i>gentamicin in saline</i>	
<i>fluoxetine hcl</i> .....	53	FULPHILA.....	<i>inj 1.2 mg/ml</i> .....	22
<i>fluphenazine</i>		<i>fulvestrant</i> .....	<i>gentamicin in saline</i>	
<i>decanoate</i> .....	56	<i>furosemide</i> .....	<i>inj 1.6 mg/ml</i> .....	22
<i>fluphenazine hcl</i> ....	56	<i>furosemide inj</i> .....	<i>gentamicin in saline</i>	
<i>flurbiprofen</i> .....	20	FUZEON.....	<i>inj 2 mg/ml</i> .....	22
<i>flurbiprofen sodium</i>	94	<i>fyavolv tab 0.5mg-</i>	<i>gentamicin sulfate</i> ..	22
<i>fluticasone propionate</i>		<i>2.5mcg</i> .....	<i>gentamicin sulfate</i>	
.....	102	<i>fyavolv tab 1mg-5mcg</i>	( <i>ophth</i> ) .....	94
<i>fluticasone propionate</i>		.....	<i>gentamicin sulfate</i>	
( <i>nasal</i> ).....	99	FYCOMPA.....	( <i>topical</i> ).....	101
<i>fluticasone-salmeterol</i>		<i>gabapentin</i> .....	GENVOYA TAB .....	26
<i>aer powder ba 100-</i>		.....	GILOTRIF.....	37
<i>50 mcg/act</i> .....	100	<i>galantamine</i>	<i>glatiramer acetate</i> ..	66
<i>fluticasone-salmeterol</i>		<i>hydrobromide</i> .....	<i>glatopa</i> .....	66
<i>aer powder ba 250-</i>		<i>galbriela</i> .....	GLEOSTINE .....	32
<i>50 mcg/act</i> .....	100	<i>gallifrey</i> .....	<i>glimepiride</i> .....	68
<i>fluticasone-salmeterol</i>		GAMASTAN INJ .....	<i>glipizide</i> .....	68
<i>aer powder ba 500-</i>		GAMMAGARD LIQUID	<i>glipizide xl</i> .....	68
<i>50 mcg/act</i> .....	100	.....	<i>glipizide-metformin hcl</i>	
<i>fluvoxamine maleate</i>		GAMMAGARD S/D IGA	<i>tab 2.5-250 mg</i> ...	68
.....	51	LESS TH.....	<i>glipizide-metformin hcl</i>	
<i>fondaparinux sodium</i>		GAMMAKED .....	<i>tab 2.5-500 mg</i> ...	68
.....	84	GAMMAPLEX.....	<i>glipizide-metformin hcl</i>	
<i>fosamprenavir calcium</i>		GAMUNEX-C.....	<i>tab 5-500 mg</i> .....	68
.....	25	<i>ganciclovir sodium</i> .	<i>glycopyrrolate</i> .....	81
<i>fosinopril sodium</i> ....	44	GARDASIL 9 .....	<i>glydo</i> .....	103
<i>fosinopril sodium &amp;</i>		<i>gatifloxacin (ophth)</i>	GLYXAMBI TAB 10-5	
<i>hydrochlorothiazide</i>		GATTEX .....	MG .....	68
<i>tab 10-12.5 mg</i> ...	44	GAUZE PADS 2 .....	GLYXAMBI TAB 25-5	
<i>fosinopril sodium &amp;</i>		<i>gavilyte-c</i> .....	MG .....	68
<i>hydrochlorothiazide</i>		<i>gavilyte-g</i> .....	GOMEKLI .....	37
<i>tab 20-12.5 mg</i> ...	44	<i>gavilyte-n/</i> <i>flavor pack</i>	<i>granisetron hcl</i> .....	80
FOTIVDA.....	36	.....	<i>griseofulvin microsize</i>	
FREESTY LIBR KIT 2		GAVRETO.....	.....	24
SENSOR .....	104	<i>gefitinib</i> .....	<i>griseofulvin</i>	
FREESTY LIBR KIT 3		<i>gemcitabine hcl</i> .....	<i>ultramicrosize</i> .....	24
SENSOR .....	104	<i>gemfibrozil</i> .....	<i>guanfacine hcl</i> .....	50
FREESTY LIBR KIT		GEMTESA.....	<i>guanfacine hcl (adhd)</i>	
SENSOR.....	104	<i>generlac</i> .....	.....	63
		<i>gengraf</i> .....		

HAEGARDA.....	85	HUMULIN R U-500	<i>ibu</i> .....	20
<i>hailey 1.5/30</i> .....	73	KWIKPEN .....	<i>ibuprofen</i> .....	20
<i>hailey 24 fe</i> .....	73	<i>hydralazine hcl</i> .....	<i>icatibant acetate</i> ....	85
<i>halobetasol propionate</i>		<i>hydrochlorothiazide</i> 49	<i>iclevia</i> .....	73
.....	102	<i>hydrocodone bitartrate</i>	ICLUSIG .....	37
<i>haloette</i> .....	73	.....	IDACIO (2 PEN) .....	87
<i>haloperidol</i> .....	56	<i>hydrocodone-</i>	IDACIO CROHN INJ	
<i>haloperidol decanoate</i>		<i>acetaminophen soln</i>	DISEASE .....	87
.....	56	<i>7.5-325 mg/15ml</i> 21	IDACIO PLAQU INJ	
<i>haloperidol lactate</i> ..	56	<i>hydrocodone-</i>	PSORIASIS.....	87
HARVONI PAK 33.75-		<i>acetaminophen tab</i>	IDHIFA.....	37
150MG.....	27	<i>10-325 mg</i> .....	<i>imatinib mesylate</i> ..	37
HARVONI PAK 45-		<i>hydrocodone-</i>	IMBRUVICA.....	37
200MG.....	27	<i>acetaminophen tab</i>	<i>imipenem-cilastatin</i>	
HARVONI TAB 45-		<i>5-325 mg</i> .....	<i>intravenous for soln</i>	
200MG.....	27	<i>hydrocodone-</i>	<i>250 mg</i> .....	22
HARVONI TAB 90-		<i>acetaminophen tab</i>	<i>imipenem-cilastatin</i>	
400MG.....	27	<i>7.5-325 mg</i> .....	<i>intravenous for soln</i>	
HAVRIX .....	90	<i>hydrocodone-</i>	<i>500 mg</i> .....	22
<i>heather</i> .....	73	<i>ibuprofen tab 7.5-</i>	<i>imipramine hcl</i> .....	53
HEP SOD/NACL INJ		<i>200 mg</i> .....	<i>imiquimod</i> .....	103
25000UNT .....	84	<i>hydrocortisone</i> .....	IMKELDI .....	37
<i>heparin sodium</i>		<i>hydrocortisone</i>	IMOVAX RABIES	
<i>(porcine)</i> .....	84	<i>(intrarectal)</i> .....	<i>(H.D.C.V.)</i> .....	90
HEPLISAV-B .....	90	<i>hydrocortisone (rectal)</i>	IMPAVIDO.....	22
HERCEP HYLEC SOL		.....	INBRIJA.....	54
60-10000 .....	37	<i>hydrocortisone</i>	<i>incassia</i> .....	73
HERCEPTIN .....	37	<i>(topical)</i> .....	INCRELEX .....	79
HERNEXEOS .....	37	<i>hydrocortisone sod</i>	INCRUSE ELLIPTA ..	96
HERZUMA .....	37	<i>succinate</i> .....	<i>indapamide</i> .....	49
HIBERIX .....	90	<i>hydrocortisone</i>	INFANRIX INJ .....	90
HUMIRA.....	86	<i>valerate</i> .....	INFLIXIMAB .....	87
HUMIRA PEN .....	86	<i>hydromorphone hcl</i> 21	INLYTA .....	37, 38
HUMIRA PEN KIT		<i>hydroxychloroquine</i>	INQOVI TAB 35-	
PS/UV.....	86	<i>sulfate</i> .....	100MG.....	32
HUMIRA PEN-		<i>hydroxyurea</i> .....	INREBIC .....	38
CD/UC/HS START	86	<i>hydroxyzine hcl</i> 96, 97	INSULIN PEN	
HUMIRA PEN-		<i>hydroxyzine pamoate</i>	NEEDLES: BD-	
PEDIATRIC UC S .	86	.....	EMBECTA .....	70
HUMULIN R U-500		<i>ibandronate sodium</i> 71	INSULIN SAFETY	
(CONCENTR.....	70	IBRANCE.....	NEEDLES: BD-	
		IBTROZI .....	EMBECTA .....	70



