



Molina Medicare Complete Care Plus (HMO D-SNP)

ib Lub Phiaj Xwm Medicare Medi-Cal

2025 Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them (Daim Npe Tshuaj Kho Mob los sis Daim Ntawv Teev Npe Tshuaj)

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

Tus ID Kev Xa Daim Ntawv Teev Npe Tshuaj Uas Tau Txais Kev Pom Zoo Ntawm HPMS, 00025316 Tus Nab Npawb Vaws Vaj,15.

Tau hloov kho tshiab daim ntawv teev npe tshuaj no nyob rau hauv 07/01/2025.

Rau cov ntaub ntawv tshiab tshaj plaws los sis lwm cov lus nug, txuas lus rau peb ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos los sis mus saib MolinaHealthcare.com/Medicare.

Lus nthuav qhia

Cov ntaub ntawv no yog hu ua *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* (hu ua *Daim Npe Tshuaj Kho Mob*).Nws qhia rau koj paub seb cov tshuaj kho mob raws ntawv sau yuav twg thiaj li tau txais kev pab them los ntawm Molina Medicare Complete Care Plus.Dhau li ntawd lawm *Daim Npe Tshuaj Kho Mob* kuj qhia rau koj paub tias seb puas muaj tej cov cai los sis cov kev txwv tshwj xeeb hais txog tej cov tshuaj kho mob uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus.Cov cai tseem ceeb thiab lawv cov ntsiab lus pom nyob rau hauv tshooj kawg ntawm *Tus Tswv Cuab Phau Ntawv Qhia Siv*.

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

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A.Cov kev tsis lees paub

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

- ❖ Koj tuaj yeem ntsuam xyuas Molina Medicare Complete Care Plus *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* tshiab tshaj plaws hauv oos lais ntawm MolinaHealthcare.com/Medicare los sis los ntawm kev hu (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus xov tooj no yog hu dawb xwb.
- ❖ Koj tuaj yeem tau txais cov ntaub ntawv yam tsis xam nqi ua lwm cov qauv ntawv, xws li tus ntawv luam loj, ntawv xuas, los sis ua suab. Hu rau ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lu sij hawm hauv zos. Tus xov tooj hu yog hu dawb xwb.
- ❖ Molina Healthcare yog lub phiaj xwm C-SNP, D-SNP thiab HMO uas muaj ntaub ntawv cog lus Medicare. Cov phiaj xwm D-SNP muaj ntaub ntawv cog lus nrog lub khoos kas Medicaid ntawm xeev. Kev tso npe nce raws li kev txuas sij hawm ntaub ntawv cog lus.
- ❖ Molina Healthcare (Molina) ua raws lis Tsoom Fwv cov kev cai lij choj hais txog pej xeev kev muaj cai ua tsim nyog thiab tsis ntxub ntxaug vim yog los ntawm poj niam txiv neej, haiv neeg, nqaij tawv, kev ntseeg kev cais dab qhuas, caj ces poj koob yawm txwv, yug nyob lub teb chaw twg tuaj, kev cim thawj ua kev paub tias yog pab pawg haiv neeg tsawg, hnuv nyoog, kev xiam oob qhab rau lub cev, kev kho mob, ntaub ntawv teev txog caj ces roj ntshav, kev muaj txij nkawm, poj niam txiv neej, qhov ua paub tau tias yog poj niam los txiv neej, los sis txoj kev taw qhia kom paub tias yog poj niam txiv neej.

Txhawm rau pab kom koj sib txuas lus nrog peb tau zoo, Molina Healthcare muab cov kev pab cuam yam tsis xam nqi thiab ncav sij hawm:

- Molina Healthcare muab cov yam pab kev yooj yim uas muaj zoo laj thawj thiab cov kev pab thiab cov kev pab cuam uas phim rau cov neeg uas muaj cov kev xiam oob qhab. Qhov no suav nrog: (1) Cov kws txhais lus uas muaj kev txawj tsim nyog. (2) Cov ntaub ntawv ua lwm cov qauv ntawv, xws li tus ntawv luam loj, ua suab, cov qauv ntawv hauv es les taus niv uas tuaj yeem nkag siv tau, Ntawv Xuas.



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

- Molina Healthcare muab cov kev pab cuam txhais lus rau cov neeg tus uas hais lwm hom lus los sis cov tsis txawv Lus Askiv zoo. Qhov no suav nrog: (1) Cov kws txhais lus hais ntawm ncauj uas muaj kev txawj tsim nyog. (2) Cov ntaub ntawv uas txhais ua koj hom lus.

Yog tias koj xav tau cov kev pab cuam no, ces txuas lus rau Cov Chaw Pab Cuam Tswv Cuab Ntawm Molina ntawm 1-800-665-3086 los sis TTY/TDD: 711.

Yog tias koj ntseeg tias peb tau ntsub ntshab saib raws li hnuv nyoog, cev nqaij daim tawv, kev xiam oob qhab, teb chaws yug, haiv neeg, los sis poj niam txiv neej ces koj tuaj yeem xa daim ntawv kev tsis zoo siab. Koj tuaj yeem xa daim ntawv kev tsis zoo siab kiag ntawm tus kheej, hauv xov tooj, hauv kev xa ntawv, email, los sis hauv oos lais. Yog tias koj xav tau kev pab hauv kev sau koj daim ntawv kev tsis zoo siab, ces peb yuav pab koj. Tej zaum koj yuav tau txais tus txheej txheem kev tsis zoo siab los ntawm kev mus saib peb lub vev xaib ntawm <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx> Hu rau peb Tus Kws Lis Hauj Lwm Txog Pej Xeem Cov Kev Muaj Cai ntawm 1-866-606-3889, TTY/TDD: 711 los sis xa koj daim ntawv kev tsis zoo siab rau:

Civil Rights Unit
200 Ocean Gate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Lub vev xaib: <https://molinahealthcare.Alertline.com>

Dhau li ntawd lawm koj tuaj yeem xa daim ntawv tsis txaus siab (daim ntawv kev tsis zoo siab) txog pej xeem cov kev muaj cai nrog Tebchaws Meskas Lub Tuam Tsev Hauj Lwm Ntsig Txog Cov Kev Pab Cuam Kev Noj Qab Haus Huv thiab Tib Neeg, Lub Chaw Ua Hauj Lwm Saib Xyuas Pej Xeem Cov Kev Muaj Cai, hauv oos lais los ntawm Lub Chaw Ua Hauj Lwm Saib Xyuas Kev Tsis Txaus Siab Txog Pej Xeem Cov Kev Muaj Cai Phab Vev Xaib ntawm: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> los sis los ntawm kev xa ntawv los sis hauv xov tooj ntawm:

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

Cov foos ntawv tsis txaus siab yog muaj ntawm nov:
<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Dhau li ntawd lawm tej zaum koj kuj yuav xa daim ntawv tsis txaus siab txog pej xeem cov kev muaj cai mus rau Xeev California Lub Tuam Tsev Hauj Lwm Ntsig Txog Cov Kev Pab Cuam Saib Xyuas Kev Noj Qab Haus Huv, Lub Chaw Ua Hauj Lwm Saib Xyuas Pej Xeem Kev Muaj Cai los ntawm xov tooj, sau ntawv, los sis hauv es les taus niv:

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

Xov Tooj: 916-440-7370 (los sis (711 rau Qhov Kev Pab Cuam Tus Xov Tooj Neeg Xiam
Oob Qhab Txog Cov Kev Sib Txuas Lus Ncua Kev Deb)
Email: CivilRights@dhcs.ca.gov

Cov foos ntawv tsis txaus siab yog muaj nyob ntawm
http://www.dhcs.ca.gov/Pages/Language_Access.aspx



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

**CALIFORNIA EAE DAIM
NTAWV CEEB TOOM TXOG
KEV MUAJ TXHIJ**

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.

تنبيه: 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. يُرجى الاتصال على الرقم 1-855-665-4627 (وبالنسبة لمستخدمي الهاتف النصي "TTY"، فيمكنهم الاتصال على: 711). هذه الخدمات مجانية.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Ձեր լեզվով օգնության դեպքում, զանգահարե՛ք 1-855-665-4627 (TTY՝ 711) հեռախոսահամարով: Հաճախդամների համար հասանելի են նաև աջակցման ծառայություններ, օրինակ՝ փաստաթղթեր բրայլյան և խոշոր տառերով: 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。

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 ਮੁਫ਼ਤ 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.



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

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: ບ្រសິນເປີអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 1-855-665-4627 (TTY: 711)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនដែលមានពិការភាព 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 کمکی مخصوص افراد مبتال به معلولیت، مانند اسناد به خط بریل و چاپ با حروف درشت نیز در دسترس هستند. برای دریافت این خدمات با شماره 1-855-665-4627 (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. 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 serbisyonang 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.



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

- ❖ Cov ntaub ntawv no yog muaj yam tsis xam nqi ua Lus Xab Pes Niv, Lus As Las Npiv, Lus As Mes Nias, Lus Kas Pus Cias, Lus Suav, Lus Fas Xis, Lus Hmoob, Lus Kaus Lim, Lus Nplog, Lus Lav Xias, Lus Tas Kav Lov, thiab Lus Nyab Laj.
- ❖ Koj tuaj yeem thov kom peb xa cov ntaub ntawv rau koj ua hom lus los sis tus qauv ntawv uas koj xav tau tas li. Qhov no hu ua daim ntawv thov sawv cev. Hu rau (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos. Tus sawv cev Muab Kev Pab Cuam Tswv Cuab tuaj yeem pab koj ua los sis hloov daim ntawv thov sawv cev. Peb yuav taug qab saib koj daim ntawv thov sawv cev, yog li ntawd koj tsis tas ua cov ntawv thov sib txawv txhua zaub uas peb xa cov ntaub ntawv rau koj.

B. Cov Lus Nug Uas Nquag Nug (FAQ)

Nrhiav cov lus teb rau cov lus nug uas koj muaj hais txog *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* no. Koj tuaj yeem nyeem txhua Qhov Lus Nug Uas Nquag Nug txhawm rau kawm paub ntxiv los sis tshawb nrhiav qhov lus teb los sis qhov lus nug.

B1. Cov tshuaj kho mob raws ntawv sau yuav twg thiaj li yog *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them*? (Peb hu *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* “*Daim Npe Tshuaj Kho Mob*” ua qhov luv-luv xwb.)

Cov tshuaj kho mob nyob rau hauv *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them* uas pib nyob rau hauv ntu C1 yog cov tshuaj kho mob uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus (HMO D-SNP). Cov tshuaj kho mob yog muaj nyob ntawm cov chaw muag tshuaj nyob rau hauv peb lub nev vawj. Chaw muag tshuaj yog nyob rau hauv peb lub nev vawj yog tias peb muaj kev pom zoo nrog cov chaw muag tshuaj ntawd hauv kev ua hauj lwj nrog peb thiab muab cov kev pab cuam rau koj. Peb hu cov chaw muag tshuaj no ua “cov chaw muag tshuaj hauv nev vawj.”

Lwm cov tshuaj kho mob, xws li cov tshuaj kho mob tsis raws ntawv sau yuav (OTC) thiab qee cov vis tas mees, tej zaum yuav tau txais kev pab them los ntawm Medi-Cal Rx. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li ntawd lawm koj kuj tuaj yeem hu rau Medi-Cal Rx Lub Chaw Pab Cuam Tswv Cuab ntawm 800-977-2273. Thov nqa koj Daim Npav Txheeb Xyuas Tus Neeg Tau Txais Txiaj Ntsig Medi-Cal (Beneficiary Identification Card, BIC) thaum mus txais cov ntawv sau yuav tshuaj los ntawm Medi-Cal Rx.

- Molina Medicare Complete Care Plus yuav pab them txhua cov tshuaj kho mob uas muaj kev tsim nyog kiag tam sim nyob rau hauv *Daim Npe Tshuaj Kho Mob* yog tias:

- koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj qhia tias koj yuav tsum siv cov tshuaj ntawd txhawm kom zoo zuj zus tuaj thiab muaj kev noj qab nyob zoo.
- Molina Medicare Complete Care Plus pom zoo tias qhov tshuaj kho mob no yog tsum nyog fab kev kho mob rau koj, **thiab**
- koj yuav xa daim ntawv sau yuav tshuaj ntawm Molina Medicare Complete Care Plus lub chaw muag tshuaj hauv nev vawj.
- Nyob rau hauv qee cov xwm txheej, koj yuav tsum ua qee yam ua ntej koj thiaj li yuav tau txais qhov tshuaj kho mob. Saib qhov lus nug B4 rau cov ntaub ntawv kev paub ntxiv.

Dhau li ntawd lawm koj tuaj yeem nrhiav daim npe cov tshuaj kho mob tshiab tshaj plaws uas peb pab them nyob rau hauv peb lub vev xaib ntawm MolinaHealthcare.com/Medicare los sis hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lu sij hawm hauv zos.

B2.Puas yog *Daim Npe Tshuaj Kho Mob* muaj kev hloov pauv lawm?

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

Dhau li ntawd lawm tej zaum peb kuj yuav hloov peb cov cai hais txog cov tshuaj kho mob. Piv txwv, peb tuaj yeem:

- Txiaiv txim seb puas yuav thov los sis tsis thov kev tso cai ua ntej rau qhov tshuaj kho mob. (Kev tso cai ua ntej yog kev tso cai los ntawm Molina Medicare Complete Care Plus ua ntej koj tuaj yeem tau txais qhov tshuaj kho mob.)
- Ntxiv los sis hloov qhov tshuaj uas koj tuaj yeem tau txais (hu ua cov ciam txwv qhov ntau tsawg).
- Ntxiv los sis hloov cov kev txwv kev kho mob raws kauj ruam nyob rau hauv qhov tshuaj kho mob. (Kev kho mob raws kauj ruam txhais tau tias koj yuav tsum siv ib qhov tshuaj kho mob ua ntej peb mam pab them lwm qhov tshuaj kho mob.)

Rau cov ntaub ntawv kev paub ntxiv hais txog cov cai qhia siv tshuaj kho mob no, saib qhov lus nug B4.



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

Yog tias koj tab tom noj qhov tshuaj kho mob uas tau txais kev pab them thaum **pib** lub xyoo, feem ntau lawm peb yuav tsis tshem tawm los sis hloov qhov kev pab them ntawm qhov tshuaj kho mob ntawd **nyob rau ncuaj sij hawm seem ntawm lub xyootshwj** tsis yog:

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

Cov lus nug B3 thiab B6 hauv qab no muaj cov ntaub ntawv kev paub ntxiv hais txog yam uas yuav tshwm sim thaum *Daim Npe Tshuaj Kho Mob* muaj kev hloov pauv.

- Koj tuaj yeem ntsuam xyuas Molina Medicare Complete Care Plus *Daim Npe Qhov Tshuaj Kho Mob* tshiab tshaj plaws hauv oos lais ntawm MolinaHealthcare.com/Medicare.Cov kev hloov kho rau *Daim Npe Tshuaj Kho Mob* yog tau muab tso tawm nyob rau hauv lub vev xaib ib hlis ib zaug.
- Dhau li ntawd lawm koj kuj tuaj yeem hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos txhawm rau ntsuam xyuas *Daim Npe Tshuaj Kho Mob* tam sim no.

