



Molina Medicare Complete Care Plus (HMO D-SNP)

ແຜນການທາງການແພດຂອງ Medi-Cal

ລາຍການຢາທີ່ຄຸ້ມຄອງ ປີ 2024 (ລາຍການຢາ)

ກະລຸນາອ່ານ: ເອກະສານນີ້ມີຂໍ້ມູນກ່ຽວກັບຢາທີ່ພວກເຮົາຄຸ້ມຄອງຢູ່ໃນແຜນນີ້

HPMS ອະນຸມັດການສົ່ງໄຟລ໌ລາຍການບັນຊີຢາ ເລກທີ 00024170, ສະບັບ 10

ລາຍການຢານີ້ໄດ້ຮັບການອັບເດດເມື່ອວັນທີ 04/01/2024.

ຂໍ້ຄວາມສໍາຄັນກ່ຽວກັບສິ່ງທີ່ທ່ານຊໍາລະສໍາລັບຄ່າວັກຊີນ – ວັກຊີນບາງຊະນິດຖືວ່າເປັນຜົນປະໂຫຍດທາງການແພດ. ວັກຊີນອື່ນໆທີ່ຢູ່ໃນ ພາກ D ແມ່ນຖືວ່າເປັນຢາ. ແຜນຂອງພວກເຮົາກວມເອົາວັກຊີນໃນ ພາກ D ສ່ວນໃຫຍ່ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆ.

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ ຫຼື ມີຄໍາຖາມໃດໆ, ກະລຸນາຕິດຕໍ່ພວກເຮົາເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ ຫຼື ເຂົ້າໄປທີ່ MolinaHealthcare.com/Medicare.

ຄຳແນະນຳ

ເອກະສານນີ້ເອີ້ນວ່າ ບັນຊີລາຍການຢາທີ່ຄຸ້ມຄອງ (ຫຼື ເອີ້ນວ່າລາຍການຢາ).

ເລິ່ງຈະບອກທ່ານວ່າຢາທີ່ຕ້ອງສັ່ງໂດຍແພດປະເພດໃດທີ່ຖືກຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus. ນອກຈາກນີ້ ລາຍການຢາ ຍັງແຈ້ງໃຫ້ທ່ານຊາບອີກວ່າມີ ກົດລະບຽບ ຫຼື ຂໍ້ຈຳກັດພິເສດ ກ່ຽວກັບຢາໃດໆ ທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus.

ຂໍ້ມູນການຕິດຕໍ່ຂອງພວກເຮົາ ພ້ອມດ້ວຍວັນທີ່ ທີ່ເຮົາອັບເດດລາຍການຢາທັງຫຼ້າສຸດ ຈະຢູ່ດ້ານໜ້າ ແລະ ດ້ານຫຼັງຂອງໜ້າປົກ. ຂໍ້ກຳນົດ ແລະ ຄຳນິຍາມທີ່ສຳຄັນຈະສະແດງໃນພາກສຸດທ້າຍຂອງ ຫຼັກການການຄຸ້ມຄອງ.

ສາລະບານ

A. ຂໍ້ກຳນົດການນຳໃຊ້.....	3
B. ຄຳຖາມທີ່ຖາມເລື້ອຍໆ (FAQ).....	6
B1. ມີຢາຕາມໃບສັ່ງແພດອັນໃດທີ່ຢູ່ໃນ ລາຍການຢາທີ່ຄຸ້ມຄອງ ? (ພວກເຮົາເອີ້ນ ລາຍການຢາທີ່ຄຸ້ມຄອງ ສັ້ນໆວ່າ “ລາຍການຢາ”).	6
B2. ລາຍການຢາມີການປ່ຽນແປງ ຫຼື ບໍ່?	7
B3. ຈະເກີດຫຍັງຂຶ້ນເມື່ອມີການປ່ຽນແປງລາຍການຢາ ?	7
B4. ມີຂໍ້ຈຳກັດ ຫຼື ຂອບເຂດຈຳກັດ ກ່ຽວກັບການຄຸ້ມຄອງຢາ ຫຼື ການດຳເນີນການທີ່ຈຳເປັນເພື່ອໃຫ້ໄດ້ຢາບາງຊະນິດ ຫຼື ບໍ່ ?	8
B5. ຂ້ອຍຈະຮູ້ໄດ້ແນວໃດວ່າຢາທີ່ຂ້ອຍຕ້ອງການມີຂອບເຂດຈຳກັດ ຫຼື ມີການດຳເນີນການທີ່ຈຳເປັນເພື່ອໃຫ້ໄດ້ຮັບຢາ ?	9
B6. ຈະເກີດຫຍັງຂຶ້ນຖ້າ Molina Medicare Complete Care Plus ປ່ຽນແປງກົດລະບຽບ ກ່ຽວກັບວິທີການຄຸ້ມຄອງຢາບາງຊະນິດ (ເຊັ່ນ: ການອະນຸຍາດລ່ວງໜ້າ, ການຈຳກັດປະລິມານ ແລະ ຂໍ້ຈຳກັດການປັບປ່ຽນຕາມຂັ້ນຕອນ) ?	9
B7. ຂ້ອຍຈະຊອກຫາຢາຢູ່ໃນລາຍການຢາໄດ້ແນວໃດ?	9
B8. ຈະເກີດຫຍັງຂຶ້ນຖ້າຢາທີ່ຂ້ອຍຕ້ອງການຮັບປະທານບໍ່ຢູ່ໃນລາຍການຢາ?	10
B9. ຈະເກີດຫຍັງຂຶ້ນຖ້າຂ້ອຍເປັນສະມາຊິກໃໝ່ຂອງ Molina Medicare Complete Care Plus ແລະ ບໍ່ສາມາດຊອກຫາຢາຂອງຂ້ອຍຢູ່ໃນລາຍການຢາ ຫຼື ມີບັນຫາໃນການໄດ້ຮັບຢາ ?	10
B10. ຂ້ອຍສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ອົກເວັ້ນເພື່ອຄຸ້ມຄອງຢາຂອງຂ້ອຍໄດ້ບໍ່?	11
B11. ຂ້າພະເຈົ້າຈະຂໍຂໍ້ອົກເວັ້ນໄດ້ແນວໃດ?	11
B12. ໃຊ້ເວລາດົນບານໃດທີ່ຈະໄດ້ຮັບຂໍ້ອົກເວັ້ນ?	11



ຖ້າທ່ານມີຄຳຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທຟຣີ. ສຳລັບຂໍ້ມູນເພີ່ມເພີ່ມ, ກະລຸນາເຂົ້າໄປທີ່ Molinahealthcare.com/Medicare. 1

B13. ຢາສາມັນແມ່ນຫຍັງ?	12
B14. ຢາ OTC ແມ່ນຫຍັງ?	12
B15. Molina Medicare Complete Care Plus ຄຸ້ມຄອງຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາບໍ່ ?.....	12
B16. Molina Medicare Complete Care Plus ຄຸ້ມຄອງການຈ່າຍຢາຕາມໃບສັງໃນໄລຍະຍາວບໍ່ ?.....	12
B17. ຂ້ອຍສາມາດຮັບໃບສັງຢາ ທີ່ຈັດສົ່ງເຖິງເຮືອນ ຈາກຮ້ານຂາຍຢາໃນພື້ນທີ່ຂອງຂ້ອຍໄດ້ ຫຼື ບໍ່ ?.....	12
B18. ຄ່າໃຊ້ຈ່າຍຮ່ວມຂອງຂ້ອຍແມ່ນຫຍັງ?	12
C. ພາບລວມຂອງ ລາຍການຢາທີ່ຄຸ້ມຄອງ	13
C1. ລາຍການຢາຕາມອາການ ການຮັກສາ	14
D. ດັດຊະນີຂອງຢາທີ່ຄຸ້ມຄອງ.....	89

A. ຂໍ້ກຳນົດການນຳໃຊ້

ນີ້ແມ່ນລາຍການຢາ ທີ່ສະມາຊິກສາມາດຮັບໄດ້ຈາກ *Molina Medicare Complete Care Plus*.

- ❖ ທ່ານສາມາດກວດສອບລາຍການຢາທີ່ຄຸ້ມຄອງຂອງ *Molina Medicare Complete Care Plus* ໄດ້ຕະຫຼອດເວລາຜ່ານທາງອອນລາຍ Molinahealthcare.com/Medicare ຫຼື ໂທ (800) 665-3086, TTY: 711.
- ❖ ທ່ານສາມາດຮັບເອກະສານນີ້ໄດ້ຟຣີ ໃນຮູບແບບອື່ນໆ ເຊັ່ນ: ຂໍ້ຄວາມສຳລັບພິມຂະໜາດໃຫຍ່, ອັກສອນນູນ ຫຼື ຮູບແບບສຽງ.

ໂທຫາ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທຟຣີ.
- ❖ ທ່ານສາມາດຮັບການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການຟຣີ ເຊັ່ນ: ນາຍແປພາສາມື, ການແປເປັນລາຍລັກອັກສອນ ແລະ ຂໍ້ມູນທີ່ເປັນລາຍລັກອັກສອນໃນຮູບແບບທາງເລືອກອື່ນໆ. ໂທຫາ (855) 665-4627 (TTY: 711).
- ❖ English: ພວກເຮົາມີບໍລິການລ່າມພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການໃຊ້ຢາພວກເຮົາ. To get an interpreter, just call us at 1-855-665-4627. Someone who speaks English can help you. This is a free service.
- ❖ Spanish: Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-855-665-4627. Alguien que hable Español puede ayudarle. Este es un servicio gratuito.
- ❖ Chinese Mandarin: 如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-855-665-4627。说普通话的人士会帮助您。这是免费服务。
- ❖ Chinese Cantonese: 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 1-855-665-4627 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。
- ❖ Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-855-665-4627. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.



ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທຟຣີ.
ສຳລັບຂໍ້ມູນເພີ່ມເພີ່ມ, ກະລຸນາເຂົ້າໄປທີ່ Molinahealthcare.com/Medicare.

- ❖ Vietnamese: Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-665-4627. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.
- ❖ Korean: 당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 1-855-665-4627 로 전화하십시오. 한국말 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.
- ❖ Russian: Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-855-665-4627. Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.
- ❖ Arabic: نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. وللحصول على مترجم فوري، تفضل بالاتصال بنا على الرقم 1-855-665-4627. ويمكن لشخص يتحدث اللغة مساعدتك. تقدم هذه الخدمة مجاناً.
- ❖ Hindi: हमारे हेल्थ या ड्रग प्लान के बारे में आपके किसी भी सवाल का ज़वाब देने के लिए हमारे पास मुफ्त इंटरप्रेटर सेवाएं हैं। इंटरप्रेटर से बात करने के लिए, बस हमें 1-855-665-4627 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।
- ❖ Japanese: 弊社の健康保険や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳サービスを利用するには、1-855-665-4627 までお電話ください。日本語 の通訳担当者が対応します。これは無料のサービスです。
- ❖ Armenian: Մենք ունենք անվճար թարգմանչական ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-855-665-4627 հեռախոսահամարով: Ինչ-որ մեկն, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվճար ծառայություն է:
- ❖ Cambodian: យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយតបទៅនឹងសំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-855-665-4627 ។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃនោះទេ។
- ❖ Persian (Farsi): خدمات ترجمه رایگان ما استفاده کنید. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-855-665-4627 با ما تماس بگیرید. فردی که به زبان فارسی صحبت می کند به شما کمک خواهد کرد. این سرویس رایگان است.
- ❖ Hmong: Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog pab txoj phiaj xwm kev noj qab haus huv los sis tshuaj. Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau pab ntawm 1-855-665-4627. Ib tus neeg uas hais lus Hmoob tuaj yeem pab koj. Qhov no yog ib qhov kev pab cuam pub dawb.
- ❖ Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-665-4627. ຄົນທີ່ເວົ້າ ພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

- ❖ Mien: Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih, haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv. Oix duqv taux taengx meih mbienv wac, kungx zuqc mboqv yie mbuo nyei dienx wac 1-855-665-4627. Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih. Naiv se yietc nyungc mv nongc zinh nyei bong taengx.
- ❖ Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਸ਼ੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਆਸ਼ੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-855-665-4627 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- ❖ Thai: เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการรับบริการล่าม เพียงโทรหาเราที่ 1-855-665-4627 คนที่สามารถพูดภาษา ภาษาไทย สามารถช่วยคุณได้ บริการนี้เป็นบริการที่ไม่มีค่าใช้จ่าย
- ❖ Ukrainian: У нас є безкоштовні послуги перекладача, щоб відповісти на будь-які питання, які ви можете мати про наш план здоров'я або наркотиків. Щоб отримати інтерпретатор, просто зателефонуйте нам на 1-855-665-4627. Хтось, хто говорить Українська мова, може вам допомогти. Це безкоштовна послуга.
- ❖ French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-665-4627. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
- ❖ German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter 1-855-665-4627. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- ❖ Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-665-4627. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.
- ❖ Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-665-4627. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
- ❖ French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-665-4627. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- ❖ Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby



ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ຕົວໂທ (800) 665-3086, TTY: 711, ອັນທີ 1 ຕຸລາ – ອັນທີ 31 ມີນາ: 7 ອັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ອັນທີ 1 ເມສາ – ອັນທີ 30 ກັນຍາ: ອັນຈັນ-ອັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທເຟຣີ.

ສໍາລັບຂໍ້ມູນເພີ່ມເພີ່ມ, ກະລຸນາເຂົ້າໄປທີ່ Molinahealthcare.com/Medicare.

skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-665-4627. Ta usługa jest bezpłatna.

- ❖ ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາສົ່ງຂໍ້ມູນໃຫ້ທ່ານເປັນພາສາ ຫຼື ຮູບແບບທີ່ທ່ານຕ້ອງການໄດ້ສະເໝີ.
ນີ້ເອີ້ນວ່າຄໍາຮ້ອງຂໍຢືນ.. ໂທຫາ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7
ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ
– ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ – 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ]
ຕົວແທນຝ່າຍບໍລິການລູກຄ້າສະມາຊິກຈະຊ່ວຍທ່ານ ຫຼື ປຸງຄຳຮ້ອງຂໍທີ່ໄດ້ຮັບການຕິດຕາມຢ່າງຕໍ່ເນື່ອງ.
ພວກເຮົາຈະຕິດຕາມຄຳຮ້ອງຂໍຂອງທ່ານຢ່າງຕໍ່ເນື່ອງ,
ດັ່ງນັ້ນທ່ານບໍ່ຈຳເປັນຕ້ອງສົ່ງຄຳຮ້ອງຂໍແຍກຕ່າງຫາກໃນແຕ່ລະຄັ້ງ ທີ່ພວກເຮົາສົ່ງຂໍ້ມູນໃຫ້ທ່ານ.

B. ຄໍາຖາມທີ່ຖາມເລື້ອຍໆ (FAQ)

ຊອກຫາຄໍາຕອບຢູ່ບ່ອນນີ້ສໍາລັບຄໍາຖາມທີ່ທ່ານມີກ່ຽວກັບ ລາຍການຢາທີ່ຄຸ້ມຄອງນີ້.
ທ່ານສາມາດອ່ານຄໍາຖາມທີ່ຖືກຖາມເລື້ອຍໆທັງໝົດ ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມ ຫຼື ຊອກຫາຄໍາຖາມ ແລະ ຄໍາຕອບ.

B1. ມີຍາຕາມໃບສັງເກດອັນໃດທີ່ຢູ່ໃນ ລາຍການຢາທີ່ຄຸ້ມຄອງ ?

(ພວກເຮົາເອີ້ນ ລາຍການຢາທີ່ຄຸ້ມຄອງ ສັ້ນໆວ່າ “ລາຍການຢາ”.)

ຢາທີ່ຢູ່ໃນ ລາຍການຢາທີ່ຄຸ້ມຄອງ ເຊິ່ງເລີ່ມແຕ່ໜ້າ 15 ແມ່ນຢາທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus (HMO D-SNP).

ຢາແຕ່ລະຊະນິດມີຢູ່ໃນຮ້ານຂາຍຢາພາຍໃນເຄືອຂ່າຍຂອງພວກເຮົາ. ຮ້ານຂາຍຢາແມ່ນຈະຢູ່ໃນເຄືອຂ່າຍຂອງພວກເຮົາ ຖ້າພວກເຮົາມີຂໍ້ຕົກລົງກັບຮ້ານຂາຍຢາດັ່ງກ່າວ ເພື່ອເຮັດວຽກຮ່ວມກັນ ແລະ ໃຫ້ບໍລິການແກ່ທ່ານ.

ພວກເຮົາເອີ້ນຮ້ານຂາຍຢາເຫຼົ່ານີ້ວ່າ “ຮ້ານຂາຍຢາໃນເຄືອຂ່າຍ.”

ຢາຕາມໃບສັງເກດທີ່ລວມຢູ່ໃນລາຍການຢາທີ່ຄຸ້ມຄອງນີ້ໄດ້ຮັບການຄວບຄຸມໂດຍ Molina Medicare Complete Care Plus. ຢາອື່ນໆ ເຊັ່ນວ່າ: ຢາທີ່ຈຳໜ່າຍໃຫ້ຜູ້ບໍລິໂພກໂດຍກົງໂດຍບໍ່ຕ້ອງມີໃບສັງເກດ (OTC) ແລະ ວິຕາມິນບາງຊະນິດ ອາດຈະບໍ່ຄຸ້ມຄອງໂດຍ Medi-Cal Rx. ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ກະລຸນາເຂົ້າເບິ່ງເວັບໄຊທ໌ຂອງ Medi-Cal Rx ທີ່ (www.medi-calrx.dhcs.ca.gov). ທ່ານຍັງສາມາດໂທຫາສູນບໍລິການລູກຄ້າຂອງ Medi-Cal Rx ໄດ້ທີ່ເບີ 800-977-2273. ກະລຸນາເອົາບັດປະຈຳຕົວຜູ້ໄດ້ຮັບຜົນປະໂຫຍດ Medi-Cal (BIC) ຂອງທ່ານມານໍາ ເມື່ອໄດ້ຮັບໃບສັງເກດຢາຜ່ານ Medi-Cal Rx.

- Molina Medicare Complete Care Plus
ຈະຄຸ້ມຄອງຢາທີ່ຈຳເປັນທາງການແພດທັງໝົດທີ່ຢູ່ໃນລາຍການຢາ ຖ້າ:
 - ທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາຄົນອື່ນໆຂອງທ່ານ ບອກວ່າທ່ານຕ້ອງການຢາທີ່ເຮັດໃຫ້ມີອາການດີຂຶ້ນ ຫຼື ມີສຸຂະພາບແຂງແຮງ,
 - Molina Medicare Complete Care Plus
ຍອມຮັບວ່າຢານີ້ມີຄວາມຈຳເປັນໃນການຮັກສາສໍາລັບທ່ານ ແລະ
 - ທ່ານຕ້ອງປະກອບຂໍ້ມູນໃບສັ່ງຢາຢູ່ຮ້ານຂາຍຢາພາຍໃນເຄືອຂ່າຍຂອງ Molina Medicare Complete Care Plus.