**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](http://MolinaHealthcare.com/Medicare).

INSULIN SYRINGES:	JANUMET TAB 50-	<i>kcl 20 meq/l (0.15%)</i>
BD-EMBECTA ..... 70	500MG..... 68	<i>in dextrose 5% &amp;</i>
INTELENCE ..... 25	JANUMET XR TAB 100-	<i>nacl 0.2% inj..... 92</i>
INTRALIPID..... 93	1000 ..... 68	<i>kcl 20 meq/l (0.15%)</i>
<i>introvale</i> ..... 73	JANUMET XR TAB 50-	<i>in dextrose 5% &amp;</i>
INVEGA HAFYERA... 56	1000 ..... 68	<i>nacl 0.45% inj .... 92</i>
INVEGA SUSTENNA 56	JANUMET XR TAB 50-	<i>kcl 20 meq/l (0.15%)</i>
INVEGA TRINZA..... 56	500MG..... 68	<i>in dextrose 5% &amp;</i>
IPOL INJ INACTIVE. 90	JANUVIA ..... 68	<i>nacl 0.9% inj..... 92</i>
<i>ipratropium bromide</i> 96	JARDIANCE ..... 68	<i>kcl 20 meq/l (0.15%)</i>
<i>ipratropium bromide</i>	<i>jasmiel</i> ..... 74	<i>in nacl 0.45% inj. 92</i>
<i>(nasal)</i> ..... 96	<i>javygtor</i> ..... 79	<i>kcl 20 meq/l (0.15%)</i>
<i>ipratropium-albuterol</i>	JAYPIRCA..... 38	<i>in nacl 0.9% inj .. 92</i>
<i>nebu soln 0.5-2.5(3)</i>	JENTADUETO TAB 2.5-	<i>kcl 30 meq/l (0.224%)</i>
<i>mg/3ml</i> ..... 96	1000 ..... 68	<i>in dextrose 5% &amp;</i>
<i>irbesartan</i> ..... 46	JENTADUETO TAB 2.5-	<i>nacl 0.45% inj .... 92</i>
<i>irbesartan-</i>	500 ..... 68	<i>kcl 40 meq/l (0.3%) in</i>
<i>hydrochlorothiazide</i>	JENTADUETO TAB 2.5-	<i>dextrose 5% &amp; nacl</i>
<i>tab 150-12.5 mg . 45</i>	850 ..... 68	<i>0.45% inj..... 92</i>
<i>irbesartan-</i>	JENTADUETO TAB XR	<i>kcl 40 meq/l (0.3%) in</i>
<i>hydrochlorothiazide</i>	2.5-1000MG ..... 68	<i>dextrose 5% &amp; nacl</i>
<i>tab 300-12.5 mg . 45</i>	JENTADUETO TAB XR	<i>0.9% inj ..... 92</i>
<i>irinotecan hcl</i> ..... 34	5-1000MG ..... 68	<i>kcl 40 meq/l (0.3%) in</i>
ISENTRESS ..... 25	<i>jinteli</i> ..... 77	<i>nacl 0.9% inj..... 92</i>
ISENTRESS HD ..... 25	<i>jolessa</i> ..... 74	KCL/D5W/NACL INJ
<i>isibloom</i> ..... 73	<i>juleber</i> ..... 74	0.3/0.9% ..... 92
ISOLYTE-P INJ /D5W	JULUCA TAB 50-25MG	<i>kelnor 1/35</i> ..... 74
..... 91	..... 26	<i>kelnor 1/50</i> ..... 74
ISOLYTE-S INJ PH 7.4	<i>junel 1.5/30</i> ..... 74	KERENDIA..... 45
..... 91	<i>junel 1/20</i> ..... 74	KESIMPTA..... 66
<i>isoniazid</i> ..... 27	<i>junel fe 1.5/30</i> ..... 74	<i>ketoconazole</i> ..... 24
<i>isosorbide dinitrate</i> . 50	<i>junel fe 1/20</i> ..... 74	<i>ketoconazole (topical)</i>
<i>isosorbide mononitrate</i>	<i>junel fe 24</i> ..... 74	.....101
..... 50	JYLAMVO ..... 88	<i>ketorolac</i>
<i>isotretinoin</i> ..... 100	JYNNEOS ..... 90	<i>tromethamine</i>
<i>isradipine</i> ..... 49	KADCYLA ..... 38	<i>(ophth)</i> ..... 94
ITOVEBI ..... 38	<i>kaitlib fe</i> ..... 74	KEYTRUDA ..... 38
<i>itraconazole</i> ..... 24	KALETRA SOL ..... 26	KINRIX INJ..... 90
<i>ivabradine hcl</i> ..... 50	KALYDECO ..... 98	<i>kionex</i> ..... 72
<i>ivermectin</i> ..... 23	KANJINTI ..... 38	KISQALI 200 DOSE 38
IWILFIN ..... 34	<i>kariva</i> ..... 74	KISQALI 200 PAK
IXIARO INJ..... 90	<i>kcl 10 meq/l (0.075%)</i>	FEMARA..... 38
<i>jaimiess</i> ..... 74	<i>in dextrose 5% &amp;</i>	KISQALI 400 DOSE 38
JAKAFI ..... 38	<i>nacl 0.45% inj .... 91</i>	KISQALI 400 PAK
<i>jantoven</i> ..... 84	<i>kcl 20 meq/l (0.149%)</i>	FEMARA ..... 38
JANUMET TAB 50-	<i>in nacl 0.45% inj. 92</i>	KISQALI 600 DOSE 38
1000 ..... 68		

KISQALI 600 PAK	LENVIMA 10 MG DAILY	levocetirizine
FEMARA ..... 38	DOSE ..... 38	dihydrochloride ... 97
klayesta..... 101	LENVIMA 12MG DAILY	levofloxacin..... 29
klor-con ..... 92	DOSE ..... 39	levofloxacin in d5w iv
klor-con 10 ..... 92	LENVIMA 20 MG DAILY	soln 250 mg/50ml29
klor-con 8 ..... 92	DOSE ..... 39	levofloxacin in d5w iv
klor-con m10..... 92	LENVIMA 4 MG DAILY	soln 500 mg/100ml
klor-con m15..... 92	DOSE ..... 38	..... 29
klor-con m20..... 92	LENVIMA 8 MG DAILY	levofloxacin in d5w iv
KLOXXADO..... 67	DOSE ..... 38	soln 750 mg/150ml
KOSELUGO..... 38	LENVIMA CAP 14 MG	..... 29
kourzeq ..... 104	..... 39	levonest ..... 74
KRAZATI..... 38	LENVIMA CAP 18 MG	levonor-eth est tab
kurvelo ..... 74	..... 39	0.15-
labetalol hcl..... 48	LENVIMA CAP 24 MG	0.02/0.025/0.03 mg
lacosamide..... 60	..... 39	&eth est 0.01 mg 74
lacosamide oral..... 60	lessina..... 74	levonorgestrel &
lactated ringer's	letrozole ..... 33	ethinyl estradiol (91-
solution..... 92	leucovorin calcium.. 43	day) tab 0.15-0.03
lactic acid (ammonium	LEUKERAN ..... 32	mg ..... 74
lactate)..... 103	leuprolide acetate .. 33	levonorgestrel &
lactulose ..... 82	levalbuterol hcl ..... 97	ethinyl estradiol tab
lactulose	levalbuterol tartrate 97	0.1 mg-20 mcg ... 74
(encephalopathy) 82	levetiracetam ..... 60	levonorgestrel &
lamivudine ..... 25	LEVETIRACETAM .... 60	ethinyl estradiol tab
lamivudine (hbv).... 27	levetiracetam in	0.15 mg-30 mcg . 74
lamivudine-zidovudine	sodium chloride iv	levonorgestrel-eth
tab 150-300 mg .. 26	soln 1000 mg/100ml	estra tab 0.05-
lamotrigine..... 60	..... 60	30/0.075-40/0.125-
lanreotide acetate .. 79	levetiracetam in	30mg-mcg ..... 74
lansoprazole ..... 83	sodium chloride iv	levonorgestrel-ethinyl
lapatinib ditosylate . 38	soln 1500 mg/100ml	estradiol
larin 1.5/30..... 74	..... 60	(continuous) tab 90-
larin 1/20..... 74	levetiracetam in	20 mcg ..... 74
larin 24 fe ..... 74	sodium chloride iv	levonorg-eth est tab
larin fe 1.5/30 ..... 74	soln 500 mg/100ml	0.1-0.02mg(84) &
larin fe 1/20 ..... 74	..... 60	eth est tab
latanoprost..... 95	levobunolol hcl ..... 95	0.01mg(7) ..... 74
layolis fe ..... 74	levocarnitine	levonorg-eth est tab
LAZCLUZE..... 38	(metabolic	0.15-0.03mg(84) &
leflunomide ..... 88	modifiers) ..... 79	eth est tab
lenalidomide..... 33, 34		0.01mg(7) ..... 74