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

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

- **Kev hloov qee hom tshuaj kho mob tshiab.**Tej zaum peb yuav tshem tawm cov tshuaj kho mob ntawm *Daim Npe Tshuaj Kho Mob* kiag tam sim ntawd yog tias peb hloov qhov tshuaj ntawd ua qee hom tshuaj tshiab ntawm qhov tshuaj kho mob ntawd, tab sis mas koj tus nqi rau qhov tshuaj kho mob tshiab yuav seem li \$0.Thaum peb ntxiv hom tshuaj kho mob tshiab, tej zaum peb kuj yuav txiav txim yuav ceev qhov tshuaj kho mob muaj npe cim lag luam los sis khoom ntawm yam muaj sia cia rau hauv daim npe tab sis hloov nws cov cai los sis cov ciam txwv kev pab them.
 - Tej zaum peb yuav tsis qhia rau koj paub ua ntej peb ua qhov kev hloov pauv no, tab sis peb yuav xa cov ntaub ntawv rau koj hais txog kev hloov pauv tshwj xeeb uas peb ua thaum tshwm sim tuaj.
 - Peb tuaj yeem ua cov kev hloov pauv no tsuas yog thaum qhov tshuaj kho mob uas peb tab tom ntxiv:
 - yog hom tsis muaj npe cim lag luam tshiab ntawm qhov tshuaj kho mob uas muaj npe cim lag luam, los sis

- yog qee hom tshuaj ntawm yam muaj siab tshiab ntawm cov khoom ntawm yam muaj sia qub nyob rau hauv *Daim Npe Tshuaj Kho Mob* (piv txwv, kev ntxiv qhov tshuaj ntawm yam muaj sia uas siv hloov tau uas tuaj yeem raug hloov rau qhov khoom ntawm yam muaj sia qub yam tsis muaj daim ntawv sau yuav tshuaj tshiab).
- Tej zaum qee qhov ntawm cov hom tshuaj kho mob no yuav yog qhov tshiab rau koj. Rau cov ntaub ntawv kev paub ntxiv, saib Ntu B14.
- Koj los sis koj tus kws kho mob tuaj yeem thov kev zam los ntawm cov kev hloov pauv no. Peb yuav xa daim ntawv ceeb toom rau koj nrog rau cov kauj ruam uas koj tuaj yeem ua txhawm rau thov kev zam. Thov saib cov lus nug B10-B12 rau cov ntaub ntawv kev paub ntxiv hais txog cov kev zam.
- **Tau tshem tawm qhov tshuaj kho mob ntawm hauv kiab khw lawm.** Yog tias Lub Chaw Muab Khoom Noj thiab Tshuaj Kho Mob (FDA) hais tias qhov tshuaj kho mob uas koj tab tom noj tsis nyab xeeb los sis siv tsis tau zoo los sis tus neeg tsim tshuaj kho mob tshem tawm qhov tshuaj kho mob ntawm kiab khw, tej zaum peb yuav muab qhov tshuaj kho mob ntawd tshem tawm ntawm *Daim Npe Tshuaj Kho Mob* kiag tam sim ntawd. Yog tias koj tab tom noj qhov tshuaj kho mob, ces peb yuav xa daim ntawv ceeb toom rau koj tom qab peb ua qhov kev hloov pauv. Sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj sib tham txhawm rau nrhiav lwm txoj hauv kev uas nyab xeeb rau koj.

Tej zaum peb yuav ua cov kev hloov pauv uas cuam tshuam rau cov tshuaj kho mob uas ko noj. Peb yuav qhia rau koj paub ua ntej txog lwm cov kev hloov pauv no rau *Daim Npe Tshuaj Kho Mob*. Cov kev hloov pauv no yuav tshwm sim yog tias:

- FDA muab qhov lus qhia tshiab los sis muaj cov lus qhia fab chaw kuaj mob txog qhov tshuaj kho mob.
- Peb tshem tawm qhov tshuaj kho mob muaj npe cim lag luam los ntawm *Daim Npe Tshuaj Kho Mob* thaum ntxiv qhov tshuaj kho mob tsis muaj npe cim lag luam uas tsis yog qhov tshiab rau kiab khw, los sis
- peb tshem tawm qhov khoom ntawm yam muaj sia qub thaum ntxiv rau qhov tshuaj ntawm yam muaj sia, los sis
- peb hloov cov cai los sis cov ciam txwv kev pab them rau qhov tshuaj kho mob muaj npe cim lag luam.

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



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

- qhia rau koj paub yam tsawg kawg yog 30 hnuv ua ntej peb ua qhov kev hloov pauv rau *Daim Npe Tshuaj Kho Mob los sis*
- qhia rau koj paub thiab muab tshuaj kho mob rau koj 31-hnuv tom qab koj thov kom rov sau.

Qhov no yuav muab lub sij hawm rau koj los sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem pab koj txiav txim:

- seb puas muaj qhov tshuaj kho mob sib thoov nyob rau hauv *Daim Npe Tshuaj Kho Mob* koj tuaj yeem siv hloov los sis
- seb puas yuav thov kev zam los ntawm cov kev hloov pauv no. Txhawm rau kawm paub ntxiv hais txog cov kev zam, saib cov lus nug B10-B12.

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

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

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

Koj tuaj yeem nrhiav seb koj qhov tshuaj kho mob puas muaj tej cov cai teeb tseg los sis cov ciam txwv txhab ntxiv los ntawm kev tshawb nrhiav nyob rau hauv cov kem ntawv nyob rau hauv ntu C1. Dhau li ntawd lawm koj tuaj yeem tau txais cov ntau ntawv kev paub ntxiv los ntawm kev mus saib peb lub vev xaib ntawm MolinaHealthcare.com/Medicare. Peb tau tso tawm cov ntau ntawv hauv oos lais uas piav qhia txog peb li kev tso cai ua ntej thiab cov kev txwv kev kho mob raws kauj ruam. Dhau li ntawd lawm tej zaum koj yuav thov kom peb xa daim theej tawm rau koj.

Koj tuaj yeem thov kev zam los ntawm cov ciam txwv no. Qhov no yuav muab lub sij hawm rau koj los sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem pab koj txiav txim seb puas muaj qhov tshuaj kho mob sib thooj nyob rau hauv *Daim Npe Tshuaj Kho Mob* koj tuaj yeem siv hloov los sis seb puas yuav thov tau kev zam. Saib cov lus nug B10-B12 rau cov ntaub ntawv kev paub ntxiv hais txog cov kev zam.

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

Lub kem ntawv nyob rau hauv *Daim Npe Cov Tshuaj Kho Mob* raws tus yam ntxwv fab kev kho mob uas muaj lub kem ntawv rov ntsug uas muaj npe hu tias “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv.”

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

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

B7. Kuv tuaj yeem nrhiav qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* li cas?

Muaj ob txoj hauv kev los nrhiav qhov tshuaj kho mob:

- koj tuaj yeem tshawb nrhiav raws tej theem zuj zus, **los sis**
- koj tuaj yeem tshawb nrhiav raws tus yam ntxwv fab kev kho mob.

Txhawm rau tshawb nrhiav **raws tej theem zuj zus**, tshawb nrhiav koj qhov tshuaj kho mob nyob rau hauv ntu Kev Taw Qhia Txog Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them. Koj tuaj yeem nrhiav tau nws nyob rau hauv ntu D .

Txhawm rau tshawb nrhiav **raws tus yam ntxwv fab kev kho mob**, nrhiav ntu C1 uas muaj npe hu ua “*Daim Npe Cov Tshuaj Kho Mob Raws Tus Yam Ntxwv Fab Kev Kho Mob*”. Cov tshuaj kho mob nyob rau hauv ntu no yog raug faib ua pawg raws cov hom uas nce raws li hom yam ntxwv fab kev kho mob uas lawv siv los kho mob. Piv txwv, yog tias koj muaj tus yam ntxwv mob plawv, ces koj tsim



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

nyog tshawb nrhiav Lub Plawv thiab Hlab Ntshav. Qhov ntawd yog qhov chaw uas koj yuav nrhiav cov tshuaj kho mob los kho cov yam ntxwv mob plawv.

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

Yog tias koj tsis nrhiav koj qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob*, hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos thiab nug hais txog nws. Yog tias koj paub tias Molina Medicare Complete Care Plus yuav tsis pab them qhov tshuaj kho mob, koj tuaj yeem ua ib qho ntawm cov yam no:

- Thov *Cov Chaw Pab Cuam Tswv Cuab* rau daim npe tshuaj kho mob zoo li ib qhov tshuaj kho mob uas koj xav noj. Tag ntawd ces qhia daim npe rau koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem sau yuav qhov tshuaj kho mob nyob rau hauv *Daim Npe Tshuaj Kho Mob* uas zoo li ib qhov tshuaj kho mob uas koj xav noj. **Los Sis**
- Koj tuaj yeem thov kom Molina Medicare Complete Care Plus ua qhov kev zam rau kev pab them koj qhov tshuaj kho mob. Saib cov lus nug B10-B12 rau cov ntaub ntawv kev paub ntxiv hais txog cov kev zam.

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

Peb tuaj yeem pab. Tej zaum peb yuav pab them rau kev muab koj qhov tshuaj kho mob ib ntus li 31-hnuv nyob rau ncuaj sij hawm 90 hnuv uas koj yog tus tswv cuab ntawm Molina Medicare Complete Care Plus. Qhov no yuav muab lub sij hawm rau koj los sib tham nrog koj tus kws kho mob los sis lwm tus kws sau ntawv yuav tshuaj. Lawv tuaj yeem pab koj txiav txim seb puas muaj qhov tshuaj kho mob sib thooj nyob rau hauv *Daim Npe Tshuaj Kho Mob* koj tuaj yeem siv hloov los sis seb puas yuav thov tau kev zam.

Yog tias tau sau koj daim ntawv sau yuav tshuaj tsawg hnuv, peb yuav tso cai rau rov sau ntau zaus txhawm rau muab qhov tshuaj kho mob siab txog 31 hnuv.

Peb yuav pab them rau kev muab koj qhov tshuaj kho mob 31-hnuv yog tias:

- koj tab tom noj qhov tshuaj kho mob uas tsis nyob rau hauv peb *Daim Npe Tshuaj Kho Mob*, **los sis**
- peb cov cai lub phiaj xwm tsis tso cai rau koj txais qhov tshuaj uas koj tus kws sau ntawv yuav tau txib yuav, **los sis**
- qhov tshuaj kho mob yuav tsum tau txais kev tso cai ua ntej los ntawm Molina Medicare Complete Care Plus, **los sis**

- koj tab tom noj qhov tshuaj kho mob uas yog ib feem ntawm kev txwv kev kho mob raws kauj ruam.

Yog tias koj tab tom noj qhov tshuaj kho mob uas Molina Medicare Complete Care Plus tsis xam tias yog qhov tshuaj kho mob Phab D, thiab qhov tshuaj kho mob uas tsis nyob rau hauv Daim Npe Tshuaj Kho Mob, thiab koj muaj teeb meem hauv kev tau txais qhov tshuaj kho mob, ces tej zaum yuav tau txais kev pab them los ntawm Medi-Cal Rx. Yog tias qhov tshuaj kho mob uas tsis suav nrog Phab D yuav tsum muaj kev zam, thiab koj muaj xwm txheej ceev, Medi-Cal Rx yuav tso cai muab qhov tshuaj tsawg tsis pub tshaj 72-teev. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li ntawd lawm koj kuj tuaj yeem hu rau Medi-Cal Rx Lub Chaw Pab Cuam Tswv Cuab ntawm 800-977-2273. Thov nqa koj li BIC Medi-Cal thaum mus txais cov ntawv sau yuav tshuaj los ntawm Medi-Cal Rx.

Yog tias koj nyob rau hauv lub tsev tu mob los sis lub chaw saib xyuas ncuas sij hawm ntev thiab xav tau qhov tshuaj kho mob uas tsis nyob rau hauv *Daim Npe Tshuaj Kho Mob* los sis yog tias koj tsis tuaj yeem tau txais qhov tshuaj kho mob uas koj xav tau yooj yim, peb tuaj yeem pab tau. Yog tias koj nyob rau hauv lub phiaj xwm ntev tshaj 90 hnuv, nyob rau hauv lub chaw saib xyuas ncuas sij hawm ntev, xav tau kev muab kiag tam sim ntawd:

- Peb yuav pab them rau ib qhov kev muab qhov tshuaj kho mob 31-hnuv uas koj xav tau (tshwj tsis yog koj muaj ntawv sau yuav tshuaj rau tsawg hnuv), tsis hais koj yuav yog tus tswv cuab ntawm Molina Medicare Complete Care Plus tshiab los sis tsis yog los xij.
- Dhau li ntawd lawm qhov no yog qhov kev muab ib ntus nyob rau ncuas sij hawm 90 hnuv xub thawj uas koj yog tus tswv cuab ntawm Molina Medicare Complete Care Plus.

Molina Medicare Complete Care Plus yuav muaj kev sau yuav tshuaj yam tsawg kawg yog 31-hnuv (tshwj tsis yog tau sau daim ntawv sau yuav tshuaj rau kev muab tsawg tshaj 31 hnuv los sis yuav them rau daim ntawv sau yuav tshuaj tsawg tshaj tus nqi uas sau ua ntaub ua ntawv vim yog muaj cov ciam txwv qhov ntau tsawg rau cov hom phiaj kev nyab xeeb los sis kev kho kev siv tshuaj kho mob saib raws li kev lo ntawv qhia rau qhov khoom uas tau txais kev pom zoo, nyob rau hauv qhov xwm txheej uas Molina Medicare Complete Care Plus yuav tso cai sau ntau zaus txhawm rau muab qhov tshuaj kho mob txog 31 hnuv xam tag nrho) nyob rau hauv Lub Chaw Saib Xyuas Ncuas Sij Hawm Ntev thaum twg los tau nyob rau ncuas sij hawm 90 hnuv tom qab tus tswv cuab qhov kev tso npe, pib nyob rau hauv tus neeg tso npe lub hnuv tim kev pab them uas siv tau.

B10. Puas yog kuv tuaj yeem zam txhawm rau pab them kuv qhov tshuaj kho mob?



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

Dhau li ntawd lawm koj tuaj yeem thov kom peb hloov cov cai hais txog koj qhov tshuaj kho mob.

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

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

Txhawm rau thov kev zam, hu rau *Cov Chaw Pab Cuam Tswv Cuab*.Tus sawv cev Muab Kev Pab Cuam Tswv Cuab yuav ua hauj lwm nrog koj thiab koj tus kws sau ntawv yuav tshuaj txhawm rau pab koj thov kev zam.Dhau li ntawd lawm koj tuaj yeem nyeem **Tshooj 9** ntu G2 ntawm *Tus Tswv Cuab Phau Ntawv Qhia Siv* txhawm rau kawm paub ntxiv txog cov kev zam.

B12.Nws siv sij hawm ntev npaum li cas los thov kev zam?

Tom qab peb tau txais daim ntawv qhia los ntawm koj tus kws sau ntawv yuav tshuaj uas pab txhawb koj li kev thov rau kev zam, peb yuav muab qhov kev txiav txim rau koj kom tsis pub dhau 72 teev.Koj tus kws kho mob los sis tus kws sau ntawv yuav tshuaj tuaj yeem fev los sis xa daim ntawv qhia kev pab txhawb rau peb tau ntawm (866) 290-1309.Dhau li ntawd lawm lawv tuaj yeem qhia rau peb paub los ntawm xov tooj thiab tag ntawd ces fev los sis xa daim ntawv qhia.

Xa daim ntawv qhia rau tus kws sau ntawv yuav tshuaj tau ntawm:
Molina Healthcare
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

Yog tias koj los sis koj tus kws sau ntawv yuav tshuaj xav tias koj li kev noj qab haus huv yuav yog qhov raug puas tsuaj yog tias koj yuav tsum tos 72 teev rau kev txiav txim, ces koj tuaj yeem thov rau kev zam ceev.Qhov no yog qhov kev txiav txim ceev zog.Yog tias koj tus kws sau ntawv yuav tshuaj pab txhawb koj li kev thov, ces peb yuav muab qhov kev txiav txim rau koj kom tsis pub dhau 24 teev tom qab tau txais koj tus kws sau yuav tshuaj daim ntawv qhia kev pab txhawb.