- ໃນບາງກໍລະນີ, ທ່ານຕ້ອງໄດ້ດໍາເນີນການບາງສິ່ງບາງຢ່າງກ່ອນທີ່ທ່ານຈະສາມາດຮັບຢາໄດ້.
ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ກະລຸນາເບິ່ງຄໍາຖາມ B4.

ທ່ານຍັງສາມາດຊອກຫາບັນຊີຢາທີ່ອັບເດດຫຼ້າສຸດ ທີ່ພວກເຮົາຄຸ້ມຄອງ ໃນເວັບໄຊທ໌ຂອງພວກເຮົາທີ່ Molinahealthcare.com/Medicare ຫຼື ໂທຕິດຕໍ່ຝ່າຍບໍລິການລູກຄ້າທີ່ເປັນສະມາຊິກ (800) 665-3086, TTY: 711.

B2. ລາຍການຢາມີການປ່ຽນແປງ ຫຼື ບໍ່?

ແມ່ນ ແລະ Molina Medicare Complete Care Plus ຕ້ອງປະຕິບັດຕາມກົດລະບຽບຂອງ Medicare ແລະ Medi-Cal ເມື່ອປ່ຽນແປງ. ພວກເຮົາອາດຈະເພີ່ມ ຫຼື ລົບຢາອອກຈາກ ລາຍການຢາພາຍໃນຊ່ວງປີນັ້ນ.

ພວກເຮົາອາດຈະປ່ຽນແປງກົດລະບຽບກ່ຽວກັບຢາອີກດ້ວຍ. ຕົວຢ່າງ, ພວກເຮົາສາມາດ:

- ຕັດສິນໃຈວ່າຈຳເປັນຕ້ອງມີໃບອະນຸຍາດກ່ອນໃຊ້ຢາ ຫຼື ບໍ່. (ກ່ອນທີ່ທ່ານຈະສາມາດຮັບຢາໄດ້ ຕ້ອງໄດ້ຮັບໃບອະນຸຍາດນຳໃຊ້ຢາຈາກ Molina Medicare Complete Care Plus .)
- ເພີ່ມ ຫຼື ປ່ຽນປະລິມານຢາ ທີ່ທ່ານຈະໄດ້ຮັບ (ເອີ້ນວ່າການຈຳກັດປະລິມານ).
- ເພີ່ມ ຫຼື ປ່ຽນແປງ ຂໍ້ຈຳກັດການປິ່ນປົວຕາມຂັ້ນຕອນດ້ວຍຢາ. (ການປິ່ນປົວຕາມຂັ້ນຕອນ ໝາຍຄວາມວ່າທ່ານຕ້ອງລອງໃຊ້ຢາຕົວໜຶ່ງກ່ອນ ກ່ອນທີ່ພວກເຮົາຈະໃຫ້ຢາຕົວອື່ນ.)

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບລະບຽບການນຳໃຊ້ຢາເຫຼົ່ານີ້, ກະລຸນາເບິ່ງຄໍາຖາມ B4.

ຖ້າທ່ານກຳລັງໃຊ້ຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງ ຕັ້ງແຕ່ **ຕອນຕົ້ນ** ປີ, ໂດຍທົ່ວໄປແລ້ວພວກເຮົາຈະບໍ່ລົບ ຫຼື ປ່ຽນແປງ ການຄຸ້ມຄອງຂອງຢານັ້ນ **ໃນຊ່ວງທີ່ເຫຼືອຂອງປີນັ້ນ** ເວັ້ນເສຍແຕ່ວ່າ:

- ຢາໃດໃໝ່ມີລາຄາຖືກກວ່າທີ່ມີຢູ່ໃນຕະຫຼາດ ເຊິ່ງໃຊ້ໄດ້ຜົນຄືກັນກັບຢາທີ່ຢູ່ໃນລາຍການຢາໃນຕອນນີ້ **ຫຼື**
- ພວກເຮົາມີບົດຮຽນວ່າຢາດັ່ງກ່າວບໍ່ປອດໄພ **ຫຼື**
- ຢາຖືກຍົກເລີກຈຳໜ່າຍຢູ່ໃນຕະຫຼາດ.

ຄໍາຖາມ B3 ແລະ B6 ຂ້າງລຸ່ມນີ້ມີຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບສິ່ງທີ່ເກີດຂຶ້ນ ເມື່ອລາຍການຢາມີການປ່ຽນແປງ.

- ທ່ານສາມາດກວດສອບລາຍການຢາທີ່ອັບເດດຫຼ້າສຸດຂອງ Molina Medicare Complete Care Plus ອອນລາຍໄດ້ທີ່ Molinahealthcare.com/Medicare.
- ທ່ານຍັງສາມາດໂທຫາຝ່າຍບໍລິການສະມາຊິກໄດ້ທີ່ (800) 665-3086, TTY: 711 ເພື່ອກວດສອບລາຍການຢາປະຈຸບັນ.

B3. ຈະເກີດຫຍັງຂຶ້ນເມື່ອມີການປ່ຽນແປງລາຍການຢາ ?

ການປ່ຽນແປງລາຍການຢາບາງຢ່າງຈະເກີດຂຶ້ນ **ທັນທີ**. ຕົວຢ່າງ:

- **ມີຢາສາມັນໃດໃໝ່ເກີດຂຶ້ນ.** ບາງຄັ້ງ, ຢາສາມັນຊະນິດໃໝ່ອອກມາສູ່ຕະຫຼາດ ເຊິ່ງໃຊ້ໄດ້ຜົນຄືກັນກັບຢາ ຊື່ອື່ນໆ ທີ່ດຽວກັນໃນລາຍການຢາປັດຈຸບັນ. ໃນກໍລະນີດັ່ງກ່າວ, ພວກເຮົາອາດຈະເອົາຢາຊື່ອື່ນນັ້ນອອກ ແລະ ເພີ່ມຢາສາມັນຊະນິດໃໝ່ໃສ່,



ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທເຟຣີ.
ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ກະລຸນາເຂົ້າໄປທີ່ Molinahealthcare.com/Medicare.

ແຕ່ຄ່າໃຊ້ຈ່າຍສໍາລັບຢາໃໝ່ຈະຍັງຄົງຢູ່ທີ່ 0 ໂດລາ. ເມື່ອພວກເຮົາເພີ່ມຢາສາມັນໃໝ່, ພວກເຮົາອາດຈະຮັກສາຢາຊື່ທີ່ດັ່ງກ່າວນັ້ນໄວ້ໃນລາຍການຢາ ແຕ່ ອາດປ່ຽນແປງກົດລະບຽບການຄຸ້ມຄອງ ຫຼື ຂໍ້ຈຳກັດ.

- ພວກເຮົາອາດຈະບໍ່ແຈ້ງໃຫ້ທ່ານຮູ້ກ່ອນທີ່ພວກເຮົາຈະມີການປ່ຽນແປງນີ້, ແຕ່ພວກເຮົາຈະສົ່ງຂໍ້ມູນໃຫ້ທ່ານ ກ່ຽວກັບການປ່ຽນແປງສະເພາະທີ່ພວກເຮົາໄດ້ເຮັດເມື່ອມີການປ່ຽນແປງເກີດຂຶ້ນ.
- ທ່ານ ຫຼື ຜູ້ໃຫ້ບໍລິການຂອງທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນຈາກການປ່ຽນແປງເຫຼົ່ານີ້ໄດ້. ພວກເຮົາຈະສົ່ງແຈ້ງການໃຫ້ທ່ານ ພ້ອມກັບຂັ້ນຕອນທີ່ທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ. ກະລຸນາເບິ່ງຄໍາຖາມ B10-B12 ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບການຍົກເວັ້ນ.

- **ຢາທີ່ຖືກຍົກເລີກການຈໍາໜ່າຍໃນຕະຫຼາດ.** ຖ້າອົງການອາຫານ ແລະ ຢາ (FDA) ລະບຸວ່າຢາທີ່ທ່ານກຳລັງຮັບປະທານນັ້ນບໍ່ປອດໄພ ຫຼື ຜູ້ຜະລິດຢາຍົກເລີກການຈໍາໜ່າຍໃນຕະຫຼາດ ເຊິ່ງພວກເຮົາຈະຖອດຢານັ້ນອອກຈາກລາຍການຢາ. ຖ້າທ່ານຮັບປະທານຢາດັ່ງກ່າວຢູ່, ພວກເຮົາຈະແຈ້ງໃຫ້ທ່ານຮູ້. ສິນທະນາກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຈ່າຍຢາອື່ນໆ ເພື່ອຊອກຫາທາງເລືອກອື່ນທີ່ປອດໄພສໍາລັບທ່ານ.

ພວກເຮົາອາດຈະເຮັດການປ່ຽນແປງອື່ນໆທີ່ມີຜົນກະທົບຕໍ່ຢາທີ່ທ່ານກິນ. ພວກເຮົາຈະແຈ້ງໃຫ້ທ່ານຊາບລ່ວງໜ້າ ກ່ຽວກັບການປ່ຽນແປງລາຍການຢາອື່ນໆເຫຼົ່ານີ້. ການປ່ຽນແປງເຫຼົ່ານີ້ອາດຈະເກີດຂຶ້ນ ຖ້າວ່າ:

- FDA ໃຫ້ຄໍາແນະນຳໃໝ່ ຫຼື ມີແນວທາງປະຕິບັດທາງດ້ານຄຣິກນິກແບບໃໝ່ກ່ຽວກັບຢາ.
- ພວກເຮົາເພີ່ມຢາສາມັນ ທີ່ບໍ່ແມ່ນຢາໃໝ່ອອກສູ່ຕະຫຼາດ ແລະ
 - ປ່ຽນແທນຊື່ທີ່ຢາທີ່ມີຢູ່ໃນລາຍການຢາປະຈຸບັນ ຫຼື
 - ປ່ຽນແປງກົດລະບຽບການຄຸ້ມຄອງ ຫຼື ຂອບເຂດຈຳກັດ ສໍາລັບຊື່ທີ່ຢາດັ່ງກ່າວ.

ເມື່ອການປ່ຽນແປງເຫຼົ່ານີ້ເກີດຂຶ້ນ, ພວກເຮົາຈະ:

- ແຈ້ງໃຫ້ທ່ານຊາບຢ່າງໜ້ອຍ 30 ວັນ ກ່ອນທີ່ພວກເຮົາຈະເຮັດການປ່ຽນແປງລາຍການຢາ ຫຼື
- ແຈ້ງໃຫ້ທ່ານຮູ້ ແລະ ຈັດກຽມຢາໃຫ້ທ່ານພາຍໃນ 31 ວັນ ຫຼັງຈາກທີ່ທ່ານຂໍ.

ວິທີນີ້ຈະເຮັດໃຫ້ທ່ານມີເວລາທີ່ຈະລົມກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາຄືນອີ່ນື່ງ. ພວກເຮົາສາມາດຊ່ວຍທ່ານຕັດສິນໃຈ:

- ຖ້າມີຢາທີ່ຄ້າຍຄືກັນຢູ່ໃນ ລາຍການຢາ ທີ່ທ່ານສາມາດໃຊ້ແທນ ຫຼື
- ບໍ່ວ່າຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນຈາກການປ່ຽນແປງເຫຼົ່ານີ້ ຫຼື ບໍ່. ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມກ່ຽວກັບຂໍ້ຍົກເວັ້ນ, ກະລຸນາເບິ່ງຄໍາຖາມ B10-B12.

B4. ມີຂໍ້ຈຳກັດ ຫຼື ຂອບເຂດຈຳກັດ ກ່ຽວກັບການຄຸ້ມຄອງຢາ ຫຼື ການດໍາເນີນການທີ່ຈຳເປັນເພື່ອໃຫ້ໄດ້ຢາບາງຊະນິດ ຫຼື ບໍ່ ?

ແມ່ນ, ຢາບາງຊະນິດມີກົດລະບຽບການຄຸ້ມຄອງ ຫຼື ມີຂໍ້ຈຳກັດກ່ຽວກັບປະລິມານທີ່ທ່ານຈະໄດ້ຮັບ. ໃນບາງກໍລະນີ, ທ່ານ ຫຼື ທ່ານໝໍຂອງທ່ານ ຫຼື ຜູ້ສັ່ງຢາຄືນອີ່ນື່ງ ຕ້ອງດໍາເນີນການບາງຢ່າງກ່ອນທີ່ທ່ານຈະສາມາດໄດ້ຮັບຢາໄດ້. ຕົວຢ່າງ:

- **ການອະນຸມັດກ່ອນ:** ສໍາລັບຢາບາງຊະນິດ, ທ່ານ ຫຼື ທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາຄືນອີ່ນື່ງ ຕ້ອງໄດ້ຮັບການອະນຸຍາດຈາກ Molina Medicare Complete Care Plus

ກ່ອນທີ່ທ່ານຈະຕື່ມໃບສັງຢາຂອງທ່ານ. ການອະນຸຍາດກ່ອນໜ້ານັ້ນ ແມ່ນແຕກຕ່າງຈາກການອ້າງອີງ. Molina Medicare Complete Care Plus ອາດຈະບໍ່ຄຸ້ມຄອງຢາດັ່ງກ່າວ ຖ້າທ່ານບໍ່ໄດ້ຮັບການອະນຸຍາດກ່ອນ.

- **ຈຳກັດປະລິມານ:** ບາງຄັ້ງ Molina Medicare Complete Care Plus ຈະຈຳກັດປະລິມານຢາທີ່ທ່ານຈະໄດ້ຮັບ.
- **ຂັ້ນຕອນການປິ່ນປົວ:** ບາງຄັ້ງ Molina Medicare Complete Care Plus ຮ້ອງຂໍໃຫ້ທ່ານເຮັດການປິ່ນປົວຕາມຂັ້ນຕອນ ເຊິ່ງໝາຍຄວາມວ່າທ່ານຈະຕ້ອງພະຍາຍາມນຳໃຊ້ຢາຕາມລຳດັບ ອີງຕາມເງື່ອນໄຂການຮັກສາຂອງທ່ານ. ທ່ານອາດຈະຕ້ອງລອງຢາໂຕໜຶ່ງກ່ອນ ກ່ອນທີ່ພວກເຮົາຈະໃຫ້ຢາໂຕອື່ນ. ຖ້າທ່ານໝໍຂອງທ່ານຄິດວ່າຢາທີ່ໃຊ້ເບື້ອງຕົ້ນບໍ່ໄດ້ຮັບຜົນສຳລັບທ່ານ, ພວກເຮົາຈະໃຫ້ຢາໂຕທີ່ສອງ.

ທ່ານສາມາດກວດສອບວ່າຢາຂອງທ່ານມີຂໍ້ກຳນົດເພີ່ມເຕີມ ຫຼື ຂອບເຂດຈຳກັດ ໂດຍການເບິ່ງໃນຕາຕະລາງເບື້ອງຕົ້ນຈາກ 15. ນອກນັ້ນທ່ານຍັງສາມາດໄດ້ຮັບຂໍ້ມູນເພີ່ມເຕີມໂດຍການເຂົ້າເບິ່ງເວັບໄຊທ໌ຂອງພວກເຮົາທີ່ Molinahealthcare.com/Medicare. ພວກເຮົາໄດ້ປະກາດເອກະສານອອນລາຍ ທີ່ອະທິບາຍ ການອະນຸຍາດລ່ວງໜ້າ ແລະ ຂໍ້ຈຳກັດໃນການປິ່ນປົວຕາມຂັ້ນຕອນຂອງພວກເຮົາ. ທ່ານອາດຈະຂໍໃຫ້ພວກເຮົາສົ່ງສຳເນົາໃຫ້ທ່ານ.

ທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນຈາກຂໍ້ຈຳກັດເຫຼົ່ານີ້. ວິທີນີ້ຈະເຮັດໃຫ້ທ່ານມີເວລາທີ່ຈະລົມກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາຄົນອື່ນໆ. ພວກເຂົາສາມາດຊ່ວຍໃຫ້ທ່ານຕັດສິນໃຈວ່າມີຢາທີ່ຄ້າຍຄືກັນຢູ່ໃນລາຍການຢາທີ່ທ່ານສາມາດໃຊ້ແທນໄດ້ ຫຼື ຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ. ເບິ່ງຄຳຖາມ B10-B12 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບການຍົກເວັ້ນ.

B5. ຂ້ອຍຈະຮູ້ໄດ້ແນວໃດວ່າຢາທີ່ຂ້ອຍຕ້ອງການມີຂອບເຂດຈຳກັດ ຫຼື ມີການດຳເນີນການທີ່ຈຳເປັນເພື່ອໃຫ້ໄດ້ຮັບຢາ ?

ຕາຕະລາງໃນລາຍການຢາ ຕາມເງື່ອນໄຂການຮັກສາ ໃນໜ້າທີໝາຍ 15 ທີ່ມີປ້າຍຊີ້ຄຳວ່າ "ຈຳເປັນຕ້ອງມີການດຳເນີນການ, ຂໍ້ຈຳກັດ ຫຼື ຂໍ້ຈຳກັດໃນການນຳໃຊ້."

B6. ຈະເກີດຫຍັງຂຶ້ນຖ້າ Molina Medicare Complete Care Plus ບ່ຽນແບງກົດລະບຽບ ກ່ຽວກັບວິທີການຄຸ້ມຄອງຢາບາງຊະນິດ (ເຊັ່ນ: ການອະນຸຍາດລ່ວງໜ້າ, ການຈຳກັດປະລິມານ ແລະ ຂໍ້ຈຳກັດການປິ່ນປົວຕາມຂັ້ນຕອນ) ?

ໃນບາງກໍລະນີ, ພວກເຮົາຈະແຈ້ງໃຫ້ທ່ານຊາບລ່ວງໜ້າ ຖ້າພວກເຮົາເພີ່ມ ຫຼື ບ່ຽນແບງການອະນຸຍາດກ່ອນໜ້າ, ຂໍ້ຈຳກັດປະລິມານ ແລະ / ຫຼື ຂໍ້ຈຳກັດໃນການປິ່ນປົວຕາມຂັ້ນຕອນຂອງຢາ. ເບິ່ງຄຳຖາມ B3 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບ ການແຈ້ງລ່ວງໜ້ານີ້ ແລະ ສະຖານະການທີ່ພວກເຮົາອາດຈະບໍ່ສາມາດແຈ້ງໃຫ້ທ່ານຊາບລ່ວງໜ້າໄດ້ ເມື່ອກົດລະບຽບກ່ຽວກັບຢາຂອງພວກເຮົາໃນລາຍການຢາ ມີການປ່ຽນແບງ.