**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](http://MolinaHealthcare.com/Medicare).

<i>levora 0.15/30-28 ..</i>	<i>lopinavir-ritonavir soln</i>	LYBALVI TAB 15-10MG
<i>levo-t .....</i>	<i>400-100 mg/5ml</i>	..... 56
<i>levothyroxine sodium</i>	<i>(80-20 mg/ml)....</i>	LYBALVI TAB 20-10MG
.....	<i>lopinavir-ritonavir tab</i>	..... 56
<i>levoxyl .....</i>	<i>100-25 mg .....</i>	LYBALVI TAB 5-10MG
<i>l-glutamine (sickle</i>	<i>lopinavir-ritonavir tab</i>	..... 56
<i>cell).....</i>	<i>200-50 mg .....</i>	<i>lyleq.....</i>
<i>lidocaine .....</i>	<i>lorazepam.....</i>	<i>lyllana .....</i>
<i>lidocaine hcl .....</i>	<i>lorazepam intensol .</i>	LYNPARZA.....
<i>lidocaine hcl (local</i>	LORBRENA.....	LYSODREN .....
<i>anesth.).....</i>	<i>loryna .....</i>	LYTGOBI (12 MG
<i>lidocaine hcl (mouth-</i>	<i>losartan potassium .</i>	DAILY DOSE).....
<i>throat).....</i>	<i>losartan potassium &amp;</i>	LYTGOBI (16 MG
<i>lidocaine-prilocaine</i>	<i>hydrochlorothiazide</i>	DAILY DOSE).....
<i>cream 2.5-2.5% .....</i>	<i>tab 100-12.5 mg .</i>	LYTGOBI (20 MG
<i>lidocan .....</i>	<i>losartan potassium &amp;</i>	DAILY DOSE).....
LILETTA.....	<i>hydrochlorothiazide</i>	<i>lyza.....</i>
<i>linezolid .....</i>	<i>tab 100-25 mg....</i>	<i>magnesium sulfat .</i>
LINEZOLID INJ	<i>losartan potassium &amp;</i>	MAGNESIUM SULFATE
2MG/ML .....	<i>hydrochlorothiazide</i>	..... 92
LINZESS.....	<i>tab 50-12.5 mg... ..</i>	<i>magnesium sulfat in</i>
<i>liothyronine sodium</i>	LOTEMAX.....	<i>dextrose 5% iv soln</i>
<i>lisinopril.....</i>	<i>loteprednol etabonate</i>	<i>1 gm/100ml .....</i>
<i>lisinopril &amp;</i>	.....	<i>malathion .....</i>
<i>hydrochlorothiazide</i>	<i>lovastatin.....</i>	<i>maraviroc .....</i>
<i>tab 10-12.5 mg... ..</i>	<i>low-ogestrel .....</i>	<i>marlissa .....</i>
<i>lisinopril &amp;</i>	<i>loxapine succinate..</i>	MARPLAN.....
<i>hydrochlorothiazide</i>	<i>luizza 1.5/30 .....</i>	MATULANE.....
<i>tab 20-12.5 mg... ..</i>	<i>luizza 1/20.....</i>	MAVYRET PAK 50-
<i>lisinopril &amp;</i>	LUMAKRAS.....	20MG .....
<i>hydrochlorothiazide</i>	LUMIGAN.....	MAVYRET TAB 100-
<i>tab 20-25 mg .....</i>	LUMIZYME .....	40MG .....
<i>lithium.....</i>	LUPRON DEPOT (1-	<i>meclizine hcl .....</i>
<i>lithium carbonate ...</i>	MONTH).....	<i>medroxyprogesterone</i>
LIVTENCITY.....	LUPRON DEPOT (3-	<i>acetate .....</i>
<i>loestrin 1.5/30-21 ..</i>	MONTH).....	<i>medroxyprogesterone</i>
<i>loestrin 1/20-21.....</i>	LUPRON DEPOT-PED	<i>acetate</i>
<i>loestrin fe 1.5/30 ...</i>	(1-MONTH.....	<i>(contraceptive) ...</i>
<i>loestrin fe 1/20.....</i>	79	<i>mefloquine hcl.....</i>
<i>lojaimiess .....</i>	LUPRON DEPOT-PED	<i>megestrol acetate .</i>
LOKELMA .....	(3-MONTH.....	33,
LONSURF TAB 15-6.14	LUPRON DEPOT-PED	80
.....	(6-MONTH.....	<i>megestrol acetate</i>
LONSURF TAB 20-8.19	<i>lurasidone hcl .....</i>	<i>(appetite).....</i>
.....	<i>lutera .....</i>	MEKINIST .....
<i>loperamide hcl.....</i>	LYBALVI TAB 10-10MG	MEKTOVI .....
82	.....	<i>meleya .....</i>
		<i>meloxicam .....</i>
		20