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

Cov tshuaj kho mob tsis muaj npe cim lag luam muaj cov feem xyaw zoo ib yam li cov tshuaj kho mob muaj npe cim lag luam thiab.Feem ntau lawm qhov tshuaj kho mob ntawd muaj tus nqi tsawg tshaj qhov tshuaj kho mob muaj npe cim lag luam thiab feem ntau lawm siv tau zoo ib yam xwb.Feem ntau lawv tsis muaj cov npe uas paub zoo.Lub Chaw Muab Khoom Noj thiab Tshuaj Kho Mob (Food and Drug Administration, FDA) tau pom zoo siv cov tshuaj kho mob uas tsis muaj npe cim lag luam.Muaj cov tshuaj kho mob uas tsis muaj npe cim lag luam rau ntau cov tshuaj kho mob muaj npe cim lag luam.Feem ntau lawv tuaj yeem muaj kev hloov cov tshuaj kho mob uas tsis muaj npe cim lag luam ua cov tshuaj kho mob uas muaj npe cim lag luam ntawm lub chaw muag tshuaj yam tsis muaj daim ntawv sau yuav tshuaj tshiab—nce raws li xeev cov cai lij choj.

Molina Medicare Complete Care Plus pab them cov tshuaj kho mob uas muaj npe cim lag luam thiab cov tshuaj kho mob uas tsis muaj npe cim lag luam tib si.

B14.Cov khoom ntawm yam muaj sia qub yog dab tsi thiab cov khoom ntawd cuam tshuam rau cov tshuaj kho mob ntawm yam muaj sia li cas?

Thaum peb saib rau cov tshuaj kho mob, qhov no txhais tau tias qhov tshuaj kho mob los sis qhov khoom ntawm yam muaj sia. Cov khoom ntawm yam muaj sia yog cov tshuaj kho mob uas muaj ntau dua li cov tshuaj kho mob li ib txwm. Vim yog cov khoom ntawm yam muaj sia muaj ntau tshaj cov tshuaj kho mob li ib txwm, hloov qhov uas yuav muaj daim foos tshuaj tsis muaj npe cim lag luam, lawv muaj cov foos uas hu ua cov tshuaj kho mob ntawm yam muaj sia. Feem ntau lawm, cov tshuaj kho mob ntawm yam muaj sia siv tau zoo ib yam li qhov khoom ntawm yam muaj sia qub thiab tej zaum yuav muaj tus nqi tsawg. Muaj lwm cov hauv kev xaiv tshuaj kho mob ntawm yam muaj sia rau qee cov khoom ntawm yam muaj sia qub. Qee cov tshuaj kho mob ntawm yam muaj sia yog cov tshuaj kho mob uas sib pauv tau thiab, nce raws li xeev cov cai lij choj, tej zaum yuav raug hloov ua qhov khoom ntawm yam muaj sia qub nyob ntawm lub chaw muag tshuaj yam tsis muaj kev xav tau daim ntawv sau yuav tshuaj tshiab, tuaj yeem muaj kev hloov cov tshuaj kho mob uas tsis muaj npe cim lag luam ua cov tshuaj kho mob muaj npe cim lag luam.

Rau cov ntaub ntawv kev paub ntiv xis txog cov hom tshuaj kho mob, saib **Tshooj 5** ntawm *Tus Tswv Cuab Phau Ntawv Qhia Siv*.

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

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

Koj tuaj yeem nyeem Molina Medicare Complete Care Plus *Daim Npe Tshuaj Kho Mob* txhawm rau nrhiav seb cov khoom ntawm OTC uas tsis yog tshuaj kho mob puas tau txais kev pab them.

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

- **Cov Khoos Kas Txib Yuav Hauv Kev Xa Ntawv.** Peb muaj lub khoos kas txib yuav hauv kev xa ntawv txhawm kom koj tau txais kev muab koj cov tshuaj kho mob raws ntawv sau yuav uas tau xa tuaj rau koj lub tsev ncaj ncaim txog 100-hnub. Kev muab 100-hnub muaj tib tug nqi sib koom them ua qhov kev muab ib hlis.
- **Cov Khoos Kas Chaw Muag Tshuaj Txhem Muag 100-Hnub.** Tej zaum qee cov chaw muag tshuaj txhem muag yuav muaj kev muab cov tshuaj kho mob raws ntawv



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sau yuav uas tau txais kev pab them txog 100-hnub. Kev muab 100-hnub muaj tib tug nqi sib koom them ua qhov kev muab ib hlis.

B17. Puas yog kuv tuaj yeem tau txais cov ntawv sau yuav tshuaj uas tau xa tuaj rau ntawm kuv lub tsev los ntawm lub chaw muag tshuaj hauv zos?

Tej zaum lub chaw muag tshuaj yuav tuaj yeem xa koj daim ntawv sau yuav tshuaj mus rau koj lub tsev. Koj tuaj yeem hu rau koj lub chaw muag tshuaj txhawm rau nrhiav seb lawv puas muaj kev pab cuam xa tuaj txog ntawm tsev.

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

Cov tswv cuab Molina Medicare Complete Care Plus muaj cai rau cov ntawv sau yuav tshuaj thiab cov tshuaj kho mob OTC thiab cov khoom uas tsis yog tshuaj kho mob yog tias tus tswv cuab ua raws lub phiaj xwm cov cai. Saib cov lus nug B15 thiab B16 rau cov ntaub ntawv kev paub ntxiv hais txog cov tshuaj kho mob OTC thiab cov khoom uas tsis yog tshuaj kho mob.

Theem yog cov pab pawg ntawm cov tshuaj kho mob nyob rau hauv peb *Daim Npe Tshuaj Kho Mob*.

- Cov tshuaj kho mob tsis muaj npe cim lag luam Theem 1 muaj tus nqi sib koom them \$0.
- Cov tshuaj kho mob muaj npe cim lag luam Theem 1 muaj tus nqi sib koom them \$0.

Txhua theem tsis muaj tus nqi sib koom them.

Cov OTC muaj tus nqi sib koom them \$0.

Yog tias koj muaj lus nug, hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnub rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sijhawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnub Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sijhawm hauv zos.

C. Xam Tag Nrho ntawm *Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them*

Daim Npe Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them muab cov ntaub ntawv rau koj hais txog cov tshuaj kho mob uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus. Yog tias koj muaj teeb meem hauv kev nrhiav koj li tshuaj kho mob nyob rau hauv daim npe, tig mus rau hauv Kev Taw Qhia Txog Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them uas pib nyob rau hauv ntu D. Kev taw qhia yuav qhia txhua cov tshuaj kho mob uas tau txais kev pab them los ntawm Molina Medicare Complete Care Plus raws ib them zuj zus.

Lwm cov tshuaj kho mob, xws li cov tshuaj kho mob tsis raws ntawv sau yuav (OTC) thiab qee cov vis tas mees, tej zaum yuav tau txais kev pab them los ntawm Medi-Cal Rx. Thov mus saib Medi-Cal Rx lub vev xaib (www.medi-calrx.dhcs.ca.gov) rau cov ntaub ntawv kev paub ntxiv. Dhau li ntawd lawm koj kuj tuaj yeem hu rau Medi-Cal Rx Lub Chaw Pab Cuam Tswv Cuab ntawm 800-977-2273. Thov nqa koj Daim Npav Txheeb Xyuas Tus Neeg Tau Txais Txiaj Ntsig Medi-Cal (Beneficiary Identification Card, BIC) thaum mus txais cov ntawv sau yuav tshuaj los ntawm Medi-Cal Rx.

Cov Kev Thov Kom Rov Qab Txiaiv Txim Dua Nyob Rau Hauv Phab D

- Kev thov kom rov qab txiaiv txim dua yog ib txoj hauv kev uas raug raws cai ntawm kev thov kom peb tshab xyuas qhov kev txiaiv txim uas peb ua hais txog koj qhov kev pab them thiab txhawm rau hloov yog tias koj xav tias peb ua yuam kev.
- Piv txwv, peb yuav txiaiv txim tias qhov tshuaj kho mob uas koj xav tau tsis tau txais kev pab them los sis Medicare los sis Medi-Cal yuav tsis pab them mus ntxiv li lawm.
- Yog tias koj los sis koj tus kws sau ntawv yuav tshuaj tsis pom zoo nrog peb qhov kev txiaiv txim, ces koj tuaj yeem thov kom rov qab txiaiv txim dua. Yog tias koj muaj lus nug, hu rau Cov Chaw Pab Cuam Tswv Cuab ntawm (800) 665-3086, TTY: 711, Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lu sij hawm hauv zos.
- Dhau li ntawd lawm koj tuaj yeem nyeem **Tshooj 9** ntawm *Tus Tswv Cuab Phau Ntawv Qhia Siv* txhawm rau kawm paub txog txoj hauv kev thov kom rov qab txiaiv txim dua rau qhov kev txiaiv txim.
- Cov tshuaj kho mob uas tsis yog qhov tshuaj kho mob Phab D muaj cov cai sib txawv rau cov kev thov kom rov qab txiaiv txim dua.

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

Cov tshuaj kho mob nyob rau hauv ntu no yog raug faib ua pawg raws cov hom uas nce raws li hom yam ntxwv fab kev kho mob uas lawv siv los kho mob. Piv txwv, yog tias koj muaj tus yam ntxwv mob plawv, ces koj tsim nyog tshawb nrhiav nyob rau hauv hom, Lub Plawv thiab Hlab Ntshav. Qhov ntawd yog qhov chaw uas koj yuav nrhiav cov tshuaj kho mob los kho cov yam ntxwv mob plawv.

Ntawm nov yog cov ntsiab lus ntawm cov khauj uas siv nyob rau hauv “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv” lub kem ntawv rov ntsug:

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

QL = Cov Ciam Txwv Qhov Ntau Tsawg: qhov tshuaj kho mob uas lub phiaj xwm yuav pab them.

ST = Tus Qauv Cai Kev Kho Mob Raws Kauj Ruam: koj tuaj yeem sim lwm qhov tshuaj kho mob ua ntej koj tuaj yeem tau txais ib qhov tshuaj kho mob.



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

B/D = Tej zaum yuav muaj kev pab them qhov tshuaj kho mob no nyob rau hauv Medicare Phab B los sis D uas nce raws li cov xwm txheej.

LA = Qhov Tshuaj Kho Mob Kev Nkag Siv Uas Muaj Ciam Txwv: tej zaum qhov tshuaj kho mob no yuav muaj muag ntawm qee cov chaw muag tshuaj nkaus xwb.

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

NDS = Kev Muab Cov Khoom Uas Tsis Muaj Kev Nthuav Dav Cov Hnub: koj yuav raug txwv rau kev muab pes tsawg hnub uas koj tuaj yeem tau txais.

Thawj lub kem ntawv rov ntsug ntawm lub kem ntawv qhia lub npe tshuaj kho mob. Cov tshuaj kho mob tsis muaj npe cim lag luam yog teev tseg nyob rau hauv tus niam ntawv me (piv txwv, *metformin hcl*), cov tshuaj kho mob muaj npe cim lag luam yog tus niam ntaw loj (piv txwv, JANUVIA TABS), Cov ntaub ntawv nyob rau hauv “Cov kev nqis tes uas muaj kev tsim nyog, cov kev txwv, los sis cov ciam txwv kev siv” lub kem ntawv rov ntsug qhia rau koj paub tias seb Molina Medicare Complete Care Plus puas muaj tej cov cai rau kev pab them koj qhov tshuaj kho mob.

MOLINA_CY25_1T_SNP_PMOD eff 07/01/2025**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
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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
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Koj tuaj yeem nrhiav cov ntaub ntawv hais txog dab tsi cov cim thiab cov ntawv luv hauv cov lus no txhais tau tias yog mus rau ntu C1.

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

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog dab tsi cov cim thiab cov ntawv luv hauv cov lus no txhais tau tias yog mus rau ntu C1.

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	1	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>EMVERM CHEW 100mg</i>	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	



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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	
<i>pentamidine isethionate inh SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	1	
<i>polymyxin b sulfate SOLR 500000unit</i>	1	
<i>praziquantel TABS 600mg</i>	1	
<i>pyrimethamine TABS 25mg</i>	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	1	NDS
<i>sulfadiazine TABS 500mg</i>	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	1	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog dab tsi cov cim thiab cov ntawv luv hauv cov lus no txhais tau tias yog mus rau ntu C1.

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

ANTIFUNGALS

ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)



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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
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
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab</i> 600-200-300 mg	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab</i> 400-300-300 mg	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 100-150 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 133-200 mg	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 167-250 mg	1	NDS, NM



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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<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

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



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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	1	
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	1	
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	



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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
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</i> SOLR 2gm	1	NDS, B/D

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Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
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
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
oxaliplatin SOLR 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	1	NDS, B/D, NM
cytarabine SOLN 20mg/ml	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
gemcitabine hcl 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
mercaptopurine SUSP 2000mg/100ml	1	NDS, NM
mercaptopurine TABS 50mg	1	
methotrexate sodium 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
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM
TABLOID TABS 40mg	1	NDS



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Drug Name	Drug Tier	Requirements/Limits
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<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
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM



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

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Drug Name	Drug Tier	Requirements/Limits
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
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



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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
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



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Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
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

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Drug Name	Drug Tier	Requirements/Limits
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, 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
pazopanib hcl TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, 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 (180 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



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Drug Name	Drug Tier	Requirements/Limits
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
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
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX 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
TAGRISSE 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

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



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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
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
PROTECTIVE AGENTS		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

ACE INHIBITORS

<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<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	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<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)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)



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Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
<i>MULTAQ</i> 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	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) 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</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	



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

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Drug Name	Drug Tier	Requirements/Limits
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA



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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 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
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)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 28 x 5 mg & 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 PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl TABS 75mg, 100mg</i>	1	
<i>bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg</i>	1	QL (60 tabs / 30 days)
<i>bupropion hcl TB24 300mg</i>	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg</i>	1	
<i>clomipramine hcl CAPS 25mg, 50mg, 75mg</i>	1	PA
<i>desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	1	
<i>desvenlafaxine succinate TB24 25mg, 50mg, 100mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml</i>	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA



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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
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



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Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
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)
<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
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
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



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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<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
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTiom TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT 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



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

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Drug Name	Drug Tier	Requirements/Limits
<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</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA



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Drug Name	Drug Tier	Requirements/Limits
<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>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 per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<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
<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)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

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



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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<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
<i>temazepam CAPS 15mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon CAPS 5mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
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</i> 1-100 mg	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)



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Drug Name	Drug Tier	Requirements/Limits
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
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
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<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

MUSCULOSKELETAL THERAPY AGENTS

<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	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA



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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
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 & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<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
<i>testosterone pump</i> GEL 1.62%	1	QL (150 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
<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)



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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
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



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Drug Name	Drug Tier	Requirements/Limits
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 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
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

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Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE SOPN 620mcg/2.48ml	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
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
deferasirox TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
deferasirox TBSO 250mg, 500mg	1	NDS, NM, PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
penicillamine TABS 250mg	1	NDS, NM
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
trientine hcl CAPS 250mg	1	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethia	1	
amethyst	1	
apri	1	
aranelle	1	
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	



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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>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</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	