B7. ຂ້ອຍຈະຊອກຫາຢາຢູ່ໃນລາຍການຢາໄດ້ແນວໃດ?

ມີສອງວິທີໃນການຊອກຫາຢາ:

- ທ່ານສາມາດຄົ້ນຫາຕາມຕົວອັກສອນ ຫຼື
- ທ່ານສາມາດຄົ້ນຫາຕາມອາການການຮັກສາ.



ຖ້າທ່ານມີຄຳຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທຟຣີ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ກະລຸນາເຂົ້າໄປທີ່ Molinahealthcare.com/Medicare.

ເພື່ອຄົ້ນຫາ **ຕາມຕົວອັກສອນ**, ໃຫ້ຊອກຫາຢາຂອງທ່ານໃນສ່ວນດັດຊະນີຂອງຢາທີ່ຄວບຄຸມ. ທ່ານສາມາດຊອກຫາໄດ້ໃນໜ້າທີ 89.

ເພື່ອຄົ້ນຫາ **ຕາມອາການຮັກສາ** ໃຫ້ຊອກຫາສ່ວນທີ່ມີຂໍ້ຄວາມວ່າ " ລາຍການຢາຕາມອາການຮັກສາ" ໃນໜ້າທີ 15. ຢາໃນພາກນີ້ຖືກແບ່ງອອກເປັນໝວດໝູ່ຕາມປະເພດຕາມຂອງອາການທີ່ຮັກສາ ທີ່ນຳໃຊ້ເພື່ອປິ່ນປົວ. ຕົວຢ່າງ: ຖ້າທ່ານມີບັນຫາກ່ຽວກັບຫົວໃຈ, ທ່ານຄວນເບິ່ງຢູ່ໃນປະເພດກ່ຽວກັບ ຫົວໃຈ ແລະ ຫູອັດເລືອດ. ນັ້ນແມ່ນບ່ອນທີ່ທ່ານຈະຊອກຫາຢາທີ່ປິ່ນປົວພະຍາດຫົວໃຈ.

B8. ຈະເກີດຫຍັງຂຶ້ນຖ້າຢາທີ່ຂ້ອຍຕ້ອງການຮັບປະທານບໍ່ຢູ່ໃນລາຍການຢາ?

ຖ້າທ່ານບໍ່ພົບຢາຢູ່ໃນລາຍການຢາ, ໃຫ້ໃບຫາຝ່າຍບໍລິການສະມາຊິກ ທີ່ເບີ (800) 665-3086, TTY: 711 ແລະ ສອບຖາມກ່ຽວກັບບັນຫານັ້ນ. ຖ້າທ່ານຮູ້ວ່າ Molina Medicare Complete Care Plus ຈະບໍ່ຄຸ້ມຄອງຢາ, ທ່ານສາມາດດຳເນີນການບາງຢ່າງເຫຼົ່ານີ້ຕໍ່ໄປນີ້:

- ສອບຖາມ ການບໍລິການສະມາຊິກ ກ່ຽວກັບລາຍການຢາທີ່ທ່ານຕ້ອງການໃຊ້. ຫຼັງຈາກນັ້ນ, ສະແດງລາຍການຢາໃຫ້ທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາຄົນອື່ນໆຂອງທ່ານຮັບຮູ້. ພວກເຂົາສາມາດສັ່ງຢາຢູ່ໃນລາຍການຢາທີ່ຄ້າຍຄືກັບຢາທີ່ທ່ານຕ້ອງການກິນ. **ຫຼື**
- ທ່ານສາມາດຂໍໃຫ້ Molina Medicare Complete Care Plus ເຮັດຂໍ້ຍົກເວັ້ນເພື່ອຄຸ້ມຄອງຢາຂອງທ່ານໄດ້. ເບິ່ງຄຳຖາມ B10-B12 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບຂໍ້ຍົກເວັ້ນ.

B9. ຈະເກີດຫຍັງຂຶ້ນຖ້າຂ້ອຍເປັນສະມາຊິກໃໝ່ຂອງ Molina Medicare Complete Care Plus ແລະ ບໍ່ສາມາດຊອກຫາຢາຂອງຂ້ອຍຢູ່ໃນລາຍການຢາ ຫຼື ມີບັນຫາໃນການໄດ້ຮັບຢາ ?

ພວກເຮົາສາມາດຊ່ວຍໄດ້. ພວກເຮົາອາດຈະຄຸ້ມຄອງການຈັດຫາຢາຂອງທ່ານຊົ່ວຄາວເປັນເວລາ 31 ວັນ ໃນຊ່ວງ 90 ວັນທຳອິດທີ່ທ່ານເປັນສະມາຊິກຂອງ Molina Medicare Complete Care Plus.

ວິທີນີ້ຈະເຮັດໃຫ້ທ່ານມີເວລາທີ່ຈະລົມກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາຄົນອື່ນໆ.

ພວກເຂົາສາມາດຊ່ວຍໃຫ້ທ່ານຕັດສິນໃຈວ່າມີຢາທີ່ຄ້າຍຄືກັນຢູ່ໃນລາຍການຢາທີ່ທ່ານສາມາດໃຊ້ແທນໄດ້ ຫຼື ຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ.

ຖ້າໃບສັ່ງຢາຂອງທ່ານຖືກຂຽນໄວ້ເປັນເວລາໜ້ອຍກວ່ານີ້, ພວກເຮົາຈະອະນຸຍາດໃຫ້ເພີ່ມຢາໄດ້ຫຼາຍຄັ້ງເພື່ອ ຈ່າຍຢາໄດ້ສູງສຸດ 31 ວັນ.

ພວກເຮົາຈະຄຸ້ມຄອງການຈັດຫາຢາຂອງທ່ານພາຍໃນ 31 ວັນ ຖ້າຫາກວ່າ:

- ທ່ານກຳລັງໃຊ້ຢາທີ່ບໍ່ມີຢູ່ໃນລາຍການຢາຂອງພວກເຮົາ **ຫຼື**
- ກົດລະບຽບແຜນການຂອງພວກເຮົາບໍ່ອະນຸຍາດໃຫ້ທ່ານໄດ້ຮັບຈຳນວນເງິນທີ່ສົ່ງໂດຍຜູ້ສັ່ງຈ່າຍຢາຂອງທ່ານ **ຫຼື**
- ຢາດັ່ງກ່າວຕ້ອງໄດ້ຮັບການອະນຸຍາດລ່ວງໜ້າໂດຍ Molina Medicare Complete Care Plus **ຫຼື**
- ທ່ານກຳລັງໃຊ້ຢາທີ່ຈຳກັດການປິ່ນປົວຕາມຂັ້ນຕອນ.

ຖ້າທ່ານຢູ່ໃນບ້ານພັກຄົນສະລາ ຫຼື ສະຖານທີ່ດູແລໄລຍະຍາວອື່ນໆ ແລະ ຕ້ອງການຢາທີ່ບໍ່ມີຢູ່ໃນລາຍການຢາ ຫຼື ຖ້າທ່ານບໍ່ສາມາດຮັບຢາທີ່ທ່ານຕ້ອງການໄດ້ງ່າຍ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ຖ້າທ່ານຢູ່ໃນແຜນນີ້ດົນ ກວ່າ 90 ວັນ, ອາໄສຢູ່ໃນສະຖານະດູແລໄລຍະຍາວ ແລະ ຕ້ອງການການບໍລິການທັນທີ:

- ພວກເຮົາຈະຄຸ້ມຄອງການຈັດຫາຢາທີ່ທ່ານຕ້ອງການໃນ 31 ວັນ (ເວັ້ນແຕ່ວ່າທ່ານມີໃບສັງຢາໜ້ອຍກວ່ານີ້), ບໍ່ວ່າ ທ່ານຈະເປັນສະມາຊິກໃໝ່ຂອງ Molina Medicare Complete Care Plus ຫຼື ບໍ່ກໍຕາມ.
- ນອກເໜືອຈາກການຈັດການຊົ່ວຄາວໃນຊ່ວງ 90 ວັນ ທ່ານອິດທິທ່ານເປັນສະມາຊິກຂອງ Molina Medicare Complete Care Plus.

Molina Medicare Complete Care Plus ຈະໃຫ້ການເຕີມຊົ່ວຄາວຢ່າງໜ້ອຍ 31 ວັນ (ເວັ້ນແຕ່ວ່າໃບສັງຢາຈະຂຽນໄວ້ສໍາລັບການຈັດຫາໜ້ອຍກວ່າ 31 ວັນ ຫຼື ໃບສັງຢານັ້ນຈ່າຍໜ້ອຍກວ່າຈໍານວນທີ່ຂຽນໄວ້ ເນື່ອງຈາກວ່າຂີດຈໍາກັດປະລິມານ ເພື່ອຄວາມປອດໄພ ຫຼື ການແກ້ໄຂການໃຊ້ຢາ ຕາມການເຮັດເຄື່ອງໝາຍຜະລິດຕະພັນ ທີ່ໄດ້ຮັບການອະນຸມັດ ເຊິ່ງໃນກໍລະນີນີ້ Molina Medicare ຈະອະນຸຍາດໃຫ້ເຕີມຫຼາຍຄັ້ງ ເພື່ອໃຫ້ໃຊ້ຢາໄດ້ລວມສູງສຸດ 31 ວັນ) ໃນການຕັ້ງຄ່າການດູແລໄລຍະຍາວໃນເວລາກໍ່ໄດ້ໃນຊ່ວງ 90 ວັນທ່ານອິດ ຂອງການລົງທະບຽນຂອງສະມາຊິກ ໂດຍເລີ່ມຕັ້ງແຕ່ວັນທີທີ່ມີຜົນຂອງຜູ້ລົງທະບຽນ ຂອງການຄຸ້ມຄອງ.

B10. ຂ້ອຍສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນເພື່ອຄຸ້ມຄອງຢາຂອງຂ້ອຍໄດ້ບໍ່?

ໄດ້. ທ່ານສາມາດຂໍໃຫ້ Molina Medicare Complete Care Plus ດໍາເນີນການຍົກເວັ້ນ ເພື່ອຄຸ້ມຄອງຢາທີ່ບໍ່ມີຢູ່ໃນລາຍການຢາ.

ທ່ານຍັງສາມາດຂໍໃຫ້ພວກເຮົາປ່ຽນແປງກົດລະບຽບກ່ຽວກັບຢາຂອງທ່ານ.

- ຕົວຢ່າງ ເຊັ່ນ: Molina Medicare Complete Care Plus ອາດຈະຈໍາກັດປະລິມານຢາທີ່ພວກເຮົາຈະຄຸ້ມຄອງ. ຖ້າຢາຂອງທ່ານມີຂອບເຂດຈໍາກັດ, ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາປ່ຽນຂອບເຂດຈໍາກັດ ແລະ ຄຸ້ມຄອງເພີ່ມເຕີມໄດ້.
- ຕົວຢ່າງອື່ນໆ: ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຍົກເລີກຂໍ້ຈໍາກັດໃນການປິ່ນປົວຕາມຂັ້ນຕອນ ຫຼື ຂໍ້ກຳນົດການອະນຸຍາດລ່ວງໜ້າໄດ້.

B11. ຂ້າພະເຈົ້າຈະຂໍຂໍ້ຍົກເວັ້ນໄດ້ແນວໃດ?

ເພື່ອຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ, ກະລຸນາໂທຫາຝ່າຍບໍລິການສະມາຊິກ. ຕົວແທນບໍລິການສະມາຊິກ ຈະເຮັດວຽກຮ່ວມກັບທ່ານ ແລະ ຜູ້ໃຫ້ບໍລິການຂອງທ່ານ ເພື່ອຊ່ວຍທ່ານຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ. ທ່ານຍັງສາມາດອ່ານ ບົດທີ 9 ກ່ຽວກັບ ຫຼັກການຂອງການຄຸ້ມຄອງ ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມກ່ຽວກັບຂໍ້ຍົກເວັ້ນ.

B12. ໃຊ້ເວລາດົນບານໃດທີ່ຈະໄດ້ຮັບຂໍ້ຍົກເວັ້ນ?

ຫຼັງຈາກທີ່ພວກເຮົາໄດ້ຮັບຄໍາຊີ້ແຈງຈາກຜູ້ສັ່ງຢາຂອງທ່ານ ທີ່ສະໜັບສະໜູນຄໍາຮ້ອງຂໍການຍົກເວັ້ນຂອງທ່ານ, ພວກເຮົາຈະແຈ້ງຜົນການຕັດສິນໃຈໃຫ້ທ່ານພາຍໃນ 72 ຊົ່ວໂມງ. ທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆຂອງທ່ານ ສາມາດແຜ່ກ ຫຼື ສົ່ງໃບຊີ້ແຈງການສະໜັບສະໜູນໃຫ້ພວກເຮົາ. ພວກເຂົາຍັງສາມາດບອກພວກເຮົາທາງໂທລະສັບ ແລະ ຈາກນັ້ນແຜ່ກ ຫຼື ສົ່ງຄໍາຊີ້ແຈງ.



ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທເຟຣີ.
ສໍາລັບຂໍ້ມູນເພີ່ມເພີ່ມ, ກະລຸນາເຂົ້າໄປທີ່Molinahealthcare.com/Medicare.

ຖ້າທ່ານ ຫຼື ຜູ້ສັ່ງຢາຂອງທ່ານຄິດວ່າສຸຂະພາບຂອງທ່ານອາດຈະເປັນອັນຕະລາຍຖ້າທ່ານ ຕ້ອງລໍຖ້າການຕັດສິນໃຈເປັນເວລາ 72 ຊົ່ວໂມງ , ທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນທີ່ເລັ່ງລັດໄດ້ ເຊິ່ງຈະເຮັດໃຫ້ການຕັດສິນໃຈໄວຂຶ້ນ.
ຖ້າຜູ້ສັ່ງຢາຂອງທ່ານສະໜັບສະໜູນຄໍາຮ້ອງຂໍຂອງທ່ານ, ພວກເຮົາຈະໃຫ້ທ່ານຕັດສິນໃຈພາຍໃນ 24 ຊົ່ວໂມງ ຫຼັງຈາກໄດ້ຮັບຄໍາຊີ້ແຈງຈາກຜູ້ສັ່ງຢາຂອງທ່ານ.

B13. ຢາສາມັນແມ່ນຫຍັງ?

ຢາສາມັນແມ່ນປະກອບດ້ວຍສ່ວນປະສົມທີ່ມີຄືກັນກັບ ຢາທີ່ມີຊື່ ບົກກະຕິແລ້ວຢາສາມັນມີລາຄາຖືກກວ່າຢາທີ່ມີຊື່ ແລະ ບົກກະຕິແລ້ວບໍ່ມີຊື່ທີ່ຮູ້ຈັກກັນດີ. ຢາສາມັນຈະຖືກຮັບຮອງຈາກອົງການ ອາຫານ ແລະ ຢາ (FDA).

Molina Medicare Complete Care Plus ຄຸ້ມຄອງເອົາທັງຢາຊື່ທີ່ ແລະ ຢາສາມັນ.

B14. ຢາ OTC ແມ່ນຫຍັງ?

OTC ຫຍໍ້ມາຈາກ “Over-The-Counter” (ຢາທີ່ຈຳໜ່າຍໃຫ້ຜູ້ບໍລິໂພກໂດຍກົງໂດຍບໍ່ຕ້ອງມີໃບສັ່ງຢາ). Molina Medicare Complete Care Plus ຈະບໍ່ຄຸ້ມຄອງຢາ OTC.

B15. Molina Medicare Complete Care Plus ຄຸ້ມຄອງຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາບໍ ?

Molina Medicare Complete Care Plus ຄຸ້ມຄອງຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາບາງຊະນິດ ເມື່ອຜູ້ໃຫ້ບໍລິການຂອງທ່ານຂຽນເປັນໃບສັ່ງຢາໂດຍຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

ທ່ານສາມາດອ່ານລາຍການຢາຂອງ Molina Medicare Complete Care Plus ເພື່ອຊອກຫາວ່າຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາໃດແດ່ທີ່ຖືກຄຸ້ມຄອງ.

B16. Molina Medicare Complete Care Plus ຄຸ້ມຄອງການຈ່າຍຢາຕາມໃບສັ່ງໃນໄລຍະຍາວບໍ ?

- **ໂປຣແກມສັ່ງຊື້ທາງໄປສະນີ.** ພວກເຮົາມີໂຄງການສັ່ງຊື້ທາງໄປສະນີ ທີ່ຊ່ວຍໃຫ້ທ່ານໄດ້ຮັບຢາທີ່ຕ້ອງການສັ່ງໂດຍແພດສູງສຸດ 90 ວັນ ເຊິ່ງສົ່ງຕົງເຖິງເຮືອນຂອງທ່ານ. ການສະໜອງ 90 ວັນ ມີຄ່າທຳນຽມຮ່ວມຈ່າຍເທົ່າກັບການສະໜອງໜຶ່ງເດືອນເດືອນ.
- **ໂຄງການຮ້ານຂາຍຢາຂາຍຍ່ອຍ 90 ວັນ.** ຮ້ານຂາຍຢາຍ່ອຍບາງຮ້ານອາດຈະສະໜອງຢາຕາມໃບສັ່ງຂອງແພດເຖິງ 90 ວັນ . ການສະໜອງ 90 ວັນ ມີຄ່າທຳນຽມຮ່ວມຈ່າຍເທົ່າກັບການສະໜອງໜຶ່ງເດືອນເດືອນ.

B17. ຂ້ອຍສາມາດຮັບໃບສັ່ງຢາ ທີ່ຈັດສົ່ງເຖິງເຮືອນ ຈາກຮ້ານຂາຍຢາໃນພື້ນທີ່ຂອງຂ້ອຍໄດ້ ຫຼື ບໍ່ ?

ຮ້ານຂາຍຢາໃນພື້ນທີ່ຂອງທ່ານ ສາມາດສົ່ງໃບສັ່ງຢາໄປທີ່ເຮືອນຂອງທ່ານໄດ້. ທ່ານສາມາດໂທຕິດຕໍ່ຮ້ານຂາຍຢາຂອງທ່ານ ເພື່ອເບິ່ງວ່າມີບໍລິການຈັດສົ່ງຮອດເຮືອນ ຫຼື ບໍ່.

B18. ຄ່າໃຊ້ຈ່າຍຮ່ວມຂອງຂ້ອຍແມ່ນຫຍັງ?