<i>memantine hcl</i> ..... 52	<i>methyltestosterone</i> 67	MODEYSO ..... 34
<i>memantine hcl tab 28</i>	<i>metoclopramide hcl</i> 80	<i>moexipril hcl</i> ..... 44
<i>x 5 mg &amp; 21 x 10</i>	<i>metolazone</i> ..... 49	<i>molindone hcl</i> ..... 56
<i>mg titration pack.</i> 52	<i>metoprolol &amp;</i>	<i>mometasone furoate</i>
<i>memantine hcl-</i>	<i>hydrochlorothiazide</i>	.....102
<i>donepezil hcl cap er</i>	<i>tab 100-25 mg</i> .... 48	MONJUVI ..... 39
<i>24hr 14-10 mg</i> ... 52	<i>metoprolol &amp;</i>	<i>mono-lynyah</i> ..... 75
<i>memantine hcl-</i>	<i>hydrochlorothiazide</i>	<i>montelukast sodium</i> 97
<i>donepezil hcl cap er</i>	<i>tab 100-50 mg</i> .... 48	<i>morphine sulfate</i> .... 21
<i>24hr 21-10 mg</i> ... 52	<i>metoprolol &amp;</i>	MOUNJARO ..... 68
<i>memantine hcl-</i>	<i>hydrochlorothiazide</i>	MOVANTIK ..... 82
<i>donepezil hcl cap er</i>	<i>tab 50-25 mg</i> ..... 48	<i>moxifloxacin hcl</i> ..... 29
<i>24hr 28-10 mg</i> ... 52	<i>metoprolol succinate</i>	<i>moxifloxacin hcl</i>
MENACTRA INJ ..... 90	..... 48	<i>(ophth)</i> ..... 94
MENQUADFI ..... 90	<i>metoprolol tartrate.</i> 48	<i>moxifloxacin hcl 400</i>
MENVEO INJ ..... 90	<i>metronidazole</i> ..... 23	<i>mg/250ml in sodium</i>
MENVEO SOL..... 90	<i>metronidazole</i>	<i>chloride 0.8% inj.</i> 29
<i>mercaptapurine</i> .... 32	<i>(topical)</i> ..... 103	MRESVIA ..... 90
<i>meropenem</i> ..... 23	<i>metronidazole vaginal</i>	MULTAQ ..... 47
<i>mesalamine</i> ..... 81	..... 84	<i>multiple electrolytes</i>
<i>mesalamine w/</i>	<i>metyrosine</i> ..... 50	<i>ph 5.5</i> ..... 92
<i>cleanser</i> ..... 82	<i>mibelas 24 fe</i> ..... 75	<i>multiple electrolytes</i>
<i>mesna</i> ..... 43	<i>micafungin sodium</i> . 24	<i>ph 7.4</i> ..... 92
MESNEX ..... 44	<i>microgestin 1.5/30.</i> 75	<i>mupirocin</i> .....101
<i>metformin hcl</i> ..... 68	<i>microgestin 1/20</i> .... 75	<i>mycophenolate mofetil</i>
<i>methadone hcl</i> ..20, 21	<i>microgestin fe 1.5/30</i>	.....89, 90
<i>methadone</i>	..... 75	<i>mycophenolate</i>
<i>hydrochloride i</i> .... 21	<i>microgestin fe 1/20</i> 75	<i>sodium</i> ..... 90
<i>methazolamide</i> ..... 49	<i>midodrine hcl</i> ..... 50	MYRBETRIQ..... 83
<i>methenamine</i>	MIEBO ..... 95	<i>nabumetone</i> ..... 20
<i>hippurate</i> ..... 23	<i>mifepristone</i>	<i>nadolol</i> ..... 48
<i>methimazole</i> ..... 80	<i>(hyperglycemia)</i> .. 79	<i>nafcillin sodium</i> ..... 30
<i>methocarbamol</i> ..... 66	<i>mili</i> ..... 75	NAGLAZYME ..... 79
<i>methotrexate sodium</i>	<i>mimvey</i> ..... 77	<i>nalbuphine hcl</i> ..... 21
.....32, 88	<i>minocycline hcl</i> ..... 31	<i>naloxone hcl</i> ..... 67
<i>methsuximide</i> ..... 60	<i>minoxidil</i> ..... 50	<i>naltrexone hcl</i> ..... 67
<i>methylphenidate hcl</i> 63	<i>mirtazapine</i> ..... 53	NAMZARIC CAP 14-
<i>methylprednisolone</i> 78	<i>misoprostol</i> ..... 82	10MG ..... 52
<i>methylprednisolone</i>	MITIGARE ..... 20	NAMZARIC CAP 21-
<i>acetate</i> ..... 78	M-M-R II INJ ..... 90	10MG ..... 52
<i>methylprednisolone</i>	M-NATAL PLUS TAB 93	NAMZARIC CAP 28-
<i>sod succ</i> ..... 78	<i>modafinil</i> ..... 66	10MG ..... 52



**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](http://MolinaHealthcare.com/Medicare).

NAMZARIC CAP 7- 10MG .....	52	NEXLIZET TAB 180/10MG .....	47	<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg-2.5 mcg ..</i>	77
NAMZARIC CAP PACK .....	52	NEXPLANON .....	75	<i>norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg .....</i>	77
<i>naproxen</i> .....	20	<i>niacin (antihyperlipidemic)</i> .....	48	<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg .....</i>	75
<i>naproxen dr</i> .....	20	<i>nicardipine hcl</i> .....	49	<i>norgestimate-eth estradiol tab 0.18- 25/0.215-25/0.25- 25 mg-mcg .....</i>	75
<i>naproxen sodium</i> ...	20	NICOTROL INHALER	67	<i>norgestimate-eth estradiol tab 0.18- 35/0.215-35/0.25- 35 mg-mcg .....</i>	75
<i>naratriptan hcl</i> .....	64	NICOTROL NS.....	67	<i>norlyroc</i> .....	75
NATACYN .....	94	<i>nifedipine</i> .....	49	<i>nortrel 0.5/35 (28)</i> ..	76
<i>nateglinide</i> .....	68	<i>nikki</i> .....	75	<i>nortrel 1/35 (21)</i> ...	76
NAYZILAM .....	60	<i>nilotinib hcl</i> .....	39, 40	<i>nortrel 1/35 (28)</i> ...	76
<i>nebivolol hcl</i> .....	48	<i>nilutamide</i> .....	33	<i>nortrel 7/7/7</i> .....	76
<i>necon 0.5/35-28</i> ....	75	<i>nimodipine</i> .....	49	<i>nortriptyline hcl</i> ....	53
<i>nefazodone hcl</i> .....	53	NINLARO .....	40	NORVIR .....	25
<i>neomycin sulfate</i> ....	23	<i>nitazoxanide</i> .....	23	NOVOLIN INJ 70/30	70
<i>neomycin-bacitrac zn- polymyx 5(3.5)mg- 400unt-10000unt op oin</i> .....	94	<i>nitisinone</i> .....	79	NOVOLIN INJ 70/30 FP .....	70
<i>neomycin-polymy- gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml .....</i>	94	NITRO-BID .....	50	NOVOLIN N .....	70
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1% ..</i>	93	<i>nitrofurantoin macrocrystal</i> .....	23	NOVOLIN N FLEXPEN .....	70
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% .</i>	93	<i>nitrofurantoin monohyd macro</i> ..	23	NOVOLIN R .....	70
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1% .</i>	93	<i>nitroglycerin</i> .....	50	NOVOLIN R FLEXPEN .....	70
<i>neomycin-polymyxin- hc ophth susp</i> .....	94	<i>nitroglycerin (intra- anal)</i> .....	103	NOVOLOG .....	70
<i>neomycin-polymyxin- hc otic soln 1% ...</i>	96	<i>nizatidine</i> .....	81	NOVOLOG FLEXPEN	70
<i>neomycin-polymyxin- hc otic susp 3.5 mg/ml-10000 unit/ml-1% .....</i>	96	<i>nora-be</i> .....	75	NOVOLOG MIX INJ 70/30 .....	70
<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i> .....	94	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	75	NOVOLOG MIX INJ FLEXPEN .....	70
<i>neo-polycin hc ophth oint 1% .....</i>	93	<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg .....</i>	75	NOVOLOG PENFILL	70
NERLYNX .....	39	<i>norethindrone (contraceptive) ...</i>	75	NUBEQA .....	33
<i>nevirapine</i> .....	25	<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg .....</i>	75	NUDEXTA CAP 20- 10MG .....	65
NEXLETOL .....	47	<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg ...</i>	75	NULOJIX .....	90
		<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	75	NUPLAZID .....	56
		<i>norethindrone acetate .....</i>	80	NURTEC .....	64
				NUTRILIPID .....	93