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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous) tab</i>	1	
<i>90-20 mcg</i>		
<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>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i>	1	
<i>SUSP 150mg/ml; SUSY 150mg/ml</i>		
<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</i>	1	
<i>mcg/24hr</i>		
<i>norethindrone & ethinyl estradiol-fe chew tab</i>	1	
<i>0.4 mg-35 mcg</i>		
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-</i>	1	
<i>30/1-35 mg-mcg</i>		
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i>	1	
<i>20 mcg</i>		
<i>norethindrone ace & ethinyl estradiol-fe tab 1</i>	1	
<i>mg-20 mcg</i>		
<i>norethindrone ace-eth estradiol-fe chew tab 1</i>	1	
<i>mg-20 mcg (24)</i>		
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>	1	
<i>mcg</i>		
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	1	
<i>25/0.25-25 mg-mcg</i>		
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	1	
<i>35/0.25-35 mg-mcg</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc</i> TABS .35mg	1	
<i>nortrel</i> 0.5/35 (28)	1	
<i>nortrel</i> 1/35 (21)	1	
<i>nortrel</i> 1/35 (28)	1	
<i>nortrel</i> 7/7/7	1	
<i>nylia</i> 1/35	1	
<i>nylia</i> 7/7/7	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec</i> 28	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina</i> 24 fe	1	
<i>tarina</i> fe 1/20 eq	1	
<i>tilia</i> fe	1	
<i>tri-estarylla</i>	1	
<i>tri-legest</i> fe	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</i> lo	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	



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Drug Name	Drug Tier	Requirements/Limits
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<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>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	

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Drug Name	Drug Tier	Requirements/Limits
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	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	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZIME 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



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Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, 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
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)



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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<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</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	1	
MISCELLANEOUS		
<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</i> 2.5-0.025 mg/5ml	1	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	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	



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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucalfate</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
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	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)

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

clindamycin phosphate vaginal CREA 2%	1	
metronidazole vaginal GEL .75%	1	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	

HEMATOLOGIC

ANTICOAGULANTS

dabigatran etexilate mesylate CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
dabigatran etexilate mesylate 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)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml	1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban TABS 2.5mg	1	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	



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Drug Name	Drug Tier	Requirements/Limits
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	NDS, NM, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

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Drug Name**Drug Tier****Requirements/Limits****IMMUNOLOGIC AGENTS****AUTOIMMUNE AGENTS**

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
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



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

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Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D



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Drug Name	Drug Tier	Requirements/Limits
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
azathioprine TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	



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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
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	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<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</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	



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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	1	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf</i> 15%	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
<i>OPHTHALMIC</i>		
<i>ANTI-INFECTIVE/ANTI-INFLAMMATORY</i>		
<i>bacitracin-polymyxin-neomycin-hc</i> ophth oint 1%	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	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	
XDEMZY SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	



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Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA

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



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Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cycloheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA



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Drug Name	Drug Tier	Requirements/Limits
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	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</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)



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Drug Name	Drug Tier	Requirements/Limits
<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 CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	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 PADS 2%</i>	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 CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	1	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	1	
<i>ssd CREA 1%</i>	1	
<i>SULFAMYLON CREA 85mg/gm</i>	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	1	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	1	QL (85 gm / 30 days)
<i>ketconazole (topical) CREA 2%</i>	1	QL (60 gm / 30 days)
<i>ketconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)

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



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Drug Name	Drug Tier	Requirements/Limits
<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)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	

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Drug Name	Drug Tier	Requirements/Limits
<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
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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



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Koj tuaj yeem nrhiav cov ntaub ntawv hais txog dab tsi cov cim thiab cov ntawv luv hauv cov lus no txhais tau tias yog mus rau ntu C1.

Drug Name	Drug Tier	Requirements/Limits
<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	

Koj tuaj yeem nrhiav cov ntaub ntawv hais txog dab tsi cov cim thiab cov ntawv luv hauv cov lus no txhais tau tias yog mus rau ntu C1.

D. Kev Taw Qhia Txog Cov Tshuaj Kho Mob Uas Tau Txais Kev Pab Them

Nyob rau hauv ntu no, koj tuaj yeem nrhiav qhov tshuaj kho mob los ntawm kev tshawb nrhiav lub npe qhov tshuaj raws ib theem zuj zus. Qhov no yuav qhia tus nab npawb nplooj ntawv rau koj uas koj tuaj yeem nrhiav cov ntaub ntawv kev pab them ntxiv rau koj qhov tshuaj kho mob

<i>abacavir sulfate</i> 28	<i>acyclovir</i> 30	ALCOHOL SWABS: BD-
<i>abacavir sulfate-</i>	<i>acyclovir sodium</i> 30	EMBECTA/MHC/RUG
<i>lamivudine tab 600-</i>	ADACEL INJ..... 93	BY..... 72
<i>300 mg</i> 29	ADALIMUMAB-AACF (2	ALDURAZYME 81
ABELCET 27	PEN)..... 89	ALECENSA 38
ABILIFY ASIMTUFII 58	ADALIMUMAB-AACF (2	<i>alendronate sodium</i> 74
ABILIFY MAINTENA. 58	SYRING 89	<i>alfuzosin hcl</i> 86
<i>abiraterone acetate</i> 36	ADALIMUMAB-AACF	<i>aliskiren fumarate</i> .. 53
<i>abirtega</i> 36	STARTER P 89	<i>allopurinol</i> 23
ABRYSVO 93	<i>adefovir dipivoxil</i> 30	<i>alosetron hcl</i> 85
<i>acamprosate calcium</i>	ADMELOG 72	<i>alprazolam</i> 54
..... 70	ADMELOG SOLOSTAR	<i>altavera</i> 75
<i>acarbose</i> 71	 72	ALUNBRIG 38
<i>accutane</i> 104	ADVAIR HFA AER	ALUNBRIG PAK 38
<i>acebutolol hcl</i> 51	115/21 103	ALVAIZ 88
<i>acetaminophen w/</i>	ADVAIR HFA AER	ALVESCO 103
<i>codeine soln 120-12</i>	230/21 103	<i>alyacen 1/35</i> 75
<i>mg/5ml</i> 24	ADVAIR HFA AER	<i>alyacen 7/7/7</i> 75
<i>acetaminophen w/</i>	45/21 103	ALYFTREK TAB 10-50-
<i>codeine tab 300-15</i>	<i>afirmelle</i> 75	125 101
<i>mg</i> 24	AIMOVIG 67	ALYFTREK TAB 4-20-
<i>acetaminophen w/</i>	AIRSUPRA AER 90-	50 101
<i>codeine tab 300-30</i>	80MCG 103	ALYGLO 92
<i>mg</i> 24	AKEEGA TAB 100/500	<i>alyq</i> 54
<i>acetaminophen w/</i>	 36	<i>amantadine hcl</i> 56
<i>codeine tab 300-60</i>	AKEEGA TAB	<i>ambrisentan</i> 54
<i>mg</i> 24	50/500MG 36	<i>amethia</i> 75
<i>acetazolamide</i> 52	<i>ala-cort</i> 105	<i>amethyst</i> 75
<i>acetic acid</i> 86	<i>albendazole</i> 25	<i>amikacin sulfate</i> 25
<i>acetic acid (otic)</i> 99	<i>albuterol sulfate</i> ... 100	<i>amiloride &</i>
<i>acetylcysteine</i> 101	<i>alclometasone</i>	<i>hydrochlorothiazide</i>
<i>acitretin</i> 105	<i>dipropionate</i> 105	<i>tab 5-50 mg</i> 52
ACTHIB INJ 93		<i>amiloride hcl</i> 52
ACTIMMUNE 92		<i>amiodarone hcl</i> 50



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<i>amitriptyline hcl</i> 55	<i>amlodipine besylate-valsartan tab 5-320 mg</i> 48	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> 65
<i>amlodipine besylate</i> 52	<i>amnestem</i> 104	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> 65
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> 47	<i>amoxapine</i> 55	<i>amphetamine-dextroamphetamine tab 10 mg</i> 65
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> 47	<i>amoxicillin</i> 33	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> 65
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> 47	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> 33	<i>amphetamine-dextroamphetamine tab 15 mg</i> 65
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> 47	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> 33	<i>amphetamine-dextroamphetamine tab 20 mg</i> 65
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> 47	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml...</i> 33	<i>amphetamine-dextroamphetamine tab 30 mg</i> 66
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> 47	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> 33	<i>amphetamine-dextroamphetamine tab 5 mg</i> 65
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> 48	<i>amoxicillin & k clavulanate tab 250-125 mg</i> 33	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> 65
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> 48	<i>amoxicillin & k clavulanate tab 500-125 mg</i> 33	<i>amphotericin b</i> 27
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> 48	<i>amoxicillin & k clavulanate tab 875-125 mg</i> 33	<i>amphotericin b liposome</i> 27
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> 48	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> 33	<i>ampicillin</i> 33
<i>amlodipine besylate-valsartan tab 10-160 mg</i> 48	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> 65	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> 33
<i>amlodipine besylate-valsartan tab 10-320 mg</i> 48	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> 65	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> 33
<i>amlodipine besylate-valsartan tab 5-160 mg</i> 48	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> 65	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm....</i> 33
	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> 65	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> 33
		<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> 33

<i>ampicillin sodium</i> ... 33	<i>atovaquone-proguanil</i>	<i>baclofen</i> 69
<i>anagrelide hcl</i> 88	<i>hcl tab 250-100 mg</i>	BAFIERTAM 68
<i>anastrozole</i> 36	 28	<i>balsalazide disodium</i>
ANORO ELLIPT AER	<i>atovaquone-proguanil</i>	 84
62.5-25 99	<i>hcl tab 62.5-25 mg</i>	BALVERSA 38
<i>aprepitant</i> 83	 28	<i>balziva</i> 75
<i>aprepitant capsule</i>	ATROPINE SULFATE 98	BARACLUDE 30
<i>therapy pack 80 &</i>	<i>atropine sulfate</i>	BASAGLAR KWIKPEN
<i>125 mg</i> 83	<i>(ophthalmic)</i> 98	 72
<i>apri</i> 75	ATROVENT HFA..... 99	BCG VACCINE..... 93
APTIOM 61	<i>aubra eq</i> 75	<i>benazepril &</i>
APTIVUS 28	AUGTYRO..... 38	<i>hydrochlorothiazide</i>
ARALAST NP 101	<i>aurovela 1/20</i> 75	<i>tab 10-12.5 mg...</i> 47
<i>aranella</i> 75	<i>aurovela 24 fe</i> 75	<i>benazepril &</i>
ARCALYST..... 92	<i>aurovela fe 1.5/30</i> . 75	<i>hydrochlorothiazide</i>
AREXVY 93	<i>aurovela fe 1/20</i> 75	<i>tab 20-12.5 mg...</i> 47
ARIKAYCE 25	AUSTEDO..... 68	<i>benazepril &</i>
<i>aripiprazole</i> 58	AUSTEDO XR 68	<i>hydrochlorothiazide</i>
ARISTADA..... 58	AUSTEDO XR TAB	<i>tab 20-25 mg</i> 47
ARISTADA INITIO .. 58	TITR KIT 68	<i>benazepril &</i>
<i>armodafinil</i> 69	AUVELITY TAB 45-	<i>hydrochlorothiazide</i>
ARNUITY ELLIPTA. 103	105MG..... 55	<i>tab 5-6.25mg</i> 47
<i>asenapine maleate</i> . 58	<i>aviane</i> 75	<i>benazepril hcl</i> 47
<i>ashlyna</i> 75	<i>ayuna</i> 75	BENDAMUSTINE
<i>aspirin-dipyridamole</i>	AYVAKIT 38	HYDROCHLORID . 34
<i>cap er 12hr 25-200</i>	<i>azacitidine</i> 35	BENDEKA..... 34
<i>mg</i> 88	<i>azathioprine</i> 92	BENLYSTA..... 92
ASTAGRAF XL..... 92	<i>azelastine hcl</i> 100	<i>benzoyl peroxide-</i>
<i>atazanavir sulfate</i> .. 28	<i>azelastine hcl (ophth)</i>	<i>erythromycin gel 5-</i>
<i>atenolol</i> 51	 98	<i>3%</i>.....104
<i>atenolol &</i>	<i>azithromycin</i> 32	<i>benztropine mesylate</i>
<i>chlorthalidone tab</i>	<i>aztreonam</i> 25	 57
<i>100-25 mg</i> 51	<i>azurette</i> 75	BERINERT 88
<i>atenolol &</i>	<i>bacitracin</i>	BESIVANCE..... 97
<i>chlorthalidone tab</i>	<i>(ophthalmic)</i> 97	BESREMI 37
<i>50-25 mg</i> 51	<i>bacitracin-polymyxin b</i>	<i>betaine powder for</i>
<i>atomoxetine hcl</i> 66	<i>ophth oint</i> 97	<i>oral solution</i> 81
<i>atorvastatin calcium</i> 50	<i>bacitracin-polymyxin-</i>	<i>betamethasone</i>
<i>atovaquone</i> 25	<i>neomycin-hc ophth</i>	<i>dipropionate</i>
	<i>oint 1%</i> 96	<i>(topical)</i>105



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<i>betamethasone</i>	BREO ELLIPTA INH 50-	<i>buprenorphine hcl-</i>
<i>dipropionate</i>	25MCG 103	<i>naloxone hcl sl film</i>
<i>augmented</i> 105	<i>breyana</i> 103	8-2 mg (base equiv)
<i>betamethasone</i>	BREZTRI AERO AER	 70
<i>valerate</i> 105	SPHERE 99	<i>buprenorphine hcl-</i>
BETASERON 68	BREZTRI AERO AER	<i>naloxone hcl sl tab</i>
<i>betaxolol hcl</i> 51	SPHERE	2-0.5 mg (base
<i>betaxolol hcl (ophth)</i>	(INSTITUTIONAL	equiv)..... 70
..... 98	PACK)..... 99	<i>buprenorphine hcl-</i>
<i>bethanechol chloride</i>	<i>briellyn</i> 76	<i>naloxone hcl sl tab</i>
..... 86	BRILINTA..... 88	8-2 mg (base equiv)
BETOPTIC-S 98	<i>brimonidine tartrate</i> 98	 70
BEVESPI AER 9-	<i>brinzolamide</i> 98	<i>bupropion hcl</i> 55
4.8MCG..... 99	BRIVIACT..... 61	<i>bupropion hcl</i>
<i>bexarotene</i> 37	<i>bromfenac sodium</i>	(smoking deterrent)
<i>bexarotene (topical)</i>	(ophth) 98	 70
..... 106	<i>bromocriptine</i>	<i>buspirone hcl</i> 54
BEXSERO 93	<i>mesylate</i> 57	<i>butorphanol tartrate</i> 24
<i>bicalutamide</i> 36	BRONCHITOL..... 101	<i>cabergoline</i> 81
BICILLIN L-A 33	BRUKINSA 38	CABOMETYX..... 38
BIKTARVY TAB 30-	<i>budesonide</i> 84	<i>calcipotriene</i> 105
120-15 MG 29	<i>budesonide</i>	<i>calcitonin (salmon)</i>
BIKTARVY TAB 50-	(inhalation) 103	<i>spray</i> 74
200-25 MG 29	<i>budesonide-formoterol</i>	<i>calcitrene</i> 105
<i>bisoprolol &</i>	<i>fumarate dihyd</i>	<i>calcitriol</i> 83
<i>hydrochlorothiazide</i>	<i>aerosol 160-4.5</i>	<i>calcitriol (oral)</i> 83
<i>tab 10-6.25 mg</i> ... 51	<i>mcg/act</i> 103	CALQUENCE 38, 39
<i>bisoprolol &</i>	<i>budesonide-formoterol</i>	<i>camila</i> 76
<i>hydrochlorothiazide</i>	<i>fumarate dihyd</i>	<i>camrese</i> 76
<i>tab 2.5-6.25 mg</i> .. 51	<i>aerosol 80-4.5</i>	<i>camrese lo</i> 76
<i>bisoprolol &</i>	<i>mcg/act</i> 103	<i>candesartan cilexetil</i> 49
<i>hydrochlorothiazide</i>	<i>bumetanide</i> 52	<i>candesartan cilexetil-</i>
<i>tab 5-6.25 mg</i> 51	<i>buprenorphine</i> 23	<i>hydrochlorothiazide</i>
<i>bisoprolol fumarate</i> 51	<i>buprenorphine hcl</i> .. 70	<i>tab 16-12.5 mg</i> ... 48
BIVIGAM..... 92	<i>buprenorphine hcl-</i>	<i>candesartan cilexetil-</i>
<i>blisovi 24 fe</i> 75	<i>naloxone hcl sl film</i>	<i>hydrochlorothiazide</i>
<i>blisovi fe 1.5/30</i> 75	12-3 mg (base	<i>tab 32-12.5 mg</i> ... 48
BOOSTRIX INJ 93	equiv)..... 70	<i>candesartan cilexetil-</i>
<i>bortezomib</i> 38	<i>buprenorphine hcl-</i>	<i>hydrochlorothiazide</i>
BORTEZOMIB 38	<i>naloxone hcl sl film</i>	<i>tab 32-25 mg</i> 48
<i>bosentan</i> 54	2-0.5 mg (base	CAPLYTA..... 58
BOSULIF 38	equiv)..... 70	CAPRELSA..... 39
BRAFTOVI 38	<i>buprenorphine hcl-</i>	<i>captopril</i> 48
BREO ELLIPTA INH	<i>naloxone hcl sl film</i>	<i>captopril &</i>
100-25 103	4-1 mg (base equiv)	<i>hydrochlorothiazide</i>
BREO ELLIPTA INH	 70	<i>tab 25-15 mg</i> 47
200-25 103		