ສະມາຊິກ Molina Medicare Complete Care Plus ມີ ຄ່າທຳນຽມຮ່ວມຈ່າຍທີ່ແຕກຕ່າງກັນຂຶ້ນກັບ LIS ຂອງທ່ານ (ເງິນອຸດໜູນລາຍໄດ້ຕ່ຳ) ຫຼື ກໍລະນີທີ່ຢູ່ໃນພາກ D ສຳລັບ ຢາທີ່ຕ້ອງສັ່ງໂດຍແພດ ແລະ OTC ແລະ ຜະລິດຕະພັນທີ່ບໍ່ແມ່ນຢາ ຖ້າສະມາຊິກປະຕິບັດຕາມກົດລະບຽບຂອງແຜນ. ເບິ່ງຄຳຖາມ B14 ແລະ B15 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບຢາ OTC ແລະ ຜະລິດຕະພັນທີ່ບໍ່ແມ່ນຢາ.

ລະດັບ ແມ່ນກຸ່ມຢາທີ່ຢູ່ໃນລາຍການຢາຂອງພວກເຮົາ.

ລະດັບ ແມ່ນກຸ່ມຢາທີ່ຢູ່ໃນລາຍການຢາຂອງພວກເຮົາ.

- ລະດັບ 1: ຢາສາມັນທີ່ຕ້ອງການມີຄ່າທຳນຽມຮ່ວມຈ່າຍ 0 ໂດລາ; ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 1.55 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 4.50 ໂດລາ.
- ລະດັບ 2: ຢາສາມັນທີ່ຕ້ອງການມີຄ່າທຳນຽມຮ່ວມຈ່າຍ 0 ໂດລາ; ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 1.55 ໂດລາ; ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 4.50 ໂດລາ.
- ລະດັບ 3: ອີ່ຫໍ້ທີ່ຕ້ອງການ ແລະ ຢາສາມັນລາຄາບານກາງມີຄ່າທຳນຽມຮ່ວມຈ່າຍ 0 ໂດລາ; ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 1.55 ໂດລາ; ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 4.50 ໂດລາ; ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 11.20 ໂດລາ
- ລະດັບ 4: ຢາທີ່ບໍ່ຕ້ອງການ ມີຄ່າທຳນຽມຮ່ວມຈ່າຍ 0 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 1.55 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 4.50 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 11.20 ໂດລາ.
- ລະດັບ 5 ອີ່ຫໍ້ເພີ່ມເຕີມ ແລະ ຢາສາມັນທີ່ລາຄາສູງ ມີຄ່າທຳນຽມຮ່ວມຈ່າຍ 0 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 1.55 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 4.50 ໂດລາ ຫຼື ຄ່າທຳນຽມຮ່ວມຈ່າຍ 11.20 ໂດລາ.

ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາໂທຫາຝ່າຍບໍລິການສະມາຊິກໄດ້ ທີ່ເບີ (800) 665-3086, TTY: 711.

C. ພາບລວມຂອງ ລາຍການຢາທີ່ຄຸ້ມຄອງ

ລາຍການຢາທີ່ຄຸ້ມຄອງ ຈະໃຫ້ຂໍ້ມູນກ່ຽວກັບຢາທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus./ ຖ້າທ່ານມີບັນຫາໃນການຄົ້ນຫາຢາຂອງທ່ານໃນລາຍການຢາ ໃຫ້ເປີດໄປທີ່ດັດຊະນີຢາທີ່ຄຸ້ມຄອງ ເຊິ່ງຢູ່ເບື້ອງຕົ້ນໜ້າທີ່ 88. ດັດຊະນີຈະສະແດງລາຍການຢາທັງໝົດທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus.

ໝາຍເຫດ: ເຄື່ອງໝາຍ_ ທີ່ຢູ່ຖັດຈາກຢາໝາຍຄວາມວ່າຢານັ້ນບໍ່ແມ່ນ “ຢາ ພາກ D.” ຢາເຫຼົ່ານີ້ມີກົດລະບຽບທີ່ແຕກຕ່າງກັນສໍາລັບການອຸທອນ.

- ການອຸທອນເປັນວິທີທາງການທີ່ຈະຂໍໃຫ້ພວກເຮົາທົບທວນຄືນການຕັດສິນໃຈທີ່ພວກເຮົາໄດ້ເຮັດ ກ່ຽວກັບການຄຸ້ມຄອງຂອງທ່ານ ແລະ ໃຫ້ປ່ຽນແປງທາງການຄິດວ່າພວກເຮົາເຮັດຜິດ.
- ຕົວຢ່າງ: ພວກເຮົາອາດຈະຕັດສິນໃຈວ່າຢາທີ່ທ່ານຕ້ອງການນັ້ນບໍ່ຖືກຄຸ້ມຄອງ ຫຼື ບໍ່ໄດ້ຮັບການຄຸ້ມຄອງຈາກ Medicare ຫຼື Medi-Cal ອີກຕໍ່ໄປ.
- ຖ້າທ່ານ ຫຼື ທ່ານໝໍຂອງທ່ານບໍ່ເຫັນດີກັບການຕັດສິນໃຈຂອງພວກເຮົາ, ທ່ານສາມາດຍື່ນອຸທອນໄດ້. ຖ້າທ່ານມີຄໍາຖາມ, ໃຫ້ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກ ໄດ້ທີ່ເບີ (800) 665-3086, TTY: 711.
- ທ່ານຍັງສາມາດອ່ານບົດທີ 9 ກ່ຽວກັບ *ຫຼັກການຂອງການຄຸ້ມຄອງ* ເພື່ອຮຽນຮູ້ວິທີອຸທອນການຕັດສິນໃຈ.



ຖ້າທ່ານມີຄໍາຖາມ, ກະລຸນາຕິດຕໍ່ຫາ Molina Medicare Complete Care Plus ເບີໂທ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ-ວັນສຸກ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ. ໂທຟຣີ.
ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ກະລຸນາເຂົ້າໄປທີ່ Molinahealthcare.com/Medicare.

C1. ລາຍການຢາຕາມອາການ ການຮັກສາ

ຢາໃນພາກນີ້ຖືກແບ່ງອອກເປັນໝວດໝູ່ຕາມປະເພດຕາມຂອງອາການທີ່ຮັກສາ ທີ່ນຳໃຊ້ເພື່ອປິ່ນປົວ. ຕົວຢ່າງ: ຖ້າທ່ານມີບັນຫາເລື່ອງຫົວໃຈ, ທ່ານຄວນເບິ່ງຢູ່ໃນປະເພດ ຫົວໃຈ ແລະ ຫຼອດເລືອດ. ນັ້ນແມ່ນບ່ອນທີ່ທ່ານຈະຊອກຫາຢາທີ່ປິ່ນປົວພະຍາດຫົວໃຈ.

ນີ້ແມ່ນຄວາມໝາຍຂອງລະຫັດທີ່ໃຊ້ໃນຖັນ “ການກະທຳທີ່ຈຳເປັນ, ຂໍ້ຈຳກັດ ຫຼື ຂອບເຂດຈຳກັດການນຳໃຊ້”:

PA = ການອະນຸຍາດກ່ອນໜ້າ (ການອະນຸມັດ): ທ່ານຕ້ອງມີການອະນຸມັດກ່ອນທີ່ທ່ານຈະສາມາດຮັບຢານີ້ໄດ້.

QL = ຈຳກັດປະລິມານ: ປະລິມານຢາທີ່ແຜນຈະຄຸ້ມຄອງເອົາ.

ST = ເງື່ອນໄຂການປິ່ນປົວຕາມຂັ້ນຕອນ: ທ່ານຕ້ອງລອງຢາຊະນິດອື່ນກ່ອນຈຶ່ງສາມາດຮັບຢານີ້ໄດ້.

NM = ຄຳສັ່ງຊື້ທາງໄປສະນີ: ບໍ່ສາມາດລຳຖ້າຢານີ້ທາງທາງໄປສະນີໄດ້.

B/D = ຢານີ້ອາດຈະຖືກຄຸ້ມຄອງພາຍໃຕ້ Medicare ພາກ B ຫຼື D ຂຶ້ນກັບສະຖານະການ.

LA = ຈຳກັດການເຂົ້າເຖິງຢາ: ຢານີ້ອາດມີຢູ່ໃນຮ້ານຂາຍຢາສະເພາະເທົ່ານັ້ນ.

_ = ຢາທີ່ບໍ່ແມ່ນສ່ວນ D ຫຼື ລາຍການ OTC ທີ່ຖືກຄຸ້ມຄອງໂດຍ Medicaid.

NDS= ການຈັດຫາວັນທີບໍ່ຂະຫຍາຍ: ທ່ານຈະຖືກຈຳກັດຢູ່ທີ່ຈຳນວນວັນທີ່ທ່ານຈະໄດ້ຮັບ.

ຖ້ານຳອິດຂອງຕາຕະລາງຈະບອກຊື່ຂອງຢາ. ຢາສາມັນແມ່ນລະບຸໄວ້ໃນຕົວເໜັງຕົວເລິ່ມນ້ອຍ (ຕົວຢ່າງ: *metformin hcl*), ຢາຊື່ຍີ່ຫໍ້ແມ່ນຕົວເລິ່ມໃຫຍ່ (ຕົວຢ່າງ: JANUVIA TABS). ຂໍ້ມູນໃນຄຳວ່າ “ການກະທຳທີ່ຈຳເປັນ, ຂໍ້ຈຳກັດ ຫຼື ຂອບເຂດຈຳກັດໃນການນຳໃຊ້” ຈະບອກທ່ານວ່າ Molina Medicare Complete Care Plus ມີກົດລະບຽບການປົກຄຸມຢາຂອງທ່ານ ຫຼື ບໍ່.

MOLINA_CY24_1T_SNP eff 04/01/2024**Drug Name****Drug Tier****Requirements/Limits****ANALGESICS****GOUT**

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL (240 tabs / 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
<i>atovaquone</i> SUSP 750mg/5ml	1	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	1	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
<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>miconazole sodium</i> SOLR 50mg, 100mg	1	NDS
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</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
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM

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

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NDS, NM
TRIUMEQ TAB	1	NDS, NM
TRIZIVIR 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	
<i>PRIFTIN TABS 150mg</i>	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, LA, PA
TRECTOR TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VEMLIDY TABS 25mg	1	NDS, NM
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	1	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	1	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM, LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
EMCYT CAPS 140mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	1	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NDS, NM, LA, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	1	NDS, NM, LA, PA
OGIVRI INJ 420MG	1	NDS, NM, LA, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA

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

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	
<i>NORPACE CR CP12 100mg, 150mg</i>	1	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	1	

ANTILIPEMICS, FIBRATES

<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS 600mg</i>	1	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS

<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<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	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	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	

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50mg	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	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metirosine</i> CAPS 250mg	1	NDS, 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	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
<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 2mg/ml, 4mg/ml	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)
<i>ANTIDEMENTIA</i>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	

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

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

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab</i> 10-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-100mg	1	
<i>carb/levo orally disintegrating tab</i> 25-250mg	1	
<i>carbidopa & levodopa tab</i> 10-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-100 mg	1	
<i>carbidopa & levodopa tab</i> 25-250 mg	1	
<i>carbidopa & levodopa tab er</i> 25-100 mg	1	
<i>carbidopa & levodopa tab er</i> 50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	1	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, LA, PA

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

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

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

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

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

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

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

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

HYPNOTICS

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

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

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

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 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), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
<i>ANTIDIABETICS</i>		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
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)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SOPN 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 SOPN .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	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	1	NM, PA
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	

Drug Name	Drug Tier	Requirements/Limits
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	NDS, PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & 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	B/D

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	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
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZIME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	1	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUEL PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
javygtor PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	1	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	1	NDS, NM, PA
miglustat CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
raloxifene hcl TABS 60mg	1	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA
yargesa CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	1	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	1	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	1	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	1	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	1	QL (540 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW 500mg	1	NDS, QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<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 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<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; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<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	

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

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

MISCELLANEOUS

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

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NDS, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/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, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	1	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, LA, PA
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, LA, PA

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

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1
D5W/LYTES INJ #48	1
D10W/NACL INJ 0.2%	1
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% in lactated ringers</i>	1
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1
ISOLYTE-P INJ /D5W	1
ISOLYTE-S INJ	1
ISOLYTE-S INJ PH 7.4	1
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<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 chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth) SUSP 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 1mg/ml</i>	1	QL (300 mL / 30 days)
<i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)

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

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

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

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
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 iii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

_PART B

DIABETIC METERS AND TEST STRIPS

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

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX KIT METER	0	B
TRUE METRIX STRIPS	0	B

D. ດັດຊະນີຂອງຢາທີ່ຄຸ້ມຄອງ

ໃນພາກນີ້, ທ່ານສາມາດຊອກຫາຢາໄດ້ໂດຍການຊອກຫາຊື່ຢາຕາມຕົວອັກສອນ.

ນີ້ຈະບອກທ່ານກ່ຽວກັບເລກໜ້າທີ່ທ່ານສາມາດຊອກຫາຂໍ້ມູນການຄຸ້ມຄອງເພີ່ມເຕີມສໍາລັບຢາຂອງທ່ານ.

<i>abacavir sulfate</i>	19	<i>afirmelle</i>	60
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	20	AIMOVIG	53
ABELCET	18	AKEEGA TAB 100/500	26
ABILIFY MAINTENA	45	AKEEGA TAB 50/500MG	26
<i>abiraterone acetate</i>	26	<i>ala-cort</i>	85
ABRYSVO	75	<i>albendazole</i>	17
<i>acamprosate calcium</i>	55	<i>albuterol sulfate</i>	81, 82
<i>acarbose</i>	56	<i>alclometasone dipropionate</i>	85
<i>accutane</i>	84	ALDURAZYME.....	65
<i>acebutolol hcl</i>	39	ALECENSA	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	16	<i>alendronate sodium</i>	59
<i>acetaminophen w/ codeine tab 300-15 mg</i>	16	<i>alfuzosin hcl</i>	70
<i>acetaminophen w/ codeine tab 300-30 mg</i>	16	<i>aliskiren fumarate</i>	41
<i>acetaminophen w/ codeine tab 300-60 mg</i>	16	<i>allopurinol</i>	15
<i>acetazolamide</i>	40	<i>alosetron hcl</i>	69
<i>acetic acid</i>	70	<i>alprazolam</i>	42
<i>acetic acid (otic)</i>	80	ALREX	79
<i>acetylcysteine</i>	82	<i>altavera</i>	60
<i>acitretin</i>	85	ALUNBRIG	28
ACTHIB INJ.....	75	ALUNBRIG PAK.....	28
ACTIMMUNE.....	74	<i>alyacen 1/35</i>	60
<i>acyclovir</i>	22	<i>alyacen 7/7/7</i>	60
<i>acyclovir sodium</i>	22	<i>amabelz tab 0.5-0.1mg</i>	64
ADACEL INJ	75	<i>amantadine hcl</i>	44
ADALIMUMAB-AACF (2 PEN)	72	<i>ambrisentan</i>	42
<i>adefovir dipivoxil</i>	22	<i>amethia</i>	60
ADEMPAS	42	<i>amikacin sulfate</i>	17
ADMELOG.....	57	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	40
ADMELOG SOLOSTAR.....	57	<i>amiloride hcl</i>	40
ADVAIR HFA AER 115/21.....	83	<i>amiodarone hcl</i>	38
ADVAIR HFA AER 230/21.....	83	<i>amitriptyline hcl</i>	43
ADVAIR HFA AER 45/21	83	<i>amlodipine besylate</i>	40
		<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	35
		<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	35

amlodipine besylate-benazepril hcl
 cap 2.5-10 mg..... 35
 amlodipine besylate-benazepril hcl
 cap 5-10 mg 35
 amlodipine besylate-benazepril hcl
 cap 5-20 mg 35
 amlodipine besylate-benazepril hcl
 cap 5-40 mg 35
 amlodipine besylate-olmesartan
 medoxomil tab 10-20 mg..... 37
 amlodipine besylate-olmesartan
 medoxomil tab 10-40 mg..... 37
 amlodipine besylate-olmesartan
 medoxomil tab 5-20 mg 36
 amlodipine besylate-olmesartan
 medoxomil tab 5-40 mg 37
 amlodipine besylate-valsartan tab
 10-160 mg..... 37
 amlodipine besylate-valsartan tab
 10-320 mg..... 37
 amlodipine besylate-valsartan tab 5-
 160 mg 37
 amlodipine besylate-valsartan tab 5-
 320 mg 37
 amnesteem..... 84
 amoxapine..... 43
 amoxicillin 24
 amoxicillin & k clavulanate chew tab
 200-28.5 mg 24
 amoxicillin & k clavulanate chew tab
 400-57 mg..... 24
 amoxicillin & k clavulanate for susp
 200-28.5 mg/5ml 24
 amoxicillin & k clavulanate for susp
 250-62.5 mg/5ml 24
 amoxicillin & k clavulanate for susp
 400-57 mg/5ml 24
 amoxicillin & k clavulanate for susp
 600-42.9 mg/5ml 24
 amoxicillin & k clavulanate tab 250-
 125 mg 24
 amoxicillin & k clavulanate tab 500-
 125 mg 24
 amoxicillin & k clavulanate tab 875-
 125 mg 24

amoxicillin & k clavulanate tab er
 12hr 1000-62.5 mg 24
 amphetamine-dextroamphetamine
 cap er 24hr 10 mg 51
 amphetamine-dextroamphetamine
 cap er 24hr 15 mg 51
 amphetamine-dextroamphetamine
 cap er 24hr 20 mg 51
 amphetamine-dextroamphetamine
 cap er 24hr 25 mg 51
 amphetamine-dextroamphetamine
 cap er 24hr 30 mg 51
 amphetamine-dextroamphetamine
 cap er 24hr 5 mg 51
 amphetamine-dextroamphetamine
 tab 10 mg..... 51
 amphetamine-dextroamphetamine
 tab 12.5 mg 51
 amphetamine-dextroamphetamine
 tab 15 mg 51
 amphetamine-dextroamphetamine
 tab 20 mg 51
 amphetamine-dextroamphetamine
 tab 30 mg 51
 amphetamine-dextroamphetamine
 tab 5 mg..... 51
 amphetamine-dextroamphetamine
 tab 7.5 mg 51
 amphotericin b 18
 amphotericin b liposome..... 18
 ampicillin 24
 ampicillin & sulbactam sodium for inj
 1.5 (1-0.5) gm 24
 ampicillin & sulbactam sodium for inj
 3 (2-1) gm..... 24
 ampicillin & sulbactam sodium for iv
 soln 1.5 (1-0.5) gm..... 24
 ampicillin & sulbactam sodium for iv
 soln 15 (10-5) gm..... 24
 ampicillin & sulbactam sodium for iv
 soln 3 (2-1) gm 24
 ampicillin sodium..... 24
 anagrelide hcl 71
 anastrozole 26
 ANORO ELLIPT AER 62.5-25..... 81
 aprepitant..... 67