NUZYRA.....	31	<i>hydrochlorothiazide</i>	OMNIPOD GO KIT
<i>nyamyc</i> .....	101	<i>tab 40-10-12.5 mg</i>	30UNT/DY .....
<i>nylia 1/35</i> .....	76	.....	71
<i>nylia 7/7/7</i> .....	76	<i>olmesartan-</i>	OMNIPOD GO KIT
<i>nystatin</i> .....	24	<i>amlodipine-</i>	35UNT/DY .....
<i>nystatin (mouth-</i>		<i>hydrochlorothiazide</i>	OMNIPOD GO KIT
<i>throat)</i> .....	104	<i>tab 40-10-25 mg.</i>	40UNT/DY .....
<i>nystatin (topical)</i> ..	101		71
<i>nystop</i> .....	101	<i>olmesartan-</i>	CLASSIC .....
<i>ocella</i> .....	76	<i>amlodipine-</i>	71
OCTAGAM .....	89	<i>hydrochlorothiazide</i>	<i>ondansetron</i> .....
<i>octreotide acetate</i> ..	79	<i>tab 40-5-12.5 mg</i>	80
ODEFSEY TAB.....	27	46	<i>ondansetron hcl</i> .....
ODOMZO .....	40	<i>olmesartan-</i>	81
OFEV.....	98	<i>amlodipine-</i>	ONTRUZANT.....
<i>ofloxacin (ophth)</i> ...	94	<i>hydrochlorothiazide</i>	40
<i>ofloxacin (otic)</i> .....	96	<i>tab 40-5-25 mg</i> ..	ONUREG .....
OGIVRI.....	40	46	32
OGSIVEO .....	40	<i>omega-3-acid ethyl</i>	OPIPZA.....
OJEMDA.....	40	<i>esters cap 1 gm</i> ..	56, 57
OJJAARA.....	40	48	OPSUMIT .....
<i>olanzapine</i> .....	56	<i>omeprazole</i> .....	51
<i>olmesartan medoxomil</i>	46	83	ORGOVYX .....
.....	46	OMNIPOD 5 DX KIT	33
<i>olmesartan</i>		INT G7G6.....	ORKAMBI GRA 100-
<i>medoxomil-</i>		70	125 .....
<i>hydrochlorothiazide</i>		OMNIPOD 5 DX MIS	98
<i>tab 20-12.5 mg</i> ...	46	POD G7G6.....	98
<i>olmesartan</i>		70	ORKAMBI GRA 75-
<i>medoxomil-</i>		OMNIPOD 5 G7 KIT	94MG .....
<i>hydrochlorothiazide</i>		INTRO .....	98
<i>tab 40-12.5 mg</i> ...	46	70	ORKAMBI TAB 100-
<i>olmesartan</i>		OMNIPOD 5 L2 KIT	125 .....
<i>medoxomil-</i>		INTRO G6.....	98
<i>hydrochlorothiazide</i>		70	ORKAMBI TAB 200-
<i>tab 40-12.5 mg</i> ...	46	OMNIPOD 5 L2 MIS	125 .....
<i>olmesartan</i>		PODS G6.....	98
<i>medoxomil-</i>		70	<i>orquidea</i> .....
<i>hydrochlorothiazide</i>		OMNIPOD DASH KIT	76
<i>tab 40-25 mg</i> .....	46	INTRO .....	33
<i>olmesartan-</i>		70	<i>oseltamivir phosphate</i>
<i>amlodipine-</i>		OMNIPOD DASH MIS	.....
<i>hydrochlorothiazide</i>		PODS .....	28
<i>tab 20-5-12.5 mg</i>	46	71	<i>oxacillin sodium</i> .....
<i>olmesartan-</i>		OMNIPOD GO KIT	30
<i>amlodipine-</i>		10UNT/DY .....	32
<i>hydrochlorothiazide</i>		71	<i>oxaliplatin</i> .....
<i>tab 20-5-12.5 mg</i>	46	OMNIPOD GO KIT	32
<i>olmesartan-</i>		15UNT/DY .....	60
<i>amlodipine-</i>		71	<i>oxcarbazepine</i> .....
<i>hydrochlorothiazide</i>		OMNIPOD GO KIT	60
<i>tab 20-5-12.5 mg</i>	46	20UNT/DY .....	83,
<i>olmesartan-</i>		71	84
<i>amlodipine-</i>		OMNIPOD GO KIT	<i>oxycodone hcl</i> .....
<i>hydrochlorothiazide</i>		25UNT/DY .....	21
<i>tab 20-5-12.5 mg</i>	46	71	<i>oxycodone w/</i>
<i>olmesartan-</i>			<i>acetaminophen tab</i>
<i>amlodipine-</i>			<i>10-325 mg</i> .....
<i>hydrochlorothiazide</i>			21
<i>tab 20-5-12.5 mg</i>	46		<i>oxycodone w/</i>
<i>olmesartan-</i>			<i>acetaminophen tab</i>
<i>amlodipine-</i>			<i>2.5-325 mg</i> .....
<i>hydrochlorothiazide</i>			21
<i>tab 20-5-12.5 mg</i>	46		



**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](http://MolinaHealthcare.com/Medicare).

<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ..... 21	<i>penicillamine</i> ..... 72	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> ..... 30
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> ..... 21	<i>penicillin g potassium</i> ..... 30	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> ..... 31
OXYCONTIN ..... 21	<i>penicillin g sodium</i> . 30	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> ..... 31
OZEMPIC (0.25 OR 0.5MG/DOSE) ..... 68	<i>penicillin v potassium</i> ..... 30	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> ..... 31
OZEMPIC (1MG/DOSE) ..... 69	PENMENVY INJ..... 90	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> ..... 31
OZEMPIC (2MG/DOSE) ..... 69	PENTACEL INJ ..... 90	PIQRAY 200MG DAILY DOSE ..... 40
<i>pacerone</i> ..... 47	<i>pentamidine isethionate inh</i> .... 23	PIQRAY 250MG TAB DOSE ..... 40
<i>paclitaxel</i> ..... 34	<i>pentamidine isethionate inj</i> ..... 23	PIQRAY 300MG DAILY DOSE ..... 40
<i>paclitaxel inj 100mg</i> 34	<i>pentoxifylline</i> ..... 85	<i>pirfenidone</i> ..... 98
<i>paliperidone</i> ..... 57	<i>perampanel</i> ..... 60	<i>piroxicam</i> ..... 20
<i>pamidronate disodium</i> ..... 71	<i>perindopril erbumine</i> ..... 44	<i>plenamine</i> ..... 93
PAMIDRONATE DISODIUM ..... 71	<i>periogard</i> ..... 104	PLENVU SOL..... 82
PANRETIN ..... 103	<i>permethrin</i> ..... 104	<i>podofilox</i> .....103
<i>pantoprazole sodium</i> ..... 83	<i>perphenazine</i> ..... 57	<i>polycin ophth oint</i> .. 94
PANZYGA ..... 89	<i>pfizerpen</i> ..... 30	<i>polymyxin b sulfate</i> 23
<i>paricalcitol</i> ..... 80	<i>phenelzine sulfate</i> .. 53	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> ..... 94
<i>paroxetine hcl</i> ..... 53	<i>phenobarbital</i> ..... 60	POMALYST ..... 34
PAXLOVID PAK ..... 28	<i>phenobarbital sodium</i> ..... 60	<i>portia-28</i> ..... 76
PAXLOVID TAB 150-100 ..... 28	<i>phenytek</i> ..... 60	<i>posaconazole</i> ..... 24
PAXLOVID TAB 300-100 ..... 28	<i>phenytoin</i> ..... 60	POT CHL 20MEQ/L IN NAACL 0.45% INJ . 92
<i>pazopanib hcl</i> ..... 40	<i>phenytoin sodium</i> .. 60	POT CHL 20MEQ/L IN NAACL 0.9% INJ ... 92
PEDIARIX INJ 0.5ML90	<i>phenytoin sodium extended</i> ..... 60	POT CHL 40MEQ/L IN NAACL 0.9% INJ ... 92
PEDVAX HIB ..... 90	PHESGO SOL ..... 40	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> ..... 82	<i>philith</i> ..... 76	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> ..... 82	PIFELTRO..... 25	
PEGASYS ..... 28	<i>pilocarpine hcl</i> ..... 95	
PEMAZYRE ..... 40	<i>pilocarpine hcl (oral)</i> ..... 104	
<i>pemetrexed disodium</i> ..... 32	<i>pimecrolimus</i> ..... 103	
PENBRAYA INJ ..... 90	<i>pimozide</i> ..... 57	
	<i>pimtrea</i> ..... 76	
	<i>pindolol</i> ..... 48	
	<i>pioglitazone hcl</i> ..... 69	
	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> ..... 69	
	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> ..... 69	