<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	47	<i>31.25-125-200 mg</i>	57	<i>ceftazidime</i>	32
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	47	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	57	<i>ceftriaxone sodium</i> .	32
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	47	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	57	<i>cefuroxime axetil</i> ...	32
<i>carb/levo orally disintegrating tab 10-100mg</i>	57	<i>carboplatin</i>	34	<i>cefuroxime sodium</i> .	32
<i>carb/levo orally disintegrating tab 25-100mg</i>	57	<i>carglumic acid</i>	81	<i>celecoxib</i>	23
<i>carb/levo orally disintegrating tab 25-250mg</i>	57	<i>carisoprodol</i>	69	<i>cephalexin</i>	32
<i>carbamazepine</i>	61	<i>carteolol hcl (ophth)</i>	98	CEQR SIMPL KIT PATCH 2U (3-DAY)	72
<i>carbidopa & levodopa tab 10-100 mg</i>	57	<i>cartia xt</i>	52	CEQR SIMPL KIT PATCH 2U (4-DAY)	73
<i>carbidopa & levodopa tab 25-100 mg</i>	57	<i>carvedilol</i>	51	CEQR SIMPL MIS INSERTER	73
<i>carbidopa & levodopa tab 25-250 mg</i>	57	<i>casprofungin acetate</i>	27	CERDELGA	81
<i>carbidopa & levodopa tab er 25-100 mg</i>	57	CAYSTON.....	25	CEREZYME	81
<i>carbidopa & levodopa tab er 50-200 mg</i>	57	<i>cefaclor</i>	31	<i>cetirizine hcl</i>	100
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> ..	57	<i>cefadroxil</i>	31	<i>cevimeline hcl</i>	107
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	57	CEFAZOLIN	31	<i>chateal eq</i>	76
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	57	CEFAZOLIN INJ 1GM/50ML.....	31	CHEMET.....	75
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cefazolin sodium</i>	31	<i>chlorhexidine gluconate (mouth-throat)</i>	107
		CEFAZOLIN SOLN 2GM/100ML-4% ..	31	<i>chloroquine phosphate</i>	28
		CEFAZOLIN/DEX SOL 1GM/50ML-4%....	31	<i>chlorpromazine hcl</i> .	58
		CEFAZOLIN/DEX SOL 2GM/50ML-3%....	31	<i>chlorthalidone</i>	52
		CEFAZOLIN/DEX SOL 3GM/150ML-4% ..	31	<i>cholestyramine</i>	50
		CEFAZOLIN/DEX SOL 3GM/50ML-2%....	31	<i>cholestyramine light</i>	50
		<i>cefdinir</i>	32	<i>ciclopirox</i>	104
		<i>cefepime hcl</i>	32	<i>ciclopirox olamine</i> .	104
		<i>cefixime</i>	32	<i>cilostazol</i>	88
		<i>cefotetan disodium</i> .	32	CILOXAN	97
		<i>cefoxitin sodium</i>	32	CIMDUO TAB 300-300	29
		<i>cefpodoxime proxetil</i>	32	<i>cinacalcet hcl</i>	81
		<i>cefprozil</i>	32	<i>ciprofloxacin 200 mg/100ml in d5w</i>	32
				<i>ciprofloxacin 400 mg/200ml in d5w</i>	32



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<i>ciprofloxacin hcl</i> 32	CLINOLIPID EMU 20%	COMETRIQ KIT 140MG
<i>ciprofloxacin hcl</i>	 96	 39
(<i>ophth</i>)..... 97	<i>clobazam</i> 61	COMPLERA TAB..... 29
<i>ciprofloxacin-</i>	<i>clobetasol propionate</i>	<i>compro</i> 83
<i>dexamethasone otic</i>	 105	<i>constulose</i> 85
<i>susp 0.3-0.1%</i> 99	<i>clobetasol propionate</i>	COPAXONE..... 68
<i>cisplatin</i> 34	<i>e</i> 105	COPIKTRA..... 39
<i>citalopram</i>	<i>clomipramine hcl</i> 55	CORLANOR 53
<i>hydrobromide</i> 55	<i>clonazepam</i> 61	COSENTYX 89
<i>claravis</i> 104	<i>clonidine</i> 53	COSENTYX
<i>clarithromycin</i> 32	<i>clonidine hcl</i> 53	SENSOREADY PEN89
<i>clindamycin hcl</i> 25	<i>clopidogrel bisulfate</i> 88	COSENTYX UNOREADY
<i>clindamycin palmitate</i>	<i>clorazepate</i>	 89
<i>hydrochloride</i> 25	<i>dipotassium</i> 61	COTELLIC 39
<i>clindamycin phosphate</i>	<i>clotrimazole</i> 107	CREON CAP 12000UNT
..... 25	<i>clotrimazole (topical)</i>	 85
<i>clindamycin phosphate</i>	 104	CREON CAP 24000UNT
(<i>topical</i>)..... 104	<i>clotrimazole w/</i>	 85
<i>clindamycin phosphate</i>	<i>betamethasone</i>	CREON CAP 3000UNIT
<i>in d5w iv soln 300</i>	<i>cream 1-0.05%</i> . 104	 85
<i>mg/50ml</i> 25	<i>clozapine</i> 58	CREON CAP 36000UNT
<i>clindamycin phosphate</i>	COARTEM TAB 20-	 85
<i>in d5w iv soln 600</i>	120MG..... 28	CREON CAP 6000UNIT
<i>mg/50ml</i> 25	COBENFY CAP 100-	 85
<i>clindamycin phosphate</i>	20MG 58	<i>cromolyn sodium</i> ..101
<i>in d5w iv soln 900</i>	COBENFY CAP 125-	<i>cromolyn sodium</i>
<i>mg/50ml</i> 25	30MG 58	(<i>mastocytosis</i>).... 85
<i>clindamycin phosphate</i>	COBENFY CAP 50-	<i>cromolyn sodium</i>
<i>vaginal</i> 87	20MG 58	(<i>ophth</i>)..... 98
CLINDMYC/NAC INJ	COBENFY STRT CAP	<i>cryselle-28</i> 76
300/50ML..... 25	PACK..... 58	<i>cyclobenzaprine hcl</i> 69
CLINDMYC/NAC INJ	<i>colchicine</i> 23	<i>cyclophosphamide</i> .. 34
600/50ML..... 25	<i>colchicine w/</i>	CYCLOPHOSPHAMIDE
CLINDMYC/NAC INJ	<i>probenecid tab 0.5-</i>	 34, 35
900/50ML..... 25	<i>500 mg</i> 23	CYCLOPHOSPHAMIDE
CLINIMIX INJ	<i>colesevelam hcl</i> 50	MONOHYDR..... 35
4.25/D10 96	<i>colestipol hcl</i> 50	<i>cycloserine</i> 30
CLINIMIX INJ	<i>colistimethate sodium</i>	<i>cyclosporine</i> 92
4.25/D5W 96	 25	<i>cyclosporine modified</i>
CLINIMIX INJ	COMBIGAN SOL	(<i>for microemulsion</i>)
5%/D15W 96	0.2/0.5% 98	 92
CLINIMIX INJ	COMBIVENT AER 20-	<i>cyproheptadine hcl</i> 100
5%/D20W 96	100 99	<i>cyred eq</i> 76
CLINIMIX INJ 6/5... 96	COMETRIQ (60MG	CYSTADROPS 98
CLINIMIX INJ 8/10 . 96	DOSE) 39	CYSTAGON..... 82
CLINIMIX INJ 8/14 . 96	COMETRIQ KIT 100MG	CYSTARAN 98
<i>clinisol sf 15%</i> 96	 39	<i>cytarabine</i> 35

D10W/NACL INJ 0.2% 94	<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) 76</i>	<i>dextrose 5% w/ sodium chloride 0.225% 94</i>
D2.5W/NACL INJ 0.45% 94	<i>desvenlafaxine succinate 55</i>	<i>dextrose 5% w/ sodium chloride 0.3% 94</i>
<i>dabigatran etexilate mesylate 87</i>	<i>dexamethasone 80</i>	<i>dextrose 5% w/ sodium chloride 0.45% 94</i>
<i>dalfampridine 68</i>	DEXAMETHASONE INTENSOL 81	<i>dextrose 5% w/ sodium chloride 0.9% 94</i>
<i>danazol 70</i>	<i>dexamethasone sodium phosphate 81</i>	DIACOMIT 61
<i>dantrolene sodium . 69</i>	<i>dexamethasone sodium phosphate (ophth) 98</i>	<i>diazepam 62</i>
DANZITEN 39	DEXCOM G6 MIS RECEIVER 108	<i>diazepam (anticonvulsant) .. 62</i>
<i>dapsone 25</i>	DEXCOM G6 MIS SENSOR 108	<i>diazepam inj 62</i>
DAPTACEL INJ 93	DEXCOM G6 MIS TRANSMIT 108	<i>diazepam intensol .. 62</i>
<i>daptomycin 25</i>	DEXCOM G7 MIS RECEIVER 108	<i>diazoxide 81</i>
DAPTOMYCIN 25	DEXCOM G7 MIS SENSOR 108	<i>diclofenac potassium 23</i>
<i>darunavir 28</i>	<i>dexmethylphenidate hcl 66</i>	<i>diclofenac sodium .. 23</i>
<i>dasatinib 39</i>	<i>dextrose 96</i>	<i>diclofenac sodium (ophth) 98</i>
<i>dasetta 1/35 76</i>	<i>dextrose 10% w/ sodium chloride 0.45% 94</i>	<i>diclofenac sodium (topical) 106</i>
<i>dasetta 7/7/7 76</i>	<i>dextrose 2.5% w/ sodium chloride 0.45% 94</i>	<i>dicloxacin sodium 33</i>
DAURISMO 39	<i>dextrose 5% in lactated ringers ... 94</i>	<i>dicyclomine hcl 84</i>
<i>daysee 76</i>	<i>dextrose 5% w/ sodium chloride 0.2% 94</i>	DIFICID 32
DAYVIGO 66		<i>diflunisal 23</i>
<i>deblitane 76</i>		<i>difluprednate 98</i>
<i>deferasirox 75</i>		<i>digoxin 53</i>
DELSTRIGO TAB 29		<i>dihydroergotamine mesylate 67</i>
DENGVAIXA SUS 93		DILANTIN 62
DEPO-SUBQ PROVERA 104 76		<i>diltiazem hcl 52</i>
<i>depo-testosterone .. 70</i>		<i>diltiazem hcl coated beads 52</i>
DESCOVY TAB 120- 15MG 29		<i>diltiazem hcl extended release beads 52</i>
DESCOVY TAB 200/25MG 29		
<i>desipramine hcl 55</i>		
<i>desmopressin acetate 82</i>		
<i>desmopressin acetate spray 82</i>		
<i>desmopressin acetate spray refrigerated 82</i>		



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<i>dilt-xr</i>	52	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	76	EMGALITY	67
DIP/TET PED INJ 25- 5LFU	93	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	76	EMSAM	56
<i>diphenhydramine hcl</i>	100	<i>drospirenone-ethinyl estradiol tab 3-0.02-0.451 mg</i>	76	<i>emtricitabine</i>	28
<i>diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml</i>	85	<i>drospirenone-ethinyl estradiol tab 3-0.03-0.451 mg</i>	76	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> ..	29
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	85	<i>droxidopa</i>	53	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> ..	29
<i>dipyridamole</i>	88	DULERA AER 100- 5MCG	103	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> ..	29
<i>disopyramide phosphate</i>	50	DULERA AER 200- 5MCG	103	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> ..	30
<i>disulfiram</i>	70	DULERA AER 50-5MCG	103	EMTRIVA	28
<i>divalproex sodium</i> ..	62	<i>duloxetine hcl</i>	56	EMVERM	25
<i>docetaxel</i>	37	DUPIXENT.....	89	<i>emzahh</i>	76
DOCETAXEL	37	<i>dutasteride</i>	86	<i>enalapril maleate</i> ...	48
DOCIVYX	37	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	86	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	47
<i>dofetilide</i>	50	<i>e.e.s. 400</i>	32	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	47
<i>dolishale</i>	76	<i>econazole nitrate</i> .	104	ENBREL	89
<i>donepezil hydrochloride</i>	54	EDURANT.....	28	ENBREL MINI.....	89
DOPTelet.....	88	<i>efavirenz</i>	28	ENBREL SURECLICK	89
<i>dorzolamide hcl</i>	98	<i>efavirenz- emtricitabine- tenofovir df tab 600- 200-300 mg</i>	29	<i>endocet tab 10-325mg</i>	24
<i>dorzolamide hcl- timolol maleate ophth soln 2-0.5%</i>	98	<i>efavirenz-lamivudine- tenofovir df tab 400- 300-300 mg</i>	29	<i>endocet tab 2.5- 325mg</i>	24
<i>dotti</i>	80	<i>efavirenz-lamivudine- tenofovir df tab 600- 300-300 mg</i>	29	<i>endocet tab 5-325mg</i>	24
DOVATO TAB 50- 300MG.....	29	ELIGARD.....	36	<i>endocet tab 7.5- 325mg</i>	24
<i>doxazosin mesylate</i>	48	<i>elinest</i>	76	ENGERIX-B	93
<i>doxepin hcl</i>	55	ELIQUIS	87	<i>enilloring</i>	76
<i>doxepin hcl (sleep)</i> ..	66	ELIQUIS STARTER PACK	87	<i>enoxaparin sodium</i> .	87
<i>doxorubicin hcl</i>	37	<i>eluryng</i>	76	<i>enpresse-28</i>	76
<i>doxorubicin hcl liposomal</i>	37			<i>enskyce</i>	76
<i>doxy 100</i>	34			ENSTILAR AER.....	105
<i>doxycycline (monohydrate)</i>	34			<i>entacapone</i>	57
<i>doxycycline hyclate</i>	34			<i>entecavir</i>	30
DRIZALMA SPRINKLE	55			ENTRESTO CAP 15- 16MG	48
<i>dronabinol</i>	83				