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	67	<i>ayuna</i>	60
<i>apri</i>	60	AYVAKIT	28
APTIOM	47	azacitidine	26
APTIVUS.....	19	azathioprine	74
ARALAST NP	82	azelastine hcl	81
<i>aranelle</i>	60	azelastine hcl (ophth).....	79
ARCALYST	74	azithromycin	23
AREXVY.....	75	aztreonam	17
<i>aripiprazole</i>	45	<i>azurette</i>	60
ARISTADA	45	<i>bacitracin (ophthalmic)</i>	79
ARISTADA INITIO	45	<i>bacitracin-polymyxin b ophth oint.</i> 79	
<i>armodafinil</i>	55	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	78
ARNUITY ELLIPTA	83	<i>baclofen</i>	54
<i>asenapine maleate</i>	45	BAFIERTAM.....	54
<i>ashlyna</i>	60	<i>balsalazide disodium</i>	68
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	72	BALVERSA	29
ASTAGRAF XL	74	<i>balziva</i>	60
<i>atazanavir sulfate</i>	19	BARACLUDE.....	22
<i>atenolol</i>	39	BASAGLAR KWIKPEN.....	57
<i>atenolol & chlorthalidone tab 100-25 mg</i>	39	BCG VACCINE	75
<i>atenolol & chlorthalidone tab 50-25 mg</i>	39	BD ALCOHOL SWABS	57
<i>atomoxetine hcl</i>	51	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	36
<i>atorvastatin calcium</i>	38	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	36
<i>atovaquone</i>	17	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	36
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	19	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	35
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	19	<i>benazepril hcl</i>	36
ATROPINE SULFATE	80	BENDEKA	25
<i>atropine sulfate (ophthalmic)</i>	80	BENLYSTA	74
ATROVENT HFA	81	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	84
<i>aubra eq</i>	60	<i>benztropine mesylate</i>	44
AUGTYRO	28	BERINERT.....	71
<i>aurovela 1/20</i>	60	BESIVANCE.....	79
<i>aurovela 24 fe</i>	60	BESREMI	28
<i>aurovela fe 1.5/30</i>	60	<i>betaine powder for oral solution</i> ...	65
<i>aurovela fe 1/20</i>	60	<i>betamethasone dipropionate (topical)</i>	85
AUSTEDO	53	<i>betamethasone dipropionate augmented</i>	85
AUSTEDO XR	53	<i>betamethasone valerate</i>	85
AUSTEDO XR TAB TITR KIT.....	53	BETASERON.....	54
AUVELITY TAB 45-105MG	43		
<i>aviane</i>	60		

<i>betaxolol hcl</i>	39	<i>bumetanide</i>	40
<i>betaxolol hcl (ophth)</i>	80	<i>buprenorphine</i>	15
<i>bethanechol chloride</i>	70	<i>buprenorphine hcl</i>	55
BETOPTIC-S	80	<i>buprenorphine hcl-naloxone hcl sl</i>	
BEVESPI AER 9-4.8MCG	81	<i>film 12-3 mg (base equiv)</i>	55
<i>bexarotene</i>	28	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bexarotene (topical)</i>	86	<i>film 2-0.5 mg (base equiv)</i>	55
BEXSERO INJ	75	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bicalutamide</i>	26	<i>film 4-1 mg (base equiv)</i>	55
BICILLIN L-A	24	<i>buprenorphine hcl-naloxone hcl sl</i>	
BIKTARVY TAB 30-120-15 MG	20	<i>film 8-2 mg (base equiv)</i>	55
BIKTARVY TAB 50-200-25 MG	20	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 2-0.5 mg (base equiv)</i>	55
<i>10-6.25 mg</i>	39	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 8-2 mg (base equiv)</i>	55
<i>2.5-6.25 mg</i>	39	<i>bupropion hcl</i>	43
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl (smoking deterrent)</i>	55
<i>5-6.25 mg</i>	39	<i>buspirone hcl</i>	42
<i>bisoprolol fumarate</i>	39	<i>butorphanol tartrate</i>	16
BIVIGAM	74	BYDUREON BCISE	56
<i>blisovi 24 fe</i>	60	BYETTA	56
<i>blisovi fe 1.5/30</i>	60	<i>cabergoline</i>	65
BOOSTRIX INJ	75	CABOMETYX	29
<i>bortezomib</i>	29	<i>calcipotriene</i>	85
BORTEZOMIB	29	<i>calcitonin (salmon) spray</i>	59
<i>bosentan</i>	42	<i>calcitrene</i>	85
BOSULIF	29	<i>calcitriol</i>	67
BRAFTOVI	29	<i>calcitriol (oral)</i>	67
BREO ELLIPTA INH 100-25	83	<i>calcium acetate (phosphate binder)</i>	
BREO ELLIPTA INH 200-25	84	.....	66
BREO ELLIPTA INH 50-25MCG	83	CALQUENCE	29
BREZTRI AERO AER SPHERE	81	<i>camila</i>	60
BREZTRI AERO AER SPHERE		<i>camrese</i>	60
(INSTITUTIONAL PACK)	81	<i>camrese lo</i>	60
<i>briellyn</i>	60	<i>candesartan cilexetil</i>	38
BRILINTA	72	<i>candesartan cilexetil-</i>	
<i>brimonidine tartrate</i>	80	<i>hydrochlorothiazide tab 16-12.5</i>	
<i>brinzolamide</i>	80	<i>mg</i>	37
BRIVIACT	47	<i>candesartan cilexetil-</i>	
<i>bromfenac sodium (ophth)</i>	79	<i>hydrochlorothiazide tab 32-12.5</i>	
<i>bromocriptine mesylate</i>	44	<i>mg</i>	37
BROMSITE	79	<i>candesartan cilexetil-</i>	
BRONCHITOL	82	<i>hydrochlorothiazide tab 32-25 mg</i>	
BRUKINSA	29	.....	37
<i>budesonide</i>	68	CAPLYTA	45
<i>budesonide (inhalation)</i>	83	CAPRELSA	29

<i>captopril</i>	36	<i>cefaclor</i>	22
<i>captopril & hydrochlorothiazide tab</i>		CEFACTOR ER	22
25-15 mg	36	<i>cefadroxil</i>	23
<i>captopril & hydrochlorothiazide tab</i>		CEFAZOLIN	23
25-25 mg	36	CEFAZOLIN INJ 1GM/50ML	23
<i>captopril & hydrochlorothiazide tab</i>		<i>cefazolin sodium</i>	23
50-15 mg	36	CEFAZOLIN SOLN 2GM/100ML-4%	23
<i>captopril & hydrochlorothiazide tab</i>		<i>cefdinir</i>	23
50-25 mg	36	<i>cefepime hcl</i>	23
<i>carb/levo orally disintegrating tab</i>		<i>cefixime</i>	23
10-100mg.....	44	<i>cefoxitin sodium</i>	23
<i>carb/levo orally disintegrating tab</i>		<i>cefpodoxime proxetil</i>	23
25-100mg.....	44	<i>cefprozil</i>	23
<i>carb/levo orally disintegrating tab</i>		<i>ceftazidime</i>	23
25-250mg.....	44	<i>ceftriaxone sodium</i>	23
<i>carbamazepine</i>	48	<i>cefuroxime axetil</i>	23
<i>carbidopa & levodopa tab 10-100 mg</i>		<i>cefuroxime sodium</i>	23
.....	44	<i>celecoxib</i>	15
<i>carbidopa & levodopa tab 25-100 mg</i>		<i>cephalexin</i>	23
.....	44	CERDELGA.....	65
<i>carbidopa & levodopa tab 25-250 mg</i>		CEREZYME.....	65
.....	44	<i>cetirizine hcl</i>	81
<i>carbidopa & levodopa tab er 25-100</i>		<i>cevimeline hcl</i>	87
<i>mg</i>	44	<i>chateal eq</i>	60
<i>carbidopa & levodopa tab er 50-200</i>		CHEMET	59
<i>mg</i>	44	<i>chlorhexidine gluconate (mouth-</i>	
<i>carbidopa-levodopa-entacapone tabs</i>		<i>throat)</i>	87
12.5-50-200 mg	44	<i>chloroquine phosphate</i>	19
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorpromazine hcl</i>	45
18.75-75-200 mg	44	<i>chlorthalidone</i>	40
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine</i>	39
25-100-200 mg	44	<i>cholestyramine light</i>	39
<i>carbidopa-levodopa-entacapone tabs</i>		<i>ciclopirox olamine</i>	84, 85
31.25-125-200 mg	44	<i>cilostazol</i>	71
<i>carbidopa-levodopa-entacapone tabs</i>		CILOXAN	79
37.5-150-200 mg	44	CIMDUO TAB 300-300.....	20
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cinacalcet hcl</i>	65
50-200-200 mg	44	CIPRO	23
<i>carboplatin</i>	25	<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>carglumic acid</i>	65	.....	23
<i>carisoprodol</i>	54	<i>ciprofloxacin 400 mg/200ml in d5w</i>	
<i>carteolol hcl (ophth)</i>	80	.....	23
<i>cartia xt</i>	40	<i>ciprofloxacin hcl</i>	23
<i>carvedilol</i>	39	<i>ciprofloxacin hcl (ophth)</i>	79
<i>caspofungin acetate</i>	19	<i>ciprofloxacin-dexamethasone otic</i>	
CAYSTON	17	<i>susp 0.3-0.1%</i>	80

<i>cisplatin</i>	25	<i>colesevelam hcl</i>	39
<i>citalopram hydrobromide</i>	43	<i>colestipol hcl</i>	39
<i>claravis</i>	84	<i>colistimethate sodium</i>	17
<i>clarithromycin</i>	23	COMBIGAN SOL 0.2/0.5%	80
<i>clindamycin hcl</i>	17	COMBIVENT AER 20-100	81
<i>clindamycin palmitate hydrochloride</i>	17	COMETRIQ (60MG DOSE)	29
<i>clindamycin phosphate</i>	17	COMETRIQ KIT 100MG	29
<i>clindamycin phosphate (topical)</i> ...	84	COMETRIQ KIT 140MG	29
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	17	COMPLERA TAB	20
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	17	<i>compro</i>	67
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	17	<i>constulose</i>	68
<i>clindamycin phosphate vaginal</i>	70	COPIKTRA	29
CLINDMYC/NAC INJ 300/50ML	17	CORLANOR	41
CLINDMYC/NAC INJ 600/50ML	17	COTELLIC	29
CLINDMYC/NAC INJ 900/50ML	17	CREON CAP 12000UNT	69
CLINIMIX INJ 4.25/D10	78	CREON CAP 24000UNT	69
CLINIMIX INJ 4.25/D5W	78	CREON CAP 3000UNIT	69
CLINIMIX INJ 5%/D15W	78	CREON CAP 36000UNT	69
CLINIMIX INJ 5%/D20W	78	CREON CAP 6000UNIT	69
CLINIMIX INJ 6/5	78	<i>cromolyn sodium</i>	82
CLINIMIX INJ 8/10	78	<i>cromolyn sodium (mastocytosis)</i> ..	69
CLINIMIX INJ 8/14	78	<i>cromolyn sodium (ophth)</i>	80
<i>clinisol sf 15%</i>	78	<i>cryselle-28</i>	60
CLINOLIPID EMU 20%	78	<i>cyclobenzaprine hcl</i>	54
<i>clobazam</i>	48	<i>cyclophosphamide</i>	25
<i>clobetasol propionate</i>	85	CYCLOPHOSPHAMIDE	25
<i>clobetasol propionate e</i>	85	CYCLOPHOSPHAMIDE MONOHYDR	25
<i>clomipramine hcl</i>	43	<i>cycloserine</i>	21
<i>clonazepam</i>	48	<i>cyclosporine</i>	75
<i>clonidine</i>	41	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	75
<i>clonidine hcl</i>	41	<i>cyproheptadine hcl</i>	81
<i>clopidogrel bisulfate</i>	72	<i>cyred eq</i>	60
<i>clorazepate dipotassium</i>	48	CYSTADROPS	80
<i>clotrimazole</i>	87	CYSTAGON	65
<i>clotrimazole (topical)</i>	85	CYSTARAN	80
<i>clotrimazole w/ betamethasone</i> cream 1-0.05%	85	<i>cytarabine</i>	26
<i>clozapine</i>	45	D10W/NACL INJ 0.2%	76
COARTEM TAB 20-120MG	19	D2.5W/NACL INJ 0.45%	76
<i>colchicine</i>	15	D5W/LYTES INJ #48	76
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	15	<i>dabigatran etexilate mesylate</i>	70
		<i>dalfampridine</i>	54
		<i>danazol</i>	64
		<i>dantrolene sodium</i>	54
		<i>dapsone</i>	17
		DAPTACEL INJ	75

<i>daptomycin</i>	17	<i>dextrose 5% w/ sodium chloride</i>	
DAPTOMYCIN	17	0.225%	76
<i>darunavir</i>	19	<i>dextrose 5% w/ sodium chloride</i>	
<i>dasetta 1/35</i>	60	0.3%.....	76
<i>dasetta 7/7/7</i>	60	<i>dextrose 5% w/ sodium chloride</i>	
DAURISMO	29	0.45%	76
<i>daysee</i>	60	<i>dextrose 5% w/ sodium chloride</i>	
DAYVIGO.....	52	0.9%.....	76
<i>deblitane</i>	60	DIACOMIT	48
<i>deferasirox</i>	59	<i>diazepam</i>	48
DELSTRIGO TAB.....	21	<i>diazepam (anticonvulsant)</i>	48
DENGVAIXIA SUS	75	<i>diazepam inj</i>	48
DEPO-SUBQ PROVERA 104	60	<i>diazepam intensol</i>	48
<i>depo-testosterone</i>	55	<i>diazoxide</i>	65
DESCOVY TAB 120-15MG	21	<i>diclofenac potassium</i>	15
DESCOVY TAB 200/25MG	21	<i>diclofenac sodium</i>	15
<i>desipramine hcl</i>	43	<i>diclofenac sodium (ophth)</i>	79
<i>desmopressin acetate</i>	65	<i>diclofenac sodium (topical)</i>	86
<i>desmopressin acetate spray</i>	65	<i>dicloxacillin sodium</i>	24
<i>desmopressin acetate spray</i>		<i>dicyclomine hcl</i>	68
<i>refrigerated</i>	65	DIFICID.....	23
<i>desogest-eth estrad & eth estrad tab</i>		<i>diflunisal</i>	15
0.15-0.02/0.01 mg(21/5)	60	<i>difluprednate</i>	79
<i>desogestrel & ethinyl estradiol tab</i>		<i>digoxin</i>	41
0.15 mg-30 mcg.....	60	<i>dihydroergotamine mesylate</i>	53
<i>desvenlafaxine succinate</i>	43	DILANTIN	48
<i>dexamethasone</i>	64	DILANTIN INFATABS	48
DEXAMETHASONE INTENSOL	65	DILANTIN-125.....	48
<i>dexamethasone sodium phosphate</i> 65		<i>diltiazem hcl</i>	40
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl coated beads</i>	40
<i>(ophth)</i>	79	<i>diltiazem hcl extended release beads</i>	
DEXCOM G6 MIS RECEIVER	87	.....	40
DEXCOM G6 MIS SENSOR.....	87	<i>dilt-xr</i>	40
DEXCOM G6 MIS TRANSMIT.....	87	DIP/TET PED INJ 25-5LFU.....	75
DEXCOM G7 MIS RECEIVER	87	<i>diphenhydramine hcl</i>	81
DEXCOM G7 MIS SENSOR.....	87	<i>diphenoxylate w/ atropine liq 2.5-</i>	
<i>dexmethylphenidate hcl</i>	51, 52	0.025 mg/5ml	69
<i>dextrose</i>	78	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dextrose 10% w/ sodium chloride</i>		0.025 mg	69
0.45%	76	<i>dipyridamole</i>	72
<i>dextrose 2.5% w/ sodium chloride</i>		<i>disopyramide phosphate</i>	38
0.45%	76	<i>disulfiram</i>	55
<i>dextrose 5% in lactated ringers</i>	76	<i>divalproex sodium</i>	48
<i>dextrose 5% w/ sodium chloride</i>		<i>docetaxel</i>	28
0.2%.....	76	DOCETAXEL	28
		<i>dofetilide</i>	38

<i>donepezil hydrochloride</i>	42	ELIQUIS STARTER PACK	70
DOPTELET	71	ELLECE.....	26
<i>dorzolamide hcl</i>	80	<i>eluryng</i>	60
<i>dorzolamide hcl-timolol maleate</i> <i>ophth soln 2-0.5%</i>	80	EMCYT	26
<i>dotti</i>	64	EMSAM.....	43
DOVATO TAB 50-300MG.....	21	<i>emtricitabine</i>	19
<i>doxazosin mesylate</i>	36	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	21
<i>doxepin hcl</i>	43	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	21
<i>doxepin hcl (sleep)</i>	52	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	21
<i>doxorubicin hcl</i>	26	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	21
<i>doxorubicin hcl liposomal</i>	26	EMTRIVA	20
<i>doxy 100</i>	25	EMVERM	17
<i>doxycycline (monohydrate)</i>	25	<i>enalapril maleate</i>	36
<i>doxycycline hyclate</i>	25	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 10-25 mg</i>	36
<i>dronabinol</i>	67	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 5-12.5 mg</i>	36
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	60	ENBREL	72
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	60	ENBREL MINI	72
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	60	ENBREL SURECLICK.....	72
DROXIA.....	71	ENDARI	71
<i>droxidopa</i>	41	<i>endocet tab 10-325mg</i>	16
DULERA AER 100-5MCG	84	<i>endocet tab 2.5-325mg</i>	16
DULERA AER 200-5MCG	84	<i>endocet tab 5-325mg</i>	16
DULERA AER 50-5MCG	84	<i>endocet tab 7.5-325mg</i>	16
<i>duloxetine hcl</i>	43	ENERGIX-B	75
DUPIXENT	72	<i>enilloring</i>	60
<i>dutasteride</i>	70	<i>enoxaparin sodium</i>	71
<i>dutasteride-tamsulosin hcl cap 0.5-</i> <i>0.4 mg</i>	70	<i>enpresse-28</i>	60
<i>e.e.s. 400</i>	23	<i>enskyce</i>	60
<i>ec-naproxen</i>	15	ENSTILAR AER	85
EDURANT	19	<i>entacapone</i>	44
<i>efavirenz</i>	19	<i>entecavir</i>	22
<i>efavirenz-emtricitabine-tenofovir df</i> <i>tab 600-200-300 mg</i>	21	ENTRESTO TAB 24-26MG.....	37
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	21	ENTRESTO TAB 49-51MG.....	37
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	21	ENTRESTO TAB 97-103MG.....	37
ELIGARD	26	<i>enulose</i>	68
<i>elinest</i>	60	EPCLUSA PAK 150-37.5.....	22
ELIQUIS	70	EPCLUSA PAK 200-50MG	22
		EPCLUSA TAB 200-50MG	22

