



Blue Shield TotalDual Plan (HMO D-SNP)——Medicare Medi-Cal 计划之 2026 年承保药物清单 (药物清单或处方 集)

请阅读：本文件包含有关我们在本计划中承保之药物的信息

处方集编号：26258，版本：19

本药物清单更新于 03/24/2026 。

如欲了解更多最新信息或有其他问题，请联系我们，电话：(800) 452-4413 (TTY:711)，服
务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间），或访问
blueshieldca.com/medformulary2026。

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如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY: 711)，服
务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解
更多信息，请访问 blueshieldca.com/medformulary2026。



03/24/2026

简介

本文件名为*承保药物清单*（也称为*药物清单*）。这份清单介绍 Blue Shield TotalDual Plan 所承保的药物。本*药物清单*还对 Blue Shield TotalDual Plan 承保的任何药物是否有任何特殊规则或限制进行了说明。关键术语及其定义见*会员手册*最后一章。

目录

A. 免责声明	iv
B. 常见问题 (FAQ)	xiv
B1. <i>承保药物清单</i> 涵盖哪些处方药？（我们将 <i>承保药物清单</i> 简称为“ <i>药物清单</i> ”。）	xiv
B2. <i>药物清单</i> 是否会变更？	xiv
B3. 当 <i>药物清单</i> 变更时将会怎样？	xv
B4. 药物承保是否有任何限制或约束，或者是否必须采取任何行动才能取得特定药物？	xvi
B5. 我要如何知道自己所需药物是否有限制规定或者必须采取某些行动才能获得药物？	xvii
B6. 如果 Blue Shield TotalDual Plan 变更关于某些药物承保方式的规则（如事先授权、药量限制和/阶段疗法限制）会怎样？	xvii
B7. 如何在 <i>药物清单</i> 上找到某种药物？	xvii
B8. 如果我想要的某种药物不在 <i>药物清单</i> 上，该怎么办？	xviii
B9. 如果我是 Blue Shield TotalDual Plan 的新会员，且未能在 <i>药物清单</i> 上找到所需药物或在获取药物时遇到问题，该怎么办？	xviii
B10. 我是否可以申请例外处理以使药物获得承保？	xix
B11. 如何申请例外处理？	xix
B12. 获取例外处理需要多长时间？	xix
B13. 什么是仿制药？	xx
B14. 什么是原创生物制品以及它们与生物类似药有何关系？	xx
B15. Blue Shield TotalDual Plan 是否承保长期处方药供应？	xx

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B16. 我是否可以让当地药房将处方药送货上门?	xx
B17. 我的共付额是多少?	xxi
C. 承保药物清单概述	xxii
C1. 按医疗病症划分的药物清单	xxiii
D. 承保药物索引	133

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A. 免责声明

本清单列出了会员可在 Blue Shield TotalDual Plan 获得的药物。

- ❖ Blue Shield of California 是一项与 Medicare 签订合约以及与 California State Medicaid Program (加州 Medicaid 计划) 签约的 HMO D-SNP 计划。参保 Blue Shield of California 视该合约的续约情况而定。
- ❖ 您可随时通过以下方式查阅 Blue Shield TotalDual Plan 最新的*承保药物清单*：线上访问 blueshieldca.com/medformulary2026，或拨打 (800) 452-4413 (TTY:711)。此为免费电话。
- ❖ Blue Shield of California 为 Blue Shield Association 的独立会员。
- ❖ 您可免费索取本文件的其他格式，例如：大字版、盲文版或音频版。请拨打本文件页脚所列的号码。此为免费电话。
- ❖ The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守适用的州法律和联邦民权法律，并且不会以种族、肤色、原国籍、族群认同、医疗状况、遗传信息、血统、宗教、性别、婚姻状况、性别认同、性取向、年龄、精神残疾或身体残疾而进行歧视、排斥或区别对待他人。
- ❖ 本文件免费提供英语、西班牙语、阿拉伯语、亚美尼亚语、简体中文、繁体中文、波斯语、高棉语（柬埔寨语）、韩语、俄语、他加禄语和越南语版本。

本节续下页

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关于提供语言协助服务及辅助工具和服务的通知

ATTENTION: If you need help in your language, call (800) 452-4413 (TTY:711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (800) 452-4413 (TTY:711). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-452-4413 (TTY:711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-452-4413 (TTY:711). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-452-4413 (TTY:711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-452-4413 (TTY:711): Այդ ծառայություններն անվճար են:

本节续下页

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简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-452-4413 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-452-4413 (TTY: 711)。这些服务都是免费的。

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

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हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-452-4413 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-452-4413 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-452-4413 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-452-4413 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

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日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-800-452-4413 (TTY: 711)へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

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ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ
1-800-452-4413

(TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih
qiemx longc mienh tengx faan benx meih nyei waac nor douc
waac daaih lorx taux 1-800-452-4413 (TTY: 711). Liouh lorx
jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo
wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun
hluo mbiutc aengx caux aamz mborqv benx domh sou se
mbenc nzaih bun longc. Douc waac daaih lorx 1-800-452-
4413 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se
benx wang-henh tengx mv zuqc cuotv nyaanh oc.

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多信息，请访问 blueshieldca.com/medformulary2026。



ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម
ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY:711)។ ជំនួយ និង
សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស
សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ
ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-452-4413
(TTY:711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی (Persian (Farsi))

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-452-4413
(TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت،
مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با
1-800-452-4413 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه
می‌شوند.

本节续下页

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Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-452-4413 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-452-4413 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-452-4413 (TTY: 711). Estos servicios son gratuitos.

本节续下页

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Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-452-4413 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-452-4413 (TTY: 711). Libre ang mga serbisyong ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข

1-800-452-4413 (TTY: 711) นอกจากนี้

ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่

กรุณาโทรศัพท์ไปที่หมายเลข 1-800-452-4413 (TTY: 711)

ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

本节续下页

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Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-452-4413 (ТТУ: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-452-4413 (ТТУ: 711). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-452-4413 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-452-4413 (TTY: 711). Các dịch vụ này đều miễn phí.

- ❖ 您可提出长期申请，要求获得英语之外的其他语言或其他格式（大字版、盲文版、音频版等）的文件和未来必要通讯。您可致电 Blue Shield TotalDual Plan 客户服务部，以提出此申请，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。客户服务部将记录您的偏好语言和文件格式，直至您希望进行更新。
- ❖ 如欲变更以偏好语言或替代格式接收必要通讯的长期申请，请致电 Blue Shield TotalDual Plan 客户服务部，电话：(800) 452-4413 (TTY: 711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



B. 常见问题 (FAQ)

如有关于承保药物清单 (药物清单) 的疑问, 请在此处寻找相关答案。您可阅览所有 FAQ 以了解更多信息, 或直接寻找相关问题与答案。

B1. 承保药物清单涵盖哪些处方药? (我们将承保药物清单简称为“药物清单”。)

从 C 节开始的药物清单所列药物, 均为 Blue Shield TotalDual Plan 承保的药物。该等药物可从网络内药房获取。倘若我们与药房达成合作协议以向您提供服务, 则该药房属于网络内药房。我们将此等药房称为“网络内药房”。

其他药物 (如部分非处方 (OTC) 药物及特定维生素) 可能由 Medi-Cal Rx 承保。请访问 Medi-Cal Rx 网站 (www.medi-calrx.dhcs.ca.gov) 以获取更多信息。您也可以致电 Medi-Cal Rx 客户服务中心, 电话: 800-977-2273。通过 Medi-Cal Rx 获取处方药时, 请随身携带您的 Medi-Cal 福利证明卡 (BIC)。

- Blue Shield TotalDual Plan 将药物清单上所有具有医疗必要性的药物, 但前提是:
 - 您的医生或其他处方医生说明您需要该等药物, 才能康复或保持健康,
 - Blue Shield TotalDual Plan 同意该药物对您具有医疗必要性, 及
 - 您在 Blue Shield TotalDual Plan 的网络内药房配取处方药。
- 在某些情况中, 您必须采取某些行动才能获得药物。请参阅问题 B4, 以了解更多信息。

您也可以访问我们的网站 (blueshieldca.com/medformulary2026) 或致电客户服务部 (电话号码见本文件页脚), 以查询最新的承保药物清单。

B2. 药物清单是否会变更?

是, Blue Shield TotalDual Plan 在进行变更时必须遵守 Medicare 和 Medi-Cal 的规定。我们可能会在一年当中新增或移除药物清单上的药物。

我们亦可能变更有关药物的规则。例如, 我们可能:

- 决定就某种药物要求或不要求事先授权。(事先授权是您在取得药物之前需要获得 Blue Shield TotalDual Plan 的许可。)
- 增加或变更您可获取某种药物的药量 (称为药量限制)。

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如有问题, 请致电 Blue Shield TotalDual Plan, 电话: (800) 452-4413 (TTY:711), 服务时间: 每周七天, 每天上午 8 点至晚上 8 点 (太平洋时间)。此为免费电话。如欲了解更多信息, 请访问 blueshieldca.com/medformulary2026。



- 新增或变更药物的阶段疗法限制。（阶段疗法指在我们承保另一种药物前，您必须尝试一种药物。）

有关此等药物规则的更多信息，请参阅问题 B4。

如果您在服用一种在年初时处于承保范围的药物，则除非发生下列情况，否则我们通常不会在当年剩余时间内取消或变更该药物的承保范围：

- 有价格较低的新药物上市且药效和目前 *药物清单* 上的药物一样好；或
- 我们得知某种药物不安全；或
- 某种药物遭到下架。

下文问题 B3 和问题 B6 将进一步说明 *药物清单* 变更时的状况。

- 您可随时线上查阅 Blue Shield TotalDual Plan 的最新 *药物清单*：
blueshieldca.com/medformulary2026。 *药物清单* 更新每月发布在网站上。
- 您也可以致电客户服务部（电话号码见本文件页脚），以查询最新 *药物清单*。

B3. 当 *药物清单* 变更时将会怎样？

药物清单 的某些变更将会立即生效。例如：

- **某些新版本药物的替换。** 如果我们用某种新版本药物替换现有药物，我们可能立即从 *药物清单* 中移除现有药物，但您为新药物支付的费用将保持为 \$0。当我们新增新版本药物时，我们也可能会决定保留清单上的品牌药或原创生物制品，但我们将会变更该药物的承保规则或限制。
 - 在进行此类变更之前，我们可能不会事先通知您，但是我们将会寄送信息给您，说明我们所进行的一项或多项具体变更。
 - 仅当新增药物符合以下条件时，我们方可进行此类变更：
 - 新增药物是品牌药的新仿制药，或
 - 新增药物是 *药物清单* 上某种原创生物制品的新生物类似药（例如，新增一种可互换的生物类似药，无需新处方即可用其替代原创生物制品）。
 - 其中一些药物类型对您来说可能是新的。如欲了解更多信息，请参阅 B14 节。

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如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



- 您或您的提供者可针对这些变更申请例外处理。我们将会寄通知给您，说明申请例外处理所需采取的步骤。有关例外处理的更多信息，请参阅问题 B10-B12。
- **移除不安全药物和已下架的其他药物。**有时，药物可能被视为不安全，或因其他原因被下架。如果发生这种情况，我们可以立即从*药物清单*中移除该药物。如果您在服用该药物，我们会在做出变更后向您发送通知。处方医生也将知悉此变更，并可与您合作寻找替代治疗药物。

我们可能做出影响您所服用药物的其他变更。我们将会事先告知您这些与*药物清单*有关的其他变更。如有下列情况，即可能会做出这些变更：

- Food and Drug Administration (FDA, 美国食品药品监督管理局) 针对某项药物提供新指南或有新的临床指南。
- 当新增非新上市的仿制药时，我们会从*药物清单*中移除品牌药，或
- 当新增生物类似药时，我们会移除原创生物制品，或
- 我们变更该品牌药的承保规则或限制。

当发生该等变更时，我们将：

- 在我们对*药物清单*进行变更之前，至少提前 30 天通知您；**或**
- 通知您并在您要求续配药物时，为您提供该药物 30 天的药量。

这让您有充分时间与您的医生或其他处方医生进行讨论。他们可帮助您判断：

- *药物清单*中是否有您可以改用的类似药物；或
- 是否可就该等变更申请例外处理。如要了解有关例外处理的更多信息，请参阅问题 B10-B12。

B4. 药物承保是否有任何限制或约束，或者是否必须采取任何行动才能取得特定药物？

是的，某些药物有承保规则或对您可获取的药量有所限制。在某些情况下，在获得药物之前，您或您的医生或其他处方医生可能需要做些事。例如：

- **事先授权：**就某些药物而言，在您配取处方药之前，您或您的医生或其他处方医生必须获得 Blue Shield TotalDual Plan 的授权。事先授权与转介不同。如果您未获得事先授权，Blue Shield TotalDual Plan 可能不会承保该药物。

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如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。**如欲了解更多信息**，请访问 blueshieldca.com/medformulary2026。



- **药量限制：** 有时，Blue Shield TotalDual Plan 会限制您可获取的药量。
- **阶段疗法：** 有时，Blue Shield TotalDual Plan 会要求您接受阶段疗法。换言之，您将需要按照一定的顺序尝试适用于您病症的药物。在我们承保另一种药物之前，您可能必须先尝试某种药物。倘若您的处方医生认为第一种药物对您没有效果，则我们会承保第二种药物。

如果您的药物有任何额外要求或限制，您可以在 **C 节** 表格中找到相关信息。您也可以访问我们的网站 (blueshieldca.com/medformulary2026)，以获取更多信息。我们已在线上发布说明事先授权和阶段疗法限制的文件。您亦可要求我们给您寄送一份副本。

您可以就此等限制申请例外处理。 这让您有充分时间与您的医生或其他处方医生进行讨论。他们可以帮助您决定您是否可以服用 *药物清单* 上的另一种类似药物，或是否申请例外处理。有关例外处理的更多信息，请参阅问题 B10-B12。

B5. 我要如何知道自己所需药物是否有限制规定或者必须采取某些行动才能获得药物？

“按医疗病症划分的药物清单”一节的表格中有“必要行动、约束或使用限制”一栏。

B6. 如果 Blue Shield TotalDual Plan 变更关于某些药物承保方式的规则（如事先授权、药量限制和/阶段疗法限制）会怎样？

在某些情况下，如果我们新增或变更某项药物的事先授权、药量限制和/或阶段疗法限制，我们将会事先通知您。请参阅问题 B3，以了解更多有关此类事先通知的信息，以及我们在什么情况下可能会无法事先告知您有关 *药物清单* 中药物规则的变更。

B7. 如何在 *药物清单* 上找到某种药物？

有两种方式可供您选择：

- 您可以按字母搜索，或
- 您可按医疗病症搜索。

如欲**按字母**搜索，请在承保药物索引一节查找药物。您可在从第 133 页开始的索引中查找。索引按字母顺序列出本文件包含的所有药物。品牌药和仿制药均在此索引中列出。搜索索引并找到您所需的药物。您将会在您的药物旁看到相关承保信息所在页面的页码。

如欲**按医疗病症**搜索，您可找到“按医疗病症划分的药物清单”一节。本部分的药物按其治疗的医疗病症类型划分为不同类别。例如，如果您有心脏病，您应查看该类别：心血管药物。您会在此类别中找到治疗心脏病的药物。

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如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。**如欲了解更多信息**，请访问 blueshieldca.com/medformulary2026。



B8. 如果我想要的某种药物不在 *药物清单* 上，该怎么办？

如果您在 *药物清单* 中找不到所需药物，请致电客户服务部（电话号码见本文件页脚）进行咨询。如果您得知 Blue Shield TotalDual Plan 不承保该药物，您可采取以下任意行动：

- 向客户服务部索取一份和您想服用之药物类似的药物清单。然后向您的医生或其他处方医生出示该清单。他们可开处 *药物清单* 上一种与您想服用之药物类似的药物。或
- 要求 Blue Shield TotalDual Plan 进行例外处理，以承保您的药物。有关例外处理的更多信息，请参阅问题 B10-B12。

B9. 如果我是 Blue Shield TotalDual Plan 的新会员，且未能在 *药物清单* 上找到所需药物或在获取药物时遇到问题，该怎么办？

我们可以帮助您。在您成为 Blue Shield TotalDual Plan 会员的头 90 天内，我们可以就您的药物承保 30 天的药量。这让您有充分时间与您的医生或其他处方医生进行讨论。他们可以帮助您决定您是否可以服用 *药物清单* 上的另一种类似药物，或是否申请例外处理。

如果您的处方天数较短，我们将会允许您多次续配，直到为您提供的药量达到 30 天的上限为止。

倘若发生以下情况，我们将就您的药物承保 30 天的药量：

- 您所服用的药物不在 *药物清单* 中；或
- 我们的计划规定使您无法取得处方医生为您开处的药量；或
- 该药物需要获得 Blue Shield TotalDual Plan 的事先授权；或
- 您正在服用的药物是属于有阶段疗法限制的药物。

如果您正在服用的药物未被 Blue Shield TotalDual Plan 认定为 D 部分药物，且不在 *药物清单* 上，当您获取药物遇到问题时，该药物可能可以通过 Medi-Cal Rx 获得承保。如果非 D 部分药物需要例外处理，且您处于紧急情况，Medi-Cal Rx 将允许至少 72 小时的药量。请访问 Medi-Cal Rx 网站 (www.medi-calrx.dhcs.ca.gov) 以获取更多信息。您也可以致电 Medi-Cal Rx 客户服务中心，电话：800-977-2273。通过 Medi-Cal Rx 获取处方药时，请随身携带您的 Medi-Cal BIC。

如果您住在疗养院或其他长期照护设施，且您需要未列于 *药物清单* 中的药物或者您无法轻松取得所需药物，我们可提供帮助。您加入该计划已超过 90 天并住在长期照护设施内，且需要立即获得供药：

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如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



- 无论您是否为 Blue Shield TotalDual Plan 的新会员，我们会就您所需的药物承保 31 天的药量（除非您的处方天数未达 31 天）。
- 这不包含在您成为 Blue Shield TotalDual Plan 会员后的头 90 天期间，我们所为您提供的临时药量当中。

过渡政策

在受益人从某种治疗环境转至另一种治疗环境的情况下，Blue Shield TotalDual Plan 将确保快速处理非处方集 D 部分药物的核准流程。此流程也应适用于需要事先授权或阶段疗法的处方集 D 部分药物。护理层级变更示例：受益人从医院出院返家；受益人结束了其在专业护理机构的 Medicare A 部分住院且需要恢复使用 D 部分处方集；受益人结束了在长期照护设施的住院并返回社区生活；受益人从精神病院出院且其药物疗程高度个别化。