ENTRESTO CAP 6-6MG 48	<i>erythromycin base</i> . 32	<i>everolimus</i> (immunosuppressan t)..... 92
ENTRESTO TAB 24- 26MG 48	<i>erythromycin</i> <i>ethylsuccinate</i> 32	EVOTAZ TAB 300-150 30
ENTRESTO TAB 49- 51MG 48	<i>erythromycin</i> <i>lactobionate</i> 32	<i>exemestane</i> 36
ENTRESTO TAB 97- 103MG..... 48	<i>escitalopram oxalate</i> 56	EYSUVIS..... 99
<i>enulose</i> 85	<i>esomeprazole</i> <i>magnesium</i> 86	<i>ezetimibe</i> 50
EPCLUSA PAK 150- 37.5 30	<i>estarylla</i> 76	<i>ezetimibe-simvastatin</i> <i>tab 10-10 mg</i> 50
EPCLUSA PAK 200- 50MG 30	<i>estradiol</i> 80	<i>ezetimibe-simvastatin</i> <i>tab 10-20 mg</i> 51
EPCLUSA TAB 200- 50MG 30	<i>estradiol &</i> <i>norethindrone</i> <i>acetate tab 0.5-0.1</i> <i>mg</i> 80	<i>ezetimibe-simvastatin</i> <i>tab 10-40 mg</i> 51
EPCLUSA TAB 400-100 30	<i>estradiol &</i> <i>norethindrone</i> <i>acetate tab 1-0.5</i> <i>mg</i> 80	<i>ezetimibe-simvastatin</i> <i>tab 10-80 mg</i> 51
EPIDIOLEX 62	<i>estradiol vaginal</i> 80	FABRAZYME 82
<i>epinephrine</i> (<i>anaphylaxis</i>)..... 53, 101	<i>estradiol valerate</i> ... 80	<i>falmina</i> 76
<i>epitol</i> 62	<i>eszopiclone</i> 66	<i>famciclovir</i> 30
<i>eplerenone</i> 48	<i>ethambutol hcl</i> 30	<i>famotidine</i> 84
EPRONTIA..... 62	<i>ethosuximide</i> 62	<i>famotidine in nacl</i> <i>0.9% iv soln 20</i> <i>mg/50ml</i> 84
<i>ergotamine w/</i> <i>caffeine tab 1-100</i> <i>mg</i> 67	<i>ethynodiol diacetate &</i> <i>ethinyl estradiol tab</i> <i>1 mg-35 mcg</i> 76	FANAPT 58
ERIVEDGE..... 39	<i>ethynodiol diacetate &</i> <i>ethinyl estradiol tab</i> <i>1 mg-50 mcg</i> 76	FANAPT PAK..... 58
ERLEADA 36	<i>etodolac</i> 23	FARXIGA..... 71
<i>erlotinib hcl</i> 39	<i>etonogestrel-ethinyl</i> <i>estradiol va ring</i> <i>0.12-0.015 mg/24hr</i> 76	FASENRA .....101
<i>errin</i> 76	<i>etoposide</i> 38	FASENRA PEN.....101
<i>ertapenem sodium</i> . 25	<i>etravirine</i> 28	<i>feirza 1.5/30</i> 76
<i>ery</i> 104	EULEXIN 36	<i>feirza 1/20</i> 76
<i>ery-tab</i> 32	<i>euthyrox</i> 83	<i>felbamate</i> 62
ERYTHROCIN LACTOBIONATE... 32	<i>everolimus</i> 39, 40	<i>felodipine</i> 52
<i>erythromycin (acne</i> <i>aid)</i> 104		<i>fenofibrate</i> 50
<i>erythromycin (ophth)</i> 97		<i>fenofibrate micronized</i> 50
		<i>fentanyl</i> 24
		<i>fesoterodine fumarate</i> 86
		FETZIMA..... 56



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FETZIMA CAP	<i>fluticasone propionate</i>	<i>fyavolv tab 1mg-5mcg</i>
TITRATIO 56	(nasal)..... 102	 80
FIASP 73	<i>fluticasone-salmeterol</i>	FYCOMPA..... 62
FIASP FLEXTOUCH . 73	aer powder ba 100-	<i>gabapentin</i> 62
FIASP PENFILL..... 73	50 mcg/act..... 103	<i>galantamine</i>
FIASP PUMPCART ... 73	<i>fluticasone-salmeterol</i>	hydrobromide 54
<i>finasteride</i> 86	aer powder ba 250-	<i>gallifrey</i> 82
<i> fingolimod hcl</i> 68	50 mcg/act..... 103	GAMASTAN INJ..... 92
FINTEPLA..... 62	<i>fluticasone-salmeterol</i>	GAMMAGARD LIQUID
<i>finzala</i> 76	aer powder ba 500-	 92
FIRMAGON 36	50 mcg/act..... 104	GAMMAGARD S/D IGA
<i>flac</i> 99	<i>fluvoxamine maleate</i>	LESS TH..... 92
FLAREX..... 98	 54	GAMMAKED..... 92
FLEBOGAMMA DIF.. 92	<i>fondaparinux sodium</i>	GAMMAPLEX..... 92
<i>flecainide acetate</i> ... 50	 87	GAMUNEX-C..... 92
<i>fluconazole</i> 27	<i>fosamprenavir calcium</i>	<i>ganciclovir sodium</i> . 30
<i>fluconazole in nacl</i>	 28	GARDASIL 9..... 93
0.9% inj 200	<i>fosinopril sodium</i> 48	<i>gatifloxacin (ophth)</i> 97
mg/100ml 27	<i>fosinopril sodium &</i>	GATTEX 85
<i>fluconazole in nacl</i>	hydrochlorothiazide	GAUZE PADS 2 73
0.9% inj 400	<i>tab 10-12.5 mg</i> ... 47	<i>gavilyte-c</i> 85
mg/200ml 27	<i>fosinopril sodium &</i>	<i>gavilyte-g</i> 85
<i>flucytosine</i> 27	hydrochlorothiazide	<i>gavilyte-n/flavor pack</i>
<i>fludrocortisone acetate</i>	<i>tab 20-12.5 mg</i> ... 47	 85
..... 81	FOTIVDA..... 40	GAVRETO..... 40
<i>flunisolide (nasal)</i> . 102	FREESTY LIBR KIT 2	<i>gefitinib</i> 40
<i>fluocinolone acetonide</i>	SENSOR..... 108	<i>gemcitabine hcl</i> 35
..... 105, 106	FREESTY LIBR KIT 3	<i>gemfibrozil</i> 50
<i>fluocinolone acetonide</i>	SENSOR..... 108	GEMTESA..... 86
(otic)..... 99	FREESTY LIBR KIT	<i>generlac</i> 85
<i>fluocinonide</i> 106	SENSOR..... 108	<i>gengraf</i> 92
<i>fluocinonide emulsified</i>	FREESTY LIBR MIS 2	GENOTROPIN 82
<i>base</i> 106	READER 108	GENOTROPIN
<i>fluorometholone</i>	FREESTY LIBR MIS 3	MINIQUICK 82
(ophth)..... 98	READER 108	<i>gentamicin in saline</i>
<i>fluorouracil</i> 35	FREESTYLE MIS	<i>inj 0.8 mg/ml</i> 25
<i>fluorouracil (topical)</i>	READER 108	<i>gentamicin in saline</i>
..... 106	FRINDOVYX..... 35	<i>inj 1 mg/ml</i> 25
<i>fluoxetine hcl</i> 56	FRUZAQLA 40	<i>gentamicin in saline</i>
<i>fluphenazine</i>	FULPHILA..... 88	<i>inj 1.2 mg/ml</i> 26
decanoate 58	<i>fulvestrant</i> 36	<i>gentamicin in saline</i>
<i>fluphenazine hcl</i> 59	<i>furosemide</i> 52	<i>inj 1.6 mg/ml</i> 26
<i>flurbiprofen</i> 23	<i>furosemide inj</i> 52	<i>gentamicin in saline</i>
<i>flurbiprofen sodium</i> 98	FUZEON..... 28	<i>inj 2 mg/ml</i> 26
<i>fluticasone propionate</i>	<i>fyavolv tab 0.5mg-</i>	<i>gentamicin sulfate</i> .. 26
..... 106	2.5mcg 80	<i>gentamicin sulfate</i>
		(ophth)..... 97

<i>gentamicin sulfate</i> (topical)..... 104	<i>haloperidol lactate</i> .. 59	<i>hydrocodone-</i>
GENVOYA TAB 30	HARVONI PAK 33.75-	<i>acetaminophen tab</i>
GILOTRIF 40	150MG..... 30	10-325 mg 24
<i>glatiramer acetate</i> .. 68	HARVONI PAK 45-	<i>hydrocodone-</i>
<i>glatopa</i> 69	200MG..... 30	<i>acetaminophen tab</i>
GLEOSTINE 35	HARVONI TAB 45-	5-325 mg..... 24
<i>glimepiride</i> 71	200MG..... 30	<i>hydrocodone-</i>
<i>glipizide</i> 71	HARVONI TAB 90-	<i>acetaminophen tab</i>
<i>glipizide xl</i> 71	400MG..... 30	7.5-325 mg 24
<i>glipizide-metformin hcl</i> tab 2.5-250 mg... 71	HAVRIX 93	<i>hydrocodone-</i>
<i>glipizide-metformin hcl</i> tab 2.5-500 mg... 71	<i>heather</i> 76	<i>ibuprofen tab</i> 7.5-
<i>glipizide-metformin hcl</i> tab 5-500 mg 71	HEP SOD/NACL INJ	200 mg..... 24
<i>glycopyrrolate</i> 84	25000UNT 87	<i>hydrocortisone</i> 81
<i>glydo</i> 106	<i>heparin sodium</i>	<i>hydrocortisone</i>
GLYXAMBI TAB 10-5	(porcine)..... 87	(intrarectal)..... 84
MG..... 71	HEPLISAV-B 93	<i>hydrocortisone (rectal)</i>
GLYXAMBI TAB 25-5	HERCEP HYLEC SOL	106
MG..... 71	60-10000 40	<i>hydrocortisone</i>
GOMEKLI 40	HERCEPTIN 40	(topical).....106
<i>granisetron hcl</i> 84	HERZUMA 40	<i>hydrocortisone sod</i>
<i>griseofulvin microsize</i> 27	HIBERIX 93	<i>succinate</i> 81
<i>griseofulvin</i>	HUMIRA..... 89	<i>hydrocortisone</i>
<i>ultramicrosize</i> 27	HUMIRA PEN 89, 90	<i>valerate</i> .....106
<i>guanfacine hcl</i> 53	HUMIRA PEN KIT	<i>hydromorphone hcl</i> 24
<i>guanfacine hcl (adhd)</i> 66	PS/UV..... 90	<i>hydroxychloroquine</i>
HAEGARDA..... 88	HUMIRA PEN-	<i>sulfate</i> 91
<i>hailey 1.5/30</i> 76	CD/UC/HS START 90	<i>hydroxyurea</i> 37
<i>hailey 24 fe</i> 76	HUMIRA PEN-	<i>hydroxyzine hcl</i> ....100
<i>halobetasol propionate</i> 106	PEDIATRIC UC S . 90	<i>hydroxyzine pamoate</i>
<i>haloette</i> 76	HUMULIN R U-500	100
<i>haloperidol</i> 59	(CONCENTR..... 73	<i>ibandronate sodium</i> 74
<i>haloperidol decanoate</i> 59	HUMULIN R U-500	IBRANCE 40
	KWIKPEN 73	<i>ibu</i> 23
	<i>hydralazine hcl</i> 53	<i>ibuprofen</i> 23
	<i>hydrochlorothiazide</i> 52	<i>icatibant acetate</i> 88
	<i>hydrocodone bitartrate</i> 24	<i>iclevia</i> 76
	<i>hydrocodone-</i>	ICLUSIG 40
	<i>acetaminophen soln</i>	IDACIO (2 PEN) 90
	7.5-325 mg/15ml 24	IDACIO (2 SYRINGE)
		 90



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IDACIO CROHN INJ	<i>ipratropium bromide</i>	<i>jasmiel</i>	77
DISEASE	(nasal).....	<i>javygtor</i>	82
IDACIO PLAQU INJ	<i>ipratropium-albuterol</i>	JAYPIRCA.....	41
PSORIASIS	<i>nebu soln 0.5-2.5(3)</i>	JENTADUETO TAB 2.5-	
IDHIFA	<i>mg/3ml</i>	1000	71
<i>imatinib mesylate</i> ...	<i>irbesartan</i>	JENTADUETO TAB 2.5-	
IMBRUVICA	<i>irbesartan-</i>	500	71
<i>imipenem-cilastatin</i>	<i>hydrochlorothiazide</i>	JENTADUETO TAB 2.5-	
<i>intravenous for soln</i>	<i>tab 150-12.5 mg</i> .	850	71
250 mg	<i>irbesartan-</i>	JENTADUETO TAB XR	
<i>imipenem-cilastatin</i>	<i>hydrochlorothiazide</i>	2.5-1000MG	71
<i>intravenous for soln</i>	<i>tab 300-12.5 mg</i> .	JENTADUETO TAB XR	
500 mg	<i>irinotecan hcl</i>	5-1000MG	71
<i>imipramine hcl</i>	ISENTRESS	<i>jinteli</i>	80
<i>imiquimod</i>	ISENTRESS HD	<i>jolessa</i>	77
IMKELDI	<i>isibloom</i>	<i>juleber</i>	77
IMOVAX RABIES	ISOLYTE-P INJ /D5W	JULUCA TAB 50-25MG	
(H.D.C.V.) .....	.....	.....	30
IMPAVIDO	ISOLYTE-S INJ PH 7.4	<i>junel 1.5/30</i>	77
INBRIJA .....	.....	<i>junel 1/20</i>	77
<i>incassia</i>	<i>isoniazid</i>	<i>junel fe 1.5/30</i>	77
INCRELEX	<i>isosorbide dinitrate</i> .	<i>junel fe 1/20</i>	77
INCRUSE ELLIPTA	<i>isosorbide mononitrate</i>	<i>junel fe 24</i>	77
100	.....	JYLAMVO	91
<i>indapamide</i>	<i>isotretinoin</i>	JYNNEOS	93
53	104	KADCYLA	41
INFANRIX INJ	<i>isradipine</i>	<i>kaitlib fe</i>	77
93	52	KALYDECO	101
INFLIXIMAB.....	ITOVEBI	KANJINTI.....	41
90	41	<i>kariva</i>	77
INLYTA	<i>itraconazole</i>	<i>kcl 10 meq/l (0.075%)</i>	
40, 41	27	<i>in dextrose 5% &</i>	
INQOVI TAB 35-	<i>ivabradine hcl</i>	<i>nacl 0.45% inj</i>	95
100MG.....	53	<i>kcl 20 meq/l (0.149%)</i>	
35	<i>ivermectin</i>	<i>in nacl 0.45% inj</i> .	95
INREBIC	26	<i>kcl 20 meq/l (0.15%)</i>	
41	IWILFIN.....	<i>in dextrose 5% &</i>	
INSULIN PEN	37	<i>nacl 0.2% inj</i>	95
NEEDLES: BD-	IXCHIQ INJ	<i>kcl 20 meq/l (0.15%)</i>	
EMBECTA	93	<i>in dextrose 5% &</i>	
73	IXIARO INJ	<i>nacl 0.45% inj</i>	95
INSULIN SAFETY	93	<i>kcl 20 meq/l (0.15%)</i>	
NEEDLES: BD-	JAKAFI	<i>in dextrose 5% &</i>	
EMBECTA	<i>jantoven</i>	<i>nacl 0.9% inj</i>	95
73	87	<i>kcl 20 meq/l (0.15%)</i>	
INSULIN SYRINGES:	JANUMET TAB 50-	<i>in nacl 0.45% inj</i> .	95
BD-EMBECTA	1000		
73	71		
INTELENCE	JANUMET TAB 50-		
28	500MG.....		
INTRALIPID	71		
96	JANUMET XR TAB 100-		
<i>introvale</i>	1000		
77	71		
INVEGA HAFYERA... 59	JANUMET XR TAB 50-		
59	1000		
INVEGA SUSTENNA 59	71		
59	JANUMET XR TAB 50-		
INVEGA TRINZA..... 59	500MG.....		
59	71		
IPOL INJ INACTIVE. 93	JANUVIA		
93	71		
<i>ipratropium bromide</i>	JARDIANCE		
.....	71		
100			