EPCLUSA TAB 400-100.....	22	everolimus.....	30
EPIDIOLEX.....	48	everolimus (immunosuppressant) .	75
epinephrine (anaphylaxis)	41, 82	EVOTAZ TAB 300-150	21
epitol	48	exemestane	27
eplerenone	36	EXKIVITY.....	30
EPRONTIA	49	EYSUVIS.....	79
ergotamine w/ caffeine tab 1-100 mg		ezetimibe	39
.....	53	ezetimibe-simvastatin tab 10-10 mg	
ERIVEDGE	29	.....	39
ERLEADA.....	27	ezetimibe-simvastatin tab 10-20 mg	
erlotinib hcl.....	29, 30	.....	39
errin	61	ezetimibe-simvastatin tab 10-40 mg	
ertapenem sodium.....	17	.....	39
ery	84	ezetimibe-simvastatin tab 10-80 mg	
ery-tab.....	23	.....	39
ERYTHROCIN LACTOBIONATE	23	FABRAZYME	65
erythrocine stearate	23	falmina.....	61
erythromycin (acne aid)	84	famciclovir	22
erythromycin (ophth).....	79	famotidine	68
erythromycin base	23	famotidine in nacl 0.9% iv soln 20	
erythromycin ethylsuccinate	23	mg/50ml	68
erythromycin lactobionate	23	FANAPT	45
escitalopram oxalate	43	FANAPT PAK.....	45
esomeprazole magnesium	69	FARXIGA	56
estarylla	61	FASENRA.....	82
estradiol	64	FASENRA PEN	82
estradiol & norethindrone acetate tab		felbamate	49
0.5-0.1 mg	64	felodipine	40
estradiol & norethindrone acetate tab		fenofibrate.....	38
1-0.5 mg	64	fenofibrate micronized.....	38
estradiol vaginal	64	fentanyl.....	15
estradiol valerate.....	64	fentanyl citrate.....	16
eszopiclone	52	fesoterodine fumarate	70
ethambutol hcl	21	FETZIMA.....	43
ethosuximide	49	FETZIMA CAP TITRATIO.....	43
ethynodiol diacetate & ethinyl		FIASP.....	57
estradiol tab 1 mg-35 mcg.....	61	FIASP FLEXTOUCH	57
ethynodiol diacetate & ethinyl		FIASP PENFILL	57
estradiol tab 1 mg-50 mcg.....	61	FIASP PUMPCART.....	57
etodolac	15	finasteride	70
etonogestrel-ethinyl estradiol va ring		fingolimod hcl	54
0.120-0.015 mg/24hr.....	61	FINTEPLA	49
etoposide	28	finzala	61
etravirine	20	FIRMAGON.....	27
EULEXIN.....	27	flac	80
euthyrox	67	FLAREX	79

FLEBOGAMMA DIF	74	FREESTYLE MIS READER	87
<i>flecainide acetate</i>	38	FRUZAQLA.....	30
<i>fluconazole</i>	19	<i>fulvestrant</i>	27
<i>fluconazole in nacl 0.9% inj 200</i>		<i>furosemide</i>	41
<i>mg/100ml</i>	19	<i>furosemide inj</i>	41
<i>fluconazole in nacl 0.9% inj 400</i>		FUZEON	20
<i>mg/200ml</i>	19	<i>fyavolv tab 0.5mg-2.5mcg</i>	64
<i>flucytosine</i>	19	<i>fyavolv tab 1mg-5mcg</i>	64
<i>fludrocortisone acetate</i>	65	FYCOMPA.....	49
<i>flunisolide (nasal)</i>	83	<i>gabapentin</i>	49
<i>fluocinolone acetonide</i>	86	<i>galantamine hydrobromide</i>	42
<i>fluocinolone acetonide (otic)</i>	80	GAMASTAN INJ.....	74
<i>fluocinonide</i>	86	GAMMAGARD LIQUID	74
<i>fluocinonide emulsified base</i>	86	GAMMAGARD S/D IGA LESS TH....	74
<i>fluorometholone (ophth)</i>	79	GAMMAKED	74
<i>fluorouracil</i>	26	GAMMAPLEX	74
<i>fluorouracil (topical)</i>	86	GAMUNEX-C.....	74
<i>fluoxetine hcl</i>	43	<i>ganciclovir sodium</i>	22
<i>fluphenazine decanoate</i>	45	GARDASIL 9 INJ	75
<i>fluphenazine hcl</i>	45	<i>gatifloxacin (ophth)</i>	79
<i>flurbiprofen</i>	15	GATTEX.....	69
<i>flurbiprofen sodium</i>	79	GAUZE PADS 2	58
<i>fluticasone propionate</i>	86	<i>gavilyte-c</i>	68
<i>fluticasone propionate (nasal)</i>	83	<i>gavilyte-g</i>	69
<i>fluticasone-salmeterol aer powder ba</i>		GAVRETO	30
<i>100-50 mcg/act</i>	84	<i>gefitinib</i>	30
<i>fluticasone-salmeterol aer powder ba</i>		<i>gemcitabine hcl</i>	26
<i>250-50 mcg/act</i>	84	<i>gemfibrozil</i>	38
<i>fluticasone-salmeterol aer powder ba</i>		GEMTESA	70
<i>500-50 mcg/act</i>	84	<i>generlac</i>	69
<i>fluvoxamine maleate</i>	42	<i>gengraf</i>	75
<i>fondaparinux sodium</i>	71	GENOTROPIN	66
<i>fosamprenavir calcium</i>	20	GENOTROPIN MINISQUICK	66
<i>fosinopril sodium</i>	36	<i>gentamicin in saline inj 0.8 mg/ml</i> 17	
<i>fosinopril sodium &</i>		<i>gentamicin in saline inj 1 mg/ml</i> ... 17	
<i>hydrochlorothiazide tab 10-12.5</i>		<i>gentamicin in saline inj 1.2 mg/ml</i> 17	
<i>mg</i>	36	<i>gentamicin in saline inj 1.6 mg/ml</i> 17	
<i>fosinopril sodium &</i>		<i>gentamicin in saline inj 2 mg/ml</i> ... 17	
<i>hydrochlorothiazide tab 20-12.5</i>		<i>gentamicin sulfate</i>	17
<i>mg</i>	36	<i>gentamicin sulfate (ophth)</i>	79
FOTIVDA	30	<i>gentamicin sulfate (topical)</i>	84
FREESTY LIBR KIT 2 SENSOR.....	87	GENVOYA TAB.....	21
FREESTY LIBR KIT 3 SENSOR.....	87	GILOTRIF	30
FREESTY LIBR MIS 2 READER	87	<i>glatiramer acetate</i>	54
FREESTY LIBR MIS 3 READER	87	<i>glatopa</i>	54
FREESTYLE KIT SENSOR.....	87	GLEOSTINE.....	25

<i>glimepiride</i>	56	HUMIRA	72
<i>glipizide</i>	56	HUMIRA PEDIA INJ CROHNS	72
<i>glipizide xl</i>	56	HUMIRA PEDIATRIC CROHNS D	72
<i>glipizide-metformin hcl tab 2.5-250</i>		HUMIRA PEN	72
<i>mg</i>	56	HUMIRA PEN KIT PS/UV	73
<i>glipizide-metformin hcl tab 2.5-500</i>		HUMIRA PEN-CD/UC/HS START	73
<i>mg</i>	56	HUMIRA PEN-PEDIATRIC UC S	73
<i>glipizide-metformin hcl tab 5-500 mg</i>		HUMIRA PEN-PS/UV STARTER	73
.....	56	HUMULIN R U-500 (CONCENTR	58
<i>glycopyrrolate</i>	68	HUMULIN R U-500 KWIKPEN	58
<i>glydo</i>	86	<i>hydralazine hcl</i>	41
GLYXAMBI TAB 10-5 MG.....	56	<i>hydrochlorothiazide</i>	41
GLYXAMBI TAB 25-5 MG.....	56	<i>hydrocodone bitartrate</i>	15
<i>granisetron hcl</i>	67	<i>hydrocodone-acetaminophen soln</i>	
<i>griseofulvin microsize</i>	19	7.5-325 mg/15ml	16
<i>griseofulvin ultramicrosize</i>	19	<i>hydrocodone-acetaminophen tab 10-</i>	
<i>guanfacine hcl</i>	41	325 mg	16
<i>guanfacine hcl (adhd)</i>	52	<i>hydrocodone-acetaminophen tab 5-</i>	
GVOKE HYOPEN 2-PACK	65	325 mg	16
GVOKE KIT	65	<i>hydrocodone-acetaminophen tab</i>	
GVOKE PFS.....	65	7.5-325 mg.....	16
HAEGARDA	71	<i>hydrocodone-ibuprofen tab 7.5-200</i>	
<i>hailey 1.5/30</i>	61	<i>mg</i>	16
<i>hailey 24 fe</i>	61	<i>hydrocortisone</i>	65
<i>halobetasol propionate</i>	86	<i>hydrocortisone (intrarectal)</i>	68
<i>haloette</i>	61	<i>hydrocortisone (rectal)</i>	86
<i>haloperidol</i>	46	<i>hydrocortisone (topical)</i>	86
<i>haloperidol decanoate</i>	46	<i>hydromorphone hcl</i>	16
<i>haloperidol lactate</i>	46	<i>hydroxychloroquine sulfate</i>	74
HARVONI PAK 33.75-150MG	22	<i>hydroxyurea</i>	28
HARVONI PAK 45-200MG.....	22	<i>hydroxyzine hcl</i>	81
HARVONI TAB 45-200MG.....	22	<i>hydroxyzine pamoate</i>	81
HARVONI TAB 90-400MG.....	22	HYSINGLA ER.....	15
HAVRIX	75	<i>ibandronate sodium</i>	59
<i>heather</i>	61	IBRANCE	30
HEP SOD/D5W INJ 20000UNT	71	<i>ibu</i>	15
HEP SOD/D5W INJ 25000UNT	71	<i>ibuprofen</i>	15
HEP SOD/NACL INJ 12500UNT	71	<i>icatibant acetate</i>	71
HEP SOD/NACL INJ 25000UNT	71	<i>iclevia</i>	61
<i>heparin sodium (porcine)</i>	71	ICLUSIG	30
HEPARIN/NACL INJ 25000UNT	71	IDACIO (2 PEN).....	73
HEPLISAV-B.....	75	IDACIO (2 SYRINGE)	73
HERCEP HYLEC SOL 60-10000	30	IDACIO CROHN INJ DISEASE	73
HERCEPTIN.....	30	IDACIO PLAQU INJ PSORIASIS	73
HERZUMA	30	IDHIFA	30
HIBERIX	75	<i>imatinib mesylate</i>	30

IMBRUVICA.....	30	<i>isosorbide mononitrate</i>	41
<i>imipenem-cilastatin intravenous for</i>		<i>isotretinoin</i>	84
<i>soln 250 mg</i>	17	<i>isradipine</i>	40
<i>imipenem-cilastatin intravenous for</i>		<i>itraconazole</i>	19
<i>soln 500 mg</i>	17	<i>ivermectin</i>	18
<i>imipramine hcl</i>	43	IWILFIN	28
<i>imiquimod</i>	86	IXIARO INJ	75
IMOVAX RABIES (H.D.C.V.)	75	JAKAFI	31
INBRIJA	44	<i>jantoven</i>	71
<i>incassia</i>	61	JANUMET TAB 50-1000.....	56
INCRELEX.....	66	JANUMET TAB 50-500MG.....	56
INCRUSE ELLIPTA.....	81	JANUMET XR TAB 100-1000	56
<i>indapamide</i>	41	JANUMET XR TAB 50-1000.....	56
INFANRIX INJ.....	75	JANUMET XR TAB 50-500MG.....	56
INFLIXIMAB	73	JANUVIA.....	56
INLYTA.....	31	JARDIANCE	56
INQOVI TAB 35-100MG	26	<i>jasmiel</i>	61
INREBIC	31	<i>javygtor</i>	66
INSULIN PEN NEEDLES: BD/NOVO	58	JAYPIRCA	31
INSULIN SAFETY NEEDLES	58	JENTADUETO TAB 2.5-1000	56
INSULIN SYRINGES: BD	58	JENTADUETO TAB 2.5-500.....	56
INTELENCE	20	JENTADUETO TAB 2.5-850	56
INTRALIPID	78	JENTADUETO TAB XR 2.5-1000MG	56
<i>introvale</i>	61	JENTADUETO TAB XR 5-1000MG...	56
INVEGA HAFYERA	46	<i>jinteli</i>	64
INVEGA SUSTENNA.....	46	<i>jolessa</i>	61
INVEGA TRINZA	46	<i>juleber</i>	61
IPOL INJ INACTIVE	75	JULUCA TAB 50-25MG	21
<i>ipratropium bromide</i>	81	<i>junel 1.5/30</i>	61
<i>ipratropium bromide (nasal)</i>	81	<i>junel 1/20</i>	61
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>junel fe 1.5/30</i>	61
<i>2.5(3) mg/3ml</i>	81	<i>junel fe 1/20</i>	61
<i>irbesartan</i>	38	<i>junel fe 24</i>	61
<i>irbesartan-hydrochlorothiazide tab</i>		JYNNEOS	75
<i>150-12.5 mg</i>	37	KADCYLA.....	31
<i>irbesartan-hydrochlorothiazide tab</i>		<i>kaitlib fe</i>	61
<i>300-12.5 mg</i>	37	KALYDECO	82
<i>irinotecan hcl</i>	28	KANJINTI.....	31
ISENTRESS	20	<i>kariva</i>	61
ISENTRESS HD.....	20	<i>kcl 10 meq/l (0.075%) in dextrose</i>	
<i>isibloom</i>	61	<i>5% & nacl 0.45% inj</i>	76
ISOLYTE-P INJ /D5W.....	76	<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i>	
ISOLYTE-S INJ	76	<i>inj</i>	77
ISOLYTE-S INJ PH 7.4	76	<i>kcl 20 meq/l (0.15%) in dextrose 5%</i>	
<i>isoniazid</i>	21	<i>& nacl 0.2% inj</i>	76
<i>isosorbide dinitrate</i>	41		

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	77	<i>lacosamide</i>	49
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	77	<i>lacosamide oral</i>	49
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	77	<i>lactated ringer's solution</i>	77
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	77	<i>lactic acid (ammonium lactate)</i>	86
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	77	<i>lactulose</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	77	<i>lactulose (encephalopathy)</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	77	<i>lamivudine</i>	20
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	77	<i>lamivudine (hbv)</i>	22
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	77	<i>lamivudine-zidovudine tab 150-300 mg</i>	21
<i>kelnor 1/35</i>	61	<i>lamotrigine</i>	49
<i>kelnor 1/50</i>	61	<i>lansoprazole</i>	70
<i>KERENDIA</i>	36	<i>LANTUS</i>	58
<i>KESIMPTA</i>	54	<i>LANTUS SOLOSTAR</i>	58
<i>ketoconazole</i>	19	<i>lapatinib ditosylate</i>	31
<i>ketoconazole (topical)</i>	85	<i>larin 1.5/30</i>	61
<i>ketorolac tromethamine (ophth)</i> ...	79	<i>larin 1/20</i>	61
<i>KEVZARA</i>	73	<i>larin 24 fe</i>	61
<i>KEYTRUDA</i>	31	<i>larin fe 1.5/30</i>	61
<i>KINRIX INJ</i>	75	<i>larin fe 1/20</i>	61
<i>KISQALI 200 DOSE</i>	31	<i>latanoprost</i>	80
<i>KISQALI 200 PAK FEMARA</i>	28	<i>layolis fe</i>	61
<i>KISQALI 400 DOSE</i>	31	<i>leena</i>	61
<i>KISQALI 400 PAK FEMARA</i>	28	<i>leflunomide</i>	74
<i>KISQALI 600 DOSE</i>	31	<i>lenalidomide</i>	27
<i>KISQALI 600 PAK FEMARA</i>	28	<i>LENVIMA 10 MG DAILY DOSE</i>	31
<i>klayesta</i>	85	<i>LENVIMA 12MG DAILY DOSE</i>	31
<i>klor-con</i>	77	<i>LENVIMA 20 MG DAILY DOSE</i>	31
<i>klor-con 10</i>	77	<i>LENVIMA 4 MG DAILY DOSE</i>	31
<i>klor-con 8</i>	77	<i>LENVIMA 8 MG DAILY DOSE</i>	31
<i>klor-con m10</i>	77	<i>LENVIMA CAP 14 MG</i>	31
<i>klor-con m15</i>	77	<i>LENVIMA CAP 18 MG</i>	31
<i>klor-con m20</i>	78	<i>LENVIMA CAP 24 MG</i>	31
<i>KORLYM</i>	66	<i>lessina</i>	61
<i>KOSELUGO</i>	31	<i>letrozole</i>	27
<i>kourzeq</i>	87	<i>leucovorin calcium</i>	35
<i>KRAZATI</i>	31	<i>LEUKERAN</i>	26
<i>kurvelo</i>	61	<i>leuprolide acetate</i>	27
<i>labetalol hcl</i>	39	<i>levalbuterol hcl</i>	82
		<i>levalbuterol tartrate</i>	82
		<i>levetiracetam</i>	49
		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	49
		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	49

<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	49	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	36
<i>levobunolol hcl</i>	80	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	36
<i>levocarnitine (metabolic modifiers)</i>	66	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	36
<i>levocetirizine dihydrochloride</i>	81	LITHIUM.....	53
<i>levofloxacin</i>	24	<i>lithium carbonate</i>	53
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	24	<i>loestrin 1.5/30-21</i>	62
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	24	<i>loestrin 1/20-21</i>	62
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	24	<i>loestrin fe 1.5/30</i>	62
<i>levonest</i>	61	<i>loestrin fe 1/20</i>	62
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	61	LOKELMA.....	59
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	62	LONSURF TAB 15-6.14	26
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	62	LONSURF TAB 20-8.19	26
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	62	<i>loperamide hcl</i>	69
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> ..	62	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	21
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	61	<i>lopinavir-ritonavir tab 100-25 mg</i> .	21
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	61	<i>lopinavir-ritonavir tab 200-50 mg</i> .	21
<i>levora 0.15/30-28</i>	62	<i>lorazepam</i>	42
<i>levo-t</i>	67	<i>lorazepam intensol</i>	42
<i>levothyroxine sodium</i>	67	LORBRENA.....	31, 32
<i>levoxyl</i>	67	<i>loryna</i>	62
LEXIVA.....	20	<i>losartan potassium</i>	38
<i>lidocaine</i>	86	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	37
<i>lidocaine hcl</i>	86	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	37
<i>lidocaine hcl (local anesth.)</i>	17	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	37
<i>lidocaine hcl (mouth-throat)</i>	87	LOTEMAX.....	79
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	86	<i>lovastatin</i>	38
<i>lidocan iii</i>	86	<i>low-ogestrel</i>	62
<i>linezolid</i>	18	<i>loxapine succinate</i>	46
LINEZOLID INJ 2MG/ML	18	LUMAKRAS	32
LINZESS.....	69	LUMIGAN.....	80
<i>liothyronine sodium</i>	67	LUMIZYME	66
<i>lisinopril</i>	36	LUPRON DEPOT (1-MONTH)	27
		LUPRON DEPOT (3-MONTH)	27
		LUPRON DEPOT-PED (1-MONTH....	66
		LUPRON DEPOT-PED (3-MONTH....	66
		LUPRON DEPOT-PED (6-MONTH....	66