<i>potassium chloride</i> 92, 93	<i>primaquine phosphate</i> ..... 24	<i>quinidine sulfate</i> .... 47
<i>potassium chloride</i> 20 meq/l (0.15%) in dextrose 5% inj .. 92	PRIMAQUINE PHOSPHATE..... 24	<i>quinine sulfate</i> ..... 25
<i>potassium chloride microencapsulated crystals er</i> ..... 93	<i>primidone</i> ..... 61	QULIPTA ..... 64
<i>potassium citrate (alkalinizer)</i> ..... 83	PRIORIX INJ ..... 90	RABAVERT INJ ..... 91
<i>pramipexole dihydrochloride</i> ... 54	PRIVIGEN ..... 89	<i>rabeprazole sodium</i> 83
<i>prasugrel hcl</i> ..... 85	<i>probenecid</i> ..... 20	RALDESY ..... 53
<i>pravastatin sodium</i> . 47	<i>prochlorperazine</i> .... 81	<i>raloxifene hcl</i> ..... 79
<i>praziquantel</i> ..... 23	<i>prochlorperazine edisylate</i> ..... 81	<i>ramipril</i> ..... 44
<i>prazosin hcl</i> ..... 45	<i>prochlorperazine maleate</i> ..... 81	<i>ranolazine</i> ..... 50
<i>prednisolone</i> ..... 78	PROCRIT..... 84, 85	<i>rasagiline mesylate</i> 54
<i>prednisolone acetate (ophth)</i> ..... 95	<i>proctocort</i> ..... 103	<i>reclipsen</i> ..... 76
PREDNISOLONE SODIUM PHOSP .. 95	<i>procto-med hc</i> ..... 103	RECOMBIVAX HB ... 91
<i>prednisolone sodium phosphate</i> ..... 78	<i>proctosol hc</i> ..... 103	RELENZA DISKHALER ..... 28
<i>prednisone</i> ..... 78	<i>proctozone-hc</i> .... 103	RELISTOR ..... 82
PREDNISONE INTENSOL ..... 78	<i>progesterone</i> ..... 80	REMICADE ..... 87
<i>pregabalin</i> ..... 60, 61	PROGRAF ..... 90	RENFLEXIS..... 87
PREMASOL SOL 10% ..... 93	PROLASTIN-C ..... 98	<i>repaglinide</i> ..... 69
PRENATAL TAB 27-1MG ..... 93	PROLIA..... 71	REPATHA ..... 48
PRENATAL TAB PLUS ..... 93	<i>promethazine hcl</i> ... 81	REPATHA SURECLICK ..... 48
<i>prevalite</i> ..... 48	<i>propafenone hcl</i> .... 47	RESTASIS ..... 95
PREVYMIS ..... 28	<i>proparacaine hcl</i> .... 95	RESTASIS MULTIDOSE ..... 95
PREZCOBIX TAB 675/150..... 27	<i>propranolol hcl</i> ..... 48	RETEVMO..... 40
PREZCOBIX TAB 800-150 ..... 27	<i>propylthiouracil</i> ..... 80	REVUFORJ..... 40
PREZISTA ..... 25	PROQUAD INJ..... 91	REXULTI ..... 57
PRIFTIN ..... 27	PROSOL INJ 20% ... 93	REYATAZ ..... 25
	<i>protriptyline hcl</i> .... 53	REZLIDHIA..... 40
	PULMOZYME..... 98	REZUROCK..... 90
	PURIXAN..... 32	RHOPRESSA ..... 95
	<i>pyrazinamide</i> ..... 27	<i>ribavirin (hepatitis c)</i> ..... 28
	<i>pyridostigmine bromide</i> ..... 65	<i>rifabutin</i> ..... 27
	<i>pyrimethamine</i> ..... 23	<i>rifampin</i> ..... 27
	PYZCHIVA ..... 87	<i>riluzole</i> ..... 65
	QINLOCK ..... 40	<i>rimantadine hydrochloride</i> ..... 28
	QUADRACEL INJ 0.5ML ..... 91	RINVOQ..... 87
	<i>quetiapine fumarate</i> 57	RINVOQ LQ ..... 87
	<i>quinapril hcl</i> ..... 44	<i>risedronate sodium</i> 71
		<i>risperidone</i> ..... 57



**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](http://MolinaHealthcare.com/Medicare).

<i>risperidone</i>	SIKLOS.....	<i>sps</i> .....
<i>microspheres</i> .....	85	<i>sps rectal</i> .....
<i>ritonavir</i> .....	<i>sildenafil citrate</i>	<i>sronyx</i> .....
<i>rivaroxaban</i> .....	( <i>pulmonary</i>	<i>ssd</i> .....
<i>rivastigmine</i> .....	<i>hypertension</i> ) .....	STELARA.....
<i>rivastigmine tartrate</i>	<i>silver sulfadiazine.</i>	STIVARGA.....
.....	SIMBRINZA SUS 1-	<i>streptomycin sulfate</i>
<i>rivelsa</i> .....	0.2% .....	23
<i>rizatriptan benzoate</i>	<i>simliya</i> .....	STRIBILD TAB .....
64	<i>simpesse</i> .....	27
ROCKLATAN DRO ...	<i>simvastatin</i> .....	<i>subvenite</i> .....
95	<i>sirolimus</i> .....	61
<i>roflumilast</i> .....	90	<i>sucalfate</i> .....
98	SIRTURO .....	82
ROMVIMZA.....	27	<i>sulfacetamide sodium</i>
41	SKYRIZI .....	( <i>acne</i> ) .....
<i>ropinirole</i>	SKYRIZI PEN .....	100
<i>hydrochloride</i> .....	87	<i>sulfacetamide sodium</i>
54	<i>sod sulfate-pot sulf-</i>	( <i>ophth</i> ).....
<i>rosuvastatin calcium</i>	<i>mg sulf oral sol</i>	94
47	<i>17.5-3.13-1.6</i>	<i>sulfacetamide sodium-</i>
<i>rosyrah</i> .....	<i>gm/177ml</i> .....	<i>prednisolone ophth</i>
76	82	<i>soln 10-</i>
ROTARIX SUS.....	<i>sodium chloride</i> .....	0.23(0.25)% .....
91	92	94
ROTATEQ SOL .....	<i>sodium chloride (gu</i>	<i>sulfadiazine</i> .....
91	<i>irrigant)</i> .....	23
<i>roweepra</i> .....	104	<i>sulfamethoxazole-</i>
61	<i>sodium fluoride chew;</i>	<i>trimethoprim iv soln</i>
ROZLYTREK.....	<i>tab; 1.1 (0.5 f)</i>	<i>400-80 mg/5ml...</i>
41	93	23
RUBRACA.....	SODIUM OXYBATE..	<i>sulfamethoxazole-</i>
41	66	<i>trimethoprim susp</i>
<i>rufinamide</i> .....	<i>sodium phenylbutyrate</i>	<i>200-40 mg/5ml...</i>
61	.....	23
RUKOBIA .....	79	<i>sulfamethoxazole-</i>
25	<i>sodium polystyrene</i>	<i>trimethoprim tab</i>
RYBELSUS.....	<i>sulfonate powder.</i>	<i>400-80 mg</i> .....
69	72	23
RYDAPT .....	<i>solifenacin succinate</i>	<i>800-160 mg</i> .....
41	84	23
<i>sacubitril-valsartan tab</i>	SOLIQUA INJ 100/33	SULFAMYLON .....
<i>24-26 mg</i> .....	.....	101
46	71	<i>sulfasalazine</i> .....
<i>sacubitril-valsartan tab</i>	SOLTAMOX.....	82
<i>49-51 mg</i> .....	33	<i>sulindac</i> .....
46	SOLU-CORTEF .....	20
<i>sacubitril-valsartan tab</i>	78	<i>sumatriptan</i> .....
<i>97-103 mg</i> .....	SOMATULINE DEPOT	64
46	.....	64
<i>sajazir</i> .....	79	.....
85	SOMAVERT.....	<i>sunitinib malate</i> .....
SANTYL .....	79	41
104	<i>sorafenib tosylate</i> ..	SUNLENCA .....
<i>sapropterin</i>	41	26
<i>dihydrochloride</i> ...	<i>sotalol hcl</i> .....	<i>syeda</i> .....
79	47	76
SCEMBLIX .....	<i>sotalol hcl (afib/afl)</i>	SYMDEKO TAB 100-
41	47	150 .....
<i>scopolamine</i> .....	87	98
81	<i>spironolactone</i> .....	SYMDEKO TAB 50-
SECUADO .....	45	75MG .....
57	<i>spironolactone &amp;</i>	98
<i>selegiline hcl</i> .....	<i>hydrochlorothiazide</i>	SYMPAZAN .....
54	<i>tab 25-25 mg</i> .....	61
<i>selenium sulfide</i> ...	49	SYMTUZA TAB .....
101	76	27
SELZENTRY .....	<i>sprintec 28</i> .....	SYNAREL .....
25	76	79
SEREVENT DISKUS.	SPRITAM.....	
97	61	
<i>sertraline hcl</i> .....		
53		
<i>setlakin</i> .....		
76		
<i>sharobel</i> .....		
76		
SHINGRIX .....		
91		
SIGNIFOR .....		
79		