<i>kcl 20 meq/l (0.15%)</i>	<i>klor-con 8</i>	96	LENVIMA 20 MG DAILY
<i>in nacl 0.9% inj...</i>	<i>klor-con m10</i>	96	DOSE
<i>kcl 30 meq/l (0.224%)</i>	<i>klor-con m15</i>	96	LENVIMA 4 MG DAILY
<i>in dextrose 5% &</i>	<i>klor-con m20</i>	96	DOSE
<i>nacl 0.45% inj</i>	KOSELUGO.....	41	LENVIMA 8 MG DAILY
<i>kcl 40 meq/l (0.3%) in</i>	<i>kourzeq</i>	107	DOSE
<i>dextrose 5% & nacl</i>	KRAZATI.....	41	LENVIMA CAP 14 MG
<i>0.45% inj.....</i>	<i>kurvelo</i>	77	.....
<i>kcl 40 meq/l (0.3%) in</i>	<i>labetalol hcl</i>	51	LENVIMA CAP 18 MG
<i>dextrose 5% & nacl</i>	<i>lacosamide</i>	62	.....
<i>0.9% inj.....</i>	<i>lacosamide oral</i>	62	LENVIMA CAP 24 MG
<i>kcl 40 meq/l (0.3%) in</i>	<i>lactated ringer's</i>		.....
<i>nacl 0.9% inj</i>	<i>solution</i>	95	<i>lessina</i>
KCL/D5W/NACL INJ	<i>lactic acid (ammonium</i>		<i>letrozole</i>
<i>0.3/0.9%</i>	<i>lactate)</i>	107	<i>leucovorin calcium</i> 46,
<i>kelnor 1/35</i>	<i>lactulose</i>	85	47
<i>kelnor 1/50</i>	<i>lactulose</i>		LEUKERAN
KERENDIA.....	<i>(encephalopathy)</i>	85	<i>leuprolide acetate</i> ..
KESIMPTA.....	<i>lamivudine</i>	28	36
<i>ketoconazole</i>	<i>lamivudine (hbv)</i>	31	<i>levallbuterol hcl</i>
<i>ketoconazole (topical)</i>	<i>lamivudine-zidovudine</i>		100
<i>.....</i>	<i>tab 150-300 mg</i> ..	30	<i>levallbuterol tartrate</i>
<i>ketorolac</i>	<i>lamotrigine</i>	63	.....
<i>tromethamine</i>	<i>lanreotide acetate</i> ..	82	<i>levetiracetam</i>
<i>(ophth)</i>	<i>lansoprazole</i>	86	63
KEYTRUDA	<i>lapatinib ditosylate</i> .	41	LEVETIRACETAM
KINRIX INJ.....	<i>larin 1.5/30</i>	77	<i>levetiracetam in</i>
<i>kionex</i>	<i>larin 1/20</i>	77	<i>sodium chloride iv</i>
KISQALI 200 DOSE	<i>larin 24 fe</i>	77	<i>soln 1000 mg/100ml</i>
41	<i>larin fe 1.5/30</i>	77	.....
KISQALI 200 PAK	<i>larin fe 1/20</i>	77	63
FEMARA	<i>latanoprost</i>	98	<i>levetiracetam in</i>
41	<i>layolis fe</i>	77	<i>sodium chloride iv</i>
KISQALI 400 DOSE	LAZCLUZE.....	41, 42	<i>soln 1500 mg/100ml</i>
41	<i>leflunomide</i>	91	.....
KISQALI 400 PAK	<i>lenalidomide</i>	37	63
FEMARA	LENVIMA 10 MG DAILY		<i>levetiracetam in</i>
41	DOSE	42	<i>sodium chloride iv</i>
KISQALI 600 DOSE	LENVIMA 12MG DAILY		<i>soln 500 mg/100ml</i>
41	DOSE	42	.....
KISQALI 600 PAK			<i>levobunolol hcl</i>
FEMARA			98
41			<i>levocarnitine</i>
<i>klayesta</i>			<i>(metabolic</i>
104			<i>modifiers)</i>
<i>klor-con</i>			82
96			
<i>klor-con 10</i>			
96			



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<i>levocetirizine</i>	<i>l-glutamine (sickle cell)</i>	<i>lorazepam</i>
<i>dihydrochloride</i> . 100	 88	<i>lorazepam intensol</i> . 54
<i>levofloxacin</i> 32	<i>lidocaine</i> 106	LORBRENA 42
<i>levofloxacin in d5w iv</i>	<i>lidocaine hcl</i> 106	<i>loryna</i> 78
<i>soln 250 mg/50ml</i> 32	<i>lidocaine hcl (local anesth.)</i> 23	<i>losartan potassium</i> . 50
<i>levofloxacin in d5w iv</i>	<i>lidocaine hcl (mouth-throat)</i> 107	<i>losartan potassium & hydrochlorothiazide</i>
<i>soln 500 mg/100ml</i>	<i>lidocaine-prilocaine</i>	<i>tab 100-12.5 mg</i> . 49
..... 32	<i>cream 2.5-2.5%</i> 106	<i>losartan potassium & hydrochlorothiazide</i>
<i>levofloxacin in d5w iv</i>	<i>lidocan</i> 106	<i>tab 100-25 mg</i> 49
<i>soln 750 mg/150ml</i>	LILETTA..... 78	<i>losartan potassium & hydrochlorothiazide</i>
..... 32	<i>linezolid</i> 26	<i>tab 50-12.5 mg</i> ... 49
<i>levonest</i> 77	LINEZOLID INJ	LOTEMAX..... 98
<i>levonor-eth est tab</i>	2MG/ML 26	<i>loteprednol etabonate</i>
<i>0.15-</i>	LINZESS 85	 98
<i>0.02/0.025/0.03 mg</i>	<i>liothyronine sodium</i> 83	<i>lovastatin</i> 50
<i>&eth est 0.01 mg</i> 77	<i>lisinopril</i> 48	<i>low-ogestrel</i> 78
<i>levonorgestrel &</i>	<i>lisinopril &</i>	<i>loxapine succinate</i> .. 59
<i>ethinyl estradiol (91-day) tab 0.15-0.03</i>	<i>hydrochlorothiazide</i>	LUMAKRAS..... 42
<i>mg</i> 77	<i>tab 10-12.5 mg</i> ... 47	LUMIGAN 98
<i>levonorgestrel &</i>	<i>lisinopril &</i>	LUMIZYME 82
<i>ethinyl estradiol tab</i>	<i>hydrochlorothiazide</i>	LUPRON DEPOT (1-
<i>0.1 mg-20 mcg</i> ... 77	<i>tab 20-12.5 mg</i> ... 47	MONTH)..... 36
<i>levonorgestrel &</i>	<i>lisinopril &</i>	LUPRON DEPOT (3-
<i>ethinyl estradiol tab</i>	<i>hydrochlorothiazide</i>	MONTH)..... 36
<i>0.15 mg-30 mcg</i> . 77	<i>tab 20-25 mg</i> 47	LUPRON DEPOT-PED
<i>levonorgestrel-eth</i>	<i>lithium</i> 68	(1-MONTH..... 82
<i>estra tab 0.05-</i>	<i>lithium carbonate</i> ... 68	LUPRON DEPOT-PED
<i>30/0.075-40/0.125-</i>	LIVTENCITY..... 31	(3-MONTH..... 82
<i>30mg-mcg</i> 77	<i>loestrin 1.5/30-21</i> .. 78	LUPRON DEPOT-PED
<i>levonorgestrel-ethinyl</i>	<i>loestrin 1/20-21</i> 78	(6-MONTH..... 82
<i>estradiol</i>	<i>loestrin fe 1.5/30</i> ... 78	<i>lurasidone hcl</i> 59
<i>(continuous) tab 90-</i>	<i>loestrin fe 1/20</i> 78	<i>lutra</i> 78
<i>20 mcg</i> 78	LOKELMA 75	LYBALVI TAB 10-10MG
<i>levonorg-eth est tab</i>	LONSURF TAB 15-6.14	 59
<i>0.1-0.02mg(84) &</i>	 35	LYBALVI TAB 15-10MG
<i>eth est tab</i>	LONSURF TAB 20-8.19	 59
<i>0.01mg(7)</i> 77	 35	LYBALVI TAB 20-10MG
<i>levonorg-eth est tab</i>	<i>loperamide hcl</i> 85	 59
<i>0.15-0.03mg(84) &</i>	<i>lopinavir-ritonavir soln</i>	LYBALVI TAB 5-10MG
<i>eth est tab</i>	<i>400-100 mg/5ml</i>	 59
<i>0.01mg(7)</i> 77	<i>(80-20 mg/ml)</i> 30	<i>lyleq</i> 78
<i>levora 0.15/30-28</i> .. 78	<i>lopinavir-ritonavir tab</i>	<i>lyllana</i> 80
<i>levo-t</i> 83	<i>100-25 mg</i> 30	LYNPARZA..... 42
<i>levothyroxine sodium</i>	<i>lopinavir-ritonavir tab</i>	LYSODREN 36
..... 83	<i>200-50 mg</i> 30	
<i>levoxyl</i> 83		

LYTGOBI (12 MG DAILY DOSE) 42	<i>memantine hcl- donepezil hcl cap er 24hr 14-10 mg ... 55</i>	<i>metolazone 53</i>
LYTGOBI (16 MG DAILY DOSE) 42	<i>memantine hcl- donepezil hcl cap er 24hr 21-10 mg ... 55</i>	<i>metoprolol & hydrochlorothiazide tab 100-25 mg.... 51</i>
LYTGOBI (20 MG DAILY DOSE) 42	<i>memantine hcl- donepezil hcl cap er 24hr 28-10 mg ... 55</i>	<i>metoprolol & hydrochlorothiazide tab 100-50 mg.... 51</i>
<i>lyza..... 78</i>	<i>MENACTRA INJ 93</i>	<i>metoprolol succinate 51</i>
<i>magnesium sulfate . 95</i>	<i>MENQUADFI 94</i>	<i>metoprolol tartrate . 52</i>
MAGNESIUM SULFATE 95	<i>MENVEO INJ..... 94</i>	<i>metronidazole 26</i>
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 95</i>	<i>mercaptapurine 35</i>	<i>metronidazole (topical).....107</i>
<i>malathion 107</i>	<i>meropenem..... 26</i>	<i>metronidazole vaginal 87</i>
<i>maraviroc 28</i>	<i>mesalamine .....84, 85</i>	<i>metyrosine..... 53</i>
<i>marlissa..... 78</i>	<i>mesalamine w/ cleanser 85</i>	<i>mibelas 24 fe 78</i>
MARPLAN 56	<i>mesna 47</i>	<i>micafungin sodium . 27</i>
MATULANE 37	<i>MESNEX 47</i>	<i>microgestin 1.5/30 . 78</i>
MAVYRET PAK 50- 20MG 31	<i>metformin hcl..... 71</i>	<i>microgestin 1/20.... 78</i>
MAVYRET TAB 100- 40MG 31	<i>methadone hcl..... 24</i>	<i>microgestin fe 1.5/30 78</i>
<i>meclizine hcl 84</i>	<i>methadone hydrochloride i ... 24</i>	<i>microgestin fe 1/20 78</i>
<i>medroxyprogesterone acetate 82</i>	<i>methazolamide 53</i>	<i>midodrine hcl 53</i>
<i>medroxyprogesterone acetate (contraceptive) ... 78</i>	<i>methenamine hippurate 26</i>	<i>MIEBO..... 99</i>
<i>mefloquine hcl 28</i>	<i>methimazole 83</i>	<i>mifepristone (hyperglycemia).. 82</i>
<i>megestrol acetate . 36, 83</i>	<i>methocarbamol..... 69</i>	<i>mili 78</i>
<i>megestrol acetate (appetite)..... 83</i>	<i>methotrexate sodium.....35, 91</i>	<i>mimvey 80</i>
MEKINIST 42	<i>methsuximide..... 63</i>	<i>minocycline hcl 34</i>
MEKTOVI 42	<i>methylphenidate hcl66</i>	<i>minoxidil..... 53</i>
<i>meloxicam 23</i>	<i>methylprednisolone 81</i>	<i>mirtazapine..... 56</i>
<i>memantine hcl..... 54</i>	<i>methylprednisolone acetate 81</i>	<i>misoprostol 85</i>
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack. 55</i>	<i>methylprednisolone sod succ..... 81</i>	<i>MITIGARE 23</i>
	<i>methyltestosterone 70</i>	<i>M-M-R II INJ 93</i>
	<i>metoclopramide hcl 84</i>	<i>M-NATAL PLUS TAB 96</i>
		<i>modafinil69, 70</i>



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<i>moexipril hcl</i>	48	<i>naproxen dr</i>	23	<i>nicardipine hcl</i>	52
<i>molindone hcl</i>	59	<i>naproxen sodium</i> ...	23	NICOTROL INHALER	70
<i>mometasone furoate</i>	106	<i>naratriptan hcl</i>	67	NICOTROL NS.....	70
MONJUVI	42	NATACYN	97	<i>nifedipine</i>	52
<i>mono-lynyah</i>	78	<i>nateglinide</i>	72	<i>nikki</i>	78
<i>montelukast sodium</i>	101	NAYZILAM	63	<i>nilutamide</i>	36
<i>morphine sulfate</i>	24	<i>nebivolol hcl</i>	52	<i>nimodipine</i>	52
MOUNJARO	72	<i>necon 0.5/35-28</i>	78	NINLARO	43
MOVANTIK	86	<i>nefazodone hcl</i>	56	<i>nitazoxanide</i>	26
<i>moxifloxacin hcl</i>	32	<i>neomycin sulfate</i>	26	<i>nitisinone</i>	82
<i>moxifloxacin hcl</i> (ophth)	97	<i>neomycin-bacitrac zn-</i> <i>polymyx 5(3.5)mg-</i> <i>400unt-10000unt op</i> <i>oin</i>	97	NITRO-BID	54
<i>moxifloxacin hcl 400</i> <i>mg/250ml in sodium</i> <i>chloride 0.8% inj.</i>	33	<i>neomycin-polymy-</i> <i>gramicid op sol</i> <i>1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>	97	<i>nitrofurantoin</i> <i>macrocrystal</i>	26
MRESVIA	94	<i>neomycin-polymy-</i> <i>gramicid op sol</i> <i>1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>	97	<i>nitrofurantoin</i> <i>monohyd macro</i> ..	26
MULTAQ	50	<i>neomycin-polymyxin-</i> <i>dexamethasone</i> <i>ophth oint 0.1%</i> ..	97	<i>nitroglycerin</i>	54
<i>multiple electrolytes</i> <i>ph 5.5</i>	95	<i>neomycin-polymyxin-</i> <i>dexamethasone</i> <i>ophth susp 0.1%</i> ..	97	<i>nitroglycerin (intra-</i> <i>anal)</i>	107
<i>multiple electrolytes</i> <i>ph 7.4</i>	95	<i>neomycin-polymyxin-</i> <i>dexamethasone</i> <i>ophth susp 0.1%</i> ..	97	<i>nizatidine</i>	84
<i>mupirocin</i>	104	<i>neomycin-polymyxin-</i> <i>hc ophth susp</i>	97	<i>nora-be</i>	78
<i>mycophenolate mofetil</i>	93	<i>neomycin-polymyxin-</i> <i>hc ophth susp</i>	97	<i>norelgestromin-ethinyl</i> <i>estradiol td ptwk</i> <i>150-35 mcg/24hr</i>	78
<i>mycophenolate</i> <i>sodium</i>	93	<i>neomycin-polymyxin-</i> <i>hc otic soln 1%</i> ...	99	<i>norethindrone &</i> <i>ethinyl estradiol-fe</i> <i>chew tab 0.4 mg-35</i> <i>mcg</i>	78
MYRBETRIQ	86, 87	<i>neomycin-polymyxin-</i> <i>hc otic susp 3.5</i> <i>mg/ml-10000</i> <i>unit/ml-1%</i>	99	<i>norethindrone</i> (contraceptive) ...	78
<i>nabumetone</i>	23	<i>neo-polycin 5(3.5)mg-</i> <i>400unt-10000unt op</i> <i>oin</i>	97	<i>norethindrone ace &</i> <i>ethinyl estradiol tab</i> <i>1 mg-20 mcg</i>	78
<i>nadolol</i>	52	<i>neo-polycin hc ophth</i> <i>oint 1%</i>	97	<i>norethindrone ace &</i> <i>ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	78
<i>nafcillin sodium</i>	33	NERLYNX	42	<i>norethindrone ace-eth</i> <i>estradiol-fe chew tab</i> <i>1 mg-20 mcg (24)</i>	78
NAGLAZYME	82	<i>nevirapine</i>	28	<i>norethindrone acetate</i>	83
<i>nalbuphine hcl</i>	24	NEXLETOL	51	<i>norethindrone acetate-</i> <i>ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i> ..	80
<i>naloxone hcl</i>	70	NEXLIZET TAB <i>180/10MG</i>	51	<i>norethindrone acetate-</i> <i>ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	80
<i>naltrexone hcl</i>	70	NEXPLANON	78		
NAMZARIC CAP 14- <i>10MG</i>	55	<i>niacin</i> (antihyperlipidemic)	51		
NAMZARIC CAP 21- <i>10MG</i>	55				
NAMZARIC CAP 28- <i>10MG</i>	55				
NAMZARIC CAP 7- <i>10MG</i>	55				
NAMZARIC CAP PACK	55				
<i>naproxen</i>	23				