<i>lurasidone hcl</i>	46	<i>methazolamide</i>	41
<i>lutera</i>	62	<i>methenamine hippurate</i>	18
<i>lyleq</i>	62	<i>methimazole</i>	67
<i>lyllana</i>	64	<i>methocarbamol</i>	54
LYNPARZA	32	<i>methotrexate sodium</i>	26, 74
LYSODREN.....	27	<i>methsuximide</i>	49
LYTGOBI (12 MG DAILY DOSE).....	32	<i>methylphenidate hcl</i>	52
LYTGOBI (16 MG DAILY DOSE).....	32	<i>methylprednisolone</i>	65
LYTGOBI (20 MG DAILY DOSE).....	32	<i>methylprednisolone acetate</i>	65
<i>lyza</i>	62	<i>methylprednisolone sod succ</i>	65
<i>magnesium sulfate</i>	77	<i>methyltestosterone</i>	55
MAGNESIUM SULFATE.....	77	<i>metoclopramide hcl</i>	68
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	77	<i>metolazone</i>	41
<i>malathion</i>	87	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	39
<i>maraviroc</i>	20	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	39
<i>marlissa</i>	62	<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	39
MARPLAN	43	<i>metoprolol succinate</i>	40
MATULANE.....	28	<i>metoprolol tartrate</i>	40
MAVYRET PAK 50-20MG	22	<i>metronidazole</i>	18
MAVYRET TAB 100-40MG.....	22	<i>metronidazole (topical)</i>	86
<i>meclizine hcl</i>	68	<i>metronidazole vaginal</i>	70
<i>medroxyprogesterone acetate</i>	67	<i>metyrosine</i>	41
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	62	MG SO4/D5W INJ 10MG/ML	77
<i>mefloquine hcl</i>	19	<i>mibelas 24 fe</i>	62
<i>megestrol acetate</i>	27, 67	<i>micafungin sodium</i>	19
<i>megestrol acetate (appetite)</i>	67	<i>microgestin 1.5/30</i>	62
MEKINIST	32	<i>microgestin 1/20</i>	62
MEKTOVI.....	32	<i>microgestin 24 fe</i>	62
<i>meloxicam</i>	15	<i>microgestin fe 1.5/30</i>	62
<i>memantine hcl</i>	42	<i>microgestin fe 1/20</i>	62
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	42	<i>midodrine hcl</i>	41
MENACTRA INJ	75	<i>mifepristone (hyperglycemia)</i>	66
MENQUADFI INJ	75	<i>miglustat</i>	66
MENVEO INJ	75	<i>mili</i>	62
MENVEO SOL	75	<i>mimvey</i>	64
<i>mercaptopurine</i>	26	<i>minocycline hcl</i>	25
<i>meropenem</i>	18	<i>minoxidil</i>	41
<i>mesalamine</i>	68	<i>mirtazapine</i>	43
<i>mesalamine w/ cleanser</i>	68	<i>misoprostol</i>	69
MESNEX	35	MITIGARE.....	15
<i>metformin hcl</i>	56	M-M-R II INJ	75
<i>methadone hcl</i>	15	M-NATAL PLUS TAB.....	78
<i>methadone hydrochloride i</i>	16	<i>modafinil</i>	55

<i>moexipril hcl</i>	36	<i>neomycin-bacitrac zn-polymyx</i>	
<i>molindone hcl</i>	46	5(3.5)mg-400unt-10000unt op oin	
<i>mometasone furoate</i>	86	.....	79
MONJUVI	32	<i>neomycin-polymy-gramicid op sol</i>	
<i>mono-lynyah</i>	62	1.75-10000-0.025mg-unt-mg/ml	
<i>montelukast sodium</i>	82	.....	79
<i>morphine sulfate</i>	16	<i>neomycin-polymyxin-dexamethasone</i>	
MORPHINE SULFATE	16	ophth oint 0.1%	78
MORPHINE SULFATE/SODIUM C ...	16	<i>neomycin-polymyxin-dexamethasone</i>	
MOUNJARO	57	ophth susp 0.1%	78
MOVANTIK.....	69	<i>neomycin-polymyxin-hc ophth susp</i>	
<i>moxifloxacin hcl</i>	24	.....	78
<i>moxifloxacin hcl (ophth)</i>	79	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>moxifloxacin hcl 400 mg/250ml in</i>		.....	80
<i>sodium chloride 0.8% inj</i>	24	<i>neomycin-polymyxin-hc otic susp 3.5</i>	
MULTAQ	38	mg/ml-10000 unit/ml-1%	80
<i>multiple electrolytes ph 5.5</i>	77	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>multiple electrolytes ph 7.4</i>	77	10000unt op oin	79
<i>mupirocin</i>	84	<i>neo-polycin hc ophth oint 1%</i>	78
<i>mycophenolate mofetil</i>	75	NERLYNX	32
<i>mycophenolate sodium</i>	75	NEUPRO	45
MYRBETRIQ	70	<i>nevirapine</i>	20
<i>nabumetone</i>	15	NEXAVAR.....	32
<i>nadolol</i>	40	<i>niacin (antihyperlipidemic)</i>	39
<i>nafcillin sodium</i>	24	<i>nicardipine hcl</i>	40
NAGLAZYME.....	66	NICOTROL INHALER.....	55
<i>nalbuphine hcl</i>	16	NICOTROL NS	55
<i>naloxone hcl</i>	55	<i>nifedipine</i>	40
<i>naltrexone hcl</i>	55	<i>nikki</i>	62
NAMZARIC CAP 14-10MG	42	<i>nilutamide</i>	27
NAMZARIC CAP 21-10MG	42	<i>nimodipine</i>	40
NAMZARIC CAP 28-10MG	42	NINLARO	32
NAMZARIC CAP 7-10MG	42	<i>nitazoxanide</i>	18
NAMZARIC CAP PACK.....	42	<i>nitisinone</i>	66
<i>naproxen</i>	15	NITRO-BID	41
<i>naproxen sodium</i>	15	<i>nitrofurantoin macrocrystal</i>	18
<i>naratriptan hcl</i>	53	<i>nitrofurantoin monohyd macro</i>	18
NATACYN.....	79	<i>nitroglycerin</i>	42
<i>nateglinide</i>	57	<i>nizatidine</i>	68
NATPARA.....	59	<i>nora-be</i>	62
NAYZILAM	49	<i>norelgestromin-ethinyl estradiol td</i>	
<i>nebivolol hcl</i>	40	ptwk 150-35 mcg/24hr.....	62
<i>necon 0.5/35-28</i>	62	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nefazodone hcl</i>	43	chew tab 0.4 mg-35 mcg	62
<i>neomycin sulfate</i>	18	<i>norethindrone & ethinyl estradiol-fe</i>	
		chew tab 0.8 mg-25 mcg	62

<i>norethindrone (contraceptive)</i>	62	<i>nylia 1/35</i>	63
<i>norethindrone ace & ethinyl estradiol</i>		<i>nylia 7/7/7</i>	63
<i>tab 1 mg-20 mcg</i>	62	NYMALIZE	40
<i>norethindrone ace & ethinyl estradiol</i>		<i>nymyo</i>	63
<i>tab 1.5 mg-30 mcg</i>	62	<i>nystatin</i>	19
<i>norethindrone ace & ethinyl</i>		<i>nystatin (mouth-throat)</i>	87
<i>estradiol-fe tab 1 mg-20 mcg</i>	62	<i>nystatin (topical)</i>	85
<i>norethindrone ace-eth estradiol-fe</i>		<i>nystop</i>	85
<i>chew tab 1 mg-20 mcg (24)</i>	63	<i>ocella</i>	63
<i>norethindrone acetate</i>	67	OCTAGAM	74
<i>norethindrone acetate-ethinyl</i>		<i>octreotide acetate</i>	66
<i>estradiol tab 0.5 mg-2.5 mcg</i>	64	ODEFSEY TAB	21
<i>norethindrone acetate-ethinyl</i>		ODOMZO	32
<i>estradiol tab 1 mg-5 mcg</i>	64	OFEV	82
<i>norethindrone ac-ethinyl estrad-fe</i>		<i>ofloxacin (ophth)</i>	79
<i>tab 1-20/1-30/1-35 mg-mcg</i>	62	<i>ofloxacin (otic)</i>	80
<i>norgestimate & ethinyl estradiol tab</i>		OGIVRI	32
<i>0.25 mg-35 mcg</i>	63	OGIVRI INJ 420MG	32
<i>norgestimate-eth estrad tab 0.18-</i>		OGSIVEO	32
<i>25/0.215-25/0.25-25 mg-mcg</i> ...	63	OJJAARA	32
<i>norgestimate-eth estrad tab 0.18-</i>		<i>olanzapine</i>	46
<i>35/0.215-35/0.25-35 mg-mcg</i> ...	63	<i>olmesartan medoxomil</i>	38
<i>norlyroc</i>	63	<i>olmesartan medoxomil-</i>	
NORPACE CR	38	<i>hydrochlorothiazide tab 20-12.5</i>	
<i>nortrel 0.5/35 (28)</i>	63	<i>mg</i>	37
<i>nortrel 1/35 (21)</i>	63	<i>olmesartan medoxomil-</i>	
<i>nortrel 1/35 (28)</i>	63	<i>hydrochlorothiazide tab 40-12.5</i>	
<i>nortrel 7/7/7</i>	63	<i>mg</i>	37
<i>nortriptyline hcl</i>	43	<i>olmesartan medoxomil-</i>	
NORVIR	20	<i>hydrochlorothiazide tab 40-25 mg</i>	
NOVOLIN INJ 70/30	58	.....	37
NOVOLIN INJ 70/30 FP	58	<i>olmesartan-amlodipine-</i>	
NOVOLIN N	58	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN N FLEXPEN	58	<i>mg</i>	37
NOVOLIN R	58	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN	58	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG MIX INJ 70/30	58	<i>mg</i>	37
NOVOLOG MIX INJ FLEXPEN	58	<i>olmesartan-amlodipine-</i>	
NUBEQA	27	<i>hydrochlorothiazide tab 40-10-25</i>	
NUDEXTA CAP 20-10MG	53	<i>mg</i>	37
NULOJIX	75	<i>olmesartan-amlodipine-</i>	
NUPLAZID	46	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NURTEC	53	<i>mg</i>	37
NUTRILIPID	78	<i>olmesartan-amlodipine-</i>	
NUZYRA	25	<i>hydrochlorothiazide tab 40-5-25</i>	
<i>nyamyc</i>	85	<i>mg</i>	37

<i>omega-3-acid ethyl esters cap 1 gm</i>	OZEMPIC (0.25 OR 0.5 MG/DOSE) 57
..... 39	OZEMPIC (0.25 OR 0.5MG/DOSE). 57
<i>omeprazole</i> 70	OZEMPIC (1MG/DOSE) 57
OMNIPOD 5 G6 KIT INTRO..... 58	OZEMPIC (2MG/DOSE) 57
OMNIPOD 5 G6 MIS PODS 58	<i>pacerone</i> 38
OMNIPOD 5 G7 KIT INTRO..... 58	<i>paclitaxel</i> 28
OMNIPOD 5 G7 MIS PODS 58	<i>paclitaxel protein-bound particles for</i>
OMNIPOD DASH KIT INTRO 58	<i>iv susp 100 mg</i> 28
OMNIPOD DASH MIS PODS..... 58	<i>paliperidone</i> 46
OMNIPOD GO KIT 10UNT/DY..... 58	<i>pamidronate disodium</i> 59
OMNIPOD GO KIT 15UNT/DY..... 58	PAMIDRONATE DISODIUM 59
OMNIPOD GO KIT 20UNT/DY..... 58	PANRETIN..... 87
OMNIPOD GO KIT 25UNT/DY..... 58	<i>pantoprazole sodium</i> 70
OMNIPOD GO KIT 30UNT/DY..... 58	PANZYGA..... 74
OMNIPOD GO KIT 35UNT/DY..... 58	<i>paraplatin</i> 26
OMNIPOD GO KIT 40UNT/DY..... 59	<i>paricalcitol</i> 67
OMNIPOD MIS CLASSIC 59	<i>paroxetine hcl</i> 43
<i>ondansetron</i> 68	PAXLOVID TAB 150-100 22
<i>ondansetron hcl</i> 68	PAXLOVID TAB 300-100 22
ONTRUZANT 32	<i>pazopanib hcl</i> 32
ONUREG..... 26	PEDIARIX INJ 0.5ML 76
OPSUMIT..... 42	PEDVAX HIB..... 76
ORGOVYX..... 27	<i>peg 3350-kcl-na bicarb-nacl-na</i>
ORKAMBI GRA 100-125..... 82	<i>sulfate for soln 236 gm</i> 69
ORKAMBI GRA 150-188..... 82	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>
ORKAMBI GRA 75-94MG..... 82	<i>420 gm</i> 69
ORKAMBI TAB 100-125 82	PEGASYS 22
ORKAMBI TAB 200-125 82	PEMAZYRE 32
ORSERDU 27	<i>pemetrexed disodium</i> 26
<i>oseltamivir phosphate</i> 22	PEN GK/DEXTR INJ 40000/ML 25
OTEZLA..... 73	PEN GK/DEXTR INJ 60000/ML 25
OTEZLA TAB 10/20/30 73	PENBRAYA INJ..... 76
<i>oxacillin sodium</i> 25	<i>penicillamine</i> 59
<i>oxaliplatin</i> 26	<i>penicillin g potassium</i> 25
<i>oxcarbazepine</i> 49	<i>penicillin g sodium</i> 25
<i>oxybutynin chloride</i> 70	<i>penicillin v potassium</i> 25
<i>oxycodone hcl</i> 16	PENTACEL INJ 76
<i>oxycodone w/ acetaminophen tab</i>	<i>pentamidine isethionate inh</i> 18
<i>10-325 mg</i> 16	<i>pentamidine isethionate inj</i> 18
<i>oxycodone w/ acetaminophen tab</i>	<i>pentoxifylline</i> 71
<i>2.5-325 mg</i> 16	<i>perindopril erbumine</i> 36
<i>oxycodone w/ acetaminophen tab 5-</i>	<i>perlogard</i> 87
<i>325 mg</i> 16	<i>permethrin</i> 87
<i>oxycodone w/ acetaminophen tab</i>	<i>perphenazine</i> 46
<i>7.5-325 mg</i> 16	PERSERIS 46
OXYCONTIN 16	<i>pfizerpen</i> 25

<i>phenelzine sulfate</i>	44	POT CHL 20MEQ/L IN NACL 0.45% INJ.....	77
<i>phenobarbital</i>	49	POT CHL 20MEQ/L IN NACL 0.9% INJ	77
<i>phenobarbital sodium</i>	49	POT CHL 40MEQ/L IN NACL 0.9% INJ	77
<i>phenytek</i>	49	<i>potassium chloride</i>	77, 78
<i>phenytoin</i>	49	POTASSIUM CHLORIDE	77
<i>phenytoin sodium</i>	50	<i>potassium chloride 20 meq/l</i> (0.15%) in dextrose 5% inj.....	77
<i>phenytoin sodium extended</i>	50	<i>potassium chloride</i> microencapsulated crystals er....	78
PHESGO SOL	32	<i>potassium citrate (alkalinizer)</i>	70
<i>philith</i>	63	PRADAXA.....	71
PIFELTRO	20	<i>pramipexole dihydrochloride</i>	45
<i>pilocarpine hcl</i>	80	<i>prasugrel hcl</i>	72
<i>pilocarpine hcl (oral)</i>	87	<i>pravastatin sodium</i>	38
<i>pimozide</i>	46	<i>praziquantel</i>	18
<i>pimtreea</i>	63	<i>prazosin hcl</i>	36
<i>pindolol</i>	40	<i>prednisolone</i>	65
<i>pioglitazone hcl</i>	57	<i>prednisolone acetate (ophth)</i>	79
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg.....	57	PREDNISOLONE SODIUM PHOSP ..	79
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg.....	57	<i>prednisolone sodium phosphate</i>	65
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	25	<i>prednisone</i>	65
<i>piperacillin sod-tazobactam sod for</i> <i>inj 13.5 gm (12-1.5 gm)</i>	25	PREDNISONE INTENSOL	65
<i>piperacillin sod-tazobactam sod for</i> <i>inj 2.25 gm (2-0.25 gm)</i>	25	<i>pregabalin</i>	50
<i>piperacillin sod-tazobactam sod for</i> <i>inj 4.5 gm (4-0.5 gm)</i>	25	PREHEVBRIO.....	76
<i>piperacillin sod-tazobactam sod for</i> <i>inj 40.5 gm (36-4.5 gm)</i>	25	PREMASOL SOL 10%.....	78
PIQRAY 200MG DAILY DOSE	32	PRENATAL TAB 27-1MG	78
PIQRAY 250MG TAB DOSE	32	PRENATAL TAB PLUS.....	78
PIQRAY 300MG DAILY DOSE	33	<i>prevalite</i>	39
<i>pirfenidone</i>	82, 83	PREVYMIS.....	22
<i>piroxicam</i>	15	PREZCOBIX TAB 800-150	21
PLASMA-LYTE INJ -148.....	77	PREZISTA	20
PLASMA-LYTE INJ -A.....	77	PRIFTIN.....	21
<i>plenamine</i>	78	<i>primaquine phosphate</i>	19
PLENVU SOL	69	PRIMAQUINE PHOSPHATE.....	19
<i>podofilox</i>	87	<i>primidone</i>	50
<i>polycin ophth oint</i>	79	PRIORIX INJ	76
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	79	PRIVIGEN	74
POMALYST	27	<i>probenecid</i>	15
<i>portia-28</i>	63	<i>prochlorperazine</i>	68
<i>posaconazole</i>	19	<i>prochlorperazine edisylate</i>	68
		<i>prochlorperazine maleate</i>	68
		PROCRIT	71
		<i>procto-med hc</i>	87