SYNJARDY TAB 12.5-1000MG .....	69	TEFLARO.....	29	THEO-24.....	98
SYNJARDY TAB 12.5-500 .....	69	<i>telmisartan</i> .....	46	<i>theophylline</i> .....	99
SYNJARDY TAB 5-1000MG .....	69	<i>telmisartan-amlodipine tab 40-10 mg</i> .....	46	<i>thioridazine hcl</i> .....	57
SYNJARDY TAB 5-500MG.....	69	<i>telmisartan-amlodipine tab 40-5 mg</i> .....	46	<i>thiothixene</i> .....	57
SYNJARDY XR TAB 10-1000 .....	69	<i>telmisartan-amlodipine tab 80-10 mg</i> .....	46	<i>tiadylt er</i> .....	49
SYNJARDY XR TAB 12.5-1000 .....	69	<i>telmisartan-amlodipine tab 80-5 mg</i> .....	46	<i>tiagabine hcl</i> .....	61
SYNJARDY XR TAB 25-1000 .....	69	<i>telmisartan-amlodipine tab 80-5 mg</i> .....	46	TIBSOVO .....	42
SYNJARDY XR TAB 5-1000MG .....	69	<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg...</i>	46	<i>ticagrelor</i> .....	85
SYNTHROID .....	80	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg...</i>	46	TICOVAC .....	91
TABLOID.....	32	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg...</i>	46	<i>tigecycline</i> .....	31
TABRECTA.....	41	<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	46	<i>tilia fe</i> .....	76
<i>tacrolimus</i> .....	90	<i>temazepam</i> .....	63, 64	<i>timolol maleate</i> .....	48
<i>tacrolimus (topical)</i> .....	103	TENIVAC INJ 5-2LF.	91	<i>timolol maleate (ophth)</i> .....	95
<i>tadalafil</i> .....	83	<i>tenofovir disoproxil fumarate</i> .....	26	<i>tinidazole</i> .....	23
<i>tadalafil (pulmonary hypertension)</i> .....	51	TEPMETKO .....	42	TIVICAY.....	26
TAFINLAR .....	41	<i>terazosin hcl</i> .....	45	TIVICAY PD.....	26
TAGRISSE .....	41	<i>terbinafine hcl</i> .....	24	<i>tizanidine hcl</i> .....	66
TALZENNA .....	41	<i>terbutaline sulfate</i> ..	97	TOBI PODHALER ....	23
<i>tamoxifen citrate</i> ....	33	<i>terconazole vaginal</i>	84	TOBRADEX OIN 0.3-0.1%.....	94
<i>tamsulosin hcl</i> .....	83	TERIPARATIDE.....	71	<i>tobramycin</i> .....	23
<i>tarina 24 fe</i> .....	76	<i>testosterone</i> .....	67	<i>tobramycin (ophth)</i>	94
<i>tarina fe 1/20 eq</i> ....	76	<i>testosterone cypionate</i> .....	67	<i>tobramycin sulfate</i> .	23
TASIGNA .....	41	<i>testosterone</i>		<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	94
<i>tasimelteon</i> .....	63	<i>enantate</i> .....	67	<i>tolterodine tartrate</i> .	84
TAVNEOS.....	85	<i>testosterone pump</i> .	68	<i>topiramate</i> .....	61
<i>tazarotene</i> .....	102	<i>tetrabenazine</i> .....	65	<i>toremifene citrate</i> ..	33
<i>tazicef</i> .....	29	<i>tetracycline hcl</i> .....	31	<i>torpenz</i> .....	42
TAZORAC.....	102	THALOMID .....	34	<i>torse mide</i> .....	49
TAZVERIK .....	42			TOUJEO MAX	
TECENTRIQ .....	42			SOLOSTAR .....	71
TECENTRIQ INJ				TOUJEO SOLOSTAR	71
HYBREZA .....	42			TPN ELECTROL INJ .	92
				TRADJENTA.....	69
				<i>tramadol hcl</i> .....	22
				<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	22



**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](http://MolinaHealthcare.com/Medicare).

<i>trandolapril</i> .....	45	TRIJARDY XR TAB ER	TRUQAP .....	42
<i>tranexamic acid</i> .....	85	24HR 12.5-2.5-	TRUXIMA .....	42
<i>tranylcypromine</i>		1000MG .....	TUKYSA .....	42
<i>sulfate</i> .....	53	TRIJARDY XR TAB ER	TURALIO .....	42
TRAVASOL INJ 10%	93	24HR 25-5-1000MG	<i>turqoz</i> .....	76
TRAZIMERA .....	42	.....	<i>twice-daily</i>	
<i>trazodone hcl</i> .....	53	TRIJARDY XR TAB ER	<i>clindamycin</i>	
TRELEGY AER ELLIPTA		24HR 5-2.5-1000MG	<i>phosphate (topical)</i>	
100-62.5-25 MCG	96	.....	.....	101
TRELEGY AER ELLIPTA		TRIKAFTA PAK 59.5MG	TWINRIX INJ .....	91
200-62.5-25 MCG	96	.....	TYBOST .....	26
TREMFYA .....	88	TRIKAFTA PAK 75MG	<i>tydemy</i> .....	76
TREMFYA INDUCTION		.....	TYENNE .....	88
PACK FO .....	88	TRIKAFTA TAB 100-	TYPHIM VI .....	91
TREMFYA PEN .....	88	50-75MG & 150MG	UBRELVY .....	65
<i>treprostinil</i> .....	51	.....	<i>unithroid</i> .....	80
TRESIBA .....	71	TRIKAFTA TAB 50-25-	UPTRAVI .....	51
TRESIBA FLEXTOUCH		37.5MG & 75MG ..	UPTRAVI PACK TAB	
.....	71	<i>tri-legest fe</i> .....	200/800 .....	51
<i>tretinoin</i> .....	101	<i>tri-linyah</i> .....	<i>ursodiol</i> .....	82
<i>tretinoin</i>		<i>tri-lo-estarylla</i> .....	<i>valacyclovir hcl</i> .....	28
<i>(chemotherapy)</i> ..	34	<i>tri-lo-marzia</i> .....	VALCHLOR .....	104
<i>triamcinolone</i>		<i>tri-lo-mili</i> .....	<i>valganciclovir hcl</i> ...	28
<i>acetonide (mouth)</i>		<i>tri-lo-sprintec</i> .....	<i>valproate sodium</i> ...	61
.....	104	<i>trimethoprim</i> .....	<i>valproic acid</i> .....	61
<i>triamcinolone</i>		<i>tri-mili</i> .....	<i>valsartan</i> .....	46
<i>acetonide (topical)</i>		<i>trimipramine maleate</i>	<i>valsartan-</i>	
.....	102	.....	<i>hydrochlorothiazide</i>	
<i>triamterene &amp;</i>		TRINTELLIX .....	<i>tab 160-12.5 mg.</i>	46
<i>hydrochlorothiazide</i>		<i>tri-nymyo</i> .....	<i>valsartan-</i>	
<i>cap 37.5-25 mg</i> ..	49	<i>tri-sprintec</i> .....	<i>hydrochlorothiazide</i>	
<i>triamterene &amp;</i>		TRIUMEQ PD TAB ...	<i>tab 160-25 mg</i> ...	46
<i>hydrochlorothiazide</i>		TRIUMEQ TAB .....	<i>valsartan-</i>	
<i>tab 37.5-25 mg</i> ...	50	<i>tri-vylibra</i> .....	<i>hydrochlorothiazide</i>	
<i>triamterene &amp;</i>		<i>tri-vylibra lo</i> .....	<i>tab 320-12.5 mg.</i>	46
<i>hydrochlorothiazide</i>		TROGARZO .....	<i>valsartan-</i>	
<i>tab 75-50 mg</i> .....	50	TROPHAMINE INJ 10%	<i>hydrochlorothiazide</i>	
<i>tridacaine ii</i> .....	103	.....	<i>tab 320-25 mg</i> ...	46
<i>triderm</i> .....	102	<i>trospium chloride</i> ...	<i>valsartan-</i>	
<i>trientine hcl</i> .....	72	TRUE METRIX KIT AIR	<i>hydrochlorothiazide</i>	
<i>tri-estarylla</i> .....	76	.....	<i>tab 80-12.5 mg</i> ...	46
<i>trifluoperazine hcl</i> ..	57	TRUE METRIX KIT	VALTOCO 10 MG	
<i>trifluridine</i> .....	94	METER .....	DOSE .....	61
<i>trihexyphenidyl hcl</i> .	54	TRUE METRIX STRIPS	VALTOCO 15 MG	
TRIJARDY XR TAB ER		.....	DOSE .....	61
24HR 10-5-1000MG		TRULICITY .....	VALTOCO 20 MG	
.....	69	TRUMENBA .....	DOSE .....	61

VALTOCO 5 MG DOSE ..... 61	VIMKUNYA ..... 91	XCOPRI PAK 150- 200MG (MAINTENANCE) . 62
<i>valtya 1/35</i> ..... 76	<i>vincristine sulfate</i> ... 34	XCOPRI PAK 150- 200MG (TITRATION) ..... 62
<i>valtya 1/50</i> ..... 76	<i>vinorelbine tartrate</i> 34	XCOPRI PAK 50- 100MG..... 62
<i>vancomycin hcl</i> .23, 24	<i>viorele</i> ..... 76	XDEMVY ..... 94
VANCOMYCIN INJ 1 GM..... 24	VIRACEPT ..... 26	XELJANZ..... 88
VANCOMYCIN INJ 500MG..... 24	VIREAD ..... 26	XELJANZ XR ..... 88
VANCOMYCIN INJ 750MG..... 24	VITRAKVI..... 42	<i>xelria fe</i> ..... 77
VANFLYTA ..... 42	VIVIMUSTA ..... 32	XERMELO..... 82
VAQTA..... 91	VIVITROL..... 67	XGEVA ..... 72
<i>varenicline tartrate</i> . 67	VIVOTIF CAP EC.... 91	XHANCE ..... 99
<i>varenicline tartrate tab</i> <i>11 x 0.5 mg &amp; 42 x</i> <i>1 mg start pack</i> ... 67	VIZIMPRO ..... 42	XIFAXAN..... 83
VARIVAX..... 91	VONJO..... 42	XIGDUO XR TAB 10- 1000 ..... 69
VASCEPA ..... 48	VORANIGO..... 42	XIGDUO XR TAB 10- 500MG..... 69
VAXCHORA SUS .... 91	<i>voriconazole</i> ..... 24	XIGDUO XR TAB 2.5- 1000 ..... 69
<i>velivet</i> ..... 76	VOSEVI TAB ..... 28	XIGDUO XR TAB 5- 1000MG..... 69
VELSIPITY..... 88	VOWST CAP ..... 82	XIGDUO XR TAB 5- 500MG..... 69
VENCLEXTA..... 42	VRAYLAR ..... 58	XIIDRA..... 95
VENCLEXTA TAB START PK..... 42	<i>vyfemla</i> ..... 77	XOFLUZA ..... 28
<i>venlafaxine hcl</i> ..... 53	<i>vylibra</i> ..... 77	XOLAIR ..... 99
VENTOLIN HFA ..... 97	VYZULTA..... 95	XOSPATA ..... 43
VENTOLIN HFA (INSTITUTIONAL PACK)..... 97	<i>warfarin sodium</i> .... 84	XPOVIO PAK (100 MG ONCE WEEKLY)... 43
VEOZAH ..... 79	<i>water for irrigation,</i> <i>sterile irrigation soln</i> ..... 104	XPOVIO PAK (40 MG ONCE WEEKLY)... 43
<i>verapamil hcl</i> ..... 49	WELIREG ..... 34	XPOVIO PAK (40 MG TWICE WEEKLY).. 43
VERQUOVO ..... 50	<i>wera</i> ..... 77	XPOVIO PAK (60 MG ONCE WEEKLY)... 43
VERSACLOZ ..... 57	WESTAB PLUS TAB 27-1MG ..... 93	XPOVIO PAK (60 MG TWICE WEEKLY).. 43
VERZENIO..... 42	<i>wixela inhub</i> ..... 100	XPOVIO PAK (80 MG ONCE WEEKLY)... 43
<i>vestura</i> ..... 76	<i>wymzya fe</i> ..... 77	
<i>vienva</i> ..... 76	WYOST ..... 72	
<i>vigabatrin</i> ..... 61	XALKORI..... 43	
<i>vigadrone</i> ..... 62	<i>xarah fe</i> ..... 77	
VIGAFYDE..... 62	XARELTO ..... 84	
<i>vigpoder</i> ..... 62	XARELTO STAR TAB 15/20MG..... 84	
<i>vilazodone hcl</i> ..... 53	XATMEP ..... 88	
	XCOPRI ..... 62	
	XCOPRI PAK 100-150 ..... 62	
	XCOPRI PAK 12.5-25 ..... 62	



**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](http://MolinaHealthcare.com/Medicare).

XPOVIO PAK (80 MG TWICE WEEKLY)..	43	<i>zenatane</i> .....	101	<i>ziprasidone mesylate</i> .....	58
XTANDI .....	33	ZENPEP CAP 10000UNT .....	83	ZIRABEV.....	43
<i>xulane</i> .....	77	ZENPEP CAP 15000UNT .....	83	ZIRGAN .....	94
XULTOPHY INJ 100/3.6 .....	71	ZENPEP CAP 20000UNT .....	83	<i>zoledronic acid</i> .....	72
YESINTEK .....	88	ZENPEP CAP 25000UNT .....	83	ZOLINZA .....	43
YF-VAX INJ.....	91	ZENPEP CAP 3000UNIT .....	83	<i>zolpidem tartrate</i> ...	64
YONSA .....	33	ZENPEP CAP 40000UNT .....	83	ZONISADE .....	62
YUTREPIA .....	51	ZENPEP CAP 5000UNIT .....	83	<i>zonisamide</i> .....	62
<i>yuvafem</i> .....	77	ZENPEP CAP 60000UNT .....	83	<i>zovia 1/35</i> .....	77
<i>zafemy</i> .....	77	ZERVIATE .....	95	ZTALMY .....	62
<i>zafirlukast</i> .....	97	<i>zidovudine</i> .....	26	<i>zumandimine</i> .....	77
<i>zaleplon</i> .....	64	<i>ziprasidone hcl</i> .....	58	ZURZUVAE .....	53
ZARXIO .....	85			ZYDELIG.....	43
ZEGALOGUE .....	78			ZYKADIA.....	43
ZEJULA .....	43			ZYLET SUS 0.5-0.3% .....	94
ZELBORAF.....	43			ZYPREXA RELPREVV	58
<i>zelvysia</i> .....	79				
ZEMAIRA .....	99				



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

Ini-update ang polmularyong ito noong 12/01/2025

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](http://MolinaHealthcare.com/Medicare).