<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> 78	NUEDEXTA CAP 20-10MG 68	<i>hydrochlorothiazide tab 40-25 mg</i> 49
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<i>pyrazinamide</i>	30	<i>rifabutin</i>	30	SHINGRIX.....	94
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<i>quinidine sulfate</i>	50	<i>microspheres</i>	60	<i>simpesse</i>	79
<i>quinine sulfate</i>	28	<i>ritonavir</i>	29	<i>simvastatin</i>	50
QULIPTA	67	<i>rivaroxaban</i>	87	<i>sirolimus</i>	93
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<i>rabeprazole sodium</i>	86	<i>rivastigmine tartrate</i>		SKYRIZI	90
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<i>ranolazine</i>	53	ROCKLATAN DRO ...	98	17.5-3.13-1.6	
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<i>reclipsen</i>	79	ROMVIMZA.....	44	<i>sodium chloride</i>	96
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<i>repaglinide</i>	72	RUBRACA.....	44		82
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REYATAZ	28	<i>selenium sulfide</i>	105	<i>sotalol hcl (afib/af)</i>	50
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RHOPRESSA	98	<i>sertraline hcl</i>	56	<i>spironolactone &</i>	
<i>ribavirin (hepatitis c)</i>		<i>setlakin</i>	79	<i>hydrochlorothiazide</i>	
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(<i>acne</i>) 104	SYNJARDY TAB 5-	<i>telmisartan-</i>
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(<i>ophth</i>) 97	SYNJARDY TAB 5-	10 mg 49
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<i>prednisolone ophth</i>	SYNJARDY XR TAB 10-	<i>amlodipine tab 40-5</i>
<i>soln 10-</i>	1000 72	mg 49
0.23(0.25)% 97	SYNJARDY XR TAB	<i>telmisartan-</i>
<i>sulfadiazine</i> 26	12.5-1000 72	<i>amlodipine tab 80-</i>
<i>sulfamethoxazole-</i>	SYNJARDY XR TAB 25-	10 mg 49
<i>trimethoprim iv soln</i>	1000 72	<i>telmisartan-</i>
400-80 mg/5ml... 26	SYNJARDY XR TAB 5-	<i>amlodipine tab 80-5</i>
<i>sulfamethoxazole-</i>	1000MG 72	mg 49
<i>trimethoprim susp</i>	SYNTHROID 83	<i>telmisartan-</i>
200-40 mg/5ml... 26	TABLOID..... 35	<i>hydrochlorothiazide</i>
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400-80 mg 26	<i>tacrolimus (topical)</i>	<i>hydrochlorothiazide</i>
<i>sulfamethoxazole-</i>	 107	<i>tab 80-12.5 mg</i> ... 49
<i>trimethoprim tab</i>	<i>tadalafil</i> 86	<i>telmisartan-</i>
800-160 mg 26	<i>tadalafil (pulmonary</i>	<i>hydrochlorothiazide</i>
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<i>terbinafine hcl</i>	27	TOUJEO MAX		<i>triderm</i>	106
<i>terbutaline sulfate</i>	100	SOLOSTAR	74	<i>trientine hcl</i>	75
<i>terconazole vaginal</i>	87	TOUJEO SOLOSTAR	74	<i>tri-estarylla</i>	79
TERIPARATIDE	75	TPN ELECTROL INJ .	96	<i>trifluoperazine hcl</i> ..	60
<i>testosterone</i>	70	TRADJENTA	72	<i>trifluridine</i>	97
<i>testosterone cypionate</i>	70	<i>tramadol hcl</i>	25	<i>trihexyphenidyl hcl</i> .	57
<i>testosterone</i> <i>enantate</i>	70	<i>tramadol-</i> <i>acetaminophen tab</i> 37.5-325 mg	25	TRIJARDY XR TAB ER 24HR 10-5-1000MG	72
<i>testosterone pump</i> .	70	<i>trandolapril</i>	48	TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	72
<i>tetrabenazine</i>	68	<i>tranexamic acid</i>	88	TRIJARDY XR TAB ER 24HR 25-5-1000MG	72
<i>tetracycline hcl</i>	34	<i>tranylcypromine</i> <i>sulfate</i>	56	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	72
THALOMID	37	TRAVASOL INJ 10%	96	TRIKAFTA PAK 59.5MG	102
THEO-24	102	TRAZIMERA	45	TRIKAFTA PAK 75MG	102
<i>theophylline</i>	102	<i>trazodone hcl</i>	56	TRIKAFTA TAB 100- 50-75MG & 150MG	102
<i>thioridazine hcl</i>	60	TRECATOR	30	TRIKAFTA TAB 50-25- 37.5MG & 75MG .	102
<i>thiothixene</i>	60	TRELEGY AER ELLIPTA 100-62.5-25 MCG	99	<i>tri-legest fe</i>	79
<i>tiadylt er</i>	52	TRELEGY AER ELLIPTA 200-62.5-25 MCG	99	<i>tri-lynyah</i>	79
<i>tiagabine hcl</i>	64	TREMFYA	90, 91	<i>tri-lo-estarylla</i>	79
TIBSOVO	45	TREMFYA INDUCTION PACK FO	91	<i>tri-lo-marzia</i>	79
<i>ticagrelor</i>	88	<i>treprostinil</i>	54	<i>tri-lo-mili</i>	79
TICOVAC	94	TRESIBA	74	<i>tri-lo-sprintec</i>	79
<i>tigecycline</i>	34	TRESIBA FLEXTOUCH	74	<i>trimethoprim</i>	26
<i>tilia fe</i>	79	<i>tretinoin</i>	104	<i>tri-mili</i>	79
<i>timolol maleate</i>	52	<i>tretinoin</i> (chemotherapy) ..	37	<i>trimipramine maleate</i>	56
<i>timolol maleate</i> (ophth)	98	<i>triamcinolone</i> <i>acetonide (mouth)</i>	108	TRINTELLIX	56
<i>tinidazole</i>	26	<i>triamcinolone</i> <i>acetonide (topical)</i>	106	<i>tri-nymyo</i>	79
TIVICAY	29	<i>triamterene &</i> <i>hydrochlorothiazide</i> <i>cap</i> 37.5-25 mg ..	53	<i>tri-sprintec</i>	79
TIVICAY PD	29	<i>triamterene &</i> <i>hydrochlorothiazide</i> <i>tab</i> 37.5-25 mg ...	53	TRIUMEQ PD TAB ...	30
<i>tizanidine hcl</i>	69	<i>triamterene &</i> <i>hydrochlorothiazide</i> <i>tab</i> 75-50 mg	53	TRIUMEQ TAB	30
TOBI PODHALER	26	<i>tridacaine ii</i>	106	<i>trivora-28</i>	79
TOBRADEX OIN 0.3- 0.1%	97			<i>tri-vylibra</i>	79
<i>tobramycin</i>	26			<i>tri-vylibra lo</i>	79
<i>tobramycin (ophth)</i>	97			TROGARZO	29
<i>tobramycin sulfate</i> .	26				
<i>tobramycin-</i> <i>dexamethasone</i> <i>ophth susp</i> 0.3- 0.1%	97				
<i>tolterodine tartrate</i> .	87				
<i>topiramate</i>	64				
<i>toremifene citrate</i> ..	36				
<i>torpenz</i>	45				
<i>toremide</i>	53				

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TRUMENBA..... 94	VALTOCO 5 MG DOSE 64	VERZENIO..... 45
TRUQAP..... 45	<i>valtya 1/50 80</i>	<i>vestura..... 80</i>
TRUXIMA 45	<i>vancomycin hcl 27</i>	<i>vienva 80</i>
TUKYSA 45	VANCOMYCIN INJ 1 GM..... 27	<i>vigabatrin 64</i>
TURALIO..... 45	VANCOMYCIN INJ 500MG..... 27	<i>vigadrone 64</i>
<i>turqoz 79</i>	VANCOMYCIN INJ 750MG..... 27	VIGAFYDE..... 64
<i>twice-daily clindamycin phosphate (topical) 104</i>	VANFLYTA 45	<i>vigpoder 64</i>
TWINRIX INJ 94	VAQTA..... 94	<i>vilazodone hcl 56</i>
TYBOST 29	<i>varenicline tartrate. 70</i>	VIMKUNYA 94
<i>tydemy..... 80</i>	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack... 70</i>	<i>vincristine sulfate... 38</i>
TYENNE 91	VARIVAX..... 94	<i>vinorelbine tartrate 38</i>
TYPHIM VI..... 94	VASCEPA 51	<i>violele..... 80</i>
UBRELVY 68	VAXCHORA SUS 94	VIRACEPT 29
<i>unithroid..... 83</i>	<i>velivet 80</i>	VIREAD 29
<i>ursodiol 86</i>	VELSIPITY..... 91	VITRAKVI..... 45
<i>valacyclovir hcl 31</i>	VENCLEXTA..... 45	VIVIMUSTA 35
VALCHLOR 107	VENCLEXTA TAB START PK..... 45	VIVITROL..... 70
<i>valganciclovir hcl.... 31</i>	<i>venlafaxine hcl 56</i>	VIVOTIF CAP EC 94
<i>valproate sodium ... 64</i>		VIZIMPRO 46
<i>valproic acid..... 64</i>		VONJO 46
<i>valsartan 50</i>		VORANIGO..... 46
<i>valsartan- hydrochlorothiazide tab 160-12.5 mg . 49</i>		<i>voriconazole..... 27, 28</i>
<i>valsartan- hydrochlorothiazide tab 160-25 mg.... 49</i>		VOSEVI TAB..... 31



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

WELIREG	37	XIGDUO XR TAB 2.5-1000	72	ZEMAIRA	102
<i>wera</i>	80	XIGDUO XR TAB 5-1000MG	72	<i>zenatane</i>	104
WESTAB PLUS TAB 27-1MG	96	XIGDUO XR TAB 5-500MG	72	ZENPEP CAP 10000UNT	86
<i>wixela inhub</i>	104	XIIDRA	99	ZENPEP CAP 15000UNT	86
<i>wymzya fe</i>	80	XOFLUZA	31	ZENPEP CAP 20000UNT	86
XALKORI	46	XOLAIR	102	ZENPEP CAP 25000UNT	86
<i>xarah fe</i>	80	XOSPATA	46	ZENPEP CAP 3000UNIT	86
XARELTO	88	XPOVIO PAK (100 MG ONCE WEEKLY) ..	46	ZENPEP CAP 40000UNT	86
XARELTO STAR TAB 15/20MG	88	XPOVIO PAK (40 MG ONCE WEEKLY) ..	46	ZENPEP CAP 5000UNIT	86
XATMEP	91	XPOVIO PAK (40 MG TWICE WEEKLY) ..	46	ZENPEP CAP 60000UNT	86
XCOPRI	64	XPOVIO PAK (60 MG ONCE WEEKLY) ..	46	ZERVIAE	98
XCOPRI PAK 100-150	65	XPOVIO PAK (60 MG TWICE WEEKLY) ..	46	<i>zidovudine</i>	29
XCOPRI PAK 12.5-25	65	XPOVIO PAK (80 MG ONCE WEEKLY) ..	46	<i>ziprasidone hcl</i>	61
XCOPRI PAK 150-200MG (MAINTENANCE) .	65	XPOVIO PAK (80 MG TWICE WEEKLY) ..	46	<i>ziprasidone mesylate</i>	61
XCOPRI PAK 150-200MG (TITRATION)	65	XTANDI	36	ZIRABEV	46
XCOPRI PAK 50-100MG	65	<i>xulane</i>	80	ZIRGAN	97
XDEMVY	97	XULTOPHY INJ 100/3.6	74	<i>zoledronic acid</i>	75
XELJANZ	91	YESINTEK	91	ZOLINZA	46
XELJANZ XR	91	YF-VAX INJ	94	<i>zolpidem tartrate</i> ..	67
<i>xelria fe</i>	80	<i>yuvaferm</i>	80	ZONISADE	65
XERMELO	86	<i>zafemy</i>	80	<i>zonisamide</i>	65
XGEVA	75	<i>zafirlukast</i>	101	<i>zovia 1/35</i>	80
XHANCE	102	<i>zaleplon</i>	66, 67	ZTALMY	65
XIFAXAN	86	ZARXIO	88	<i>zumandimine</i>	80
XIGDUO XR TAB 10-1000	72	ZEGALOGUE	81	ZURZUVAE	56
XIGDUO XR TAB 10-500MG	72	ZEJULA	46	ZYDELIG	46
		ZELBORAF	46	ZYKADIA	46
				ZYLET SUS 0.5-0.3%	97



Molina Medicare Complete Care Plus (HMO D-SNP) ib Lub Phiaj Xwm Medicare Medi-Cal

Tau hloov kho tshiab daim ntawv teev npe tshuaj no nyob rau hauv 07/01/2025

Rau cov ntaub ntawv tshiab tshaj plaws los sis lwm cov lus nug, txuas lus rau peb ntawm (800) 665-3086, TTY:711 Lub Kaum Hlis Ntuj Tim 1 – Lub Peb Hlis Ntuj Tim 31: 7 hnuv rau ib vij, 8 teev sawv ntxov - 8 teev tsaus ntuj, lub sij hawm hauv zos, Lub Plaub Hlis Ntuj Tim 1 - Lub Cuaj Hlis Ntuj Tim 30: Hnuv Monday – Friday, 8 teev sawv ntxov – 8 teev tsaus ntuj, lub sij hawm hauv zos los sis mus saib MolinaHealthcare.com/Medicare.