<i>proctosol hc</i>	87	REPATHA SURECLICK	39
<i>proctozone-hc</i>	87	RESTASIS	80
<i>progesterone</i>	67	RESTASIS MULTIDOSE	80
PROGRAF	75	RETEVMO	33
PROLASTIN-C.....	83	REVLIMID	27
PROLENSA.....	79	REXULTI	46
PROLIA	59	REYATAZ	20
PROMACTA	71, 72	REZLIDHIA	33
<i>promethazine hcl</i>	68	REZUROCK	75
<i>propafenone hcl</i>	38	RHOPRESSA.....	80
<i>proparacaine hcl</i>	80	<i>ribavirin (hepatitis c)</i>	22
<i>propranolol hcl</i>	40	<i>rifabutin</i>	21
<i>propylthiouracil</i>	67	<i>rifampin</i>	21
PROQUAD INJ	76	<i>riluzole</i>	53
PROSOL INJ 20%	78	<i>rimantadine hydrochloride</i>	22
<i>protriptyline hcl</i>	44	RINVOQ	73
PULMOZYME	83	<i>risedronate sodium</i>	59
PURIXAN	26	RISPERDAL CONSTA	47
<i>pyrazinamide</i>	21	<i>risperidone</i>	47
<i>pyridostigmine bromide</i>	53	<i>risperidone microspheres</i>	47
QINLOCK.....	33	<i>ritonavir</i>	20
QUADRACEL INJ	76	<i>rivastigmine</i>	43
QUADRACEL INJ 0.5ML.....	76	<i>rivastigmine tartrate</i>	43
<i>quetiapine fumarate</i>	46	<i>rivelsa</i>	63
<i>quinapril hcl</i>	36	<i>rizatriptan benzoate</i>	53
<i>quinidine sulfate</i>	38	ROCKLATAN DRO.....	80
<i>quinine sulfate</i>	19	<i>roflumilast</i>	83
QULIPTA.....	53	<i>ropinirole hydrochloride</i>	45
RABAVERT INJ	76	<i>rosuvastatin calcium</i>	39
<i>rabeprazole sodium</i>	70	ROTARIX SUS	76
<i>raloxifene hcl</i>	66	ROTATEQ SOL.....	76
<i>ramipril</i>	36	<i>roweepra</i>	50
<i>ranolazine</i>	41	ROZLYTREK	33
<i>rasagiline mesylate</i>	45	RUBRACA	33
RAYALDEE	67	<i>rufinamide</i>	50
<i>reclipsen</i>	63	RUKOBIA.....	20
RECOMBIVAX HB.....	76	RYBELSUS	57
RECTIV	87	RYDAPT.....	33
REGRANEX	87	<i>sajazir</i>	72
RELENZA DISKHALER.....	22	SANDIMMUNE	75
RELISTOR.....	69	SANTYL	87
REMICADE	73	<i>sapropterin dihydrochloride</i>	66
RENFLEXIS	73	SCEMBLIX	33
<i>repaglinide</i>	57	<i>scopolamine</i>	68
REPATHA.....	39	SECUADO	47
REPATHA PUSHTRONEX SYSTEM ..	39	<i>selegiline hcl</i>	45

<i>selenium sulfide</i>	85	SPRYCEL	33
SELZENTRY.....	20	<i>sps</i>	59
SEREVENT DISKUS	82	<i>sronyx</i>	63
<i>sertraline hcl</i>	44	<i>ssd</i>	84
<i>setlakin</i>	63	STELARA	73
<i>sevelamer carbonate</i>	66	STIVARGA	33
<i>sharobel</i>	63	<i>streptomycin sulfate</i>	18
SHINGRIX	76	STRIBILD TAB	21
SIGNIFOR.....	66	<i>subvenite</i>	50
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	42	<i>sucralfate</i>	69
<i>silver sulfadiazine</i>	84	<i>sulfacetamide sodium (acne)</i>	84
SIMBRINZA SUS 1-0.2%	80	<i>sulfacetamide sodium (ophth)</i>	79
<i>simliya</i>	63	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	78
<i>simpesse</i>	63	<i>sulfadiazine</i>	18
<i>simvastatin</i>	39	<i>sulfamethoxazole-trimethoprim iv</i> <i>soln 400-80 mg/5ml</i>	18
<i>sirolimus</i>	75	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	18
SIRTURO	21	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	18
SIVEXTRO	18	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	18
SKYRIZI	73	SULFAMYLON	84
SKYRIZI PEN.....	73	<i>sulfasalazine</i>	68
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	69	<i>sulindac</i>	15
<i>sodium chloride</i>	77	<i>sumatriptan</i>	53
<i>sodium chloride (gu irrigant)</i>	87	<i>sumatriptan succinate</i>	53
<i>sodium fluoride chew; tab; 1.1 (0.5</i> <i>f) mg/ml soln</i>	78	<i>sunitinib malate</i>	33
SODIUM OXYBATE	55	SUNLENCA.....	20
<i>sodium phenylbutyrate</i>	66	<i>syeda</i>	63
<i>sodium polystyrene sulfonate powder</i>	59	SYMDEKO TAB 100-150.....	83
<i>solifenacin succinate</i>	70	SYMDEKO TAB 50-75MG.....	83
SOLQUA INJ 100/33	59	SYMPAZAN.....	50
SOLTAMOX	27	SYMTUZA TAB	21
SOLU-CORTEF.....	65	SYNAREL	64
SOMATULINE DEPOT	66	SYNJARDY TAB 12.5-1000MG.....	57
SOMAVERT	66	SYNJARDY TAB 12.5-500	57
<i>sorafenib tosylate</i>	33	SYNJARDY TAB 5-1000MG	57
<i>sorine</i>	38	SYNJARDY TAB 5-500MG	57
<i>sotalol hcl</i>	38	SYNJARDY XR TAB 10-1000	57
<i>sotalol hcl (afib/afl)</i>	38	SYNJARDY XR TAB 12.5-1000	57
<i>spironolactone</i>	36	SYNJARDY XR TAB 25-1000	57
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	41	SYNJARDY XR TAB 5-1000MG	57
<i>sprintec 28</i>	63	SYNTHROID	67
SPRITAM	50	TABLOID	26

TABRECTA	33	<i>testosterone cypionate</i>	56
<i>tacrolimus</i>	75	<i>testosterone enanthate</i>	56
<i>tacrolimus (topical)</i>	87	<i>tetrabenazine</i>	53, 54
TAFINLAR	33	<i>tetracycline hcl</i>	25
TAGRISSO	33	THALOMID	27
TALTZ	73	THEO-24	83
TALZENNA	33	<i>theophylline</i>	83
<i>tamoxifen citrate</i>	27	<i>thioridazine hcl</i>	47
<i>tamsulosin hcl</i>	70	<i>thiothixene</i>	47
<i>tarina 24 fe</i>	63	<i>tiadylt er</i>	40
<i>tarina fe 1/20 eq</i>	63	<i>tiagabine hcl</i>	50
TASIGNA	33, 34	TIBSOVO	34
<i>tasimelteon</i>	52	TICOVAC	76
<i>tazarotene</i>	85	<i>tigecycline</i>	25
<i>tazicef</i>	23	<i>tilia fe</i>	63
TAZORAC	85	<i>timolol maleate</i>	40
<i>taztia xt</i>	40	<i>timolol maleate (ophth)</i>	80
TAZVERIK	34	<i>tinidazole</i>	18
TDVAX INJ 2-2 LF	76	TIVICAY	20
TECENTRIQ	34	TIVICAY PD	20
TEFLARO	23	<i>tizanidine hcl</i>	54
<i>telmisartan</i>	38	TOBRADEX OIN 0.3-0.1%	78
<i>telmisartan-amlodipine tab 40-10 mg</i>	37	TOBRADEX ST SUS 0.3-0.05	78
<i>telmisartan-amlodipine tab 40-5 mg</i>	37	<i>tobramycin</i>	18
<i>telmisartan-amlodipine tab 80-10 mg</i>	37	<i>tobramycin (ophth)</i>	79
<i>telmisartan-amlodipine tab 80-5 mg</i>	37	<i>tobramycin sulfate</i>	18
<i>telmisartan-hydrochlorothiazide tab</i> <i>40-12.5 mg</i>	38	<i>tobramycin-dexamethasone ophth</i> <i>susp 0.3-0.1%</i>	78
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	38	<i>tolterodine tartrate</i>	70
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-25 mg</i>	38	<i>topiramate</i>	50
<i>temazepam</i>	52	<i>toremifene citrate</i>	27
TENIVAC INJ 5-2LF	76	<i>torsemide</i>	41
<i>tenofovir disoproxil fumarate</i>	20	TOUJEO MAX SOLOSTAR	59
TEPMETKO	34	TOUJEO SOLOSTAR	59
<i>terazosin hcl</i>	36	TPN ELECTROL INJ	77
<i>terbinafine hcl</i>	19	TRADJENTA	57
<i>terbutaline sulfate</i>	82	<i>tramadol hcl</i>	17
<i>terconazole vaginal</i>	70	<i>tramadol-acetaminophen tab 37.5-</i> <i>325 mg</i>	17
TERIPARATIDE	59	<i>trandolapril</i>	36
<i>testosterone</i>	55, 56	<i>tranexamic acid</i>	72
		<i>tranylcypromine sulfate</i>	44
		TRAVASOL INJ 10%	78
		TRAZIMERA	34
		<i>trazodone hcl</i>	44
		TRECATOR	21

TRELEGY AER ELLIPTA 100-62.5-25 MCG.....	81	<i>tri-nymyo</i>	63
TRELEGY AER ELLIPTA 200-62.5-25 MCG.....	81	<i>tri-sprintec</i>	63
<i>treprostinil</i>	42	TRIUMEQ PD TAB.....	21
TRESIBA.....	59	TRIUMEQ TAB	21
TRESIBA FLEXTOUCH	59	<i>trivora-28</i>	63
<i>tretinoin</i>	84	<i>tri-vylibra</i>	63
<i>tretinoin (chemotherapy)</i>	28	<i>tri-vylibra lo</i>	63
<i>triamcinolone acetonide (mouth)</i> ..	87	TRIZIVIR TAB.....	21
<i>triamcinolone acetonide (topical)</i> ..	86	TROGARZO	20
<i>triamterene & hydrochlorothiazide</i> cap 37.5-25 mg.....	41	TROPHAMINE INJ 10%	78
<i>triamterene & hydrochlorothiazide</i> tab 37.5-25 mg	41	<i>trospium chloride</i>	70
<i>triamterene & hydrochlorothiazide</i> tab 75-50 mg	41	TRUE METRIX KIT AIR.....	87
<i>trientine hcl</i>	59	TRUE METRIX KIT METER	88
<i>tri-estarylla</i>	63	TRUE METRIX STRIPS	88
<i>trifluoperazine hcl</i>	47	TRULICITY	57
<i>trifluridine</i>	79	TRUMENBA INJ.....	76
<i>trihexyphenidyl hcl</i>	45	TRUQAP	34
TRIJARDY XR TAB ER 24HR 10-5- 1000MG.....	57	TRUXIMA	34
TRIJARDY XR TAB ER 24HR 12.5- 2.5-1000MG.....	57	TUKYSA.....	34
TRIJARDY XR TAB ER 24HR 25-5- 1000MG.....	57	TURALIO	34
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG.....	57	<i>turqoz</i>	63
TRIKAFTA PAK 59.5MG.....	83	TWINRIX INJ.....	76
TRIKAFTA PAK 75MG.....	83	TYBOST.....	20
TRIKAFTA TAB 100-50-75MG & 150MG	83	<i>tydemy</i>	64
TRIKAFTA TAB 50-25-37.5MG & 75MG	83	TYPHIM VI	76
<i>tri-legest fe</i>	63	TYRVAYA	80
<i>tri-linyah</i>	63	UBRELVY	53
<i>tri-lo-estarylla</i>	63	<i>unithroid</i>	67
<i>tri-lo-marzia</i>	63	<i>ursodiol</i>	69
<i>tri-lo-mili</i>	63	<i>valacyclovir hcl</i>	22
<i>tri-lo-sprintec</i>	63	VALCHLOR.....	87
<i>trimethoprim</i>	18	<i>valganciclovir hcl</i>	22
<i>tri-mili</i>	63	<i>valproate sodium</i>	50
<i>trimipramine maleate</i>	44	<i>valproic acid</i>	50
TRINTELLIX	44	<i>valsartan</i>	38
		<i>valsartan-hydrochlorothiazide tab</i> 160-12.5 mg	38
		<i>valsartan-hydrochlorothiazide tab</i> 160-25 mg.....	38
		<i>valsartan-hydrochlorothiazide tab</i> 320-12.5 mg	38
		<i>valsartan-hydrochlorothiazide tab</i> 320-25 mg.....	38
		<i>valsartan-hydrochlorothiazide tab</i> 80-12.5 mg.....	38
		VALTOCO 10 MG DOSE.....	50

VALTOCO 15 MG DOSE.....	50	<i>voriconazole</i>	19
VALTOCO 20 MG DOSE.....	50	VOSEVI TAB.....	22
VALTOCO 5 MG DOSE	50	VOTRIENT	34
<i>vancomycin hcl</i>	18	VRAYLAR	47
VANCOMYCIN INJ 1 GM.....	18	VRAYLAR CAP 1.5-3MG.....	47
VANCOMYCIN INJ 500MG	18	<i>vyfemla</i>	64
VANCOMYCIN INJ 750MG	18	<i>vylibra</i>	64
VANFLYTA.....	34	VYZULTA	80
VAQTA	76	<i>warfarin sodium</i>	71
<i>varenicline tartrate</i>	55	<i>water for irrigation, sterile irrigation</i>	
<i>varenicline tartrate tab 11 x 0.5 mg</i>		<i>soln</i>	87
<i>& 42 x 1 mg start pack</i>	55	WELIREG.....	28
VARIVAX	76	<i>wera</i>	64
VASCEPA.....	39	<i>wixela inhub</i>	84
<i>velivet</i>	64	<i>wymzya fe</i>	64
VELPHORO.....	67	XALKORI	34
VELTASSA	59	XARELTO	71
VEMLIDY	22	XARELTO STAR TAB 15/20MG	71
VENCLEXTA	34	XATMEP.....	74
VENCLEXTA TAB START PK	34	XCOPRI	50
<i>venlafaxine hcl</i>	44	XCOPRI PAK 100-150.....	51
VENTAVIS.....	42	XCOPRI PAK 12.5-25.....	51
VENTOLIN HFA.....	82	XCOPRI PAK 150-200MG	
VENTOLIN HFA (INSTITUTIONAL		(MAINTENANCE).....	51
PACK)	82	XCOPRI PAK 150-200MG	
<i>verapamil hcl</i>	40	(TITRATION)	51
VERQUVO	41	XCOPRI PAK 50-100MG	51
VERSACLOZ	47	XELJANZ.....	73, 74
VERZENIO	34	XELJANZ XR.....	74
<i>vestura</i>	64	XERMELO.....	69
V-GO 20 KIT	59	XGEVA	59
V-GO 30 KIT	59	XHANCE	83
V-GO 40 KIT	59	XIFAXAN	69
<i>vienva</i>	64	XIGDUO XR TAB 10-1000	57
<i>vigabatrin</i>	50	XIGDUO XR TAB 10-500MG	57
<i>vigadrone</i>	50	XIGDUO XR TAB 2.5-1000	57
<i>vilazodone hcl</i>	44	XIGDUO XR TAB 5-1000MG	57
<i>vincristine sulfate</i>	28	XIGDUO XR TAB 5-500MG	57
<i>vinorelbine tartrate</i>	28	XIIDRA.....	80
<i>violele</i>	64	XOFLUZA.....	22
VIRACEPT	20	XOLAIR	83
VIREAD	20	XOSPATA.....	35
VITRAKVI	34	XPOVIO 100 MG ONCE WEEKLY	35
VIVITROL	55	XPOVIO 40 MG ONCE WEEKLY.....	35
VIZIMPRO.....	34	XPOVIO 40 MG TWICE WEEKLY	35
VONJO	34	XPOVIO 60 MG ONCE WEEKLY.....	35

XPOVIO 60 MG TWICE WEEKLY	35	ZENPEP CAP 5000UNIT.....	69
XPOVIO 80 MG ONCE WEEKLY	35	ZENPEP CAP 60000UNT	69
XPOVIO 80 MG TWICE WEEKLY	35	ZERVIATE	80
XTANDI	27	<i>zidovudine</i>	20
<i>xulane</i>	64	ZIEXTENZO.....	71
XULTOPHY INJ 100/3.6	59	<i>ziprasidone hcl</i>	47
<i>yargesa</i>	66	<i>ziprasidone mesylate</i>	47
YF-VAX INJ	76	ZIRABEV	35
<i>yuvaferm</i>	64	ZIRGAN.....	79
<i>zafemy</i>	64	<i>zoledronic acid</i>	59
<i>zafirlukast</i>	82	ZOLINZA	35
<i>zaleplon</i>	52	<i>zolpidem tartrate</i>	52
ZARXIO	71	ZONISADE	51
ZEJULA	35	<i>zonisamide</i>	51
ZELBORAF	35	<i>zovia 1/35</i>	64
ZEMAIRA	83	ZTALMY	51
<i>zenatane</i>	84	<i>zumandimine</i>	64
ZENPEP CAP 10000UNT	69	ZURZUVAE.....	44
ZENPEP CAP 15000UNT	69	ZYDELIG.....	35
ZENPEP CAP 20000UNT	69	ZYKADIA	35
ZENPEP CAP 25000UNT	69	ZYLET SUS 0.5-0.3%	79
ZENPEP CAP 3000UNIT	69	ZYPREXA RELPREVV	47
ZENPEP CAP 40000UNT	69		



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ລາຍການຢາມີໄດ້ຮັບການອັບເດດເມື່ອ ວັນທີ 04/01/2024

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ ຫຼື ຄໍາຖາມອື່ນໆ, ກະລຸນາຕິດຕໍ່ພວກເຮົາໄດ້ທີ່ (800) 665-3086, TTY: 711 ວັນທີ 1 ຕຸລາ - ວັນທີ 31 ມີນາ: 7 ວັນຕໍ່ອາທິດ, ເວລາ 8 ໂມງເຊົ້າ - 8 ໂມງແລງ ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ – ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າ – 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ ຫຼື ເຂົ້າໄປທີ່ MolinaHealthcare.com/Medicare

ຂໍ້ຄວາມສໍາຄັນກ່ຽວກັບສິ່ງທີ່ທ່ານຄຳລະສໍາລັບຄໍາວັກຊີນ – ວັກຊີນບາງຊະນິດຖືວ່າເປັນຜົນປະໂຫຍດທາງການແພດ. ວັກຊີນອື່ນໆທີ່ຢູ່ໃນ ພາກ D ແມ່ນຖືວ່າເປັນຢາ. ແຜນຂອງພວກເຮົາກວມເອົາວັກຊີນໃນ ພາກ D ສ່ວນໃຫຍ່ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍໃດໆ.