

**Hamaspik Medicare Select (HMO-DSNP)
and
Hamaspik Medicare Choice (HMO-DSNP)
2024 Formulary**

(List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION ABOUT THE DRUGS WE COVER
IN THIS PLAN**

HPMS Approved Formulary File Submission ID 24401, Version
Number 11

This formulary was updated on 05/01/2024.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice at 888-426-2774. (TTY users, please call 711.) We are open 7 days a week, from 8:00 am to 8:00 pm, October 1, 2023, through March 31, 2024; and Monday through Friday, 8:00 am to 8:00 pm, from April 1, 2024, through September 30, 2024.

H0034_HMFOR0923_C

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

Note:

This document is available for free in Spanish. Este EOC esta disponible en espanol. Por favor, llame a servicios para miembros.

This information is also available in alternate formats such as large print and Braille. Please call Member Services at the above numbers for more information.

Benefits, premiums, deductibles, and/or copayments/coinsurance may change on January 1, 2025.

Hamaspik Medicare Select and Hamaspik Medicare Choice are an HMO D-SNP with a Medicare contract. Enrollment in a Hamaspik Medicare Advantage plan depends on contract renewal.

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Hamaspik Inc. When it refers to “plan” or “our plan,” it means Hamaspik Medicare Select and Hamaspik Medicare Choice.

This document includes the list of the drugs (formulary) for our plan which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. You can also find updated formulary information on our website at www.hamaspik.com.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?

A formulary is a list of covered drugs selected by Hamaspik Inc. Medicare Advantage plans, in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Hamaspik Inc. will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Hamaspik Medicare plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

an exception, and you can find information in the section below titled “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will

05/01/2024

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

not get direct notice this year about changes that do not affect you. However, on January 1st of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice, please contact us. Our contact information appears on the front and back cover pages. You can request a new printed formulary and we will mail it to your home. You can also find updated formulary information on our website at: www.hamaspik.com.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 14. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents” If you know what your drug is used for, look for the category name in the list that begins on 14. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 208. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

What are generic drugs?

Hamaspik Medicare Select and Hamaspik Medicare Choice cover both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Hamaspik Medicare Select and Hamaspik Medicare Choice require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Hamaspik before you fill your prescriptions. If you don't get approval, Hamaspik may not cover the drug.
- **Quantity Limits:** For certain drugs, Hamaspik Medicare Select and Hamaspik Medicare Choice limit the amount of the drug that Hamaspik will cover. For example, Hamaspik provides 3 units per 28 days per prescription for Ozempic. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Hamaspik Medicare Select and Hamaspik Medicare Choice require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Hamaspik may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Hamaspik will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 14. You can also get more information about the restrictions applied to specific covered drugs by

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

visiting our website. (www.hamaspik.com) We have posted online a document that explains our prior authorization restrictions, step therapy restrictions, and quantity limit restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Hamaspik Medicare Select and Hamaspik Medicare Choice to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice formulary?” on the next page, for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Hamaspik Medicare Select and Hamaspik Medicare Choice covers your OTC drugs through a supplemental benefit. Please see your Evidence of Coverage for more information about how this benefit works. Your OTC drugs are provided at no cost to you, up to your monthly coverage limit.

The cost of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Hamaspik Medicare Select and Hamaspik Medicare Choice do not cover your drug, you have two options:

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

- You can ask Member Services for a list of similar drugs that are covered by Hamaspik. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Hamaspik.
- You can ask Hamaspik to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary?

You can ask Hamaspik to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Hamaspik limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Hamaspik will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days that you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

For more information

For more detailed information about your Hamaspik Medicare Select and Hamaspik Medicare Choice prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Hamaspik's Medicare Advantage plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.

Or, visit <http://www.medicare.gov>.

Hamaspik Medicare Select and Hamaspik Medicare Choice 2024 Part D Comprehensive Formulary

Hamaspik Medicare Select and Hamaspik Medicare Choice Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Hamaspik Medicare Select and Hamaspik Medicare Choice. If you have trouble finding your drug in the list, turn to the Index that begins on page 208.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., BRILINTA 60 MG TABLET) and generic drugs are listed in lower-case italics (e.g., *bumetanide 0.5 mg tablet*).

The information in the Requirements/Limits column tells you if Hamaspik Medicare Select and Hamaspik Medicare Choice have any special requirements for coverage of your drug.

FORMULARY KEY TO ABBREVIATIONS

LA – Limited Availability: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-888-426-2774. TTY users should call 711.

PA – Prior Authorization: The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you do not get approval, we may not cover the drug.

PA – Part B vs. D Determination: This prescription drug may be covered under Medicare Part B or Part D, depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

QL – Quantity Limit: For certain drugs, the Plan limits the amount of the drug that we will cover.

ST – Step Therapy: In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LEGEND

TIER	NAME	
1	Covered	
SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Analgesics		
<i>butalbital-acetaminophen-caffe</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophn 50-325</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
<i>tencon</i>	1	QL (180 PER 30 DAYS)
ZEBUTAL	1	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	1	QL (120 PER 30 DAYS)
ARTHROTEC 75	1	QL (90 PER 30 DAYS)
<i>cataflam</i>	1	QL (120 PER 30 DAYS)
CELEBREX (100 MG, 200 MG, 50 MG)	1	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>celecoxib (100 mg, 200 mg, 50 mg)</i>	1	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	1	QL (30 PER 30 DAYS)
DAYPRO	1	QL (90 PER 30 DAYS)
<i>diclofenac pot 50 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg, ec 25 mg)</i>	1	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg, ec 50 mg)</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg, ec 75 mg)</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	1	
<i>diclofenac sodium er</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (mg, tb)</i>	1	QL (90 PER 30 DAYS)
<i>diclofenac-misoprost 50-0.2 mg</i>	1	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>etodolac (400 mg, 500 mg)</i>	1	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	1	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>etodolac er (er 400 mg, er 500 mg)</i>	1	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	1	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	1	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	1	
<i>ibuprofen 400 mg tablet</i>	1	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ibuprofen 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	1	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>meloxicam 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>naproxen (375 mg, dr 375 mg)</i>	1	QL (120 PER 30 DAYS)
<i>naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	1	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	1	QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>naproxen sodium 550 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>oxaprozin</i>	1	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	1	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	1	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	1	QL (60 PER 30 DAYS)
<i>sulindac</i>	1	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA	1	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	1	PA, QL (4 PER 28 DAYS)
BUTRANS	1	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	1	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg, er 15 mg, er 20 mg, er 30 mg, er 40 mg, er 50 mg)</i>	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>levorphanol tartrate</i>	1	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 100 mg, er 15 mg, er 200 mg, er 30 mg, er 60 mg)</i>	1	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (er 100 mg, er 200 mg, er 300 mg)</i>	1	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
<i>acetaminophen-cod #4 tablet</i>	1	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2, #3)</i>	1	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol 10 mg/ml spray</i>	1	QL (48 PER 30 DAYS)
<i>butorphanol tartrate (1 mg/ml, 2 mg/ml, 4 mg/2 ml)</i>	1	
<i>codeine sulfate</i>	1	QL (180 PER 30 DAYS)
DURAMORPH	1	Part D vs Part B

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>endocet (2.5-325 mg, 5-325 mg)</i>	1	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>fentanyl citrate (cit 1,200 mcg, cit 1,600 mcg, citrate 200 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg)</i>	1	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (10-300 mg, 10-325 mg, 7.5-300, 7.5-325)</i>	1	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	1	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	1	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen</i>	1	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	1	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>hydromorphone hcl (2 mg, 4 mg, 8 mg)</i>	1	QL (180 PER 30 DAYS)
<i>hydromorphone hcl (2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp)</i>	1	Part D vs Part B
<i>morphine sulf 100 mg/5 ml conc</i>	1	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 ml cup, 10 ml soln)</i>	1	QL (2700 PER 30 DAYS)
<i>morphine sulfate (10 ml, 5 ml)</i>	1	Part D vs Part B
<i>morphine sulfate ir 15 mg tab</i>	1	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone hcl (10 mg, 15 mg, 20 mg, 30 mg)</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	1	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	1	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>oxycodone-acetaminophn 7.5-325</i>	1	QL (240 PER 30 DAYS)
ROXICODONE (15 MG, 30 MG)	1	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	1	QL (240 PER 30 DAYS)
Anesthetics		
Local Anesthetics		
<i>dermacinrx lidocan</i>	1	PA, QL (90 PER 30 DAYS)
<i>glydo</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (100 mg/10 ml, 20 mg/2 ml, 20 mg/2 ml vl, 300 mg/30 ml, 50 mg/5 ml, 50 mg/5 ml vl, ampul, vial)</i>	1	
<i>lidocaine hcl (2% jel urojet ac, 2% jelly, 1 2% jelly uro-jet, 4% solution)</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	1	PA, QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine-prilocaine</i>	1	PA, QL (60 PER 30 DAYS)
<i>lidocan iii</i>	1	PA, QL (90 PER 30 DAYS)
LIDODERM	1	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	1	
XYLOCAINE-MPF (AMPUL, VIAL)	1	
ZTLIDO	1	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

Opioid Dependence

<i>buprenorphine hcl (2 mg, 8 mg)</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (12-3mg flm, 1 4-1mg film, 8-2mg film)</i>	1	QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone (fm, tb)</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>naltrexone hcl</i>	1	
SUBLOCADE	1	
SUBOXONE (12 MG-3 MG, 4 MG-1 MG, 8 MG-2 MG)	1	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	1	QL (120 PER 30 DAYS)
VIVITROL	1	
Opioid Reversal Agents		
KLOXXADO	1	
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial, hcl 4 mg nasal spray)</i>	1	
NARCAN	1	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	1	
NICOTROL	1	
NICOTROL NS	1	
<i>varenicline tartrate</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate (80 mg/2 ml, 800 mg/20 ml, ped 20 mg/2 ml)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	1	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	1	
<i>tobramycin sulfate (1,200 mg/30 ml, 1.2 gm, 1.2 gram/30 ml, 10 mg/ml, 40 mg/ml, 80 mg/2 ml)</i>	1	
Antibacterials, Other		
AZACTAM	1	
<i>aztreonam</i>	1	
<i>chloramphenicol sod succinate</i>	1	
CLEOCIN 2% VAGINAL CREAM	1	
CLEOCIN HCL	1	
CLEOCIN PHOSPHATE (150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 9 G/60 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)	1	
CLEOCIN T 1% LOTION	1	
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clindamycin hcl</i>	1	
<i>clindamycin phosphate (2% vaginal cream, ph 1% gel, ph 1% solution, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 9 g/60 ml vial, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel)</i>	1	
<i>clindamycin phosphate-d5w</i>	1	
<i>clindamycin-0.9% nacl</i>	1	
<i>colistimethate</i>	1	
CUBICIN	1	
CUBICIN RF	1	
DALVANCE	1	
<i>daptomycin 500 mg vial</i>	1	
FLAGYL 375 CAPSULE	1	
IMPAVIDO	1	
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	1	PA
<i>linezolid-0.9% nacl</i>	1	
<i>linezolid-d5w</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	1	
<i>metronidazole (250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml, vaginal 0.75% gl)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>neomycin-polymyxin b</i>	1	
<i>nitrofurantoin (100 mg, 50 mg)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
SIVEXTRO 200 MG TABLET	1	PA
SIVEXTRO 200 MG VIAL	1	
SYNERCID	1	
<i>tigecycline</i>	1	
<i>trimethoprim</i>	1	
TYGACIL	1	
<i>vancomycin 750 mg/150 ml bag</i>	1	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1 gram/200 ml bag, 1.25 gm/250 ml bag, 1.5 gram/300 ml bag, 1.75 gm/350 ml bag, 2 gram/400 ml bag, 500 mg add-van vial, 500 mg vial, 500 mg/100 ml bag, 750 mg add-van vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 10 gm vial, hcl 100 gm smartpak, hcl 1g/200 ml bag, hcl 5 gm vial, hcl 750 mg vial)</i>	1	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>vancomycin hcl-0.9% nacl (vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	1	
<i>vancomycin hcl-d5w</i>	1	
VANDAZOLE	1	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	1	PA
ZYVOX (200 MG/100, 600 MG/300)	1	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg, 500 mg)</i>	1	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 2 gm vial, 20 gm bulk vial, 500 mg vial, sod 100 gm bulk bag, sod 300 gm bulk bag)</i>	1	
<i>cefazolin sodium-dextrose (1, 2)</i>	1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefepime</i>	1	
<i>cefepime hcl (1 gm, 2 gram)</i>	1	
<i>cefepime-dextrose</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cefixime 400 mg capsule</i>	1	
<i>cefoxitin</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil (100 mg tablet, 100 mg/5 ml susp, 200 mg tablet, 50 mg/5 ml susp)</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium (1.5 gm, 750 mg)</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)</i>	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)	1	
<i>tazicef</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TEFLARO	1	
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate pot er</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin 500 mg capsule</i>	1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial, 2 gm add-vantage vl, 2 gm vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 add, ampicillin-sulbactam 3)</i>	3 1	
AUGMENTIN 500-125 TABLET	1	
BICILLIN L-A	1	
<i>dicloxacillin sodium</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>nafcillin</i>	1	
<i>nafcillin sodium</i>	1	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin gk-iso-osm dextrose</i>	1	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	1	
<i>piperacillin-tazobactam (piperacil- tazo 2.25 add vl, piperacil-tazo 3.375 add vl, piperacil-tazo 4.5 add vial, piperacil-tazobact 2.25 vl, piperacil- tazobact 3.375 vl, piperacil-tazobact 4.5 vial)</i>	1	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>imipenem-cilastatin sodium</i>	1	
INVANZ	1	
<i>meropenem</i>	1	
<i>meropenem-0.9% nacl</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Macrolides		
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	1	
<i>clarithromycin (125 mg/5 ml sus, 250 mg tablet, 250 mg/5 ml sus, 500 mg tablet)</i>	1	
<i>clarithromycin er</i>	1	
DIFICID 200 MG TABLET	1	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	1	QL (136 PER 10 OVER TIME)
E.E.S. 200	1	
<i>ery</i>	1	
ERY-TAB	1	
ERYPED 200	1	
ERYPED 400	1	
ERYTHROCIN LACTOBIONATE	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (2% solution, 250 mg tablet, 500 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, dr 500 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>erythromycin ethylsuccinate (200 ml, 400 ml)</i>	1	
<i>erythromycin lactobionate</i>	1	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	1	
ZITHROMAX TRI-PAK	1	
Quinolones		
CIPRO (10% SUSPENSION, 250 MG TABLET, 5% SUSPENSION, 500 MG TABLET)	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (100 mg, 250 mg, 500 mg, 750 mg)</i>	1	
<i>ciprofloxacin-d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin 400 mg tablet</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Sulfonamides		
BACTRIM	1	
BACTRIM DS	1	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, iv vial, ss tablet, susp)</i>	1	
Tetracyclines		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (100 mg cap, 100 mg tab, 100 mg vl, 20 mg tab, 50 mg cap)</i>	1	
<i>doxycycline monohydrate (100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet, 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet)</i>	1	
<i>minocycline hcl</i>	1	
<i>mondoxylene nl 100 mg capsule</i>	1	
NUZYRA (100 MG VIAL, 150 MG TABLET)	1	
<i>tetracycline hcl (250 mg, 500 mg)</i>	1	
VIBRAMYCIN 100 MG CAPSULE	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 100 MG TABLET, 25 MG TABLET, 50 MG TABLET, 50 MG/5 ML VIAL, 75 MG TABLET)	1	
DEPAKOTE	1	
DEPAKOTE ER	1	
DEPAKOTE SPRINKLE	1	
DIACOMIT	1	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
EPIDIOLEX	1	PA
EPRONTIA	1	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	1	
FINTEPLA	1	PA, QL (360 PER 30 DAYS)
FYCOMPA (0.5 MG/ML ORAL SUSP, 10 MG TABLET, 12 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
KEPPRA (1,000 MG TABLET, 100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET)	1	
LAMICTAL	1	
LAMICTAL (BLUE)	1	
<i>lamotrigine</i>	1	
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine er (er 100 mg, er 200 mg, er 25 mg, er 300 mg, er 50 mg)</i>	1	
<i>levetiracetam (1,000 mg tablet, 1,000mg/10ml cup, 100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet)</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam-nacl</i>	1	
<i>roweepra 500 mg tablet</i>	1	
SPRITAM	1	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>topiramate</i>	1	
<i>valproate sodium</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1	
XCOPRI (100 MG TABLET, 12.5-25 MG TITRATION PK, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK, 50 MG TABLET, 50-100 MG TITRATION PAK)	1	
Calcium Channel Modifying Agents		
CELONTIN	1	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
LYRICA (100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG)	1	QL (90 PER 30 DAYS)
LYRICA (225 MG, 300 MG)	1	QL (60 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	1	QL (900 PER 30 DAYS)
<i>methsuximide</i>	1	
<i>pregabalin (100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg)</i>	1	QL (90 PER 30 DAYS)
<i>pregabalin (225 mg, 300 mg)</i>	1	QL (60 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZARONTIN 250 MG CAPSULE	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (10 mg, 20 mg)</i>	1	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel syst, 2.5 mg gel sys, 20 mg gel syst)</i>	1	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml, 250 mg/5ml cup, 300 mg/6 ml, 300 mg/6ml cup)</i>	1	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	1	QL (135 PER 30 DAYS)
GABITRIL	1	
MYSOLINE	1	
NAYZILAM	1	QL (10 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NEURONTIN (250 ML SOLN, 250 ML SOLUTION)	1	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	1	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	1	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	1	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	1	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	1	QL (135 PER 30 DAYS)
ONFI (10 MG, 20 MG)	1	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	1	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (100 mg tablet, 15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet)</i>	1	
<i>phenobarbital sodium</i>	1	
<i>primidone</i>	1	
SABRIL	1	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SYMPAZAN (10 MG, 20 MG)	1	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	1	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	1	
VALTOCO	1	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	1	QL (180 PER 30 DAYS)
<i>vigadrone</i>	1	QL (180 PER 30 DAYS)
<i>vigpoder</i>	1	QL (180 PER 30 DAYS)
ZTALMY	1	
Sodium Channel Agents		
APTIOM	1	
BANZEL (200 MG TABLET, 40 MG/ML SUSPENSION, 400 MG TABLET)	1	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	1	
DILANTIN	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DILANTIN-125	1	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>lacosamide (10 mg/ml solution, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup, 200 mg/20 ml vial, 50 mg tablet, 50 mg/5 ml cup)</i>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
PHENYTEK	1	
<i>phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp, 50 mg infatab chew, 50 mg tablet chew)</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>rufinamide (200 mg tablet, 40 mg/ml suspension, 400 mg tablet)</i>	1	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	1	
TEGRETOL XR	1	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 300 MG/5 ML SUSP, 600 MG TABLET)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 200 MG/20 ML VIAL, 50 MG TABLET)	1	
ZONEGRAN	1	
ZONISADE	1	
<i>zonisamide</i>	1	
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY	1	
ARICEPT (10 MG, 5 MG)	1	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	1	
EXELON	1	
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	1	
<i>rivastigmine</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (5-10 mg titration pk, hcl 10 mg tablet, hcl 2 mg/ml solution, hcl 5 mg tablet)</i>	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>memantine hcl er</i>	1	PA
NAMENDA	1	PA
Antidepressants		
Antidepressants, Other		
AUVELITY	1	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet, 7.5 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	1	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	1	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	1	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	1	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG, 200 MG)	1	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	1	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	1	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG, 25 MG)	1	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	1	QL (14 PER 365 OVER TIME)
Monoamine Oxidase Inhibitors		
EMSAM	1	PA, QL (30 PER 30 DAYS)
MARPLAN	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NARDIL	1	
PARNATE	1	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
CELEXA (10 MG, 20 MG)	1	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	1	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg, 20 mg)</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	1	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG, 60 MG)	1	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	1	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1	QL (30 PER 30 DAYS)
<i>duloxetine hcl (20 mg, 60 mg)</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	1	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	1	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	1	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (10 mg, 5 mg)</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL (600 PER 30 DAYS)
FETZIMA (ER 120 MG, ER 20 MG, ER 40 MG, ER 80 MG)	1	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	1	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	1	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl (20 ml soln cup, 20 ml solution)</i>	1	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg, 50 mg)</i>	1	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 PER 30 DAYS)
LEXAPRO (10 MG, 5 MG)	1	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	1	QL (30 PER 30 DAYS)
<i>nefazodone hcl</i>	1	
<i>paroxetine cr (25 mg, 37.5 mg)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine er (er 25 mg, er 37.5 mg)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg, 40 mg)</i>	1	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	1	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>paroxetine hcl 30 mg tablet</i>	1	QL (60 PER 30 DAYS)
PAXIL (10 MG, 40 MG)	1	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	1	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	1	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	1	QL (60 PER 30 DAYS)
PRISTIQ	1	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	1	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	1	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	1	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	1	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg, 50 mg)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TRINTELLIX	1	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	1	QL (90 PER 30 DAYS)
VIIBRYD	1	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	1	QL (30 PER 30 DAYS)
ZOLOFT (25 MG, 50 MG)	1	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	1	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	1	QL (300 PER 30 DAYS)
Tricyclics		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 100 mg capsule, 150 mg capsule, 25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	
NORPRAMIN	1	
<i>nortriptyline hcl (10 mg/5 ml soln, hcl 10 mg cap, hcl 25 mg cap, hcl 50 mg cap, hcl 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial)</i>	1	PA
<i>compro</i>	1	
<i>meclizine hcl (12.5 mg, 25 mg)</i>	1	
<i>perphenazine</i>	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vial</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrup)</i>	1	PA
<i>promethazine (12.5 mg suppos, 25 mg suppository)</i>	1	PA
<i>scopolamine</i>	1	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	1	PA
<i>dronabinol</i>	1	PA
EMEND (80 MG CAPSULE, TRIPACK)	1	PA
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl (1 mg/ml, 4 mg/4 ml)</i>	1	
<i>granisetron hcl 1 mg tablet</i>	1	PA
<i>ondansetron hcl (4 mg/2 ml isecure, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 40 mg/20 ml vial, hcl 24 mg tablet, hcl 4 mg tablet, hcl 4 mg/2 ml amp, hcl 4 mg/2 ml syr, hcl 4 mg/2 ml vial, hcl 8 mg tablet)</i>	1	
<i>ondansetron odt</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>palonosetron hcl</i>	1	
Antifungals		
AMBISOME	1	PA
<i>amphotericin b</i>	1	PA
<i>amphotericin b liposome</i>	1	Part D vs Part B
CANCIDAS	1	
<i>caspofungin acetate</i>	1	
<i>ciclodan 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>	1	
CRESEMBA	1	PA
DIFLUCAN (10 MG/ML SUSPENSION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET, 40 MG/ML SUSPENSION, 50 MG TABLET)	1	
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp, 100 mg tablet, 150 mg tablet, 200 mg tablet, 40 mg/ml susp, 50 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole 100 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>klayesta</i>	1	
LOPROX 1% SHAMPOO	1	
<i>micafungin</i>	1	
NOXAFIL (300 MG POWDERMIX SUSP, 300 MG/16.7 ML VIAL, 40 MG/ML SUSPENSION, DR 100 MG TABLET)	1	PA
<i>nyamyc</i>	1	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	1	
<i>nystop</i>	1	
<i>posaconazole (200 mg/5 ml susp, 300 mg/16.7 ml vl, dr 100 mg tablet)</i>	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SPORANOX 100 MG CAPSULE	1	QL (120 PER 30 DAYS)
<i>terbinafine hcl</i>	1	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	
VFEND IV	1	PA
<i>voriconazole (200 mg tablet, 200 mg vial, 40 mg/ml susp, 50 mg tablet)</i>	1	PA
Antigout Agents		
<i>allopurinol (100 mg, 300 mg)</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	1	
<i>colchicine 0.6 mg tablet</i>	1	
COLCRYS	1	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	1	
Antimigraine Agents		
AIMOVIG 140 MG/ML AUTOINJECTOR	1	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	1	PA, QL (2 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dihydroergotamine 4 mg/ml spry</i>	1	PA, QL (8 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	1	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	1	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	1	PA, QL (3 PER 30 DAYS)
<i>ergotamine-caffeine</i>	1	
MIGRANAL	1	PA, QL (8 PER 28 DAYS)
NURTEC ODT	1	PA, QL (16 PER 30 DAYS)
UBRELVY	1	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX (100 MG, 25 MG, 50 MG)	1	ST, QL (18 PER 30 DAYS)
IMITREX (20 MG, 5 MG)	1	ST, QL (12 PER 30 DAYS)
IMITREX (4 ML CARTRIDGES, 4 ML PEN INJECT)	1	ST, QL (6 PER 30 DAYS)
IMITREX (6 ML CARTRIDGES, 6 ML PEN INJECT)	1	QL (6 PER 30 DAYS)
MAXALT	1	ST, QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MAXALT MLT 10 MG TABLET	1	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	1	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	1	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	1	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (100 mg, 25 mg, 50 mg)</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	1	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	1	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON (180 MG TIMESPAN, 60 MG TABLET, 60 MG/5 ML SOLUTION)	1	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	1	
<i>pyridostigmine bromide er</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (100 mg, 25 mg)</i>	1	
MYCOBUTIN	1	
<i>rifabutin</i>	1	
Antituberculars		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid (100 mg tablet, 100 mg/ml vial, 300 mg tablet, 50 mg/5 ml solution)</i>	1	
PRIFTIN	1	
<i>pyrazinamide</i>	1	
RIFADIN IV 600 MG VIAL	1	
<i>rifampin</i>	1	
SIRTURO	1	
TRECTOR	1	
Antineoplastics		
Alkylating Agents		
<i>busulfan</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CYCLOPHOSPHAMIDE (1 GM VIAL, 1 GM/2 ML VL, 1 GM/5 ML VL, 2 GM VIAL, 2 GM/10 ML VL, 2 GM/4 ML VL, 500 MG VIAL, 500 MG/2.5 ML, 500 MG/ML VL)	1	
<i>cyclophosphamide (25 mg capsule, 25 mg tablet, 50 mg capsule, 50 mg tablet)</i>	1	PA
EVOMELA	1	
GLEOSTINE	1	
LEUKERAN	1	
MATULANE	1	PA
<i>melphalan hcl</i>	1	
TEMODAR 100 MG VIAL	1	
VALCHLOR	1	
YONDELIS	1	PA
ZEPZELCA	1	PA
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	1	
CASODEX	1	
ERLEADA 240 MG TABLET	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ERLEADA 60 MG TABLET	1	PA, QL (120 PER 30 DAYS)
EULEXIN	1	
NILANDRON	1	
<i>nilutamide</i>	1	
NUBEQA	1	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	1	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
YONSA	1	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide (10 mg, 2.5 mg, 5 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>lenalidomide (15 mg, 20 mg, 25 mg)</i>	1	PA, QL (21 PER 28 DAYS)
POMALYST	1	PA, QL (21 PER 28 DAYS)
REVLIMID (10 MG, 2.5 MG, 5 MG)	1	PA, QL (30 PER 30 DAYS)
REVLIMID (15 MG, 20 MG, 25 MG)	1	PA, QL (21 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
THALOMID (100 MG, 50 MG)	1	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG, 200 MG)	1	PA, QL (60 PER 30 DAYS)
ZALTRAP	1	PA
Antiestrogens/Modifiers		
EMCYT	1	
FARESTON	1	
FASLODEX	1	PA
<i>fulvestrant</i>	1	PA
ORSERDU 345 MG TABLET	1	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	1	PA, QL (90 PER 30 DAYS)
SOLTAMOX	1	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	
Antimetabolites		
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i>	1	Part D vs Part B
FOLOTYN	1	PA
HYDREA	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	1	
TABLOID	1	
Antineoplastics, Other		
ABRAXANE	1	PA
<i>adriamycin (10 mg, 10 mg/5 ml, 20 mg/10 ml, 200 mg/100 ml, 50 mg, 50 mg/25 ml)</i>	1	Part D vs Part B
ALIMTA	1	PA
ARRANON	1	PA
<i>arsenic trioxide</i>	1	
ASPARLAS	1	
<i>azacitidine</i>	1	
<i>bendamustine hcl (100 mg, 25 mg)</i>	1	
BENDEKA	1	
BICNU	1	
<i>bleomycin sulfate</i>	1	Part D vs Part B
BLINCYTO 35MCG VL W-STABILIZER	1	PA
<i>carboplatin (150 mg/15 ml, 450 mg/45 ml, 50 mg/5 ml, 600 mg/60 ml)</i>	1	
<i>carmustine 100 mg vial</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>cisplatin (100 mg/100 ml, 200 mg/200 ml, 50 mg/50 ml)</i>	1	
<i>cladribine</i>	1	Part D vs Part B
<i>clofarabine</i>	1	
CLOLAR	1	
COSMEGEN	1	
<i>cytarabine</i>	1	Part D vs Part B
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	1	
<i>daunorubicin hcl (20 mg/4 ml, 50 mg/10 ml)</i>	1	
<i>decitabine</i>	1	
<i>docetaxel (160 mg/16 ml, 160 mg/8 ml, 20 mg/2 ml, 20 mg/ml, 80 mg/4 ml, 80 mg/8 ml)</i>	1	
<i>doxorubicin hcl (10 mg, 10 mg/5 ml, 150 mg/75 ml, 20 mg/10 ml, 200 mg/100 ml, 50 mg, 50 mg/25 ml)</i>	1	Part D vs Part B
<i>doxorubicin hcl liposome</i>	1	PA
<i>fludarabine phosphate (50 mg, 50 mg/2 ml)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>gemcitabine hcl (1 gram/26.3 ml vl, 2 gram/52.6 ml vl, 200 mg/5.26 ml vl, hcl 1 gram vial, hcl 2 gram vial, hcl 200 mg vial)</i>	1	
HALAVEN	1	PA
<i>idarubicin hcl</i>	1	
IFEX 3 GM VIAL	1	
<i>ifosfamide (1 gm, 1 gm/20 ml, 3 gm, 3 gm/60 ml)</i>	1	
IMLYGIC	1	
INQOVI	1	PA, QL (5 PER 28 DAYS)
ISTODAX	1	PA
IXEMPRA	1	
<i>kemoplat</i>	1	
KISQALI FEMARA 200 MG CO-PACK	1	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	1	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	1	PA, QL (91 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>leucovorin calcium (cal 100 mg/10 ml vial, cal 500 mg/50 ml vial, calcium 10 mg tab, calcium 100 mg vial, calcium 15 mg tab, calcium 200 mg vial, calcium 25 mg tab, calcium 350 mg vial, calcium 5 mg tab, calcium 50 mg vial, calcium 500 mg vial)</i>	1	
LONSURF 15 MG-6.14 MG TABLET	1	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	1	PA, QL (80 PER 28 DAYS)
<i>mitomycin</i>	1	
<i>mitoxantrone hcl</i>	1	
MUTAMYCIN	1	
<i>nelarabine</i>	1	PA
NINLARO	1	PA, QL (3 PER 28 DAYS)
NIPENT	1	
ONCASPAR	1	
ONUREG	1	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin (100 mg, 100 mg/20 ml, 200 mg/40 ml, 50 mg, 50 mg/10 ml)</i>	1	
<i>paclitaxel</i>	1	
<i>paraplatin</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>pemetrexed (100 mg, 500 mg)</i>	1	PA
<i>pemetrexed disodium (1 gm vial, 1 gm/40 ml, 100 mg vial, 100 mg/4ml, 500 mg vial, 500mg/20ml, 750 mg vial)</i>	1	PA
<i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>	1	PA
RYLAZE	1	
SYNRIBO	1	PA
<i>thiotepa</i>	1	
TREANDA	1	
TRISENOX	1	
<i>vinblastine sulfate</i>	1	Part D vs Part B
<i>vincasar pfs</i>	1	Part D vs Part B
<i>vincristine sulfate</i>	1	Part D vs Part B
<i>vinorelbine tartrate</i>	1	
VYXEOS	1	PA
WELIREG	1	PA, QL (90 PER 30 DAYS)
XPOVIO (100 MG ONCE, 40 MG TWICE, 80 MG ONCE)	1	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	1	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	1	PA, QL (24 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XPOVIO 80 MG TWICE WEEKLY DOSE	1	PA, QL (32 PER 28 DAYS)
ZANOSAR	1	
ZOLINZA	1	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
ARIMIDEX	1	
AROMASIN	1	
<i>exemestane</i>	1	
FEMARA	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	1	
<i>etoposide (1,000 mg/50 ml, 100 mg/5 ml, 500 mg/25 ml)</i>	1	
<i>irinotecan hcl (100 mg/5 ml vial, 40 mg/2 ml vial, 500 mg/25 ml vial)</i>	1	
IWILFIN	1	PA, QL (240 PER 30 DAYS)
ONIVYDE	1	PA
<i>toposar</i>	1	
<i>topotecan hcl (4 mg, 4 mg/4 ml)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Molecular Target Inhibitors		
AFINITOR (10 MG, 2.5 MG, 7.5 MG)	1	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG, 5 MG)	1	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
AKEEGA	1	PA, QL (60 PER 30 DAYS)
ALECENSA	1	PA, QL (240 PER 30 DAYS)
ALIQOPA	1	PA
ALUNBRIG (180 MG TABLET, 90 MG TABLET, 90 MG-180 MG TAB PACK)	1	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	1	PA, QL (120 PER 30 DAYS)
AUGTYRO	1	PA, QL (240 PER 30 DAYS)
AYVAKIT	1	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	1	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
BALVERSA 5 MG TABLET	1	PA, QL (30 PER 30 DAYS)
BELEODAQ	1	PA
<i>bortezomib</i>	1	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	1	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG, 500 MG)	1	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	1	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
BRUKINSA	1	PA, QL (120 PER 30 DAYS)
CABOMETYX	1	PA, QL (30 PER 30 DAYS)
CALQUENCE	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	1	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	1	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	1	PA, QL (112 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
COMETRIQ 60 MG DAILY-DOSE PACK	1	PA, QL (84 PER 28 DAYS)
COPIKTRA	1	PA, QL (56 PER 28 DAYS)
COTELLIC	1	PA, QL (63 PER 28 DAYS)
CYRAMZA	1	PA
DAURISMO 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
ERIVEDGE	1	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg, 150 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>everolimus (10 mg, 2.5 mg, 7.5 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	1	PA, QL (60 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	1	PA, QL (90 PER 30 DAYS)
EXKIVITY	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FARYDAK	1	PA, QL (6 PER 21 DAYS)
FOTIVDA	1	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	1	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	1	PA, QL (21 PER 28 DAYS)
GAVRETO	1	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	1	PA, QL (30 PER 30 DAYS)
GILOTRIF	1	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	1	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	1	PA, QL (60 PER 30 DAYS)
IBRANCE	1	PA, QL (21 PER 28 DAYS)
ICLUSIG	1	PA, QL (30 PER 30 DAYS)
IDHIFA	1	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	1	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>imatinib mesylate 400 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA (420 MG TABLET, 70 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	1	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	1	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	1	PA, QL (120 PER 30 DAYS)
INREBIC	1	PA, QL (120 PER 30 DAYS)
IRESSA	1	PA, QL (30 PER 30 DAYS)
JAKAFI	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	1	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
JEVTANA	1	PA
KISQALI 200 MG DAILY DOSE	1	PA, QL (21 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
KISQALI 400 MG DAILY DOSE	1	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	1	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	1	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
KRAZATI	1	PA, QL (180 PER 30 DAYS)
KYPROLIS	1	PA
<i>lapatinib</i>	1	PA, QL (180 PER 30 DAYS)
LENVIMA (10 MG DAILY DOSE, 4 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
LENVIMA (12 MG, 18 MG, 24 MG)	1	PA, QL (90 PER 30 DAYS)
LENVIMA (14 MG, 20 MG, 8 MG)	1	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	1	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	1	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LUMAKRAS 320 MG TABLET	1	PA, QL (90 PER 30 DAYS)
LYNPARZA	1	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	1	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	1	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	1	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	1	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	1	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	1	PA, QL (30 PER 30 DAYS)
MEKTOVI	1	PA, QL (180 PER 30 DAYS)
NERLYNX	1	PA, QL (180 PER 30 DAYS)
NEXAVAR	1	PA, QL (120 PER 30 DAYS)
ODOMZO	1	PA, QL (30 PER 30 DAYS)
OGSIVEO 50 MG TABLET	1	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
OJJAARA	1	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	1	PA, QL (120 PER 30 DAYS)
PEMAZYRE	1	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG, 300 MG)	1	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	1	PA, QL (30 PER 30 DAYS)
QINLOCK	1	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
REZLIDHIA	1	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	1	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	1	PA, QL (336 PER 28 DAYS)
RUBRACA	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
RYDAPT	1	PA, QL (240 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	1	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	1	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	1	PA, QL (120 PER 30 DAYS)
SPRYCEL (100 MG, 140 MG, 50 MG, 70 MG, 80 MG)	1	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	1	PA, QL (90 PER 30 DAYS)
STIVARGA	1	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	1	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	1	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG, 37.5 MG, 50 MG)	1	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
TABRECTA	1	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG, 75 MG)	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TAFINLAR 10 MG TABLET FOR SUSP	1	PA, QL (840 PER 28 DAYS)
TAGRISSE	1	PA, QL (30 PER 30 DAYS)
TALZENNA	1	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG, 150 MG)	1	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	1	PA, QL (60 PER 30 DAYS)
TASIGNA	1	PA, QL (120 PER 30 DAYS)
TAZVERIK	1	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	1	
TEPMETKO	1	PA, QL (60 PER 30 DAYS)
TIBSOVO	1	PA, QL (60 PER 30 DAYS)
TORISEL	1	
TRUQAP	1	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	1	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	1	PA, QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TURALIO 125 MG CAPSULE	1	PA, QL (120 PER 30 DAYS)
TYKERB	1	PA, QL (180 PER 30 DAYS)
VANFLYTA	1	PA, QL (60 PER 30 DAYS)
VELCADE	1	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	1	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	1	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	1	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	1	PA, QL (42 PER 28 DAYS)
VERZENIO	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	1	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	1	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	1	PA, QL (180 PER 30 DAYS)
VIZIMPRO	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VONJO	1	PA, QL (120 PER 30 DAYS)
VOTRIENT	1	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE, 50 MG PELLET)	1	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	1	PA, QL (180 PER 30 DAYS)
XOSPATA	1	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG, 200 MG, 300 MG)	1	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	1	PA, QL (90 PER 30 DAYS)
ZELBORAF	1	PA, QL (240 PER 30 DAYS)
ZYDELIG	1	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	1	PA
ALYMSYS	1	PA
ARZERRA	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AVASTIN	1	PA
BAVENCIO	1	PA
BESPONSA	1	PA
BLENREP	1	PA
DANYELZA	1	PA
DARZALEX	1	PA
DARZALEX FASPRO	1	PA
EMPLICITI	1	PA
ENHERTU	1	PA
ERBITUX	1	PA
GAZYVA	1	PA
HERCEPTIN 150 MG VIAL	1	PA
HERCEPTIN HYLECTA	1	PA
HERZUMA	1	PA
IMFINZI	1	PA
JEMPERLI	1	PA
KADCYLA	1	PA
KANJINTI	1	PA
KEYTRUDA	1	PA
LIBTAYO	1	PA
LUMOXITI	1	PA
MARGENZA	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MONJUVI	1	PA
MVASI	1	PA
MYLOTARG	1	PA
OGIVRI	1	PA
ONTRUZANT	1	PA
OPDIVO	1	PA
PADCEV	1	PA
PERJETA	1	PA
PHESGO	1	PA
POLIVY	1	PA
PORTRAZZA	1	PA
POTELIGEO	1	PA
RIABNI	1	PA
RITUXAN	1	PA
RITUXAN HYCELA	1	PA
RUXIENCE	1	PA
RYBREVANT	1	PA
SARCLISA	1	PA
TECENTRIQ	1	PA
TRAZIMERA	1	PA
TRODELVY	1	PA
TRUXIMA	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
UNITUXIN	1	PA
VECTIBIX	1	PA
VEGZELMA	1	PA
YERVOY	1	PA
ZIRABEV	1	PA
ZYNLONTA	1	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	1	PA
PANRETIN	1	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	1	PA
<i>tretinoin 10 mg capsule</i>	1	PA
Treatment Adjuncts		
COSELA	1	
<i>dexrazoxane</i>	1	
ELITEK	1	
<i>mesna</i>	1	
MESNEX 400 MG TABLET	1	
Antiparasitics		
Anthelmintics		
<i>albendazole</i>	1	
<i>benznidazole</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
BILTRICIDE	1	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	
STROMECTOL	1	PA
Antiprotozoals		
<i>atovaquone</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	1	
DARAPRIM	1	PA
<i>hydroxychloroquine 200 mg tab</i>	1	
MALARONE	1	
<i>mefloquine hcl</i>	1	
NEBUPENT	1	PA
<i>nitazoxanide</i>	1	QL (20 PER 30 OVER TIME)
PENTAM 300	1	
<i>pentamidine 300 mg inhal powdr</i>	1	PA
<i>pentamidine 300 mg inject vial</i>	1	
PLAQUENIL	1	
<i>primaquine</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>pyrimethamine</i>	1	PA
<i>quinine sulfate</i>	1	PA
Antiparkinson Agents		
Antiparkinson Agents, Other		
<i>amantadine (100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln, 50 mg/5 ml solution)</i>	1	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	PA
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	1	
<i>entacapone</i>	1	
TASMAR	1	
<i>tolcapone</i>	1	
Dopamine Agonists		
APOKYN	1	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	1	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	1	
NEUPRO	1	
<i>pramipexole dihydrochloride</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
INBRIJA	1	PA, QL (300 PER 30 DAYS)
RYTARY	1	
SINEMET 10-100	1	
SINEMET 25-100	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	1	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine decanoate</i>	1	PA
<i>fluphenazine hcl (1 mg tablet, 10 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc)</i>	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HALDOL DECANOATE 100	1	PA
HALDOL DECANOATE 50	1	PA
<i>haloperidol</i>	1	PA
<i>haloperidol decanoate</i>	1	PA
<i>haloperidol decanoate 100</i>	1	PA
<i>haloperidol lactate</i>	1	PA
<i>loxapine</i>	1	PA
<i>molindone hcl</i>	1	PA
<i>pimozide</i>	1	PA
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	PA
<i>trifluoperazine hcl</i>	1	PA
2nd Generation/Atypical		
ABILIFY (10 MG, 15 MG, 20 MG, 30 MG)	1	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG, 5 MG)	1	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	1	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	1	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	1	QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>aripiprazole (10 mg, 15 mg, 20 mg, 30 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg, 5 mg)</i>	1	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	1	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	1	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	1	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	1	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	1	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	1	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	1	PA, QL (60 PER 30 DAYS)
CAPLYTA	1	QL (30 PER 30 DAYS)
FANAPT (1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG)	1	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	1	PA, QL (56 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
GEODON (20 MG, 40 MG)	1	PA, QL (90 PER 30 DAYS)
GEODON (20 MG/ML VIAL, 60 MG CAPSULE, 80 MG CAPSULE)	1	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG, ER 9 MG)	1	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	1	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	1	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	1	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	1	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	1	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	1	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	1	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	1	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	1	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	1	QL (1.32 PER 84 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
INVEGA TRINZA 546 MG/1.75 ML	1	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	1	QL (2.63 PER 84 OVER TIME)
LATUDA (120 MG, 20 MG, 40 MG, 60 MG)	1	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	1	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (120 mg, 20 mg, 40 mg, 60 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
LYBALVI	1	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine (10 mg, 2.5 mg, 5 mg, 7.5 mg)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine (15 mg, 20 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	1	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (er 1.5 mg, er 3 mg, er 9 mg)</i>	1	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>paliperidone er 6 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
PERSERIS	1	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (100 mg, 200 mg, 25 mg, 50 mg)</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate (300 mg, 400 mg)</i>	1	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg, er 200 mg)</i>	1	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 300 mg, er 400 mg, er 50 mg)</i>	1	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG)	1	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG, 1 MG, 2 MG, 3 MG)	1	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	1	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	1	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA	1	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg)</i>	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>risperidone 1 mg/ml solution</i>	1	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone er</i>	1	QL (2 PER 28 DAYS)
<i>risperidone odt (0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg)</i>	1	PA, QL (60 PER 30 DAYS)
SAPHRIS	1	PA, QL (60 PER 30 DAYS)
SECUADO	1	PA, QL (30 PER 30 DAYS)
SEROQUEL (100 MG, 200 MG, 25 MG, 50 MG)	1	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG, 400 MG)	1	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG, 200 MG)	1	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (300 MG, 400 MG, 50 MG)	1	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	1	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	1	QL (0.35 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
UZEDY ER 150 MG/0.42 ML SYRING	1	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	1	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	1	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	1	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	1	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG, 3 MG, 4.5 MG, 6 MG)	1	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	1	QL (28 PER 28 DAYS)
<i>ziprasidone hcl (20 mg, 40 mg)</i>	1	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg, 80 mg)</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1	PA, QL (60 PER 30 DAYS)
ZYPREXA (10 MG, 2.5 MG, 5 MG, 7.5 MG)	1	PA, QL (45 PER 30 DAYS)
ZYPREXA (15 MG, 20 MG)	1	PA, QL (30 PER 30 DAYS)
ZYPREXA 10 MG VIAL	1	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT, 300 MG VIAL, 300 MG VL KIT)	1	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	1	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS	1	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
<i>clozapine (25 mg, 50 mg)</i>	1	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (100 mg, 25 mg)</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG, 50 MG)	1	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	1	PA, QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CLOZARIL 200 MG TABLET	1	PA, QL (120 PER 30 DAYS)
VERSACLOZ	1	PA, QL (540 PER 30 DAYS)
Antispasticity Agents		
<i>baclofen (10 mg, 20 mg, 5 mg)</i>	1	
DANTRIUM 25 MG CAPSULE	1	
<i>dantrolene sodium (100 mg, 25 mg, 50 mg)</i>	1	
<i>tizanidine hcl</i>	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	1	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	1	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	1	QL (6 PER 28 DAYS)
DOVATO	1	QL (30 PER 30 DAYS)
GENVOYA	1	QL (30 PER 30 DAYS)
ISENTRESS (100 MG POWDER PACKET, 400 MG TABLET)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ISENTRESS (100 MG, 25 MG)	1	QL (180 PER 30 DAYS)
ISENTRESS HD	1	QL (60 PER 30 DAYS)
JULUCA	1	QL (30 PER 30 DAYS)
STRIBILD	1	QL (30 PER 30 DAYS)
TIVICAY (25 MG, 50 MG)	1	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	1	QL (240 PER 30 DAYS)
TIVICAY PD	1	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	1	QL (30 PER 30 DAYS)
EDURANT	1	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
<i>etravirine</i>	1	QL (60 PER 30 DAYS)
INTELENCE (100 MG, 200 MG)	1	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	1	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	1	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	1	QL (30 PER 30 DAYS)
PIFELTRO	1	QL (30 PER 30 DAYS)
SYMFI	1	QL (30 PER 30 DAYS)
SYMFI LO	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir 20 mg/ml solution</i>	1	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	1	QL (30 PER 30 DAYS)
CIMDUO	1	QL (30 PER 30 DAYS)
COMPLERA	1	QL (30 PER 30 DAYS)
DESCOVY	1	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	1	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop</i>	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	1	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	1	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	1	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
EPIVIR 300 MG TABLET	1	QL (30 PER 30 DAYS)
EPZICOM	1	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	1	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	1	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	1	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	1	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	1	
<i>stavudine</i>	1	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
TRIUMEQ	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
TRIUMEQ PD	1	QL (180 PER 30 DAYS)
TRIZIVIR	1	QL (60 PER 30 DAYS)
TRUVADA	1	QL (30 PER 30 DAYS)
VIREAD (150 MG, 200 MG, 250 MG, 300 MG)	1	QL (30 PER 30 DAYS)
VIREAD POWDER	1	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	1	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	1	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	1	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	1	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>maraviroc 300 mg tablet</i>	1	QL (120 PER 30 DAYS)
RUKOBIA	1	QL (60 PER 30 DAYS)
SELZENTRY (150 MG, 75 MG)	1	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	1	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	1	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	1	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	1	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	1	QL (5 PER 28 OVER TIME)
TROGARZO	1	QL (18.62 PER 28 DAYS)
TYBOST	1	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	1	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg, 300 mg)</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>atazanavir sulfate 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	1	QL (30 PER 30 DAYS)
EVOTAZ	1	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	1	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	1	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	1	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	1	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	1	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	1	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	1	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	1	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	1	QL (360 PER 30 DAYS)
PREZCOBIX	1	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	1	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	1	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	1	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	1	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	1	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	1	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	1	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	1	QL (240 PER 30 DAYS)
<i>ritonavir</i>	1	QL (360 PER 30 DAYS)
SYMTUZA	1	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	1	QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VIRACEPT 625 MG TABLET	1	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	1	
<i>ganciclovir 500 mg vial</i>	1	Part D vs Part B
PREVYMIS (240 MG, 480 MG)	1	QL (30 PER 30 DAYS)
VALCYTE (450 MG TABLET, 50 MG/ML SOLUTION)	1	
<i>valganciclovir hcl (450 mg tablet, hcl 50 mg/ml)</i>	1	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	1	
<i>entecavir</i>	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</i>	1	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	1	PA
HARVONI	1	PA
<i>ledipasvir-sofosbuvir</i>	1	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sofosbuvir-velpatasvir</i>	1	PA
SOVALDI	1	PA
VOSEVI	1	PA
ZEPATIER	1	PA
Anti-influenza Agents		
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg, 75 mg)</i>	1	QL (84 PER 365 OVER TIME)
RELENZA	1	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG, 75 MG)	1	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	1	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	1	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	1	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	1	QL (2 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Antiherpetic Agents		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 5% ointment</i>	1	PA
<i>acyclovir sodium (1,000 mg/20 ml, 500 mg/10 ml)</i>	1	PA
<i>famciclovir</i>	1	
<i>valacyclovir</i>	1	
VALTREX	1	
ZOVIRAX 5% OINTMENT	1	PA
Anxiolytics		
<i>alprazolam (0.25 mg, 0.5 mg, 1 mg)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>buspirone hcl</i>	1	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg, 1 mg)</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clorazepate 15 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	1	PA, QL (360 PER 30 DAYS)
<i>diazepam (10 mg, 2 mg, 5 mg)</i>	1	PA, QL (120 PER 30 DAYS)
<i>diazepam (25 mg/5 ml, 5 mg/ml)</i>	1	PA, QL (240 PER 30 DAYS)
<i>diazepam (5 ml oral cup, 5 ml solution)</i>	1	PA, QL (1200 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, 50 mg/25 ml cup, hcl 10 mg tablet, hcl 25 mg tablet, hcl 50 mg tablet)</i>	1	PA
<i>hydroxyzine pamoate (25 mg, 50 mg)</i>	1	PA
<i>lorazepam (0.5 mg, 1 mg)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	1	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Bipolar Agents		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	1	QL (180 PER 30 DAYS)
ACTOS (30 MG, 45 MG)	1	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	1	QL (90 PER 30 DAYS)
BYDUREON BCISE	1	PA, QL (3.4 PER 28 DAYS)
BYETTA	1	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	1	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FARXIGA 10 MG TABLET	1	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	1	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	1	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	1	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	1	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	1	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>glyburide micro 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI	1	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	1	
JANUMET	1	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG, 50-500 MG)	1	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	1	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	1	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	1	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	1	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	1	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	1	QL (30 PER 30 DAYS)
JENTADUETO	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
JENTADUETO XR 2.5 MG-1,000 MG	1	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	1	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	1	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	1	QL (60 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
OZEMPIC	1	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg, 45 mg)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	1	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>saxagliptn-metform er 2.5-1000</i>	1	QL (60 PER 30 DAYS)
SOLQUA 100-33	1	QL (18 PER 30 DAYS)
SYMLINPEN 120	1	
SYMLINPEN 60	1	
SYNJARDY (12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG)	1	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	1	QL (120 PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 12.5-1,000 MG TAB, 5-1,000 MG TABLET)	1	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	1	QL (30 PER 30 DAYS)
TRADJENTA	1	QL (30 PER 30 DAYS)
TRULICITY	1	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	1	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	1	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 1 MG-500 MG TABLET)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	1	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI	1	QL (4 PER 30 DAYS)
<i>diazoxide</i>	1	
GLUCAGEN	1	QL (4 PER 30 DAYS)
<i>glucagon emergency kit (, 1 mg)</i>	1	QL (4 PER 30 DAYS)
GVOKE	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	1	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	1	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	1	QL (0.8 PER 30 DAYS)
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	1	QL (0.4 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	1	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	1	QL (0.4 PER 30 DAYS)
PROGLYCEM	1	
Insulins		
HUMALOG	1	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	1	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50	1	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	1	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	1	QL (60 PER 30 DAYS)
HUMULIN 70-30	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HUMULIN 70/30 KWIKPEN	1	QL (60 PER 30 DAYS)
HUMULIN N	1	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	1	QL (60 PER 30 DAYS)
HUMULIN R	1	QL (60 PER 30 DAYS)
HUMULIN R U-500	1	PA
HUMULIN R U-500 KWIKPEN	1	QL (60 PER 30 DAYS)
<i>inpen (for humalog)</i>	1	
<i>inpen (for novolog or fiasp)</i>	1	
<i>insulin pen needle</i>	1	
<i>insulin syringe (disp) u-100 0.3 ml</i>	1	
<i>insulin syringe (disp) u-100 1 ml</i>	1	
<i>insulin syringe (disp) u-100 1/2 ml</i>	1	
<i>insulin syringe u-500</i>	1	
LANTUS	1	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	1	QL (60 PER 30 DAYS)
LYUMJEV	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LYUMJEV KWIKPEN U-100	1	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	1	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	1	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	1	
<i>novopen echo</i>	1	
<i>omnipod 5 g6 intro kit (gen 5)</i>	1	
<i>omnipod 5 g6 pods (gen 5)</i>	1	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	1	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	1	
<i>omnipod classic pdm kit(gen 3)</i>	1	
<i>omnipod classic pods (gen 3)</i>	1	
<i>omnipod dash intro kit (gen 4)</i>	1	
<i>omnipod dash pdm kit (gen 4)</i>	1	
<i>omnipod dash pods (gen 4)</i>	1	
<i>omnipod go pods</i>	1	
TOUJEO MAX SOLOSTAR	1	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	1	QL (60 PER 30 DAYS)
<i>v-go 20</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>v-go 30</i>	1	
<i>v-go 40</i>	1	
<i>vgo 20</i>	1	
<i>vgo 30</i>	1	
<i>vgo 40</i>	1	

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (150 mg cp, 75 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	1	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	1	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	1	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	1	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	1	QL (30 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>enoxaparin sodium (120 ml, 80 ml)</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>heparin 20,000 unit/500 ml-d5w</i>	1	
<i>heparin sodium</i>	1	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE, 300 MG/3 ML VIAL)	1	QL (30 PER 90 OVER TIME)
LOVENOX (120 ML, 80 ML)	1	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	1	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	1	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	1	QL (18 PER 90 OVER TIME)
PRADAXA (150 MG, 75 MG)	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PRADAXA 110 MG CAPSULE	1	QL (120 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG, 20 MG)	1	QL (30 PER 30 DAYS)
XARELTO (15 MG, 2.5 MG)	1	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	1	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	1	QL (51 PER 30 DAYS)
ZONTIVITY	1	
Blood Products and Modifiers, Other		
AGRYLIN	1	
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 500 MCG/1 ML SYRINGE, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL)	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
FULPHILA	1	PA
GRANIX	1	PA
LEUKINE	1	PA
MOZOBIL	1	
NIVESTYM	1	PA
<i>plerixafor</i>	1	
PROCRIT	1	PA
PROMACTA	1	PA
RETACRIT	1	PA
UDENYCA	1	PA
UDENYCA AUTOINJECTOR	1	PA
UDENYCA ONBODY	1	PA
ZIEXTENZO	1	PA
Hemostasis Agents		
CYKLOKAPRON	1	
<i>tranexamic acid (1,000 mg/10 ml, 650 1 mg tablet)</i>		
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	1	
CABLIVI	1	
<i>cilostazol</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg, 50 mg, 75 mg)</i>	1	
PLAVIX	1	
<i>prasugrel hcl</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg, 0.2 mg, 0.3 mg)</i>	1	
<i>droxidopa</i>	1	PA
<i>guanfacine hcl</i>	1	
<i>midodrine hcl</i>	1	
NORTHERA	1	PA
Alpha-adrenergic Blocking Agents		
CARDURA	1	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	1	QL (60 PER 30 DAYS)
MINIPRESS	1	
<i>phenoxybenzamine hcl</i>	1	
<i>prazosin hcl</i>	1	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>terazosin hcl (10 mg, 2 mg, 5 mg)</i>	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (16 MG, 4 MG, 8 MG)	1	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	1	QL (30 PER 30 DAYS)
AVAPRO	1	QL (30 PER 30 DAYS)
BENICAR (20 MG, 40 MG)	1	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (16 mg tb, 4 mg tab, 8 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
COZAAR (25 MG, 50 MG)	1	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	1	QL (30 PER 30 DAYS)
DIOVAN (160 MG, 40 MG, 80 MG)	1	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
EDARBI	1	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg, 50 mg)</i>	1	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
MICARDIS	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg, 40 mg)</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan (160 mg, 40 mg, 80 mg)</i>	1	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL	1	
ALTACE	1	
<i>benazepril hcl</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>captopril</i>	1	
<i>enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tablet)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC	1	
ZESTRIL	1	
Antiarrhythmics		
<i>amiodarone hcl (100 mg, 200 mg, 400 mg)</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl (abboject, syringe)</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	1	
<i>pacerone (100 mg, 200 mg, 400 mg)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR	1	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
TIKOSYN	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg, 20 mg)</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	1	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	1	
COREG CR	1	
CORGARD (20 MG, 40 MG)	1	
INDERAL LA	1	
INDERAL XL	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
INNOPRAN XL	1	
<i>labetalol hcl (100 mg, 200 mg, 300 mg)</i>	1	
LOPRESSOR (100 MG, 50 MG)	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (100 mg tab, 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab)</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol hcl er</i>	1	
TENORMIN	1	
<i>timolol maleate (10 mg, 20 mg, 5 mg)</i>	1	
TOPROL XL	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>nicardipine hcl (20 mg, 30 mg)</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine (er 17 mg, er 25.5 mg, er 34 mg, er 8.5 mg)</i>	1	
NORVASC	1	
PROCARDIA XL	1	
SULAR	1	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM	1	
CARDIZEM CD	1	
CARDIZEM LA	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr er</i>	1	
<i>diltiazem 24hr er (cd)</i>	1	
<i>diltiazem 24hr er (la)</i>	1	
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (120 mg, 30 mg, 60 mg, 90 mg)</i>	1	
<i>matzim la</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
TIAZAC	1	
<i>verapamil er</i>	1	
<i>verapamil er pm</i>	1	
<i>verapamil hcl (120 mg, 40 mg, 80 mg)</i>	1	
<i>verapamil sr</i>	1	
VERELAN	1	
VERELAN PM	1	
Cardiovascular Agents, Other		
ACCURETIC (10-12.5 MG, 20-12.5 MG)	1	
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ALDACTAZIDE 25-25 TABLET	1	
<i>aliskiren</i>	1	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>amlodipine-valsartan-hctz</i>	1	QL (30 PER 30 DAYS)
ATACAND HCT	1	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	1	QL (30 PER 30 DAYS)
AZOR	1	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	1	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	QL (30 PER 30 DAYS)
CORLANOR (5 MG, 7.5 MG)	1	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	1	PA, QL (600 PER 30 DAYS)
DEMSER	1	
<i>digitek</i>	1	QL (30 PER 30 DAYS)
<i>digox</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>digoxin (0.125 mg, 0.25 mg, 125 mcg, 250 mcg, 62.5 mcg)</i>	1	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1	QL (150 PER 30 DAYS)
DIOVAN HCT	1	QL (30 PER 30 DAYS)
EDARBYCLOR	1	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG, 97 MG-103 MG)	1	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	1	QL (180 PER 30 DAYS)
EXFORGE	1	QL (30 PER 30 DAYS)
EXFORGE HCT	1	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	1	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LANOXIN (125 MCG, 250 MCG, 62.5 MCG)	1	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LOTENSIN HCT	1	
MAXZIDE	1	
MAXZIDE-25 MG	1	
<i>methazolamide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metirosine</i>	1	
MICARDIS HCT (40-12.5 MG, 80-25 MG)	1	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	1	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	1	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL (30 PER 30 DAYS)
TENORETIC 100	1	
TENORETIC 50	1	
<i>trandolapril-verapamil er</i>	1	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
TRIBENZOR	1	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	1	
VERQUVO	1	QL (30 PER 30 DAYS)
ZESTORETIC	1	
ZIAC	1	
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>furosemide (10 mg/ml solution, 100 mg/10 ml syringe, 100 mg/10 ml vial, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet)</i>	1	
LASIX	1	
<i>torseamide</i>	1	
Diuretics, Potassium-sparing		
ALDACTONE	1	
<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
INSPRA	1	
KERENDIA	1	PA, QL (30 PER 30 DAYS)
<i>spironolactone (100 mg, 25 mg, 50 mg)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule, 67 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	1	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg, 20 mg, 40 mg)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (10 MG, 20 MG, 5 MG)	1	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	1	ST, QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LIPITOR (10 MG, 20 MG, 40 MG)	1	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	1	ST, QL (30 PER 30 DAYS)
<i>lovastatin</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg, 20 mg, 40 mg)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (10 mg, 20 mg, 5 mg)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (10 mg, 40 mg, 5 mg)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG, 40 MG)	1	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	1	ST, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	1	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	1	
<i>ezetimibe</i>	1	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm, 500 mg)</i>	1	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	1	QL (120 PER 30 DAYS)
JUXTAPID (10 MG, 20 MG, 30 MG, 5 MG)	1	PA
LOVAZA	1	
<i>niacin er (er 1,000 mg, er 750 mg)</i>	1	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>prevalite (packet, powder)</i>	1	
REPATHA PUSHTRONEX	1	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	1	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	1	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	1	
VASCEPA 0.5 GM CAPSULE	1	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	1	QL (120 PER 30 DAYS)
VYTORIN	1	ST, QL (30 PER 30 DAYS)
ZETIA	1	QL (30 PER 30 DAYS)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl (10 mg, 100 mg, 25 mg, 50 mg)</i>	1	
<i>minoxidil (10 mg, 2.5 mg)</i>	1	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE	1	
<i>isosorbide dinitrate (10 mg, 20 mg, 30 mg, 5 mg)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	1	
<i>nitroglycerin patch</i>	1	
NITROLINGUAL	1	
NITROSTAT	1	
RECTIV	1	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	1	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	1	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	1	QL (90 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dextroamphetamine er 5 mg cap</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg, er 15 mg)</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 10 mg, er 15 mg, er 20 mg, er 25 mg, er 30 mg, er 5 mg)</i>	1	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 12.5 mg, dextroamp-amphetam 7.5 mg, dextroamp-amphetamin 10 mg, dextroamp-amphetamin 15 mg, dextroamp-amphetamin 30 mg, dextroamp-amphetamine 5 mg)</i>	1	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg)</i>	1	QL (30 PER 30 DAYS)
VYVANSE (10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG)	1	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	1	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (10 mg, 18 mg, 25 mg, 40 mg)</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>atomoxetine hcl (100 mg, 60 mg, 80 mg)</i>	1	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	1	PA, QL (60 PER 30 DAYS)
FOCALIN	1	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	1	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	1	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (10 mg, 20 mg, 5 mg)</i>	1	PA, QL (90 PER 30 DAYS)
RITALIN	1	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG, 18 MG, 25 MG, 40 MG)	1	QL (60 PER 30 DAYS)
STRATTERA (100 MG, 60 MG, 80 MG)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Central Nervous System, Other		
NUEDEXTA	1	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	1	
<i>tetrabenazine 12.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	1	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	1	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	1	PA, QL (1 PER 28 DAYS)
AVONEX PEN	1	PA, QL (1 PER 28 DAYS)
BETASERON	1	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	1	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	1	PA, QL (12 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>dalfampridine er</i>	1	PA
<i>dimethyl fumarate</i>	1	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	1	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	1	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	1	PA, QL (12 PER 28 DAYS)
MAYZENT (1 MG, 2 MG)	1	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	1	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	1	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	1	PA, QL (12 PER 28 DAYS)
PLEGRIDY	1	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
PLEGRIDY PEN	1	PA, QL (1 PER 28 DAYS)
TECFIDERA	1	PA, QL (60 PER 30 DAYS)
TYSABRI	1	PA
VUMERITY	1	PA, QL (120 PER 30 DAYS)
Dental and Oral Agents		
<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
KEPIVANCE	1	
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (5 mg, 7.5 mg)</i>	1	
SALAGEN	1	
<i>triamcinolone 0.1% paste</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane</i>	1	
<i>acitretin</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>amnesteam</i>	1	
AVITA	1	PA
<i>azelaic acid</i>	1	
AZELEX	1	
BENZAMYCIN	1	
<i>claravis</i>	1	
<i>clindamycin-benzoyl peroxide</i> (<i>clindamycin-benzoyl, clindamycin-bnz pmp</i>)	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA	1	
<i>isotretinoin</i>	1	
KLARON	1	
<i>myorisan</i>	1	
ORACEA	1	
RETIN-A	1	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	1	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	1	PA
<i>zenatane</i>	1	
Dermatitis and Pruitus Agents		
ALA-CORT 1% CREAM	1	
<i>ala-cort 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate</i>	1	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	1	
<i>betamethasone diprop augmented (crm, gel, oin)</i>	1	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	1	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	1	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	1	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	1	QL (236 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>clobetasol emollient 0.05% crm</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	1	QL (200 PER 28 DAYS)
<i>clodan</i>	1	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	1	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	1	QL (120 PER 30 DAYS)
DIPROLENE	1	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	1	PA
ELIDEL	1	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body, scalp)</i>	1	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>fluocinonide-e</i>	1	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	1	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	1	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	1	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	1	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>pimecrolimus</i>	1	PA
<i>prednicarbate 0.1% ointment</i>	1	QL (120 PER 30 DAYS)
PRUDOXIN	1	PA
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>triderm</i>	1	QL (454 PER 30 DAYS)
ZONALON	1	PA
Dermatological Agents, Other		
<i>calcipotriene (cream, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>calcitrene</i>	1	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>diclofenac sodium 3% gel</i>	1	PA
EFUDEX	1	
<i>fluorouracil (0.5% cream, 2% topical soln, 5% cream, 5% topical soln)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen</i>	1	
<i>nystatin-triamcinolone</i>	1	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	1	PA
<i>podofilox 0.5% topical soln</i>	1	
REGRANEX	1	PA, QL (15 PER 30 DAYS)
SANTYL	1	QL (180 PER 30 DAYS)
SILVADENE	1	
<i>silver sulfadiazine</i>	1	
SSD	1	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	1	PA
<i>lindane</i>	1	
<i>malathion</i>	1	
OVIDE	1	
<i>permethrin</i>	1	
SOOLANTRA	1	PA
Topical Anti-infectives		
<i>gentamicin sulfate (cream, ointment)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
METROCREAM	1	
METROGEL	1	
METROLOTION	1	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1	
<i>mupirocin</i>	1	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	1	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
<i>aqua care sodium chloride</i>	1	
CARBAGLU	1	PA
<i>carglumic acid</i>	1	PA
<i>dextrose 2.5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.3% nacl</i>	1	
<i>dextrose 5%-0.33% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</i>	1	
<i>dextrose in lactated ringers</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>kcl 20 meq in d5w-lact ringer</i>	1	
<i>kcl 20 meq/l in d5w solution</i>	1	
<i>kcl-d5w-0.2% nacl</i>	1	
<i>kcl-d5w-0.225% nacl (10meq/500ml- d5w-0.225%nacl, 20 meq/l-d5w- 0.225% nacl)</i>	1	
<i>kcl-d5w-0.45% nacl</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>lactated ringers injection</i>	1	
<i>magnesium sulfate (1 g/2 ml, 10g/20ml, 25g/50ml, 5 g/10ml, syringe)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>potassium chloride (cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 2 meq/ml conc, cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet, cl er 8 meq capsule, cl er 8 meq tablet, cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup)</i>	1	
<i>potassium chloride proamp</i>	1	
<i>potassium chloride-0.45% nacl</i>	1	
<i>potassium citrate er</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	1	
<i>sodium chloride-water</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	1	
<i>deferasirox (125 mg tb for susp, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp, 90 mg granule pkt, 90 mg tablet)</i>	1	PA
EXJADE	1	PA
JADENU	1	PA
JADENU SPRINKLE	1	PA
SAMSCA	1	PA
SYPRINE	1	PA, QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tolvaptan</i>	1	PA
<i>trientine hcl 250 mg capsule</i>	1	PA, QL (240 PER 30 DAYS)
<i>dextrose in water (10%-water iv solution, 5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln)</i>	1	
<i>fomepizole</i>	1	
<i>glucose in water</i>	1	
INTRALIPID 20% IV FAT EMUL	1	PA
NUTRILIPID	1	PA
<i>sterile water for irrigation</i>	1	
TRAVASOL	1	PA
TROPHAMINE	1	PA
Phosphate Binders		
AURYXIA	1	PA, QL (360 PER 30 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	1	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	1	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>lanthanum carb 1,000 mg tb chw</i>	1	QL (120 PER 30 DAYS)
<i>lanthanum carb 500 mg tab chew</i>	1	QL (90 PER 30 DAYS)
<i>lanthanum carb 750 mg tab chew</i>	1	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	1	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	1	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	1	
<i>sevelamer 0.8 gm powder packet</i>	1	QL (270 PER 30 DAYS)
<i>sevelamer 2.4 gm powder packet</i>	1	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	1	
VELPHORO	1	QL (180 PER 30 DAYS)
Potassium Binders		
<i>sodium polystyrene sulf powder</i>	1	
SPS	1	
VELTASSA	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	1	
LINZESS	1	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	1	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	1	QL (120 PER 30 DAYS)
MOVANTIK	1	
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET, 8 MG/0.4 ML SYRINGE)	1	PA
Anti-Diarrheal Agents		
<i>alosetron hcl</i>	1	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	1	PA
<i>loperamide 2 mg capsule</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
LOTRONEX	1	PA, QL (60 PER 30 DAYS)
VIBERZI	1	PA, QL (60 PER 30 DAYS)
XERMELO	1	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	PA
<i>glycopyrrolate (1 mg, 2 mg)</i>	1	
<i>methscopolamine bromide</i>	1	PA
Gastrointestinal Agents, Other		
<i>bismuth-metronidazole-tetracyc</i>	1	
CHENODAL	1	PA
GATTEX	1	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	1	
<i>metoclopramide hcl (10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial, 5 mg tablet, 5 mg/5 ml soln)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MOVIPREP	1	
MYALEPT	1	PA
NULYTELY	1	
OICALIVA	1	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	1	
REGLAN	1	
<i>sod sulf-potass sulf-mag sulf</i>	1	
SUPREP	1	
SUTAB	1	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
XIFAXAN 550 MG TABLET	1	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine (200 mg, 300 mg, 400 mg, 800 mg)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 200 mg/20 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 500 mg/50 ml vial)</i>	1	
<i>nizatidine (150 mg, 300 mg)</i>	1	
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	1	
CYTOTEC	1	
<i>misoprostol</i>	1	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet, mag 20 mg cap, mag 40 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	1	
<i>lansoprazole (15 mg, 30 mg)</i>	1	QL (30 PER 30 DAYS)
NEXIUM (10 MG PACKET, 20 MG CAPSULE, 20 MG PACKET, 40 MG CAPSULE, 40 MG PACKET)	1	ST, QL (30 PER 30 DAYS)
NEXIUM (2.5 MG, 5 MG)	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
NEXIUM I.V.	1	
<i>omeprazole (20 mg, 40 mg)</i>	1	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium 40 mg vial</i>	1	
PREVACID DR 30 MG CAPSULE	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	1	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	1	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME	1	
<i>betaine anhydrous</i>	1	
BUPHENYL 500 MG TABLET	1	PA
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CARNITOR SF	1	
CEREZYME	1	PA
CREON	1	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CRYSVITA	1	PA
CYSTADANE	1	
CYSTAGON	1	PA
ELAPRASE	1	
ELELYSO	1	PA
ENDARI	1	PA
FABRAZYME	1	
<i>javygtor</i>	1	PA
KUVAN	1	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	1	
<i>levocarnitine sf</i>	1	
LUMIZYME	1	
<i>miglustat</i>	1	PA, QL (90 PER 30 DAYS)
NAGLAZYME	1	
<i>nitisinone</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ORFADIN (10 MG CAPSULE, 2 MG CAPSULE, 20 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE)	1	
PALYNZIQ	1	PA
PROLASTIN C	1	PA
REVCovi	1	
<i>sapropterin dihydrochloride</i>	1	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	1	PA
STRENSIQ	1	PA
VPRIV	1	PA
VYNDAMAX	1	PA, QL (30 PER 30 DAYS)
VYNDAQEL	1	PA, QL (120 PER 30 DAYS)
<i>yargesa</i>	1	PA, QL (90 PER 30 DAYS)
ZENPEP	1	
ZOKINVY	1	PA, QL (120 PER 30 DAYS)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin er</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DETROL	1	ST, QL (60 PER 30 DAYS)
DETROL LA	1	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1	QL (30 PER 30 DAYS)
GEMTESA	1	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG, ER 50 MG)	1	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	1	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 ml solution, 5 ml syrup)</i>	1	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	1	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tolterodine tartrate er</i>	1	QL (30 PER 30 DAYS)
TOVIAZ	1	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	1	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	1	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	1	QL (30 PER 30 DAYS)
<i>dutasteride</i>	1	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	1	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	1	QL (60 PER 30 DAYS)
PROSCAR	1	QL (30 PER 30 DAYS)
RAPAFLO	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>silodosin</i>	1	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
DEPEN	1	
<i>methylergonovine 0.2 mg tablet</i>	1	
<i>penicillamine 250 mg tablet</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	1	PA
CORTEF	1	
<i>decadron (0.5 mg, 0.75 mg, 4 mg, 6 mg)</i>	1	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet)</i>	1	
<i>dexamethasone sodium phosphate (120 mg/30 ml vl, 20 mg/5 ml vial, 4 mg/ml syringe, 4 mg/ml vial)</i>	1	
<i>fludrocortisone acetate</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HEMADY	1	
<i>hidex</i>	1	
<i>hydrocortisone (10 mg, 20 mg, 5 mg)</i>	1	
MEDROL (16 MG TABLET, 32 MG TABLET, 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET)	1	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5 ml soln</i>	1	
<i>prednisolone sodium phosphate (15mg/5ml soln cup, 5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 10 mg tab dose pack, 10 mg tablet, 2.5 mg tablet, 20 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 50 mg tablet)</i>	1	
SOLU-MEDROL (1 GRAM, 1,000 MG, 125 MG, 40 MG, 500 MG)	1	
<i>taperdex 6 day 1.5 mg tablet</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
CHORIONIC GONADOTROPIN	1	PA
DDAVP (0.1 MG, 0.2 MG)	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>desmopressin acetate (0.01% solution, 0.01% spray, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb)</i>	1	
INCRELEX	1	
OMNITROPE (10 MG/1.5 ML CRTG, 5 MG/1.5 ML CRTG, 5.8 MG VIAL)	1	PA
PREGNYL	1	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PKCT)	1	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	1	PA
DEPO-TESTOSTERONE	1	PA
<i>methyltestosterone</i>	1	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	1	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	1	PA, QL (225 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>testosterone 1.62%(1.25 g) pkt</i>	1	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	1	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
Estrogens		
DEPO-ESTRADIOL	1	
DIVIGEL (0.25 MG GEL, 0.5 MG GEL, 0.75 MG GEL, 1 MG GEL, 1.25 MG GEL)	1	
<i>dotti</i>	1	
ESTRACE 0.01% CREAM	1	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 10 mcg vaginal insrt, 2 mg tablet)</i>	1	
<i>estradiol (once weekly)</i>	1	
<i>estradiol (twice weekly)</i>	1	
<i>estradiol valerate</i>	1	
ESTRING	1	
<i>lyllana</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
MENEST	1	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	1	
VAGIFEM	1	
<i>yuvaferm</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<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</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	1	
<i>cryselle</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-eth estra-levomef</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>juleber</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
<i>larissia</i>	1	
LAYOLIS FE	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad eth estrad</i> (<i>levono-e 0.15-0.03-0.01, levonor-e</i> <i>0.1-0.02-0.01</i>)	1	
<i>levonorgestrel-eth estradiol</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>levora-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
LOESTRIN	1	
LOESTRIN FE	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
LOSEASONIQUE	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>microgestin</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
MIRCETTE	1	
<i>mono-linyah</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	
<i>norethin-eth estra-ferrous fum</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>norethindron-ethinyl estradiol</i> (<i>norethin-ee 1.5-0.03 mg(21) tb,</i> <i>norethind-eth estrad 1-0.02 mg</i>)	1	
<i>norethindrone-e.estradiol-iron (1</i> <i>mg/20-30-35 mcg, 1-0.02(21)-75 tab,</i> <i>1-0.02(24)-75 cap, 1.5-0.03mg(21)-</i> <i>75)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel</i>	1	
NUVARING	1	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella</i>	1	
<i>portia</i>	1	
PREMPHASE	1	
PREMPRO	1	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
SEASONIQUE	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe</i>	1	
<i>tarina fe 1-20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
TYBLUME	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
YASMIN 28	1	
YAZ	1	
<i>zarah</i>	1	
<i>zovia 1-35</i>	1	
<i>zumandimine</i>	1	
<i>enilloring</i>	1	
<i>taysofy</i>	1	
<i>turqoz</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Progestins		
AYGESTIN	1	
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	1	
DEPO-SUBQ PROVERA 104	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone 1.25 g/5ml</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate (10 mg tab, 150 mg/ml, 2.5 mg tab, 5 mg tab)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 40 mg/ml susp, acet 400 mg/10 ml)</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	
<i>progesterone (100 mg, 200 mg)</i>	1	
PROVERA	1	
<i>sharobel</i>	1	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	1	
EVISTA	1	
<i>raloxifene hcl</i>	1	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	1	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (25 mcg, 5 mcg, 50 mcg)</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SYNTHROID	1	
TIROSINT	1	
TIROSINT-SOL	1	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM	1	PA, QL (120 PER 30 DAYS)
LYSODREN	1	
<i>mifepristone 300 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
ELIGARD	1	PA
FIRMAGON	1	
<i>leuprolide acetate (14 ml kt, 14 ml vl)</i>	1	PA
<i>leuprolide depot</i>	1	PA
LUPRON DEPOT	1	PA
LUPRON DEPOT (LUPANETA)	1	PA
LUPRON DEPOT-PED	1	PA
<i>octreotide acetate</i>	1	PA
ORGOVYX	1	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SANDOSTATIN LAR DEPOT	1	PA
SIGNIFOR	1	PA
SIGNIFOR LAR	1	PA
SOMATULINE DEPOT	1	PA
SOMAVERT	1	PA
SYNAREL	1	
TRELSTAR	1	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Angioedema Agents		
CINRYZE	1	PA, QL (20 PER 30 DAYS)
FIRAZYR	1	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	1	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	1	PA, QL (18 PER 30 DAYS)
<i>icatibant</i>	1	PA, QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>sajazir</i>	1	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	1	Part D vs Part B
GAMMAGARD LIQUID	1	PA
GAMMAGARD S-D	1	PA
GAMMAPLEX	1	PA
GAMUNEX-C	1	PA
SYNAGIS	1	
THYMOGLOBULIN	1	Part D vs Part B
Immunological Agents, Other		
ARCALYST	1	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	1	PA
COSENTYX (2 SYRINGES)	1	PA
COSENTYX SENSOREADY (2 PENS)	1	PA
COSENTYX SENSOREADY PEN	1	PA
COSENTYX SYRINGE	1	PA
COSENTYX UNOREADY PEN	1	Biologic Immunomodulators PA - Cosentyx

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
DUPIXENT PEN	1	PA
DUPIXENT SYRINGE	1	PA
ILARIS	1	PA
KINERET	1	PA
NULOJIX	1	Part D vs Part B
ORENCIA (125 MG/ML SYRINGE, 250 MG VIAL, 50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE)	1	PA
ORENCIA CLICKJECT	1	PA
RIDAURA	1	
RINVOQ	1	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	1	PA
SKYRIZI ON-BODY	1	PA
SKYRIZI PEN	1	PA
STELARA	1	PA
TREMFYA	1	PA
XELJANZ (1 MG/ML SOLUTION, 10 MG TABLET, 5 MG TABLET)	1	PA
XELJANZ XR	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
XOLAIR (150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE, 75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE)	1	PA
Immunostimulants		
ACTIMMUNE	1	PA
BESREMI	1	PA, QL (2 PER 28 DAYS)
INTRON A	1	
PEGASYS	1	PA
Immunosuppressants		
ASTAGRAF XL	1	PA
AZASAN	1	PA
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	1	Part D vs Part B
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	1	PA
CELLCEPT 500 MG VIAL	1	Part D vs Part B
<i>cyclosporine (100 mg, 25 mg)</i>	1	PA
<i>cyclosporine 250 mg/5 ml ampul</i>	1	Part D vs Part B
<i>cyclosporine modified (100 mg, 100mg/ml, 25 mg, 50 mg)</i>	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
CYLTEZO(CF)	1	PA
CYLTEZO(CF) PEN	1	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	1	PA
CYLTEZO(CF) PEN PSORIASIS-UV	1	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	1	PA
ENBREL MINI	1	PA
ENBREL SURECLICK	1	PA
<i>everolimus (0.25 mg, 0.5 mg, 0.75 mg, 1 1 mg)</i>	1	PA
<i>gengraf (100 mg capsule, 100 mg/ml solution, 25 mg capsule)</i>	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	1	PA
HUMIRA PEN	1	PA
HUMIRA PEN CROHN'S-UC-HS	1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	1	PA
HUMIRA(CF)	1	PA
HUMIRA(CF) PEDIATRIC CROHN'S	1	PA
HUMIRA(CF) PEN	1	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	1	PA
HUMIRA(CF) PEN PEDIATRIC UC	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
IMURAN	1	PA
<i>leflunomide</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 250 mg/10 ml vial, 50 mg/2 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate 500 mg vial</i>	1	Part D vs Part B
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet)</i>	1	PA
<i>mycophenolic acid</i>	1	PA
MYFORTIC 180 MG TABLET	1	PA
NEORAL (100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION, 25 MG GELATIN CAPSULE)	1	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG CAPSULE)	1	PA
PROGRAF 5 MG/ML AMPULE	1	Part D vs Part B
RAPAMUNE 1 MG/ML ORAL SOLN	1	PA
RENFLEXIS	1	PA
SANDIMMUNE (100 MG CAPSULE, 100 MG/ML SOLN, 25 MG CAPSULE)	1	PA
SANDIMMUNE 50 MG/ML AMPUL	1	Part D vs Part B

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SIMULECT	1	Part D vs Part B
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA
<i>tacrolimus (0.5 mg, 1 mg, 5 mg)</i>	1	PA
XATMEP	1	PA
ZORTRESS	1	PA
Vaccines		
ABRYSVO	1	
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAIXA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGRIX-B ADULT	1	PA
ENGRIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOL	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A- C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA
PRIORIX	1	
PROQUAD	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA
RECOMBIVAX HB	1	PA
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
YF-VAX	1	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	1	QL (120 PER 30 DAYS)
ASACOL HD	1	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
AZULFIDINE	1	
<i>balsalazide disodium</i>	1	
CANASA	1	
COLAZAL	1	
DELZICOL	1	QL (180 PER 30 DAYS)
DIPENTUM	1	
LIALDA	1	QL (120 PER 30 DAYS)
<i>mesalamine (1,000 mg supp, 4 gm/60 ml enema, 4 gm/60 ml kit)</i>	1	
<i>mesalamine 800 mg dr tablet</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	1	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	1	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	1	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ROWASA 4 GM/60 ML ENEMA KIT	1	
SFROWASA	1	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
Glucocorticoids		
<i>budesonide dr</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	1	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>procto-pak</i>	1	
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
<i>alendronate sodium (35 mg, 70 mg)</i>	1	QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
ATELVIA	1	QL (4 PER 28 DAYS)
<i>calcitonin-salmon</i>	1	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution, 1 mcg/ml vial)</i>	1	
<i>cinacalcet hcl</i>	1	PA
FORTEO	1	PA
FOSAMAX	1	QL (4 PER 28 DAYS)
<i>ibandronate sodium (3 ml syringe, 3 ml vial)</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
MIACALCIN	1	
NATPARA	1	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 10 mcg/2 ml vial, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial)</i>	1	
PROLIA	1	PA
<i>risedronate sodium (30 mg tab, 5 mg tablet)</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>risedronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	1	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	1	
SENSIPAR	1	PA
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	1	PA
TYMLOS	1	PA
XGEVA	1	PA
ZEMPLAR (10 MCG/2 ML, 2 MCG/ML, 5 MCG/ML)	1	
<i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>	1	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
COSOPT	1	
CYSTADROPS	1	PA
CYSTARAN	1	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	1	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1	
RESTASIS	1	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	1	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX (DROPS, OINTMENT)	1	
<i>tobramycin-dexamethasone</i>	1	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	1	
<i>bacitracin-polymyxin</i>	1	
BESIVANCE	1	
<i>ciprofloxacin 0.3% eye drop</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
LACRISERT	1	
MOXEZA	1	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	1	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX	1	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine</i>	1	
VIGAMOX	1	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	
Ophthalmic Anti-inflammatories		
ACULAR	1	
ACULAR LS	1	
<i>bromfenac sodium (0.07%, 0.09%)</i>	1	
<i>dexamethasone 0.1% eye drop</i>	1	
<i>diclofenac 0.1% eye drops</i>	1	
<i>difluprednate</i>	1	
DUREZOL	1	
EYSUVIS	1	PA
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	1	
ILEVRO	1	
INVELTYS	1	
<i>ketorolac tromethamine (0.4%, 0.5%)</i>	1	
PRED FORTE	1	
PRED MILD	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod 1% eye drop</i>	1	
PROLENSA	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	1	
BETOPTIC S	1	
<i>carteolol hcl</i>	1	
ISTALOL	1	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.25% eye drop, maleate 0.5% eye drop, maleate 0.5% eye drops)</i>	1	
TIMOPTIC	1	
TIMOPTIC OCUDOSE	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P	1	
AZOPT	1	
<i>brimonidine tartrate (0.2% eye drop, tartrate 0.1% drop, tartrate 0.15% drp)</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hcl</i>	1	
<i>pilocarpine hcl (1%, 2%, 4%)</i>	1	
RHOPRESSA	1	QL (15 PER 75 OVER TIME)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ROCKLATAN	1	QL (15 PER 75 OVER TIME)
SIMBRINZA	1	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost 0.03% eye drops</i>	1	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	1	QL (15 PER 75 OVER TIME)
TRAVATAN Z	1	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	1	QL (15 PER 75 OVER TIME)
Otic Agents		
<i>acetic acid 2% ear solution</i>	1	
CIPRODEX	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>ofloxacin 0.3% ear drops</i>	1	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	1	QL (30 PER 30 DAYS)
ASMANEX	1	QL (1 PER 30 DAYS)
ASMANEX HFA	1	QL (13 PER 30 DAYS)
<i>budesonide (0.25 ml, 0.5 ml, 1 ml inh)</i>	1	PA
<i>flunisolide</i>	1	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	1	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	1	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	1	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	1	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	1	QL (10.6 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
QVAR REDHALER 80 MCG	1	QL (21.2 PER 30 DAYS)
XHANCE	1	QL (32 PER 30 DAYS)
Antihistamines		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
<i>clemastine fum 2.68 mg tab</i>	1	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	1	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spry</i>	1	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE	1	
<i>montelukast sodium</i>	1	
SINGULAIR	1	
<i>zafirlukast</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Bronchodilators, Anticholinergic		
ATROVENT HFA	1	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	1	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	1	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	1	PA
SPIRIVA HANDIHALER	1	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	1	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (36 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>albuterol sulfate (100 mg/20 ml soln, 15 mg/3 ml solution, 2.5 mg/0.5 ml sol, 20 mg/4 ml solution, 25 mg/5 ml solution, 5 mg/ml solution, 75 mg/15 ml soln, sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, sul 2.5 mg/3 ml soln)</i>	1	PA
<i>albuterol sulfate (sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab)</i>	1	
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	1	
PROAIR HFA	1	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	1	QL (2 PER 30 DAYS)
SEREVENT DISKUS	1	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg, 5 mg)</i>	1	
VENTOLIN HFA	1	QL (36 PER 30 DAYS)
XOPENEX HFA	1	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
KALYDECO	1	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
ORKAMBI (100 MG, 200 MG)	1	PA, QL (120 PER 30 DAYS)
ORKAMBI (100-125 MG, 150-188 MG, 75-94 MG)	1	PA, QL (60 PER 30 DAYS)
PULMOZYME	1	PA
<i>tobramycin 300 mg/5 ml ampule</i>	1	PA
TRIKAFTA (100-50-75 MG/150 MG, 50-25-37.5 MG/75 MG)	1	PA, QL (90 PER 30 DAYS)
TRIKAFTA (100-50-75 MG/75MG, 80-40-60MG/59.5MG)	1	Trikafta PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine cit 60 mg/3 ml oral</i>	1	
DALIRESP	1	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	1	PA, QL (30 PER 30 DAYS)
THEO-24	1	
<i>theophylline anhydrous (er 300 mg, er 450 mg)</i>		
<i>theophylline er (er 300 mg, er 400 mg, er 450 mg, er 600 mg)</i>		

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
Pulmonary Antihypertensives		
ADCIRCA	1	PA, QL (60 PER 30 DAYS)
ADEMPAS	1	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	1	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	1	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	1	PA, QL (60 PER 30 DAYS)
LETAIRIS	1	PA, QL (30 PER 30 DAYS)
OPSUMIT	1	PA, QL (30 PER 30 DAYS)
REMODULIN	1	Part D vs Part B
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
TRACLEER (125 MG, 62.5 MG)	1	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	1	PA, QL (120 PER 30 DAYS)
<i>treprostinil</i>	1	Part D vs Part B

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
VENTAVIS	1	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	1	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	1	PA, QL (90 PER 30 DAYS)
OFEV	1	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	1	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
<i>acetylcysteine (10%, 20%)</i>	1	PA
ADVAIR HFA	1	QL (12 PER 30 DAYS)
ANORO ELLIPTA	1	QL (60 PER 30 DAYS)
BREO ELLIPTA	1	QL (60 PER 30 DAYS)
<i>breyna</i>	1	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	1	QL (10.7 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
<i>budesonide-formoterol fumarate</i>	1	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	1	QL (8 PER 30 DAYS)
DULERA	1	QL (13 PER 30 DAYS)
FASENRA	1	PA
FASENRA PEN	1	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (113-14, 232-14, 55-14)</i>	1	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1	PA
LAGEVRIO (COMMERCIAL)	1	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG Dist.)	1	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	1	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	1	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	1	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
STIOLTO RESPIMAT	1	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	1	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl (10 mg, 5 mg)</i>	1	
<i>methocarbamol (500 mg, 750 mg)</i>	1	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	1	PA, QL (30 PER 30 DAYS)
DAYVIGO	1	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg, 6 mg)</i>	1	QL (30 PER 30 DAYS)
HETLIOZ	1	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)
ROZEREM	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

2024 HAMASPIK MEDICARE SELECT (HMO D-SNP) AND HAMASPIK MEDICARE CHOICE (HMO D-SNP) (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS /LIMITS
SILENOR	1	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	1	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg, 30 mg)</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (10 mg, 5 mg)</i>	1	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil</i>	1	PA, QL (30 PER 30 DAYS)
<i>modafinil</i>	1	PA, QL (30 PER 30 DAYS)
NUVIGIL	1	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	1	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 13.

Alphabetical Listing

A

abacavir	96	AFINITOR DISPERZ	67
abacavir-lamivudine	96	afirmelle	169
ABILIFY	85	AGRYLIN	119
ABILIFY ASIMTUFII	85	AIMOVIG AUTOINJECTOR	54
ABILIFY MAINTENA	85	ak-poly-bac	193
abiraterone acetate	58	AKEEGA	67
ABRAXANE	61	ALA-CORT	145
ABRYSVO	186	ala-cort	145
acamprosate calcium	23	albendazole	81
acarbose	106	albuterol hfa 90 mcg inhaler	
ACCOLATE	199	(generic proair hfa)	200
ACCUPRIL	123	albuterol hfa 90 mcg inhaler	
ACCURETIC	128	(generic proventil hfa)	200
accutane	143	albuterol sulfate	201
acebutolol hcl	125	alclometasone	
acetaminophen-codeine	19	dipropionate	145
acetazolamide	128	ALDACTAZIDE	128
acetazolamide er	128	ALDACTONE	133
acetic acid	197	ALDURAZYME	160
acetylcysteine	204	ALECENSA	67
acitretin	143	alendronate sodium	190,191
ACTHAR	165	alfuzosin hcl er	164
ACTHIB	186	ALIMTA	61
ACTIMMUNE	183	ALIQOPA	67
ACTOS	106	aliskiren	128
ACULAR	195	allopurinol	54
ACULAR LS	195	allopurinol sodium	54
acyclovir	104	ALOPRIM	54
acyclovir sodium	104	alosetron hcl	156
ADACEL TDAP	186	ALPHAGAN P	196
ADCETRIS	78	alprazolam	104
ADCIRCA	203	ALTACE	123
ADDERALL XR	138	altavera	169
adefovir dipivoxil	102	ALUNBRIG	67
ADEMPAS	203	alyacen	169
ADLARITY	42	ALYMSYS	78
adriamycin	61	alyq	203
ADVAIR HFA	204	amabelz	169
AFINITOR	67	amantadine	83
		AMBISOME	52
		ambrisentan	203

amethia.....	169	aranelle.....	169
amethyst.....	169	ARANESP.....	119
amikacin sulfate.....	24	ARCALYST.....	181
amiloride hcl.....	133	AREXVY.....	186
amiloride- hydrochlorothiazide.....	128	ARICEPT.....	42
amiodarone hcl.....	124	ARIMIDEX.....	66
amitriptyline hcl.....	49	aripiprazole.....	86
amlodipine besylate.....	126	aripiprazole odt.....	86
amlodipine besylate- benazepril.....	128	ARISTADA.....	86
amlodipine-atorvastatin.....	128	ARISTADA INITIO.....	86
amlodipine-olmesartan.....	128	armodafinil.....	207
amlodipine-valsartan.....	128	ARNUITY ELLIPTA.....	198
amlodipine-valsartan-hctz.....	129	AROMASIN.....	66
ammonium lactate.....	145	ARRANON.....	61
amnestem.....	144	arsenic trioxide.....	61
amoxapine.....	49	ARTHROTEC 50.....	14
amoxicillin.....	30	ARTHROTEC 75.....	14
amoxicillin-clavulanate pot er.....	30	ARZERRA.....	78
amoxicillin-clavulanate potass.....	30	ASACOL HD.....	188
amphotericin b.....	52	asenapine maleate.....	86
amphotericin b liposome.....	52	ashlyna.....	169
ampicillin sodium.....	30	ASMANEX.....	198
ampicillin trihydrate.....	30	ASMANEX HFA.....	198
ampicillin-sulbactam.....	30	ASPARLAS.....	61
AMPYRA.....	141	aspirin-dipyridamole er.....	120
anagrelide hcl.....	119	ASTAGRAF XL.....	183
anastrozole.....	66	ATACAND.....	122
ANDROGEL.....	167	ATACAND HCT.....	129
ANORO ELLIPTA.....	204	atazanavir sulfate.....	99,100
APOKYN.....	83	ATELVIA.....	191
apomorphine hcl.....	83	atenolol.....	125
aprepitant.....	51	atenolol-chlorthalidone.....	129
apri.....	169	ATGAM.....	181
APRISO.....	188	atomoxetine hcl.....	139,140
APTIOM.....	40	atorvastatin calcium.....	134
APTIVUS.....	99	atovaquone.....	82
aqua care sodium chloride.....	150	atovaquone-proguanil hcl.....	82
		atropine sulfate.....	192
		ATROVENT HFA.....	200
		aubra.....	169
		aubra eq.....	169

AUGMENTIN.....	30	balsalazide disodium.....	189
AUGTYRO.....	67	BALVERSA.....	67,68
aurovela.....	169	balziva.....	170
aurovela 24 fe.....	169	BANZEL.....	40
aurovela fe.....	169	BAQSIMI.....	113
AURYXIA.....	154	BARACLUDE.....	102
AUVELITY.....	43	BAVENCIO.....	79
AVALIDE.....	129	BCG VACCINE (TICE	
AVAPRO.....	122	STRAIN).....	186
AVASTIN.....	79	BELBUCA.....	18
aviane.....	170	BELEODAQ.....	68
avidoxy.....	34	BELSOMRA.....	206
AVITA.....	144	benazepril hcl.....	123
AVODART.....	164	benazepril-	
AVONEX.....	141	hydrochlorothiazide.....	129
AVONEX PEN.....	141	bendamustine hcl.....	61
AYGESTIN.....	177	BENDEKA.....	61
ayuna.....	170	BENICAR.....	122
AYVAKIT.....	67	BENICAR HCT.....	129
azacitidine.....	61	BENLYSTA.....	181
AZACTAM.....	25	BENZAMYCIN.....	144
AZASAN.....	183	benznidazole.....	81
azathioprine.....	183	benztropine mesylate.....	83
azathioprine sodium.....	183	BESIVANCE.....	193
azelaic acid.....	144	BESPONSA.....	79
azelastine hcl.....	194,199	BESREMI.....	183
AZELEX.....	144	betaine anhydrous.....	160
AZILECT.....	84	betamethasone diprop	
azithromycin.....	32	augmented.....	145
AZOPT.....	196	betamethasone	
AZOR.....	129	dipropionate.....	145
aztreonam.....	25	betamethasone valerate.....	145
AZULFIDINE.....	189	BETASERON.....	141
azurette.....	170	betaxolol hcl.....	125,196
		bethanechol chloride.....	165
B		BETOPTIC S.....	196
bacitracin.....	193	bexarotene.....	81
bacitracin-polymyxin.....	193	BEXSERO.....	186
baclofen.....	93	bicalutamide.....	58
BACTRIM.....	34	BICILLIN L-A.....	30
BACTRIM DS.....	34	BICNU.....	61

BIKTARVY	93	bupropion hcl	43
BILTRICIDE	82	bupropion hcl sr	24,43
bimatoprost	197	bupropion hcl sr 150mg tablet	43
bismuth-metronidazole- tetracyc	157	bupropion xl	43
bisoprolol fumarate	125	buspirone hcl	104
bisoprolol- hydrochlorothiazide	129	busulfan	57
BLENREP	79	butalbital-acetaminophen	14
bleomycin sulfate	61	butalbital-acetaminophen- caffe	14
BLINCYTO	61	butalbital-aspirin-caffeine	14
blisovi 24 fe	170	butorphanol tartrate	19
blisovi fe	170	BUTRANS	18
BOOSTRIX TDAP	186	BYDUREON BCISE	106
bortezomib	68	BYETTA	106
bosentan	203	BYSTOLIC	125
BOSULIF	68		
BRAFTOVI	68	C	
BREO ELLIPTA	204	CABENUVA	93
breyna	204	cabergoline	179
BREZTRI AEROSPHERE	204	CABLIVI	120
briellyn	170	CABOMETYX	68
BRILINTA	120	caffeine citrate	202
brimonidine tartrate	196	calcipotriene	148
brimonidine tartrate-timolol	192	calcitonin-salmon	191
brinzolamide	196	calcitrene	148
BRIVIACT	35	calcitriol	191
bromfenac sodium	195	calcium acetate	154
bromocriptine mesylate	83	CALQUENCE	68
BRUKINSA	68	camila	177
budesonide	198	camrese	170
budesonide dr	190	camrese lo	170
budesonide ec	190	CANASA	189
budesonide er	190	CANCIDAS	52
budesonide-formoterol fumarate	205	candesartan cilexetil	122
bumetanide	132	candesartan- hydrochlorothiazid	129
BUPHENYL	160	CAPLYTA	86
buprenorphine	18	CAPRELSA	68
buprenorphine hcl	23	captopril	124
buprenorphine-naloxone	23	CARAFATE	159

CARBAGLU	150	cefuroxime sodium	29
carbamazepine	40	CELEBREX	14
carbamazepine er	40	celecoxib	15
CARBATROL	40	CELEXA	45
carbidopa	84	CELLCEPT	183
carbidopa-levodopa	84	CELONTIN	37
carbidopa-levodopa er	84	cephalexin	29
carbidopa-levodopa-entacapone	83	CEREZYME	161
carboplatin	61	cevimeline hcl	143
CARDIZEM	127	chateal	170
CARDIZEM CD	127	chateal eq	170
CARDIZEM LA	127	CHEMET	153
CARDURA	121	CHENODAL	157
carglumic acid	150	chloramphenicol sod succinate	25
carmustine	61	chlorhexidine gluconate	143
CARNITOR	160	chloroquine phosphate	82
CARNITOR SF	161	chlorpromazine hcl	50
carteolol hcl	196	chlorthalidone	133
cartia xt	127	cholestyramine	136
carvedilol	125	cholestyramine light	136
carvedilol er	125	CHORIONIC	
CASODEX	58	GONADOTROPIN	166
caspofungin acetate	52	ciclodan	52
cataflam	14	ciclopirox	52
cefaclor	28	cidofovir	102
cefadroxil	28	cilostazol	120
cefazolin sodium	28	CIMDUO	96
cefazolin sodium-dextrose	28	cimetidine	158
cefdinir	28	cinacalcet hcl	191
cefepime	28	CINRYZE	180
cefepime hcl	28	CIPRO	33
cefepime-dextrose	28	CIPRODEX	197
cefixime	29	ciprofloxacin	33
cefoxitin	29	ciprofloxacin hcl	33,193
cefoxitin sodium	29	ciprofloxacin-d5w	33
cefpodoxime proxetil	29	ciprofloxacin-dexamethasone	197
cefprozil	29	cisplatin	62
ceftazidime	29	citalopram hbr	45
ceftriaxone	29	cladribine	62
cefuroxime	29		

claravis.....	144	COLESTID.....	136
clarithromycin.....	32	colestipol hcl.....	136
clarithromycin er.....	32	colistimethate.....	26
clemastine fumarate.....	199	COMBIGAN.....	192
CLEOCIN.....	25	COMBIPATCH.....	170
CLEOCIN HCL.....	25	COMBIVENT RESPIMAT.....	205
CLEOCIN PHOSPHATE.....	25	COMETRIQ.....	68,69
CLEOCIN T.....	25	COMPLERA.....	96
clindacin etz.....	25	compro.....	50
clindacin p.....	25	COMTAN.....	83
clindamycin (pediatric).....	25	constulose.....	156
clindamycin hcl.....	26	COPAXONE.....	141
clindamycin phosphate.....	26	COPIKTRA.....	69
clindamycin phosphate-d5w.....	26	COREG CR.....	125
clindamycin-0.9% nacl.....	26	CORGARD.....	125
clindamycin-benzoyl peroxide.....	144	CORLANOR.....	129
clobazam.....	38	CORTEF.....	165
clobetasol emollient.....	146	COSELA.....	81
clobetasol propionate.....	145,146	COSENTYX (2 SYRINGES).....	181
clodan.....	146	COSENTYX SENSOREADY (2 PENS).....	181
clofarabine.....	62	COSENTYX SENSOREADY PEN.....	181
CLOLAR.....	62	COSENTYX SYRINGE.....	181
clomipramine hcl.....	50	COSENTYX UNOREADY PEN.....	181
clonazepam.....	104	COSMEGEN.....	62
clonidine.....	121	COSOPT.....	193
clonidine hcl.....	121	COTELLIC.....	69
clonidine hcl er.....	140	COZAAR.....	122
clopidogrel.....	121	CREON.....	161
clorazepate dipotassium.....	105	CRESEMBA.....	52
clotrimazole.....	52	CRESTOR.....	134
clotrimazole- betamethasone.....	148	cromolyn sodium.....	161,194,202
clozapine.....	92	cryselle.....	170
clozapine odt.....	92	CRYSVITA.....	161
CLOZARIL.....	92,93	CUBICIN.....	26
COARTEM.....	82	CUBICIN RF.....	26
codeine sulfate.....	19	cyclobenzaprine hcl.....	206
COLAZAL.....	189	CYCLOPHOSPHAMIDE.....	58
colchicine.....	54		
COLCRYS.....	54		

cyclophosphamide.....	58	darunavir.....	100
cycloserine.....	57	DARZALEX.....	79
CYCLOSET.....	106	DARZALEX FASPRO.....	79
cyclosporine.....	183	dasetta.....	170
cyclosporine modified.....	183	daunorubicin hcl.....	62
CYKLOKAPRON.....	120	DAURISMO.....	69
CYLTEZO(CF).....	184	DAYPRO.....	15
CYLTEZO(CF) PEN.....	184	daysee.....	170
CYLTEZO(CF) PEN.....		DAYVIGO.....	206
CROHN'S-UC-HS.....	184	DDAVP.....	166
CYLTEZO(CF) PEN.....		deblitane.....	177
PSORIASIS-UV.....	184	decadron.....	165
CYMBALTA.....	45	decitabine.....	62
cyproheptadine hcl.....	199	deferasirox.....	153
CYRAMZA.....	69	DELSTRIGO.....	94
cyred.....	170	DELZICOL.....	189
cyred eq.....	170	demeclocycline hcl.....	34
CYSTADANE.....	161	DEMSEER.....	129
CYSTADROPS.....	193	DENG VAXIA.....	186
CYSTAGON.....	161	DEPAKOTE.....	35
CYSTARAN.....	193	DEPAKOTE ER.....	35
cytarabine.....	62	DEPAKOTE SPRINKLE.....	35
CYTOMEL.....	178	DEPEN.....	165
CYTOTEC.....	159	DEPO-ESTRADIOL.....	168
		DEPO-PROVERA.....	177
		DEPO-SUBQ PROVERA.....	104
D			177
dabigatran etexilate.....	117	DEPO-TESTOSTERONE.....	167
dacarbazine.....	62	dermacinrx lidocan.....	22
dactinomycin.....	62	DESCOVY.....	96
dalfampridine er.....	142	desipramine hcl.....	50
DALIRESP.....	202	desloratadine.....	199
DALVANCE.....	26	desmopressin acetate.....	167
danazol.....	167	desogestr-eth estrad eth.....	170
DANTRIUM.....	93	estra.....	170
dantrolene sodium.....	93	desogestrel-ethinyl.....	170
DANYELZA.....	79	estradiol.....	170
dapsone.....	57	desonide.....	146
DAPTACEL DTAP.....	186	desoximetasone.....	146
daptomycin.....	26	desvenlafaxine succinate er.....	45
DARAPRIM.....	82	DETROL.....	163
darifenacin er.....	162		

DETROL LA.....	163	dihydroergotamine	
dexamethasone.....	165	mesylate.....	55
dexamethasone sodium		DILANTIN.....	40
phosphate.....	165,195	DILANTIN-125.....	41
DEXEDRINE.....	138	dilt-xr.....	127
dexmethylphenidate hcl.....	140	diltiazem 12hr er.....	127
dexrazoxane.....	81	diltiazem 24hr er.....	127
dextroamphetamine		diltiazem 24hr er (cd).....	127
sulfate.....	138	diltiazem 24hr er (la).....	127
dextroamphetamine sulfate		diltiazem 24hr er (xr).....	127
er.....	139	diltiazem hcl.....	127
dextroamphetamine-amphet		dimethyl fumarate.....	142
er.....	139	DIOVAN.....	122
dextroamphetamine-		DIOVAN HCT.....	130
amphetamine.....	138,139	DIPENTUM.....	189
dextrose 2.5%-0.45% nacl.....	150	diphenhydramine hcl.....	199
dextrose 5%-0.2% nacl.....	150	diphenoxylate-atropine.....	156
dextrose 5%-0.225% nacl.....	150	DIPHThERIA-TETANUS	
dextrose 5%-0.3% nacl.....	150	TOXOIDS-PED.....	186
dextrose 5%-0.33% nacl.....	150	DIPROLENE.....	146
dextrose 5%-0.45% nacl.....	150	dipyridamole.....	121
dextrose 5%-0.9% nacl.....	150	disulfiram.....	23
dextrose in lactated		divalproex sodium.....	35
ringers.....	150	divalproex sodium er.....	35
dextrose in water.....	154	DIVIGEL.....	168
DIACOMIT.....	35	docetaxel.....	62
diazepam.....	38,105	dofetilide.....	124
diazoxide.....	113	dolishale.....	170
diclofenac potassium.....	15	donepezil hcl.....	42
diclofenac sodium.....	15,148,195	donepezil hcl odt.....	42
diclofenac sodium er.....	15	dorzolamide hcl.....	196
diclofenac sodium-		dorzolamide-timolol.....	193
misoprostol.....	15	dotti.....	168
dicloxacillin sodium.....	30	DOVATO.....	93
dicyclomine hcl.....	157	doxazosin mesylate.....	121
DIFICID.....	32	doxepin hcl.....	50,146,206
DIFLUCAN.....	52	doxorubicin hcl.....	62
difluprednate.....	195	doxorubicin hcl liposome.....	62
digitek.....	129	doxy 100.....	34
digox.....	129	doxycycline hyclate.....	34
digoxin.....	130	doxycycline monohydrate.....	34

dronabinol.....	51
drospirenone-eth estra-levomef.....	170
drospirenone-ethinyl estradiol.....	170
droxidopa.....	121
DUAVEE.....	178
DULERA.....	205
duloxetine hcl.....	45,46
DUPIXENT PEN.....	182
DUPIXENT SYRINGE.....	182
DURAMORPH.....	19
DUREZOL.....	195
dutasteride.....	164
dutasteride-tamsulosin.....	164

E

E.E.S. 200.....	32
ec-naproxen.....	15
econazole nitrate.....	52
EDARBI.....	123
EDARBYCLOR.....	130
EDURANT.....	94
efavirenz.....	94
efavirenz-emtric-tenofov disop.....	95
efavirenz-lamivu-tenofov disop.....	95
EFFEXOR XR.....	46
EFUDEX.....	148
ELAPRASE.....	161
ELELYSO.....	161
ELIDEL.....	146
ELIGARD.....	179
elinest.....	171
ELIQUIS.....	117
ELITEK.....	81
eluryng.....	171
EMCYT.....	60
EMEND.....	51
EMGALITY PEN.....	55

EMGALITY SYRINGE.....	55
emoquette.....	171
EMPLICITI.....	79
EMSAM.....	44
emtricitabine.....	96
emtricitabine-tenofov disop.....	96
EMTRIVA.....	96
enalapril maleate.....	124
enalapril-hydrochlorothiazide.....	130
ENBREL.....	184
ENBREL MINI.....	184
ENBREL SURECLICK.....	184
ENDARI.....	161
endocet.....	20
ENERGIX-B ADULT.....	186
ENERGIX-B PEDIATRIC-ADOLESCENT.....	186
ENHERTU.....	79
enilloring.....	176
enoxaparin sodium.....	117,118
enpresse.....	171
enskyce.....	171
entacapone.....	83
entecavir.....	102
ENTRESTO.....	130
enulose.....	156
EPCLUSA.....	102
EPIDIOLEX.....	35
epinastine hcl.....	194
epinephrine.....	201
epitol.....	41
EPIVIR.....	96,97
eplerenone.....	133
EPRONTIA.....	35
EPZICOM.....	97
ERBITUX.....	79
ergotamine-caffeine.....	55
ERIVEDGE.....	69
ERLEADA.....	58,59

erlotinib hcl.....	69	everolimus.....	69,184
errin.....	177	EVISTA.....	178
ertapenem.....	31	EVOMELA.....	58
ery.....	32	EVOTAZ.....	100
ERY-TAB.....	32	EXELON.....	42
ERYPED 200.....	32	exemestane.....	66
ERYPED 400.....	32	EXFORGE.....	130
ERYTHROCIN.....		EXFORGE HCT.....	130
LACTOBIONATE.....	32	EXJADE.....	153
ERYTHROCIN STEARATE.....	32	EXKIVITY.....	69
erythromycin.....	32,194	EYSUVIS.....	195
erythromycin ethylsuccinate.....	33	ezetimibe.....	136
erythromycin lactobionate.....	33	ezetimibe-simvastatin.....	136
erythromycin-benzoyl peroxide.....	144		
ESBRIET.....	204	F	
escitalopram oxalate.....	46	FABRAZYME.....	161
ESGIC.....	14	falmina.....	171
esomeprazole magnesium.....	159	famciclovir.....	104
esomeprazole sodium.....	159	famotidine.....	159
estarylla.....	171	FANAPT.....	86
ESTRACE.....	168	FARESTON.....	60
estradiol.....	168	FARXIGA.....	107
estradiol (once weekly).....	168	FARYDAK.....	70
estradiol (twice weekly).....	168	FASENRA.....	205
estradiol valerate.....	168	FASENRA PEN.....	205
estradiol-norethindrone acetat.....	171	FASLODEX.....	60
ESTRING.....	168	felbamate.....	35
ethambutol hcl.....	57	FELDENE.....	16
ethosuximide.....	37	felodipine er.....	126
ethynodiol-ethinyl estradiol.....	171	FEMARA.....	66
etodolac.....	16	femynor.....	171
etodolac er.....	16	fenofibrate.....	134
etonogestrel-ethinyl estradiol.....	171	fenofibric acid.....	134
ETOPOPHOS.....	66	fentanyl.....	18
etoposide.....	66	fentanyl citrate.....	20
etravirine.....	95	fesoterodine fumarate er.....	163
EULEXIN.....	59	FETZIMA.....	46
EUTHYROX.....	178	FINACEA.....	144
		finasteride.....	164
		fingolimod.....	142
		FINTEPLA.....	35

FIRAZYR.....	180	fosphenytoin sodium.....	41
FIRMAGON.....	179	FOSRENOL.....	154
flac otic oil.....	197	FOTIVDA.....	70
FLAGYL.....	26	FRUZAQLA.....	70
flecainide acetate.....	124	FULPHILA.....	120
FLOMAX.....	164	fulvestrant.....	60
fluconazole.....	52	furosemide.....	133
fluconazole-nacl.....	53	FUZEON.....	98
flucytosine.....	53	FYCOMPA.....	35
fludarabine phosphate.....	62		
fludrocortisone acetate.....	165	G	
flunisolide.....	198	gabapentin.....	38
fluocinolone acetonide.....	146	GABITRIL.....	38
fluocinolone acetonide oil.....	197	galantamine er.....	42
fluocinonide.....	146	galantamine hbr.....	42
fluocinonide-e.....	147	galantamine hydrobromide.....	42
fluorometholone.....	195	GAMMAGARD LIQUID.....	181
fluorouracil.....	60,148	GAMMAGARD S-D.....	181
fluoxetine dr.....	46	GAMMAPLEX.....	181
fluoxetine hcl.....	46,47	GAMUNEX-C.....	181
fluphenazine decanoate.....	84	ganciclovir sodium.....	102
fluphenazine hcl.....	84	GARDASIL 9.....	186
flurbiprofen.....	16	GATTEX.....	157
flurbiprofen sodium.....	195	gauze pads & dressings -	
fluticasone propionate.....	147,198	pads 2 x 2.....	107
fluticasone propionate hfa.....	198	gavilyte-c.....	157
fluticasone-salmeterol.....	205	gavilyte-g.....	157
fluvastatin sodium.....	134	gavilyte-n.....	157
fluvoxamine maleate.....	47	GAVRETO.....	70
FML.....	195	GAZYVA.....	79
FOCALIN.....	140	gefitinib.....	70
FOLOTYN.....	60	gemcitabine hcl.....	63
fomepizole.....	154	gemfibrozil.....	134
fondaparinux sodium.....	118	gemmily.....	171
FORTEO.....	191	GEMTESA.....	163
FOSAMAX.....	191	generlac.....	156
fosamprenavir calcium.....	100	gengraf.....	184
fosaprepitant dimeglumine.....	51	gentamicin sulfate.....	24,149,194
fosinopril sodium.....	124	gentamicin sulfate in ns.....	25
fosinopril-		GENVOYA.....	93
hydrochlorothiazide.....	130	GEODON.....	87

GILENYA.....	142	hailey.....	171
GILOTRIF.....	70	hailey 24 fe.....	171
glatiramer acetate.....	142	hailey fe.....	171
glatopa.....	142	HALAVEN.....	63
GLEEVEC.....	70	HALDOL DECANOATE 100.....	85
GLEOSTINE.....	58	HALDOL DECANOATE 50.....	85
glimepiride.....	107	halobetasol propionate.....	147
glipizide.....	107	haloette.....	171
glipizide er.....	107	haloperidol.....	85
glipizide xl.....	107,108	haloperidol decanoate.....	85
glipizide-metformin.....	108	haloperidol decanoate 100.....	85
GLUCAGEN.....	113	haloperidol lactate.....	85
glucagon emergency kit.....	113	HARVONI.....	102
glucose in water.....	154	HAVRIX.....	186
GLUCOTROL XL.....	108	heather.....	177
glyburide.....	108	HEMADY.....	166
glyburide micronized.....	108,109	heparin sodium.....	118
glyburide-metformin.....	108,109	heparin sodium-d5w.....	118
hcl.....	108,109	HEPLISAV-B.....	186
glycopyrrolate.....	157	HERCEPTIN.....	79
glydo.....	22	HERCEPTIN HYLECTA.....	79
GLYXAMBI.....	109	HERZUMA.....	79
GOLYTELY.....	157	HETLIOZ.....	206
granisetron hcl.....	51	HIBERIX.....	187
GRANIX.....	120	hidex.....	166
griseofulvin.....	53	HUMALOG.....	114
griseofulvin ultramicrosize.....	53	HUMALOG JUNIOR.....	
guanfacine hcl.....	121	KWIKPEN.....	114
guanfacine hcl er.....	140	HUMALOG KWIKPEN U-100.....	114
GVOKE.....	113	HUMALOG KWIKPEN U-200.....	114
GVOKE HYPOPEN 1-PACK.....	113	HUMALOG MIX 50-50.....	114
GVOKE HYPOPEN 2-PACK.....	113	HUMALOG MIX 50-50 KWIKPEN.....	114
GVOKE PFS 1-PACK SYRINGE.....	113	HUMALOG MIX 75-25.....	114
GVOKE PFS 2-PACK SYRINGE.....	114	HUMALOG MIX 75-25 KWIKPEN.....	114
		HUMALOG TEMPO PEN U-100.....	114
H.....		HUMIRA.....	184
HAEGARDA.....	180		

HUMIRA PEN.....	184	hydroxyzine pamoate.....	105
HUMIRA PEN CROHN'S-UC- HS.....	184	HYZAAR.....	130
HUMIRA PEN PSOR- UVEITS-ADOL HS.....	184		
HUMIRA(CF).....	184	ibandronate sodium.....	191
HUMIRA(CF) PEDIATRIC CROHN'S.....	184	IBRANCE.....	70
HUMIRA(CF) PEN.....	184	ibu.....	16
HUMIRA(CF) PEN CROHN'S- UC-HS.....	184	ibuprofen.....	16,17
HUMIRA(CF) PEN PEDIATRIC UC.....	184	icatibant.....	180
HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	184	iclevia.....	171
HUMULIN 70-30.....	114	ICLUSIG.....	70
HUMULIN 70/30.....		icosapent ethyl.....	136
KWIKPEN.....	115	idarubicin hcl.....	63
HUMULIN N.....	115	IDHIFA.....	70
HUMULIN N KWIKPEN.....	115	IFEX.....	63
HUMULIN R.....	115	ifosfamide.....	63
HUMULIN R U-500.....	115	ILARIS.....	182
HUMULIN R U-500.....		ILEVRO.....	195
KWIKPEN.....	115	imatinib mesylate.....	70,71
hydralazine hcl.....	137	IMBRUVICA.....	71
HYDREA.....	60	IMFINZI.....	79
hydrochlorothiazide.....	133	imipenem-cilastatin sodium.....	31
hydrocodone bitartrate er.....	18	imipramine hcl.....	50
hydrocodone- acetaminophen.....	20	imiquimod.....	149
hydrocodone-ibuprofen.....	20	IMITREX.....	55
hydrocortisone.....	147,166,190	IMLYGIC.....	63
hydrocortisone butyrate.....	147	IMOVAX RABIES VACCINE.....	187
hydrocortisone valerate.....	147	IMPAVIDO.....	26
hydrocortisone-acetic acid.....	197	IMURAN.....	185
hydromorphone hcl.....	20,21	INBRIJA.....	84
hydroxychloroquine sulfate.....	82	incassia.....	177
hydroxyprogesterone caproate.....	177	INCRELEX.....	167
hydroxyurea.....	61	INCRUSE ELLIPTA.....	200
hydroxyzine hcl.....	105	indapamide.....	133
		INDERAL LA.....	125
		INDERAL XL.....	125
		indomethacin.....	17
		INFANRIX DTAP.....	187
		INLYTA.....	71
		INNOPRAN XL.....	126

inpen (for humalog)	115	isotretinoin	144
inpen (for novolog or fiasp)	115	isradipine	126
INQOVI	63	ISTALOL	196
INREBIC	71	ISTODAX	63
INSPRA	133	itraconazole	53
insulin pen needle	115	ivermectin	82,149
insulin syringe (disp) u-100		IWILFIN	66
0.3 ml	115	IXCHIQ	187
insulin syringe (disp) u-100	1	IXEMPRA	63
ml	115	IXIARO	187
insulin syringe (disp) u-100			
1/2 ml	115	J	
insulin syringe u-500	115	JADENU	153
INTELENCE	95	JADENU SPRINKLE	153
INTRALIPID	154	jaimiess	171
INTRON A	183	JAKAFI	71
introvale	171	jantoven	118
INVANZ	31	JANUMET	109
INVEGA	87	JANUMET XR	109
INVEGA HAFYERA	87	JANUVIA	109
INVEGA SUSTENNA	87	JARDIANCE	109
INVEGA TRINZA	87,88	jasmiel	171
INVELTYS	195	javygtor	161
IPOL	187	JAYPIRCA	71
ipratropium bromide	200	JEMPERLI	79
ipratropium-albuterol	205	jencycla	177
irbesartan	123	JENTADUETO	109
irbesartan-		JENTADUETO XR	110
hydrochlorothiazide	130	JEVTANA	71
IRESSA	71	jolessa	171
irinotecan hcl	66	juleber	172
ISENTRESS	93,94	JULUCA	94
ISENTRESS HD	94	junel	172
isibloom	171	junel fe	172
isoniazid	57	junel fe 24	172
isopropyl alcohol 0.7 ml/ml		JUXTAPID	136
medicated pad	109	JYNNEOS	187
ISORDIL TITRADOSE	137	JYNNEOS (NATIONAL	
isosorbide dinitrate	137	STOCKPILE)	187
isosorbide mononitrate	138		
isosorbide mononitrate er	138		

K

KADCYLA	79
kaitlib fe	172
KALETRA	100
kalliga	172
KALYDECO	201
KANJINTI	79
kariva	172
kcl-d5w-0.2% nacl	151
kcl-d5w-0.225% nacl	151
kcl-d5w-0.45% nacl	151
kelnor 1-35	172
kelnor 1-50	172
kemoplat	63
KEPIVANCE	143
KEPPRA	36
KERENDIA	133
ketoconazole	53
ketorolac tromethamine	195
KEYTRUDA	79
KINERET	182
KINRIX	187
KISQALI	71,72
KISQALI FEMARA CO-PACK	63
KLARON	144
klayesta	53
KLOR-CON 10	151
KLOR-CON 8	151
klor-con m10	151
KLOR-CON M15	151
klor-con m20	151
KLOXXADO	24
KOMBIGLYZE XR	110
KORLYM	179
KOSELUGO	72
kourzeq	143
KRAZATI	72
kurvelo	172
KUVAN	161

KYPROLIS	72
----------	----

L

labetalol hcl	126
lacosamide	41
LACRISERT	194
lactated ringers	151
lactulose	156
LAGEVRIO (COMMERCIAL)	205
LAGEVRIO (USG Dist.)	205
LAMICTAL	36
LAMICTAL (BLUE)	36
lamivudine	97,102
lamivudine hbv	102
lamivudine-zidovudine	97
lamotrigine	36
lamotrigine (blue)	36
lamotrigine er	36
LANOXIN	130
lansoprazole	159
lanthanum carbonate	155
LANTUS	115
LANTUS SOLOSTAR	115
lapatinib	72
larin	172
larin 24 fe	172
larin fe	172
larissia	172
LASIX	133
latanoprost	197
LATUDA	88
LAYOLIS FE	172
ledipasvir-sofosbuvir	102
leena	172
leflunomide	185
lenalidomide	59
LENVIMA	72
lessina	172
LETAIRIS	203
letrozole	66

leucovorin calcium.....	64	linezolid-d5w.....	26
LEUKERAN.....	58	LINZESS.....	156
LEUKINE.....	120	liothyronine sodium.....	178
leuprolide acetate.....	179	LIPITOR.....	135
leuprolide depot.....	179	lisdexamfetamine	
levetiracetam.....	36	dimesylate.....	139
levetiracetam er.....	36	lisinopril.....	124
levetiracetam-nacl.....	36	lisinopril-	
LEVO-T.....	178	hydrochlorothiazide.....	130
levobunolol hcl.....	196	lithium carbonate.....	106
levocarnitine.....	161	lithium carbonate er.....	106
levocarnitine sf.....	161	lithium citrate.....	106
levocetirizine		LITHOBID.....	106
dihydrochloride.....	199	lo-zumandimine.....	173
levofloxacin.....	33	LOCOID LIPOCREAM.....	147
levofloxacin-d5w.....	33	LOESTRIN.....	173
levonest.....	172	LOESTRIN FE.....	173
levonorg-eth estrad eth		lojaimiess.....	173
estrad.....	172	LONSURF.....	64
levonorgestrel-eth		loperamide.....	156
estradiol.....	172	LOPID.....	134
levora-28.....	173	lopinavir-ritonavir.....	100
levorphanol tartrate.....	19	LOPRESSOR.....	126
levothyroxine sodium.....	178	LOPROX.....	53
LEVOXYL.....	178	lorazepam.....	105
LEXAPRO.....	47	lorazepam intensol.....	105
LEXIVA.....	100	LORBRENA.....	72
LIALDA.....	189	loryna.....	173
LIBTAYO.....	79	losartan potassium.....	123
lidocaine.....	22	losartan-	
lidocaine hcl.....	22,124	hydrochlorothiazide.....	131
lidocaine hcl laryngotracheal		LOSEASONIQUE.....	173
4% solution.....	22	LOTENSIN.....	124
lidocaine hcl viscous.....	23	LOTENSIN HCT.....	131
lidocaine-prilocaine.....	23	LOTRONEX.....	157
lidocan iii.....	23	lovastatin.....	135
LIDODERM.....	23	LOVAZA.....	136
lillow.....	173	LOVENOX.....	118
lindane.....	149	low-ogestrel.....	173
linezolid.....	26	loxapine.....	85
linezolid-0.9% nacl.....	26	lubiprostone.....	156

LUMAKRAS.....	72,73	MAXZIDE-25 MG.....	131
LUMIGAN.....	197	MAYZENT.....	142
LUMIZYME.....	161	meclizine hcl.....	50
LUMOXITI.....	79	MEDROL.....	166
LUPRON DEPOT.....	179	medroxyprogesterone	
LUPRON DEPOT		acetate.....	177
(LUPANETA).....	179	mefloquine hcl.....	82
LUPRON DEPOT-PED.....	179	megestrol acetate.....	177
lurasidone hcl.....	88	MEKINIST.....	73
lutra.....	173	MEKTOVI.....	73
LYBALVI.....	88	meloxicam.....	17
lyleq.....	177	melphalan hcl.....	58
lyllana.....	168	memantine hcl.....	42
LYNPARZA.....	73	memantine hcl er.....	43
LYRICA.....	37	MENACTRA.....	187
LYSODREN.....	179	MENEST.....	169
LYTGOBI.....	73	MENQUADFI.....	187
LYUMJEV.....	115	MENVEO A-C-Y-W-135-	
LYUMJEV KWIKPEN U-		DIP.....	187
100.....	116	mercaptopurine.....	61
LYUMJEV KWIKPEN U-		meropenem.....	31
200.....	116	meropenem-0.9% nacl.....	31
LYUMJEV TEMPO PEN U-		merzee.....	173
100.....	116	mesalamine.....	189
lyza.....	177	mesalamine dr.....	189
		mesalamine er.....	189
		mesna.....	81
M		MESNEX.....	81
M-M-R II VACCINE.....	187	MESTINON.....	56
magnesium sulfate.....	151	metformin hcl.....	110
MALARONE.....	82	metformin hcl er.....	110
malathion.....	149	methadone hcl.....	19
maraviroc.....	98,99	methazolamide.....	131
MARGENZA.....	79	methenamine hippurate.....	26
marlissa.....	173	methimazole.....	180
MARPLAN.....	44	methocarbamol.....	206
MATULANE.....	58	methotrexate.....	185
matzim la.....	127	methotrexate sodium.....	185
MAXALT.....	55	methoxsalen.....	149
MAXALT MLT.....	56	methscopolamine bromide.....	157
MAXITROL.....	193	methsuximide.....	37
MAXZIDE.....	131		

methylergonovine maleate	165	modafinil	207
methylphenidate er	140	moexipril hcl	124
methylphenidate hcl	140	molindone hcl	85
methylprednisolone	166	mometasone furoate	147,198
methylprednisolone sodium succ	166	mondoxylene nl	34
methyltestosterone	167	MONJUVI	80
metoclopramide hcl	157	mono-lynyah	173
metolazone	133	montelukast sodium	199
metoprolol succinate	126	morphine sulfate	21
metoprolol tartrate	126	morphine sulfate er	19
metoprolol-hydrochlorothiazide	131	MOVANTIK	156
METRO IV	26	MOVIPREP	158
METROCREAM	150	MOXEZA	194
METROGEL	150	moxifloxacin	33,194
METROLOTION	150	moxifloxacin hcl	33
metronidazole	26,150	MOZOBIL	120
metyrosine	131	MULTAQ	124
mexiletine hcl	124	mupirocin	150
MIACALCIN	191	MUTAMYCIN	64
micafungin	53	MVASI	80
MICARDIS	123	MYALEPT	158
MICARDIS HCT	131	MYCOBUTIN	57
microgestin	173	mycophenolate mofetil	185
microgestin 24 fe	173	mycophenolic acid	185
microgestin fe	173	MYFORTIC	185
midodrine hcl	121	MYLOTARG	80
mifepristone	179	myorisan	144
miglustat	161	MYRBETRIQ	163
MIGRANAL	55	MYSOLINE	38
mili	173	N	
mimvey	173	nabumetone	17
MINIPRESS	121	nadolol	126
minocycline hcl	34	nafticillin	31
minoxidil	137	nafticillin sodium	31
MIRCETTE	173	NAGLAZYME	161
mirtazapine	43	naloxone hcl	24
misoprostol	159	naltrexone hcl	24
mitomycin	64	NAMENDA	43
mitoxantrone hcl	64	naproxen	17
		naproxen sodium	17,18

naratriptan hcl.....	56	NICOTROL NS.....	24
NARCAN.....	24	nifedipine er.....	127
NARDIL.....	45	nikki.....	173
NATACYN.....	194	NILANDRON.....	59
nateglinide.....	110	nilutamide.....	59
NATPARA.....	191	nimodipine.....	127
NAYZILAM.....	38	NINLARO.....	64
nebivolol hcl.....	126	NIPENT.....	64
NEBUPENT.....	82	nisoldipine.....	127
necon.....	173	nitazoxanide.....	82
needles, insulin disp., safety.....	116	nitisinone.....	161
nefazodone hcl.....	47	NITRO-BID.....	138
nelarabine.....	64	nitrofurantoin.....	27
neo-polycin.....	194	nitrofurantoin mono-macro.....	27
neo-polycin hc.....	193	nitroglycerin.....	138
neomycin sulfate.....	25	nitroglycerin patch.....	138
neomycin-bacitracin-poly- hc.....	193	NITROLINGUAL.....	138
neomycin-bacitracin- polymyxin.....	194	NITROSTAT.....	138
neomycin-polymyxin b.....	27	NIVESTYM.....	120
neomycin-polymyxin- dexameth.....	193	nizatidine.....	159
neomycin-polymyxin- gramicidin.....	194	nora-be.....	177
neomycin-polymyxin-hc.....	197	norethin-eth estra-ferrous fum.....	173
neomycin-polymyxin- hydrocort.....	197	norethindron-ethinyl estradiol.....	174
NEORAL.....	185	norethindrone.....	177
NERLYNX.....	73	norethindrone ac (lupaneta).....	178
NEUPRO.....	83	norethindrone acetate.....	178
NEURONTIN.....	39	norethindrone-e.estradiol- iron.....	174
nevirapine.....	95	norgestimate-ethinyl estradiol.....	174
nevirapine er.....	95	norlyda.....	178
NEXAVAR.....	73	NORPRAMIN.....	50
NEXIUM.....	159	NORTHERA.....	121
NEXIUM I.V.....	160	nortrel.....	174
niacin er.....	136	nortriptyline hcl.....	50
nicardipine hcl.....	127	NORVASC.....	127
NICOTROL.....	24	NORVIR.....	101
		novopen echo.....	116

NOXAFIL.....	53	omnipod 5 g6 intro kit (gen 5).....	116
NUBEQA.....	59	omnipod 5 g6 pods (gen 5).....	116
NUDEXTA.....	141	omnipod 5 g6-g7 intro kt(gen5).....	116
NULOJIX.....	182	omnipod 5 g6-g7 pods (gen 5).....	116
NULYTELY.....	158	omnipod classic pdm kit(gen 3).....	116
NUPLAZID.....	88	omnipod classic pods (gen 3).....	116
NURTEC ODT.....	55	omnipod dash intro kit (gen 4).....	116
NUTRILIPID.....	154	omnipod dash pdm kit (gen 4).....	116
NUVARING.....	174	omnipod dash pods (gen 4).....	116
NUVIGIL.....	207	omnipod go pods.....	116
NUZYRA.....	34	OMNITROPE.....	167
nyamyc.....	53	ONCASPARE.....	64
nylia.....	174	ondansetron hcl.....	51
nymyo.....	174	ondansetron odt.....	51
nystatin.....	53	ONFI.....	39
nystatin-triamcinolone.....	149	ONGLYZA.....	110
nystop.....	53	ONIVYDE.....	66
O		ONTRUZANT.....	80
OCALIVA.....	158	ONUREG.....	64
ocella.....	174	OPDIVO.....	80
octreotide acetate.....	179	OPSUMIT.....	203
OCUFLOX.....	194	ORACEA.....	144
ODEFSEY.....	97	ORALAIR.....	205
ODOMZO.....	73	oralone.....	143
OFEV.....	204	ORENCIA.....	182
ofloxacin.....	33,194,198	ORENCIA CLICKJECT.....	182
OGIVRI.....	80	ORFADIN.....	162
OGSIVEO.....	73	ORGOVYX.....	179
OJJAARA.....	74	ORKAMBI.....	202
olanzapine.....	88	ORSERDU.....	60
olanzapine odt.....	88	orsythia.....	174
olmesartan medoxomil.....	123	oseltamivir phosphate.....	103
olmesartan-amlodipine-hctz.....	131		
olmesartan-hydrochlorothiazide.....	131		
olopatadine hcl.....	195,199		
omega-3 acid ethyl esters.....	136		
omeprazole.....	160		

OTEZLA	149
OVIDE	149
oxaliplatin	64
oxaprozin	18
oxazepam	105
oxcarbazepine	41
oxybutynin chloride	163
oxybutynin chloride er	163
oxycodone hcl	21
oxycodone-acetaminophen	21,22
OZEMPIC	111

P

pacerone	124
paclitaxel	64
PADCEV	80
paliperidone er	88,89
palonosetron hcl	52
PALYNZIQ	162
PANRETIN	81
pantoprazole sodium	160
paraplatin	64
paricalcitol	191
PARNATE	45
paromomycin sulfate	25
paroxetine cr	47
paroxetine er	47
paroxetine hcl	47,48
PAXIL	48
PAXLOVID	205
pazopanib hcl	74
PEDIARIX	187
PEDVAXHIB	187
peg 3350-electrolyte	158
peg-3350 and electrolytes	158
peg3350-sod sul-nacl-kcl-asb-c	158
PEGASYS	183
PEMAZYRE	74
pemetrexed	65

pemetrexed disodium	65
PENBRAYA	187
penicillamine	165
penicillin g potassium	31
penicillin g sodium	31
penicillin gk-iso-osm	
dextrose	31
penicillin v potassium	31
PENTACEL	187
PENTAM 300	82
pentamidine isethionate	82
PENTASA	189
pentoxifylline	131
perindopril erbumine	124
periogard	143
PERJETA	80
permethrin	149
perphenazine	50
PERSERIS	89
pfizerpen	31
phenelzine sulfate	45
phenobarbital	39
phenobarbital sodium	39
phenoxybenzamine hcl	121
PHENYTEK	41
phenytoin	41
phenytoin sodium extended	41
PHESGO	80
philith	174
PIFELTRO	95
pilocarpine hcl	143,196
pimecrolimus	148
pimozide	85
pimtrea	174
pindolol	126
pioglitazone hcl	111
pioglitazone-glimepiride	111
pioglitazone-metformin	111
piperacillin-tazobactam	31
PIQRAY	74
pirfenidone	204

pirmella	174	pregabalin	37
piroxicam	18	PRÉGNYL	167
PLAQUENIL	82	PREHEVBRIO	187
PLAVIX	121	PREMARIN	169
PLEGRIDY	142	PREMPHASE	174
PLEGRIDY PEN	143	PREMPRO	174
plerixafor	120	PREVACID	160
podofilox	149	prevalite	137
POLIVY	80	previfem	174
polycin	194	PREVYMIS	102
polymyxin b sul-		PREZCOBIX	101
trimethoprim	194	PREZISTA	101
POMALYST	59	PRIFTIN	57
portia	174	primaquine	82
PORTRAZZA	80	primidone	39
posaconazole	53	PRIORIX	187
potassium chloride	152	PRISTIQ	48
potassium chloride in d5lr	151	PROAIR HFA	201
potassium chloride		PROAIR RESPICLICK	201
proamp	152	probenecid	54
potassium chloride-0.45%		probenecid-colchicine	54
nacl	152	PROCARDIA XL	127
potassium chloride-dextrose		prochlorperazine	51
5%	151	prochlorperazine edisylate	51
potassium citrate er	152	prochlorperazine maleate	51
POTELIGEO	80	PROCRIT	120
PRADAXA	118,119	procto-med hc	190
pramipexole		procto-pak	190
dihydrochloride	83	proctosol-hc	190
prasugrel hcl	121	proctozone-hc	190
pravastatin sodium	135	progesterone	178
praziquantel	82	PROGLYCEM	114
prazosin hcl	121	PROGRAF	185
PRED FORTE	195	PROLASTIN C	162
PRED MILD	195	PROLENSA	195
prednicarbate	148	PROLIA	191
prednisolone	166	PROMACTA	120
prednisolone acetate	195	promethazine hcl	51
prednisolone sodium		promethegan	51
phosphate	166,195	propafenone hcl	125
prednisone	166	propafenone hcl er	125

propranolol hcl.....	126
propranolol hcl er.....	126
propylthiouracil.....	180
PROQUAD.....	187
PROSCAR.....	164
PROTONIX.....	160
protriptyline hcl.....	50
PROVERA.....	178
PROZAC.....	48
PRUDOXIN.....	148
PULMOZYME.....	202
PURIXAN.....	61
PYLERA.....	158
pyrazinamide.....	57
pyridostigmine bromide.....	56
pyridostigmine bromide er.....	56
pyrimethamine.....	83

Q

QINLOCK.....	74
QUADRACEL DTAP-IPV.....	188
quetiapine fumarate.....	89
quetiapine fumarate er.....	89
quinapril hcl.....	124
quinapril- hydrochlorothiazide.....	131
quinidine gluconate.....	125
quinidine sulfate.....	125
quinine sulfate.....	83
QVAR REDIHALER.....	198,199

R

RABAVERT.....	188
rabeprazole sodium.....	160
raloxifene hcl.....	178
ramelteon.....	206
ramipril.....	124
ranolazine er.....	131
RAPAFLO.....	164
RAPAMUNE.....	185
rasagiline mesylate.....	84

reclipsen.....	174
RECOMBIVAX HB.....	188
RECTIV.....	138
REGLAN.....	158
REGRANEX.....	149
RELAFEN.....	18
RELENZA.....	103
RELISTOR.....	156
REMERON.....	44
REMODULIN.....	203
RENFLEXIS.....	185
REVELA.....	155
repaglinide.....	111
REPATHA.....	
PUSHTRONEX.....	137
REPATHA SURECLICK.....	137
REPATHA SYRINGE.....	137
RESTASIS.....	193
RESTASIS MULTIDOSE.....	193
RETACRIT.....	120
RETEVMO.....	74
RETIN-A.....	144
RETROVIR.....	97
REVCovi.....	162
REVLIMID.....	59
REXULTI.....	89
REYATAZ.....	101
REZLIDHIA.....	74
RHOPRESSA.....	196
RIABNI.....	80
ribavirin.....	102,205
RIDAURA.....	182
rifabutin.....	57
RIFADIN.....	57
rifampin.....	57
riluzole.....	141
RINVOQ.....	182
risedronate sodium.....	191,192
risedronate sodium dr.....	192
RISPERDAL.....	89
RISPERDAL CONSTA.....	89

risperidone.....	89,90	SANDOSTATIN LAR	
risperidone er.....	90	DEPOT.....	180
risperidone odt.....	90	SANTYL.....	149
RITALIN.....	140	SAPHRIS.....	90
ritonavir.....	101	sapropterin	
RITUXAN.....	80	dihydrochloride.....	162
RITUXAN HYCELA.....	80	SARCLISA.....	80
rivastigmine.....	42	saxagliptin hcl.....	111
rizatriptan.....	56	saxagliptin-metformin	
ROCALTROL.....	192	er.....	111,112
ROCKLATAN.....	197	SCEMBLIX.....	75
roflumilast.....	202	scopolamine.....	51
romidepsin.....	65	SEASONIQUE.....	174
ropinirole er.....	84	SECUADO.....	90
ropinirole hcl.....	84	selegiline hcl.....	84
rosadan.....	150	selenium sulfide.....	148
rosuvastatin calcium.....	135	SELZENTRY.....	99
ROTARIX.....	188	SENSIPAR.....	192
ROTATEQ.....	188	SEREVENT DISKUS.....	201
ROWASA.....	190	SEROQUEL.....	90
roweepra.....	36	SEROQUEL XR.....	90
ROXICODONE.....	22	sertraline hcl.....	48
ROZEREM.....	206	setlakin.....	175
ROZLYTREK.....	74	sevelamer carbonate.....	155
RUBRACA.....	74	SFROWASA.....	190
rufinamide.....	41	sharobel.....	178
RUKOBIA.....	99	SHINGRIX.....	188
RUXIENCE.....	80	SIGNIFOR.....	180
RYBELSUS.....	111	SIGNIFOR LAR.....	180
RYBREVA.....	80	sildenafil citrate.....	203
RYDAPT.....	75	SILENOR.....	207
RYLAZE.....	65	silodosin.....	165
RYTARY.....	84	SILVADENE.....	149
RYTHMOL SR.....	125	silver sulfadiazine.....	149
		SIMBRINZA.....	197
S		simliya.....	175
SABRIL.....	39	simpesse.....	175
sajazir.....	181	SIMULECT.....	186
SALAGEN.....	143	simvastatin.....	135
SAMSCA.....	153	SINEMET 10-100.....	84
SANDIMMUNE.....	185	SINEMET 25-100.....	84

SINGULAIR.....	199	stavudine.....	97
sirolimus.....	186	STELARA.....	182
SIRTURO.....	57	STIOLTO RESPIMAT.....	206
SIVEXTRO.....	27	STIVARGA.....	75
SKYRIZI.....	182	STRATTERA.....	140
SKYRIZI ON-BODY.....	182	STRENSIQ.....	162
SKYRIZI PEN.....	182	streptomycin sulfate.....	25
sod sulf-potass sulf-mag		STRIBILD.....	94
sulf.....	158	STROMECTOL.....	82
sodium chloride.....	153	SUBLOCADE.....	24
sodium chloride-water.....	153	SUBOXONE.....	24
sodium oxybate.....	207	subvenite.....	36
sodium phenylbutyrate.....	162	subvenite (blue).....	36
sodium polystyrene		sucalfate.....	159
sulfonate.....	155	SULAR.....	127
sofosbuvir-velpatasvir.....	103	sulfacetamide sodium.....	144,194
solifenacin succinate.....	163	sulfacetamide-	
SOLQUA 100-33.....	112	prednisolone.....	193
SOLTAMOX.....	60	sulfadiazine.....	34
SOLU-MEDROL.....	166	sulfamethoxazole-	
SOMATULINE DEPOT.....	180	trimethoprim.....	34
SOMAVERT.....	180	sulfasalazine.....	190
SOOLANTRA.....	149	sulfasalazine dr.....	190
sorafenib.....	75	sulindac.....	18
sorine.....	125	sumatriptan.....	56
sotalol.....	125	sumatriptan succinate.....	56
sotalol af.....	125	sunitinib malate.....	75
SOVALDI.....	103	SUNLENCA.....	99
SPIRIVA HANDIHALER.....	200	SUPRAX.....	29
SPIRIVA RESPIMAT.....	200	SUPREP.....	158
spironolactone.....	133	SUTAB.....	158
spironolactone-hctz.....	131	SUTENT.....	75
SPORANOX.....	54	syeda.....	175
SPRAVATO.....	44	SYMFI.....	95
sprintec.....	175	SYMFI LO.....	95
SPRITAM.....	36	SYMLINPEN 120.....	112
SPRYCEL.....	75	SYMLINPEN 60.....	112
SPS.....	155	SYMPAZAN.....	40
sronyx.....	175	SYMTUZA.....	101
SSD.....	149	SYNAGIS.....	181
STAMARIL.....	188	SYNAREL.....	180

SYNERCID.....	27
SYNJARDY.....	112
SYNJARDY XR.....	112
SYNRIBO.....	65
SYNTHROID.....	179
SYPRINE.....	153

T

TABLOID.....	61
TABRECTA.....	75
tacrolimus.....	148,186
tadalafil.....	203
TAFINLAR.....	75,76
TAGRISSO.....	76
TALZENNA.....	76
TAMIFLU.....	103
tamoxifen citrate.....	60
tamsulosin hcl.....	165
taperdex.....	166
TARCEVA.....	76
TARGRETIN.....	81
tarina 24 fe.....	175
tarina fe.....	175
tarina fe 1-20 eq.....	175
TASIGNA.....	76
tasimelteon.....	207
TASMAR.....	83
taysofy.....	176
tazarotene.....	144
tazicef.....	29
TAZORAC.....	144
taztia xt.....	128
TAZVERIK.....	76
TDVAX.....	188
TECENTRIQ.....	80
TECFIDERA.....	143
TEFLARO.....	30
TEGRETOL.....	41
TEGRETOL XR.....	41
TEKTURNA.....	131
telmisartan.....	123

telmisartan-amlodipine.....	131
telmisartan- hydrochlorothiazid.....	132
temazepam.....	207
TEMODAR.....	58
temsirolimus.....	76
tencon.....	14
TENIVAC.....	188
tenofovir disoproxil fumarate.....	97
TENORETIC 100.....	132
TENORETIC 50.....	132
TENORMIN.....	126
TEPMETKO.....	76
terazosin hcl.....	121,122
terbinafine hcl.....	54
terbutaline sulfate.....	201
terconazole.....	54
teriparatide.....	192
testosterone.....	167,168
testosterone cypionate.....	168
testosterone enanthate.....	168
tetrabenazine.....	141
tetracycline hcl.....	34
THALOMID.....	60
THEO-24.....	202
theophylline anhydrous.....	202
theophylline er.....	202
thioridazine hcl.....	85
thiotepa.....	65
thiothixene.....	85
THYMOGLOBULIN.....	181
tiadylt er.....	128
tiagabine hcl.....	40
TIAZAC.....	128
TIBSOVO.....	76
TICOVAC.....	188
tigecycline.....	27
TIKOSYN.....	125
tilia fe.....	175
timolol maleate.....	126,196

TIMOPTIC	196	trazodone hcl	48
TIMOPTIC OCUDOSE	196	TREANDA	65
TIROSINT	179	TRECTOR	57
TIROSINT-SOL	179	TRELEGY ELLIPTA	206
TIVICAY	94	TRELSTAR	180
TIVICAY PD	94	TREMFYA	182
tizanidine hcl	93	treprostinil	203
TOBRADEX	193	tretinoin	81,145
tobramycin	194,202	tri femynor	175
tobramycin sulfate	25	tri-estarylla	175
tobramycin-		tri-legest fe	175
dexamethasone	193	tri-lynyah	175
tolcapone	83	tri-lo-estarylla	175
tolterodine tartrate	163	tri-lo-marzia	175
tolterodine tartrate er	164	tri-lo-mili	175
tolvaptan	154	tri-lo-sprintec	175
topiramate	36	tri-mili	175
toposar	66	tri-nymyo	175
topotecan hcl	66	tri-previfem	175
TOPROL XL	126	tri-sprintec	175
toremifene citrate	60	tri-vylibra	176
TORISEL	76	tri-vylibra lo	176
torseamide	133	triamcinolone	
TOUJEO MAX		acetoneide	143,148
SOLOSTAR	116	triamterene-	
TOUJEO SOLOSTAR	116	hydrochlorothiazid	132
TOVIAZ	164	TRIBENZOR	132
TRACLEER	203	triderm	148
TRADJENTA	112	trientine hcl	154
tramadol hcl	22	trifluoperazine hcl	85
tramadol hcl er	19	trifluridine	194
tramadol hcl-		TRIKAFTA	202
acetaminophen	22	triklo	137
trandolapril	124	TRILEPTAL	41
trandolapril-verapamil er	132	trimethoprim	27
tranexamic acid	120	trimipramine maleate	50
tranylcypromine sulfate	45	TRINTELLIX	49
TRAVASOL	154	TRISENOX	65
TRAVATAN Z	197	TRIUMEQ	97
travoprost	197	TRIUMEQ PD	98
TRAZIMERA	80	trivora-28	176

TRIZIVIR.....	98	valacyclovir.....	104
TRODELVY.....	80	VALCHLOR.....	58
TROGARZO.....	99	VALCYTE.....	102
TROPHAMINE.....	154	valganciclovir hcl.....	102
trospium chloride.....	164	valproate sodium.....	36
trospium chloride er.....	164	valproic acid.....	37
TRULICITY.....	112	valsartan.....	123
TRUMENBA.....	188	valsartan-	
TRUQAP.....	76	hydrochlorothiazide.....	132
TRUVADA.....	98	VALTOCO.....	40
TRUXIMA.....	80	VALTREX.....	104
TUKYSA.....	76	vancomycin.....	27
tulana.....	178	vancomycin hcl.....	27
TURALIO.....	77	vancomycin hcl-0.9% nacl.....	28
turqoz.....	176	vancomycin hcl-d5w.....	28
TWINRIX.....	188	VANDAZOLE.....	28
TYBLUME.....	176	VANFLYTA.....	77
TYBOST.....	99	VAQTA.....	188
tydemy.....	176	varenicline tartrate.....	24
TYGACIL.....	27	VARIVAX VACCINE.....	188
TYKERB.....	77	VASCEPA.....	137
TYMLOS.....	192	VASERETIC.....	132
TYPHIM VI.....	188	VASOTEC.....	124
TYSABRI.....	143	VECTIBIX.....	81
		VEGZELMA.....	81
U		VELCADE.....	77
UBRELVY.....	55	velivet.....	176
UDENYCA.....	120	VELPHORO.....	155
UDENYCA		VELTASSA.....	155
AUTOINJECTOR.....	120	VENCLEXTA.....	77
UDENYCA ONBODY.....	120	VENCLEXTA STARTING	
UNITHROID.....	179	PACK.....	77
UNITUXIN.....	81	venlafaxine besylate er.....	49
ursodiol.....	158	venlafaxine hcl.....	49
UZEDY.....	90,91	venlafaxine hcl er.....	49
V		VENTAVIS.....	204
v-go 20.....	116	VENTOLIN HFA.....	201
v-go 30.....	117	verapamil er.....	128
v-go 40.....	117	verapamil er pm.....	128
VAGIFEM.....	169	verapamil hcl.....	128
		verapamil sr.....	128

VERELAN	128	vylibra	176
VERELAN PM	128	VYNDAMAX	162
VERQUVO	132	VYNDAQEL	162
VERŠACLOZ	93	VYTORIN	137
VERZENIO	77	VYVANSE	139
vestura	176	VYXEOS	65
VFEND IV	54		
vgo 20	117	W	
vgo 30	117	warfarin sodium	119
vgo 40	117	water	154
VIBERZI	157	WELIREG	65
VIBRAMYCIN	34	WELLBUTRIN SR	44
VICTOZA 2-PAK	112	WELLBUTRIN XL	44
VICTOZA 3-PAK	112	wera	176
vienva	176	wixela inhub	206
vigabatrín	40	wymzya fe	176
vigadrone	40		
VIGAMOX	194	X	
vigpoder	40	XALKORI	78
VIBRYD	49	XARELTO	119
vilazodone hcl	49	XATMEP	186
VIMPAT	42	XCOPRI	37
vinblastine sulfate	65	XELJANZ	182
vincasar pfs	65	XELJANZ XR	182
vincristine sulfate	65	XENAZINE	141
vinorelbine tartrate	65	XERMELO	157
violele	176	XGEVA	192
VIRACEPT	101,102	XHANCE	199
VIREAD	98	XIFAXAN	158
VITRAKVI	77	XIGDUO XR	112,113
VIVITROL	24	XOFLUZA	103
VIZIMPRO	77	XOLAIR	183
volnea	176	XOPENEX HFA	201
VONJO	78	XOSPATA	78
voriconazole	54	XPOVIO	65,66
VOSEVI	103	XTANDI	59
VOTRIENT	78	XYLOCAINE	23
VPRIV	162	XYLOCAINE-MPF	23
VRAYLAR	91		
VUMERITY	143	Y	
vyfemla	176	yargesa	162

YASMIN 28.....	176	ZOLOFT.....	49
YAZ.....	176	zolpidem tartrate.....	207
YERVOY.....	81	ZONALON.....	148
YF-VAX.....	188	ZONEGRAN.....	42
YONDELIS.....	58	ZONISADE.....	42
YONSA.....	59	zonisamide.....	42
yuvaferm.....	169	ZONTIVITY.....	119
Z		ZORTRESS.....	186
zafirlukast.....	199	ZOSYN.....	31
zaleplon.....	207	zovia 1-35.....	176
ZALTRAP.....	60	ZOVIRAX.....	104
ZANOSAR.....	66	ZTALMY.....	40
zarah.....	176	ZTLIDO.....	23
ZARONTIN.....	38	zumandimine.....	176
ZEBUTAL.....	14	ZURZUVAE.....	44
ZEJULA.....	78	ZYDELIG.....	78
ZELBORAF.....	78	ZYKADIA.....	78
ZEMPLAR.....	192	ZYLOPRIM.....	54
zenatane.....	145	ZYNLONTA.....	81
ZENPEP.....	162	ZYPREXA.....	91
zenzedi.....	139	ZYPREXA RELPREVV.....	92
ZEPATIER.....	103	ZYPREXA ZYDIS.....	92
ZEPZELCA.....	58	ZYVOX.....	28
ZESTORETIC.....	132		
ZESTRIL.....	124		
ZETIA.....	137		
ZIAC.....	132		
ZIAGEN.....	98		
zidovudine.....	98		
ZIEXTENZO.....	120		
ziprasidone hcl.....	91		
ziprasidone mesylate.....	91		
ZIRABEV.....	81		
ZITHROMAX.....	33		
ZITHROMAX TRI-PAK.....	33		
ZOCOR.....	135		
ZOKINVY.....	162		
zoledronic acid.....	192		
ZOLINZA.....	66		
zolmitriptan odt.....	56		

Hamaspik Medicare Select and Hamaspik Medicare Choice Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-426-2774. (TTY, call 711.) Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-426-2774. (TTY 711.) Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-426-2774。(TTY 711) 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-426-2774。(TTY 711) 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-426-2774. (TTY 711) Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

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 1-888-426-2774. (TTY 711) Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-426-2774 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí . (TTY 711)

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflicht. Unsere Dolmetscher erreichen Sie unter 1-888-426-2774. (TTY 711) Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-426-2774 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다. (TTY 711)

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-426-2774. (TTY 711) Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-426-2774. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية (TTY 711).

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-426-2774 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है. (TTY 711)

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 1-888-426-2774. (TTY 711) Un nostro incaricato che parla Italianovi 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 1-888-426-2774. (TTY 711) 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 ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-426-2774. (TTY 711) Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-426-2774. (TTY 711) Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、[1-888-426-2774]にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。(TTY 711)

Form Approved
OMB# 0938-1421

Form CMS-10802
(Expires 12/31/25)

H0034_HMMLI0622_C

**Hamaspik Medicare Select (HMO-DSNP)
and
Hamaspik Medicare Choice (HMO-DSNP)
2024 Formulary
(List of Covered Drugs)**

HPMS Approved Formulary File Submission ID 24401, Version
Number 11

This formulary was updated on 05/01/2024.

For more recent information or other questions, please contact Hamaspik Medicare Select and Hamaspik Medicare Choice at 888-426-2774. (TTY users, please call 711.) We are open 7 days a week, from 8:00 am to 8:00 pm, October 1, 2023, through March 31, 2024; and Monday through Friday, 8:00 am to 8:00 pm, from April 1, 2024, through September 30, 2024.