B10. 我是否可以申请例外处理以使药物获得承保？

是。您可以向 Blue Shield TotalDual Plan 申请例外处理，以承保未列于 *药物清单* 中的药物。

您亦可要求我们变更针对您药物的规则。

- 例如，Blue Shield TotalDual Plan 可能会限制我们承保的药量。如果您的药物存在药量限制，您可要求我们变更该限制，并承保更多药量。
- 其他示例：您可要求我们取消阶段疗法限制或事先授权要求。

B11. 如何申请例外处理？

如欲申请例外处理，请致电客户服务部。客户服务部将与您和您的处方医生合作，帮助您申请例外处理。您也可阅读 *会员手册* 第 9 章 G2 节，以了解更多有关例外处理的信息。

B12. 获取例外处理需要多长时间？

在收到处方医生支持您的例外处理申请的声明后，我们将在 72 小时内向您提供决定。您的处方医生可以通过电子方式（线上或传真）或邮寄方式发送此声明。他们也可以致电 Blue Shield 药房部门，电话：(800) 535-9481，口头向我们作出声明，然后再视需要寄送书面声明。

如果您或您的处方医生认为 72 小时的等待时间会让您的健康受损，您可申请加急例外处理。我们会快速作出决定。如果您的处方医生支持您的申请，在收到其支持声明后 24 小时内，我们将向您提供决定。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。**如欲了解更多信息**，请访问 blueshieldca.com/medformulary2026。



B13. 什么是仿制药？

仿制药是由与品牌药相同的有效成分制成。这些药物通常比品牌药便宜，而且通常药效同样好。它们通常没有知名的名称。仿制药已由 Food and Drug Administration (FDA) 批准。许多品牌药都有仿制药。根据州法律，仿制药通常可以在药房替代品牌药，无需新处方。

Blue Shield TotalDual Plan 既承保品牌药，亦承保仿制药。

B14. 什么是原创生物制品以及它们与生物类似药有何关系？

当我们提到药物时，这可能是指药物或生物制品。生物制品是比一般药物更复杂的药物。由于生物制品比一般药物更复杂，因此它们没有仿制药，而是有相应的生物类似药。一般来说，生物类似药的药效与原创生物制品一样，而且费用可能更低。一些原创生物制品有生物类似药替代品。一些生物类似药是可互换的生物类似药，根据州法律，可以在药房替代原创生物制品，而无需新处方，就像仿制药可以替代品牌药一样。

如欲了解更多关于药物类型的咨询，请参阅 *会员手册* 第 5 章。

B15. Blue Shield TotalDual Plan 是否承保长期处方药供应？

对于某些药物，您可以使用该计划的网络送货上门服务提供者。通常，通过送货上门服务提供的药物是您为治疗慢性或长期疾病定期服用的药物。该计划的送货上门服务提供者无法提供的药物在我们的“药物清单”中标有 NDS 标志。

- **送货上门服务。**我们提供送货上门服务，允许您就以下药物获取**最多 100 天的药量，即第 1 层级：首选仿制药，第 2 层级：仿制药，第 3 层级：首选品牌药，及第 4 层级：非首选药物。**对于以下药物的 100 天药量，即第 1 层级：首选仿制药以及第 2 层级：仿制药，其共付额与第 1 层级和第 2 层级药物的一个月药量相同。对于以下药物的 100 天药量，即第 3 层级：首选品牌药，及第 4 层级：非首选药，其共付额与第 3 层级和第 4 层级药物的一个月药量相同。
- **零售药房计划。**某些零售药房也可就以下药物提供**最多 100 天的药量，即第 1 层级：首选仿制药，第 2 层级：仿制药，第 3 层级：首选品牌药，及第 4 层级：非首选药物。**对于以下药物的 100 天药量，即第 1 层级：首选仿制药以及第 2 层级：仿制药，其共付额与第 1 层级和第 2 层级药物的一个月药量相同。对于以下药物的 100 天药量，即第 3 层级：首选品牌药，及第 4 层级：非首选药，其共付额与第 3 层级和第 4 层级药物的一个月药量相同。

B16. 我是否可以让当地药房将处方药送货上门？

当地药房可能能够将处方药送货上门。您可以致电药房询问是否提供送货上门服务。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



B17. 我的共付额是多少？

在遵循计划规则的情况下，Blue Shield TotalDual Plan 会员需要为处方药支付共付额。

层级指 *药物清单* 上的药物组。

- 第 1 层级药物为首选仿制药
- 第 2 层级药物为仿制药
- 第 3 层级药物为首选品牌药
- 第 4 层级药物为非首选药物
- 第 5 层级药物为特种层级药物

层级	说明	共付额	
		30 天的药量	100 天的药量
第 1 层级	首选仿制药	\$0	\$0
第 2 层级	仿制药	\$0	\$0
第 3 层级	首选品牌药	\$0, \$5.10, \$12.65	\$0, \$5.10, \$12.65
第 4 层级	非首选药物	\$0, \$5.10, \$12.65	\$0, \$5.10, \$12.65
第 5 层级	特种层级药物	\$0, \$5.10, \$12.65	不提供

如有问题，请致电客户服务部（电话号码见本文件页脚）。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



C. 承保药物清单概述

承保药物清单为您提供有关 Blue Shield TotalDual Plan 所承保药物的信息。如果您难以在清单中找到所需药物，请查阅从 D 节开始的承保药物清单索引。该索引按字母顺序列出了 Blue Shield TotalDual Plan 承保的所有药物。

其他药物（如部分非处方（OTC）药物及特定维生素）可能由 Medi-Cal Rx 承保。请访问 Medi-Cal Rx 网站 (www.medi-calrx.dhcs.ca.gov) 以获取更多信息。您也可以致电 Medi-Cal Rx 客户服务中心，电话：800-977-2273。通过 Medi-Cal Rx 获取处方药时，请随身携带您的 Medi-Cal 福利证明卡（BIC）。

D 部分项下的上诉

- 上诉指要求我们审核我们针对承保范围所作的决定以及变更该决定（如果您认为我们的决定有误）的正式方式。
- 例如，我们可能决定 Medicare 或 Medi-Cal 不承保或不再承保您想要的药物。
- 如果您或您的处方医生不同意该决定，您可以提出上诉。如有问题，请致电客户服务部（电话号码见本文件页脚）。
- 您也可阅读 *会员手册* 第 9 章，以了解如何针对决定提出上诉。
- 非 D 部分药物有不同的上诉规则。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



C1. 按医疗病症划分的药物清单

本部分的药物按其治疗的医疗病症类型划分为不同类别。例如，如果您有心脏病，您应查看该类别：心血管药物。您会在此类别中找到治疗心脏病的药物。

说明		
层级	名称	
1	首选仿制药	
2	仿制药	
3	首选品牌药	
4	非首选药物	
5	特种层级药物	
符号	名称	说明
LA	有限获取通道 (Limited Access)	此种处方药可能仅可在特定药房配取。如需了解更多信息，请查阅您的药房名录或致电我们的客户服务部。
PA	事先授权(Prior Authorization)	此处方药的承保需要事先获得 Blue Shield 授权。致电 Blue Shield 以提供必要的信息来确定承保范围。根据 Medicare 承保规则，某些药物可能需要 B 部分或 D 部分承保裁定。
QL	药量限制 (Quantity Limit)	此药物有剂量或处方药量限制。每日最大剂量限制由 FDA 定义并列在药品包装说明书中。其他药量限制鼓励在可能的情况下统一给药。
ST	阶段疗法(Step Therapy)	当尝试过其他第一线或首选药物治疗时，将承保此处方药（阶段疗法）。
NDS	非延期药量 (Non-Extended Day Supply)	药物不提供长期药量。

表格的第一栏列明药物名称。仿制药为小写斜体（例如，*simvastatin*（辛伐他汀）），品牌药为大写（如 ELIQUIS（阿哌沙班）），“必要行动、约束或使用限制”一栏内的信息介绍 Blue Shield TotalDual Plan 对承保药物是否订有任何规则。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。**如欲了解更多信息**，请访问 blueshieldca.com/medformulary2026。



D. 承保药物索引

在本节中，您可以通过按字母顺序搜索药物名称来找到所需药物。这将告诉您可以在哪页找到更多关于您药物的承保信息。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



ANALGESICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	Tier 4	PA, QL (48 PER 30 OVER TIME), NDS
<i>cataflam 50 mg tab</i>	Tier 2	
<i>celecoxib (100 mg cap, 200 mg cap, 50 mg cap)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>celecoxib 400 mg cap</i>	Tier 2	QL (1 PER 1 DAYS)
<i>diclofenac potassium 50 mg tab</i>	Tier 2	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr)</i>	Tier 2	
<i>diclofenac sodium 1.5 % solution</i>	Tier 3	
<i>diclofenac sodium 3 % gel</i>	Tier 4	PA, QL (100 PER 30 DAYS)
<i>diclofenac sodium 75 mg tab dr</i>	Tier 1	
<i>diclofenac sodium er 100 mg tab er 24h</i>	Tier 2	
<i>diflunisal 500 mg tab</i>	Tier 3	
<i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>	Tier 2	
<i>etodolac (200 mg cap, 300 mg cap)</i>	Tier 3	
<i>etodolac (400 mg tab, 500 mg tab)</i>	Tier 2	
<i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>	Tier 3	
FLURBIPROFEN (100 MG TAB, 50 MG TAB)	Tier 2	
<i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>	Tier 1	
<i>ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)</i>	Tier 2	
<i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>	Tier 1	
<i>indomethacin (25 mg cap, 50 mg cap)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANALGESICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>meloxicam (15 mg tab, 7.5 mg tab)</i>	Tier 1	
<i>nabumetone (500 mg tab, 750 mg tab)</i>	Tier 2	
<i>naproxen (250 mg tab, 375 mg tab, 500 mg tab)</i>	Tier 1	
<i>naproxen (375 mg tab dr, 500 mg tab dr)</i>	Tier 2	
<i>naproxen dr 500 mg tab dr</i>	Tier 2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	Tier 3	
<i>oxaprozin 600 mg tab</i>	Tier 4	
<i>piroxicam (10 mg cap, 20 mg cap)</i>	Tier 3	
<i>relafen (500 mg tab, 750 mg tab)</i>	Tier 2	
<i>sulindac (150 mg tab, 200 mg tab)</i>	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine (10 mcg/hr patch wk, 15 mcg/hr patch wk, 20 mcg/hr patch wk, 5 mcg/hr patch wk, 7.5 mcg/hr patch wk)</i>	Tier 4	PA, QL (4 PER 28 OVER TIME), NDS
<i>fentanyl (100 mcg/hr patch 72hr, 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr)</i>	Tier 3	PA, QL (10 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg tab</i>	Tier 4	PA, QL (90 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/5ml solution</i>	Tier 4	PA, QL (450 PER 30 OVER TIME), NDS
<i>methadone hcl 10 mg/ml solution</i>	Tier 4	PA, NDS
<i>methadone hcl 5 mg tab</i>	Tier 4	PA, QL (180 PER 30 OVER TIME), NDS
<i>methadone hcl 5 mg/5ml solution</i>	Tier 4	PA, QL (900 PER 30 OVER TIME), NDS
<i>morphine sulfate er (100 mg tab er, 200 mg tab er, 60 mg tab er)</i>	Tier 4	QL (60 PER 30 OVER TIME), NDS
<i>morphine sulfate er 15 mg tab er</i>	Tier 4	QL (180 PER 30 OVER TIME), NDS

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANALGESICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>morphine sulfate er 30 mg tab er</i>	Tier 4	QL (90 PER 30 OVER TIME), NDS
<i>tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	Tier 4	PA, QL (1 PER 1 DAYS), NDS
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>	Tier 2	QL (1800 PER 30 OVER TIME), NDS
<i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>	Tier 2	QL (12 PER 1 DAYS), NDS
<i>acetaminophen-codeine 300-60 mg tab</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>butorphanol tartrate 10 mg/ml solution</i>	Tier 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 4	QL (336 PER 30 OVER TIME), NDS
<i>codeine sulfate 30 mg tab</i>	Tier 4	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	Tier 4	QL (84 PER 30 OVER TIME), NDS
<i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>endocet 10-325 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>endocet 7.5-325 mg tab</i>	Tier 3	QL (112 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (10-325 mg tab, 7.5-325 mg tab)</i>	Tier 2	QL (6 PER 1 DAYS), NDS
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>	Tier 4	QL (2520 PER 30 OVER TIME), NDS
<i>hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>hydromorphone hcl 2 mg tab</i>	Tier 3	QL (154 PER 30 OVER TIME), NDS

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANALGESICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>hydromorphone hcl 4 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>hydromorphone hcl 8 mg tab</i>	Tier 3	QL (42 PER 30 OVER TIME), NDS
<i>morphine sulfate (15 mg tab, 30 mg tab)</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>morphine sulfate (concentrate) (100 mg/5ml solution, 20 mg/ml solution)</i>	Tier 3	QL (70 PER 30 OVER TIME), NDS
<i>morphine sulfate 10 mg/5ml solution</i>	Tier 3	QL (630 PER 30 OVER TIME), NDS
<i>morphine sulfate 20 mg/5ml solution</i>	Tier 3	QL (315 PER 30 OVER TIME), NDS
<i>oxycodone hcl (15 mg tab, 30 mg tab)</i>	Tier 3	QL (56 PER 30 OVER TIME), NDS
<i>oxycodone hcl 10 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone hcl 100 mg/5ml conc</i>	Tier 4	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 20 mg tab</i>	Tier 3	QL (120 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg tab</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone hcl 5 mg/5ml solution</i>	Tier 3	QL (840 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i>	Tier 3	QL (168 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 10-325 mg tab</i>	Tier 3	QL (84 PER 30 OVER TIME), NDS
<i>oxycodone-acetaminophen 7.5-325 mg tab</i>	Tier 3	QL (112 PER 30 OVER TIME), NDS
<i>tramadol hcl 50 mg tab</i>	Tier 2	QL (8 PER 1 DAYS), NDS
<i>tramadol-acetaminophen 37.5-325 mg tab</i>	Tier 2	QL (112 PER 30 OVER TIME), NDS

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANESTHETICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
LOCAL ANESTHETICS		
<i>lidocaine 5 % ointment</i>	Tier 4	QL (50 PER 30 DAYS)
<i>lidocaine 5 % patch</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>lidocaine hcl 4 % solution</i>	Tier 2	
<i>lidocaine viscous hcl 2 % solution</i>	Tier 2	
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	Tier 3	QL (30 PER 30 DAYS)
<i>lidocan 5 % patch</i>	Tier 3	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	Tier 4	QL (10 PER 30 DAYS)
PREMIUM LIDOCAINE 5 % OINTMENT	Tier 4	QL (50 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium 333 mg tab dr</i>	Tier 4	
<i>disulfiram (250 mg tab, 500 mg tab)</i>	Tier 2	
OPIOID DEPENDENCE		
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	Tier 2	
<i>buprenorphine hcl-naloxone hcl (12-3 mg film, 2-0.5 mg film, 2-0.5 mg sl tab, 4-1 mg film, 8-2 mg film, 8-2 mg sl tab)</i>	Tier 2	
OPIOID REVERSAL AGENTS		
KLOXXADO 8 MG/0.1ML LIQUID	Tier 4	QL (2 PER 30 OVER TIME)
<i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>naltrexone hcl 50 mg tab</i>	Tier 2	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>	Tier 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	Tier 4	
NICOTROL NS 10 MG/ML SOLUTION	Tier 4	
<i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk</i>	Tier 4	QL (53 PER 30 OVER TIME)
<i>varenicline tartrate(continue) 1 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
AMINOGLYCOSIDES		
<i>amikacin sulfate 500 mg/2ml solution</i>	Tier 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	Tier 5	PA, LA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	Tier 2	
<i>gentamicin sulfate 40 mg/ml solution</i>	Tier 4	
<i>neomycin sulfate 500 mg tab</i>	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 4	
<i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 2 gm/50ml solution, 80 mg/2ml solution)</i>	Tier 4	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIBACTERIALS, OTHER		
<i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>	Tier 4	
CAYSTON 75 MG RECON SOLN	Tier 5	PA, LA, QL (84 PER 28 DAYS)
<i>clindamycin hcl (150 mg cap, 300 mg cap, 75 mg cap)</i>	Tier 2	
<i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>	Tier 4	
<i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 9 gm/60ml solution, 900 mg/6ml solution)</i>	Tier 4	
<i>clindamycin phosphate 2 % cream</i>	Tier 2	
<i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>	Tier 4	
CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)	Tier 4	
<i>colistimethate sodium (cba) 150 mg recon soln</i>	Tier 4	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	Tier 5	
<i>fosfomycin tromethamine 3 gm packet</i>	Tier 4	QL (1 PER 30 DAYS)
<i>lincomycin hcl 300 mg/ml solution</i>	Tier 4	
<i>linezolid 100 mg/5ml recon susp</i>	Tier 5	PA
<i>linezolid 600 mg tab</i>	Tier 4	PA
<i>linezolid 600 mg/300ml solution</i>	Tier 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 5	
<i>methenamine hippurate 1 gm tab</i>	Tier 4	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>	Tier 2	
<i>metronidazole (0.75 % lotion, 1 % gel, 500 mg/100ml solution)</i>	Tier 4	
<i>metronidazole 0.75 % cream</i>	Tier 3	
<i>nitrofurantoin macrocrystal (100 mg cap, 50 mg cap)</i>	Tier 2	
<i>nitrofurantoin monohyd macro 100 mg cap</i>	Tier 2	
<i>rosadan 0.75 % cream</i>	Tier 3	
<i>rosadan 0.75 % gel</i>	Tier 2	
<i>tigecycline 50 mg recon soln</i>	Tier 4	
<i>tinidazole (250 mg tab, 500 mg tab)</i>	Tier 4	
<i>trimethoprim 100 mg tab</i>	Tier 2	
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 2 gm recon soln, 250 mg cap, 500 mg recon soln, 750 mg recon soln)</i>	Tier 4	
<i>vancomycin hcl 5 gm recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION
XIFAXAN 200 MG TAB	Tier 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	Tier 2	
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>	Tier 3	
<i>cefadroxil 500 mg cap</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 2 gm recon soln, 3 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>	Tier 4	
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>	Tier 3	
<i>cefdinir 300 mg cap</i>	Tier 2	
CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)	Tier 4	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	Tier 4	
<i>cefoxitin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)</i>	Tier 4	
CEFPODOXIME PROXETIL (100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB, 50 MG/5ML RECON SUSP)	Tier 4	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	Tier 2	
<i>ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)</i>	Tier 5	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
<i>ceftriaxone sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	Tier 4	
<i>cefuroxime axetil (250 mg tab, 500 mg tab)</i>	Tier 2	
<i>cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)</i>	Tier 4	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
TEFLARO (400 MG RECON SOLN, 600 MG RECON SOLN)	Tier 5	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	Tier 2	
<i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i>	Tier 2	
AMOXICILLIN-POT CLAVULANATE 400-57 MG CHEW TAB	Tier 3	
<i>amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h</i>	Tier 4	
<i>ampicillin 500 mg cap</i>	Tier 2	
<i>ampicillin sodium (1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>	Tier 4	
<i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 15 (10-5) gm recon soln, 3 (2-1) gm recon soln)</i>	Tier 4	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR, 600000 UNIT/ML SUSP PRSYR)	Tier 4	
<i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>	Tier 2	
<i>nafcillin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)</i>	Tier 4	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)</i>	Tier 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 4	
<i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>	Tier 2	
<i>pfizerpen (20000000 unit recon soln, 5000000 unit recon soln)</i>	Tier 4	
<i>piperacillin sod-tazobactam so (13.5 (12-1.5) gm recon ln, 2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i>	Tier 4	
CARBAPENEMS		
<i>ertapenem sodium 1 gm recon soln</i>	Tier 3	
<i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>	Tier 4	
<i>meropenem (1 gm recon soln, 500 mg recon soln)</i>	Tier 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	Tier 4	
MACROLIDES		
<i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	Tier 2	
AZITHROMYCIN 1 GM PACKET	Tier 3	
<i>azithromycin 500 mg recon soln</i>	Tier 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	Tier 4	
<i>clarithromycin (250 mg tab, 500 mg tab)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>clarithromycin er 500 mg tab er 24h</i>	Tier 4	
DIFICID 40 MG/ML RECON SUSP	Tier 5	PA, QL (136 PER 10 OVER TIME)
<i>erythrocin lactobionate 500 mg recon soln</i>	Tier 4	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>	Tier 4	
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	Tier 4	
<i>erythromycin lactobionate 500 mg recon soln</i>	Tier 4	
<i>fidaxomicin 200 mg tab</i>	Tier 5	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 4	
<i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>	Tier 4	
<i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 2	
<i>ciprofloxacin in d5w 200 mg/100ml solution</i>	Tier 4	
<i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>	Tier 2	
<i>levofloxacin 25 mg/ml solution</i>	Tier 4	
<i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>	Tier 4	
<i>moxifloxacin hcl 400 mg tab</i>	Tier 3	
MOXIFLOXACIN HCL 400 MG/250ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SULFONAMIDES		
<i>sulfadiazine 500 mg tab</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>	Tier 4	
<i>sulfatrim pediatric 200-40 mg/5ml suspension</i>	Tier 2	
TETRACYCLINES		
<i>avidoxy 100 mg tab</i>	Tier 3	
<i>doxy 100 100 mg recon soln</i>	Tier 4	
<i>doxycycline hyclate (100 mg cap, 100 mg tab, 20 mg tab, 50 mg cap)</i>	Tier 2	
<i>doxycycline hyclate 100 mg recon soln</i>	Tier 4	
<i>doxycycline monohydrate (100 mg cap, 50 mg cap)</i>	Tier 2	
<i>doxycycline monohydrate (100 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 3	
<i>minocycline hcl (100 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 2	
<i>mondoxylene nl 100 mg cap</i>	Tier 2	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	Tier 4	

ANTICONVULSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTICONVULSANTS, OTHER		
<i>brivaracetam (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 5	ST, QL (2 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTICONVULSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>brivaracetam 10 mg/ml solution</i>	Tier 5	ST, QL (20 ML PER 1 DAYS)
BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)	Tier 5	ST, QL (2 PER 1 DAYS)
BRIVIACT 10 MG/ML SOLUTION	Tier 5	ST, QL (20 PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i>	Tier 2	
<i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 5	LA, PA - FOR NEW STARTS ONLY
<i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>	Tier 4	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lamotrigine (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i>	Tier 1	
<i>lamotrigine (25 mg chew tab, 5 mg chew tab)</i>	Tier 2	
<i>levetiracetam (100 mg/ml solution, 1000 mg tab, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab)</i>	Tier 2	
<i>levetiracetam er 500 mg tab er 24h</i>	Tier 2	QL (6 PER 1 DAYS)
<i>levetiracetam er 750 mg tab er 24h</i>	Tier 2	QL (4 PER 1 DAYS)
<i>perampanel (10 mg tab, 12 mg tab, 4 mg tab, 6 mg tab, 8 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>perampanel 0.5 mg/ml suspension</i>	Tier 4	QL (24 ML PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTICONVULSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>perampnel 2 mg tab</i>	Tier 4	QL (3 PER 1 DAYS)
<i>roweepra 500 mg tab</i>	Tier 2	
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 4	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 1000 MG TAB	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SPRITAM 750 MG TAB	Tier 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i>	Tier 2	
SUBVENITE 10 MG/ML SUSPENSION	Tier 5	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>topiramate (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>topiramate (15 mg cap sprink, 25 mg cap sprink, 50 mg cap sprink)</i>	Tier 2	
<i>topiramate 25 mg/ml solution</i>	Tier 4	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>	Tier 4	
<i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i>	Tier 2	
XCOPRI (100 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>	Tier 2	
<i>methsuximide 300 mg cap</i>	Tier 4	
GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam 10 mg tab</i>	Tier 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTICONVULSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>clobazam 2.5 mg/ml suspension</i>	Tier 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>clobazam 20 mg tab</i>	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>diazepam 10 mg gel</i>	Tier 4	QL (20 PER 30 DAYS)
<i>diazepam 2.5 mg gel</i>	Tier 4	QL (5 PER 30 DAYS)
<i>diazepam 20 mg gel</i>	Tier 4	QL (40 PER 30 DAYS)
<i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>	Tier 3	QL (72 PER 1 DAYS)
<i>gabapentin (600 mg tab, 800 mg tab)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>gabapentin 100 mg cap</i>	Tier 2	QL (12 PER 1 DAYS)
<i>gabapentin 300 mg cap</i>	Tier 2	QL (8 PER 1 DAYS)
<i>gabapentin 400 mg cap</i>	Tier 2	QL (6 PER 1 DAYS)
<i>phenobarbital (100 mg tab, 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>primidone (125 mg tab, 250 mg tab, 50 mg tab)</i>	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>tiagabine hcl (12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab)</i>	Tier 4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 DAYS)
<i>vigabatrin (500 mg packet, 500 mg tab)</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTICONVULSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>vigadrone 500 mg packet</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>vigadrone 500 mg tab</i>	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIGAFYDE 100 MG/ML SOLUTION	Tier 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>vigoder 500 mg packet</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	Tier 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SODIUM CHANNEL AGENTS		
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>	Tier 2	
<i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i>	Tier 3	
DILANTIN (100 MG CAP, 30 MG CAP)	Tier 4	
<i>epitol 200 mg tab</i>	Tier 2	
<i>eslicarbazepine acetate (200 mg tab, 400 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>eslicarbazepine acetate (600 mg tab, 800 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>lacosamide (10 mg/ml solution, 100 mg/10ml solution, 50 mg/5ml solution)</i>	Tier 4	QL (40 PER 1 DAYS)
<i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>lacosamide 200 mg/20ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	Tier 2	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

ANTICONVULSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>oxcarbazepine 300 mg/5ml suspension</i>	Tier 4	
<i>phenytek (200 mg cap, 300 mg cap)</i>	Tier 2	
<i>phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension, 50 mg chew tab)</i>	Tier 2	
<i>phenytoin infatabs 50 mg chew tab</i>	Tier 2	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	Tier 2	
<i>rufinamide 200 mg tab</i>	Tier 4	ST, QL (16 PER 1 DAYS)
<i>rufinamide 40 mg/ml suspension</i>	Tier 5	ST, QL (80 PER 1 DAYS)
<i>rufinamide 400 mg tab</i>	Tier 4	ST, QL (8 PER 1 DAYS)
XCOPRI (14 X 150 MG & 14 X 200 MG TAB THPK, 14 X 50 MG & 14 X 100 MG TAB THPK)	Tier 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	Tier 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	Tier 4	
<i>zonisamide (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 2	

ANTIDEMENTIA AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIDEMENTIA AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
CHOLINESTERASE INHIBITORS		
<i>donepezil hcl (10 mg tab, 5 mg tab)</i>	Tier 1	
<i>donepezil hcl 23 mg tab</i>	Tier 4	ST
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 2	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 2	
<i>galantamine hydrobromide (12 mg tab, 4 mg tab, 4 mg/ml solution, 8 mg tab)</i>	Tier 4	
<i>galantamine hydrobromide er (16 mg cap er 24h, 24 mg cap er 24h, 8 mg cap er 24h)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>rivastigmine (13.3 mg/24hr patch 24hr, 4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr)</i>	Tier 4	QL (30 PER 30 DAYS)
<i>rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)</i>	Tier 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>memantine hcl (10 mg/5ml solution, 2 mg/ml solution)</i>	Tier 3	
<i>memantine hcl er (14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h, 7 mg cap er 24h)</i>	Tier 4	

ANTIDEPRESSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIDEPRESSANTS, OTHER		
AUVELITY 45-105 MG TAB ER	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bupropion hcl 100 mg tab</i>	Tier 2	QL (4 PER 1 DAYS)
<i>bupropion hcl 75 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)

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ANTIDEPRESSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>bupropion hcl er (sr) 100 mg tab er 12h</i>	Tier 2	QL (4 PER 1 DAYS)
<i>bupropion hcl er (sr) 150 mg tab er 12h</i>	Tier 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (sr) 200 mg tab er 12h</i>	Tier 2	QL (2 PER 1 DAYS)
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	Tier 2	QL (3 PER 1 DAYS)
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	Tier 2	QL (1 PER 1 DAYS)
EXXUA (18.2 MG TAB ER 24H, 36.3 MG TAB ER 24H, 54.5 MG TAB ER 24H, 72.6 MG TAB ER 24H)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EXXUA TITRATION PACK 18.2 MG TAB ER 24H	Tier 5	QL (64 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
<i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp, 7.5 mg tab)</i>	Tier 2	
<i>mirtazapine (15 mg tab, 30 mg tab)</i>	Tier 1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	Tier 4	PA - FOR NEW STARTS ONLY
ZURZUVAE (20 MG CAP, 25 MG CAP)	Tier 5	QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
ZURZUVAE 30 MG CAP	Tier 5	QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
MONOAMINE OXIDASE INHIBITORS		
EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR)	Tier 5	PA - FOR NEW STARTS ONLY
MARPLAN 10 MG TAB	Tier 4	
PHENELZINE SULFATE 15 MG TAB	Tier 2	
<i>tranylcypromine sulfate 10 mg tab</i>	Tier 4	

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ANTIDEPRESSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 1	
<i>citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)</i>	Tier 3	
<i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>desvenlafaxine succinate er 100 mg tab er 24h</i>	Tier 3	QL (4 PER 1 DAYS)
<i>escitalopram oxalate (10 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 1	
<i>escitalopram oxalate (10 mg/10ml solution, 5 mg/5ml solution)</i>	Tier 2	
FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)	Tier 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FETZIMA TITRATION 20 & 40 MG CP24 THPK	Tier 4	QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg cap, 20 mg cap, 40 mg cap)</i>	Tier 1	
<i>fluoxetine hcl 20 mg/5ml solution</i>	Tier 2	
FLUOXETINE HCL 90 MG CAP DR	Tier 4	QL (4 PER 28 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>fluvoxamine maleate 25 mg tab</i>	Tier 2	QL (12 PER 1 DAYS)
<i>fluvoxamine maleate 50 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)
NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)	Tier 3	
<i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>	Tier 1	
PAROXETINE HCL 10 MG/5ML SUSPENSION	Tier 4	QL (30 PER 1 DAYS)
<i>paroxetine hcl er (12.5 mg tab er 24h, 25 mg tab er 24h, 37.5 mg tab er 24h)</i>	Tier 4	

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ANTIDEPRESSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
RALDESY 10 MG/ML SOLUTION	Tier 5	QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sertraline hcl (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>sertraline hcl 20 mg/ml conc</i>	Tier 3	
<i>trazodone hcl (100 mg tab, 150 mg tab, 50 mg tab)</i>	Tier 2	
<i>trazodone hcl 300 mg tab</i>	Tier 3	
TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)	Tier 4	ST, QL (1 PER 1 DAYS)
<i>venlafaxine hcl (100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 2	
<i>venlafaxine hcl er (150 mg cap er 24h, 37.5 mg cap er 24h)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>venlafaxine hcl er 75 mg cap er 24h</i>	Tier 2	QL (3 PER 1 DAYS)
<i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 4	ST, QL (1 PER 1 DAYS)
TRICYCLICS		
<i>amitriptyline hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>amoxapine (100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 3	
<i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 4	PA - FOR NEW STARTS ONLY
<i>desipramine hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 4	
<i>doxepin hcl (10 mg cap, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 3	PA - FOR NEW STARTS ONLY
<i>doxepin hcl 10 mg/ml conc</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 2	

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ANTIDEPRESSANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>nortriptyline hcl 10 mg/5ml solution</i>	Tier 4	
<i>protriptyline hcl (10 mg tab, 5 mg tab)</i>	Tier 4	
<i>trimipramine maleate (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 4	PA - FOR NEW STARTS ONLY

ANTIEMETICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIEMETICS, OTHER		
<i>compro 25 mg suppos</i>	Tier 4	
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	Tier 2	
<i>metoclopramide hcl (10 mg tab, 10 mg/10ml solution, 5 mg tab, 5 mg/5ml solution)</i>	Tier 2	
<i>metoclopramide hcl 5 mg/ml solution</i>	Tier 4	
<i>perphenazine (16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	Tier 2	
<i>prochlorperazine 25 mg suppos</i>	Tier 4	
<i>prochlorperazine maleate (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	PA
<i>scopolamine 1 mg/3days patch 72hr</i>	Tier 4	
EMETOGENIC THERAPY ADJUNCTS		
<i>aprepitant (125 mg cap, 80 & 125 mg cap thpk, 80 mg cap)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>aprepitant 40 mg cap</i>	Tier 4	PA, QL (1 PER 30 DAYS)
<i>dronabinol (10 mg cap, 2.5 mg cap, 5 mg cap)</i>	Tier 4	PA, QL (6 PER 1 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

ANTIEMETICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>granisetron hcl 1 mg tab</i>	Tier 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 4 mg tab disp</i>	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron 8 mg tab disp</i>	Tier 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION
ONDANSETRON HCL 24 MG TAB	Tier 2	QL (15 PER 30 OVER TIME), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg tab</i>	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 4 mg/5ml solution</i>	Tier 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
<i>ondansetron hcl 8 mg tab</i>	Tier 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIFUNGALS		
ABELCET 5 MG/ML SUSPENSION	Tier 4	PA - PART B VS D DETERMINATION
AMPHOTERICIN B 50 MG RECON SOLN	Tier 4	PA - PART B VS D DETERMINATION
<i>amphotericin b liposome 50 mg recon susp</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>clotrimazole (1 % cream, 1 % solution, 10 mg troche)</i>	Tier 2	
CRESEMBA 186 MG CAP	Tier 5	PA, QL (2 PER 1 DAYS)
CRESEMBA 74.5 MG CAP	Tier 5	PA, QL (5 PER 1 DAYS)
<i>econazole nitrate 1 % cream</i>	Tier 4	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

ANTIFUNGALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>fluconazole (10 mg/ml recon susp, 100 mg tab, 150 mg tab, 200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i>	Tier 2	
<i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>	Tier 4	
<i>flucytosine (250 mg cap, 500 mg cap)</i>	Tier 5	
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	Tier 4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	Tier 4	
<i>itraconazole 100 mg cap</i>	Tier 4	
<i>ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)</i>	Tier 2	
<i>klayesta 100000 unit/gm powder</i>	Tier 4	
<i>micafungin sodium (100 mg recon soln, 50 mg recon soln)</i>	Tier 4	
MICONAZOLE 3 200 MG SUPPOS	Tier 3	
<i>nyamyc 100000 unit/gm powder</i>	Tier 4	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)</i>	Tier 2	
<i>nystatin 100000 unit/gm powder</i>	Tier 4	
<i>nystop 100000 unit/gm powder</i>	Tier 4	
<i>posaconazole 100 mg tab dr</i>	Tier 5	PA, QL (3 PER 1 DAYS)
<i>terbinafine hcl 250 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
<i>terconazole (0.4 % cream, 0.8 % cream)</i>	Tier 3	
<i>terconazole 80 mg suppos</i>	Tier 4	
<i>voriconazole (200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i>	Tier 4	PA
<i>voriconazole 200 mg recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIGOUT AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIGOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	Tier 1	
<i>colchicine 0.6 mg tab</i>	Tier 3	QL (4 PER 1 DAYS)
<i>colchicine-probenecid 0.5-500 mg tab</i>	Tier 2	
<i>febuxostat (40 mg tab, 80 mg tab)</i>	Tier 4	ST, QL (1 PER 1 DAYS)
<i>probenecid 500 mg tab</i>	Tier 2	

ANTIMIGRAINE AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)	Tier 3	PA, QL (1 PER 28 DAYS)
EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)	Tier 3	PA, QL (2 PER 30 DAYS)
EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR	Tier 3	PA, QL (3 PER 30 DAYS)
NURTEC 75 MG TAB DISP	Tier 5	PA, QL (16 PER 30 DAYS)
ERGOT ALKALOIDS		
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	Tier 5	PA, QL (8 PER 30 DAYS)
ERGOTAMINE-CAFFEINE 1-100 MG TAB	Tier 3	QL (40 PER 28 DAYS)
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>	Tier 3	QL (18 PER 30 OVER TIME)
<i>rizatriptan benzoate (10 mg tab, 10 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	Tier 2	QL (24 PER 30 OVER TIME)
<i>sumatriptan (20 mg/act solution, 5 mg/act solution)</i>	Tier 4	QL (18 PER 30 OVER TIME)

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ANTIMIGRAINE AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>sumatriptan succinate (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	QL (18 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	Tier 4	QL (8 PER 30 OVER TIME)
SUMATRIPTAN SUCCINATE REFILL (4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART)	Tier 4	QL (8 PER 30 OVER TIME)

ANTIMYASTHENIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	Tier 2	
<i>pyridostigmine bromide er 180 mg tab er</i>	Tier 4	

ANTIMYCOBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone (100 mg tab, 25 mg tab)</i>	Tier 3	
<i>rifabutin 150 mg cap</i>	Tier 4	
ANTITUBERCULARS		
<i>ethambutol hcl (100 mg tab, 400 mg tab)</i>	Tier 2	
<i>isoniazid (100 mg tab, 300 mg tab, 50 mg/5ml syrup)</i>	Tier 2	
PRIFTIN 150 MG TAB	Tier 4	
<i>pyrazinamide 500 mg tab</i>	Tier 2	
<i>rifampin (150 mg cap, 300 mg cap)</i>	Tier 2	
<i>rifampin 600 mg recon soln</i>	Tier 4	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIMYCOBACTERIALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SIRTURO (100 MG TAB, 20 MG TAB)	Tier 5	PA
TRECTOR 250 MG TAB	Tier 4	

ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	Tier 3	PA - PART B VS D DETERMINATION
LEUKERAN 2 MG TAB	Tier 4	
<i>lomustine (10 mg cap, 40 mg cap)</i>	Tier 4	
<i>lomustine 100 mg cap</i>	Tier 5	
MATULANE 50 MG CAP	Tier 5	LA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abiraterone acetate 500 mg tab</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>abirtega 250 mg tab</i>	Tier 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>bicalutamide 50 mg tab</i>	Tier 2	
ERLEADA 240 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERLEADA 60 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
EULEXIN 125 MG CAP	Tier 3	
FLUTAMIDE 125 MG CAP	Tier 3	
<i>nilutamide 150 mg tab</i>	Tier 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ORSERDU 345 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap)</i>	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	Tier 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
<i>fulvestrant 250 mg/5ml soln prsyr</i>	Tier 5	
INLURIYO 200 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	Tier 5	PA - FOR NEW STARTS ONLY
<i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>	Tier 2	

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>toremifene citrate 60 mg tab</i>	Tier 4	
ANTIMETABOLITES		
<i>mercaptopurine 2000 mg/100ml suspension</i>	Tier 5	PA - FOR NEW STARTS ONLY
<i>mercaptopurine 50 mg tab</i>	Tier 2	
ONUREG (200 MG TAB, 300 MG TAB)	Tier 5	QL (14 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TABLOID 40 MG TAB	Tier 3	
ANTINEOPLASTICS, OTHER		
AKEEGA (100-500 MG TAB, 50-500 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 160 MG CAP	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AUGTYRO 40 MG CAP	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 1 MG CAP	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
FRUZAQLA 5 MG CAP	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>hydroxyurea 500 mg cap</i>	Tier 2	
INQOVI 35-100 MG TAB	Tier 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	Tier 2	
<i>leucovorin calcium (10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab)</i>	Tier 2	
<i>leucovorin calcium (100 mg recon soln, 350 mg recon soln)</i>	Tier 4	
LONSURF 15-6.14 MG TAB	Tier 5	LA, QL (100 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
LONSURF 20-8.19 MG TAB	Tier 5	LA, QL (80 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYSODREN 500 MG TAB	Tier 5	
MODEYSO 125 MG CAP	Tier 5	LA, QL (20 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
QINLOCK 50 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
WELIREG 40 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZOLINZA 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	Tier 1	
<i>exemestane 25 mg tab</i>	Tier 4	
<i>letrozole 2.5 mg tab</i>	Tier 2	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	Tier 5	LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ENSACOVE 25 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	Tier 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF (400 MG TAB, 500 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG CAP	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 100 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 50 MG CAP	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
BRUKINSA 80 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY
COTELLIC 20 MG TAB	Tier 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (100 mg tab, 140 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (20 mg tab, 50 mg tab)</i>	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>dasatinib (70 mg tab, 80 mg tab)</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DAURISMO 100 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
DAURISMO 25 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERIVEDGE 150 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>erlotinib hcl 25 mg tab</i>	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (10 mg tab, 7.5 mg tab)</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>	Tier 5	PA - FOR NEW STARTS ONLY
<i>everolimus (2.5 mg tab, 5 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FOTIVDA (0.89 MG CAP, 1.34 MG CAP)	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GAVRETO 100 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>gefitinib 250 mg tab</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG CAP	Tier 5	LA, QL (126 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 1 MG TAB SOL	Tier 5	LA, QL (168 PER 28 DAYS), PA - FOR NEW STARTS ONLY
GOMEKLI 2 MG CAP	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
HERNEXEOS 60 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HYRNUO 10 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 100 mg tab</i>	Tier 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>imatinib mesylate 400 mg tab</i>	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (140 MG CAP, 140 MG TAB)	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IMBRUVICA 70 MG/ML SUSPENSION	Tier 5	LA, QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY
IMKELDI 80 MG/ML SOLUTION	Tier 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 1 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
INLYTA 5 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
INREBIC 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 3 MG TAB	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ITOVEBI 9 MG TAB	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAKAFI (10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB, 5 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 100 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
JAYPIRCA 50 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (400 MG DOSE) 200 MG TAB THPK	Tier 5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (600 MG DOSE) 200 MG TAB THPK	Tier 5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK	Tier 5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 10 MG CAP	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 25 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
KOSELUGO 5 MG CAP SPRINK	Tier 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>lapatinib ditosylate 250 mg tab</i>	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 100 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LORBRENA 25 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
LUMAKRAS 120 MG TAB	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 240 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LUMAKRAS 320 MG TAB	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYNPARZA (100 MG TAB, 150 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	Tier 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>nilotinib hcl (150 mg cap, 200 mg cap, 50 mg cap)</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 5	QL (3 PER 21 DAYS), PA - FOR NEW STARTS ONLY
ODOMZO 200 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
OGSIVEO 100 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 150 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OGSIVEO 50 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 100 MG TAB	Tier 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
OJEMDA 25 MG/ML RECON SUSP	Tier 5	LA, QL (96 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>pazopanib hcl 200 mg tab</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (120 MG TAB, 160 MG TAB, 80 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
REVUFORJ 160 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 25 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REZLIDHIA 150 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	Tier 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	Tier 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sorafenib tosylate 200 mg tab</i>	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
STIVARGA 40 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate (37.5 mg cap, 50 mg cap)</i>	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>sunitinib malate 12.5 mg cap</i>	Tier 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>sunitinib malate 25 mg cap</i>	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SYNRIBO 3.5 MG RECON SOLN	Tier 5	PA - PART B VS D DETERMINATION
TABRECTA (150 MG TAB, 200 MG TAB)	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR (50 MG CAP, 75 MG CAP)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAFINLAR 10 MG TAB SOL	Tier 5	LA, QL (30 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAGRISSE (40 MG TAB, 80 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TALZENNA 0.25 MG CAP	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TAZVERIK 200 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TEPMETKO 225 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TIBSOVO 250 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK)	Tier 5	LA, QL (64 PER 28 DAYS), PA - FOR NEW STARTS ONLY
TUKYSA (150 MG TAB, 50 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
TURALIO 125 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
VANFLYTA 17.7 MG TAB	Tier 5	LA, QL (28 PER 28 DAYS), PA - FOR NEW STARTS ONLY
VANFLYTA 26.5 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 10 MG TAB	Tier 3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 50 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	Tier 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	Tier 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 200 MG CAP, 250 MG CAP, 50 MG CAP SPRINK)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
XALKORI 150 MG CAP SPRINK	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 10 MG TAB THPK	Tier 5	LA, QL (16 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

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ZYKADIA 150 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
<i>bexarotene 1 % gel</i>	Tier 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
<i>bexarotene 75 mg cap</i>	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	Tier 5	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg cap</i>	Tier 5	
TREATMENT ADJUNCTS		
<i>mesna 400 mg tab</i>	Tier 4	
VONJO 100 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIPARASITICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTHELMINTHICS		
<i>albendazole 200 mg tab</i>	Tier 4	
<i>ivermectin 3 mg tab</i>	Tier 2	
<i>praziquantel 600 mg tab</i>	Tier 3	
ANTIPROTOZOALS		
<i>atovaquone 750 mg/5ml suspension</i>	Tier 4	PA
<i>atovaquone-proguanil hcl (250- 100 mg tab, 62.5-25 mg tab)</i>	Tier 2	
BENZNIDAZOLE 100 MG TAB	Tier 4	QL (240 PER 365 OVER TIME)
BENZNIDAZOLE 12.5 MG TAB	Tier 4	QL (720 PER 365 OVER TIME)

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ANTIPARASITICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>chloroquine phosphate (250 mg tab, 500 mg tab)</i>	Tier 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	Tier 4	QL (24 PER 2 OVER TIME)
<i>hydroxychloroquine sulfate 100 mg tab</i>	Tier 2	QL (4 PER 1 DAYS)
<i>hydroxychloroquine sulfate 200 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>hydroxychloroquine sulfate 300 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
<i>hydroxychloroquine sulfate 400 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
IMPAVIDO 50 MG CAP	Tier 5	PA, QL (84 PER 28 DAYS)
<i>mefloquine hcl 250 mg tab</i>	Tier 2	
<i>nitazoxanide 500 mg tab</i>	Tier 5	PA, QL (6 PER 3 OVER TIME)
<i>pentamidine isethionate 300 mg recon soln</i>	Tier 3	PA - PART B VS D DETERMINATION
<i>primaquine phosphate 26.3 (15 base) mg tab</i>	Tier 2	
<i>pyrimethamine 25 mg tab</i>	Tier 5	PA
<i>quinine sulfate 324 mg cap</i>	Tier 3	PA, QL (6 PER 1 DAYS)

ANTIPARKINSON AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 2	
<i>benztropine mesylate 1 mg/ml solution</i>	Tier 4	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIPARKINSON AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (100 mg cap, 100 mg tab, 100 mg/10ml solution, 50 mg/5ml solution)</i>	Tier 2	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	Tier 4	
<i>entacapone 200 mg tab</i>	Tier 4	QL (8 PER 1 DAYS)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>	Tier 4	
<i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>	Tier 2	
<i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>	Tier 2	
<i>ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>ropinirole hcl er 12 mg tab er 24h</i>	Tier 4	QL (2 PER 1 DAYS)
<i>ropinirole hcl er 8 mg tab er 24h</i>	Tier 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	Tier 4	
<i>carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)</i>	Tier 4	
<i>carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)</i>	Tier 2	
<i>carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)</i>	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)

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ANTIPARKINSON AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>selegiline hcl (5 mg cap, 5 mg tab)</i>	Tier 2	

ANTIPSYCHOTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
1ST GENERATION/TYPICAL		
<i>chlorpromazine hcl (10 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution)</i>	Tier 4	
<i>fluphenazine decanoate 25 mg/ml solution</i>	Tier 4	
FLUPHENAZINE HCL (1 MG TAB, 10 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC)	Tier 4	
<i>haloperidol (0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 2	
<i>haloperidol decanoate (100 mg/ml solution, 50 mg/ml solution)</i>	Tier 3	
<i>haloperidol lactate 2 mg/ml conc</i>	Tier 3	
<i>haloperidol lactate 5 mg/ml solution</i>	Tier 2	
<i>loxapine succinate (10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap)</i>	Tier 2	
MOLINDONE HCL 10 MG TAB	Tier 4	QL (8 PER 1 DAYS)
MOLINDONE HCL 25 MG TAB	Tier 4	QL (9 PER 1 DAYS)
MOLINDONE HCL 5 MG TAB	Tier 4	QL (12 PER 1 DAYS)
PIMOZIDE (1 MG TAB, 2 MG TAB)	Tier 3	
<i>thioridazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 3	PA - FOR NEW STARTS ONLY
<i>thiothixene (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 3	

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ANTIPSYCHOTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)</i>	Tier 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 5	PA - PART B VS D DETERMINATION
<i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	Tier 4	QL (25 PER 1 DAYS)
<i>aripiprazole 2 mg tab</i>	Tier 3	QL (4 PER 1 DAYS)
<i>aripiprazole 5 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>asenapine maleate (10 mg sl tab, 2.5 mg sl tab, 5 mg sl tab)</i>	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	Tier 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	Tier 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	Tier 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	Tier 5	QL (4.5 ML PER 365 OVER TIME), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	Tier 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 78 MG/0.5ML SUSP PRSYR	Tier 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB)	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTIPSYCHOTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
FANAPT (10 MG TAB, 12 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK A 1 & 2 & 4 & 6 MG TAB	Tier 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK B 1 & 2 & 6 & 8 MG TAB	Tier 4	QL (12 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
FANAPT TITRATION PACK C 1 & 2 & 6 MG TAB	Tier 4	QL (8 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Tier 5	QL (3.5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Tier 5	QL (5 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Tier 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Tier 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Tier 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Tier 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Tier 5	QL (0.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Tier 5	QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Tier 5	QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Tier 5	QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION

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ANTIPSYCHOTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Tier 5	QL (2.63 PER 84 OVER TIME), PA - PART B VS D DETERMINATION
<i>lurasidone hcl (120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
<i>lurasidone hcl 80 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
NUPLAZID (10 MG TAB, 34 MG CAP)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>olanzapine (10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp, 5 mg tab disp)</i>	Tier 4	
<i>olanzapine (10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab)</i>	Tier 2	
OPIPZA (10 MG FILM, 5 MG FILM)	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
OPIPZA 2 MG FILM	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)</i>	Tier 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>paliperidone er 6 mg tab er 24h</i>	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PERSERIS (120 MG PRSYR, 90 MG PRSYR)	Tier 5	QL (1 PER 28 DAYS), PA - PART B VS D DETERMINATION
<i>quetiapine fumarate (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab)</i>	Tier 2	
<i>quetiapine fumarate er (150 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h, 400 mg tab er 24h, 50 mg tab er 24h)</i>	Tier 4	
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	Tier 4	

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找到有关此表中符号和缩写含义的信息。

ANTIPSYCHOTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	Tier 2	
<i>risperidone 1 mg/ml solution</i>	Tier 3	
<i>risperidone microspheres er (12.5 mg srer, 25 mg srer)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>risperidone microspheres er (37.5 mg srer, 50 mg srer)</i>	Tier 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
<i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>	Tier 3	
<i>ziprasidone mesylate 20 mg recon soln</i>	Tier 4	
ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)	Tier 4	PA - PART B VS D DETERMINATION
ANTIPSYCHOTICS, OTHER		
COBENFY (100-20 MG CAP, 125-30 MG CAP, 50-20 MG CAP)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COBENFY STARTER PACK 50-20 & 100-20 MG CAP THPK	Tier 5	QL (112 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
TREATMENT-RESISTANT		
<i>clozapine (100 mg tab disp, 12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, 25 mg tab disp)</i>	Tier 4	
<i>clozapine (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	
VERSACLOZ 50 MG/ML SUSPENSION	Tier 5	QL (18 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTISPASTICITY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTISPASTICITY AGENTS		
<i>baclofen (10 mg tab, 20 mg tab)</i>	Tier 2	
<i>baclofen 15 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)
<i>baclofen 5 mg tab</i>	Tier 2	QL (16 PER 1 DAYS)
<i>dantrolene sodium (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 4	
<i>tizanidine hcl (2 mg tab, 4 mg tab)</i>	Tier 2	

ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (120 MG PACKET, 20 MG PACKET)	Tier 5	QL (4 PER 1 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	Tier 5	QL (200 PER 365 OVER TIME)
<i>valganciclovir hcl 450 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>valganciclovir hcl 50 mg/ml recon soln</i>	Tier 4	QL (18 PER 1 DAYS)
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil 10 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
BARACLUDGE 0.05 MG/ML SOLUTION	Tier 5	QL (21 PER 1 DAYS)
<i>entecavir (0.5 mg tab, 1 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
<i>lamivudine 100 mg tab</i>	Tier 3	
ANTI-HEPATITIS C (HCV) AGENTS		
MAVYRET 100-40 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
MAVYRET 50-20 MG PACKET	Tier 5	PA, QL (6 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
RIBAVIRIN (200 MG CAP, 200 MG TAB)	Tier 2	
<i>ribavirin 6 gm recon soln</i>	Tier 5	PA - PART B VS D DETERMINATION
VOSEVI 400-100-100 MG TAB	Tier 5	PA, QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
DOVATO 50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	Tier 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	Tier 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	Tier 4	QL (2 PER 1 DAYS)
TIVICAY PD 5 MG TAB SOL	Tier 4	QL (6 PER 1 DAYS)
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
DELSTRIGO 100-300-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
EDURANT 25 MG TAB	Tier 5	QL (2 PER 1 DAYS)
EDURANT PED 2.5 MG TAB SOL	Tier 5	QL (6 PER 1 DAYS)
EFAVIRENZ 200 MG CAP	Tier 4	QL (3 PER 1 DAYS)
EFAVIRENZ 50 MG CAP	Tier 4	QL (6 PER 1 DAYS)
<i>efavirenz 600 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
<i>efavirenz-emtricitab-tenofo df 600-200-300 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
<i>efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)</i>	Tier 5	QL (1 PER 1 DAYS)

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ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>emtricitab- rilpivir- tenofov df 200-25-300 mg tab</i>	Tier 5	QL (1 PER 1 DAYS)
<i>etravirine 100 mg tab</i>	Tier 5	QL (4 PER 1 DAYS)
<i>etravirine 200 mg tab</i>	Tier 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 4	QL (12 PER 1 DAYS)
<i>nevirapine 200 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
NEVIRAPINE 50 MG/5ML SUSPENSION	Tier 4	QL (40 PER 1 DAYS)
NEVIRAPINE ER 100 MG TAB ER 24H	Tier 4	QL (3 PER 1 DAYS)
<i>nevirapine er 400 mg tab er 24h</i>	Tier 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 5	QL (2 PER 1 DAYS)
<i>rilpivirine hcl 25 mg tab</i>	Tier 5	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate 20 mg/ml solution</i>	Tier 4	QL (30 PER 1 DAYS)
<i>abacavir sulfate 300 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
<i>abacavir sulfate- lamivudine 600-300 mg tab</i>	Tier 4	QL (1 PER 1 DAYS)
CIMDUO 300-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
DESCOVY (120-15 MG TAB, 200-25 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
<i>emtricitabine 200 mg cap</i>	Tier 4	QL (1 PER 1 DAYS)
<i>emtricitabine- tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)</i>	Tier 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 4	QL (24 PER 1 DAYS)
<i>lamivudine (10 mg/ml solution, 300 mg/30ml solution)</i>	Tier 3	QL (30 PER 1 DAYS)
<i>lamivudine 150 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>lamivudine 300 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)

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ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>lamivudine-zidovudine 150-300 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	Tier 2	QL (2 PER 1 DAYS)
<i>tenofovir disoproxil fumarate 300 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 4	QL (240 PER 30 DAYS)
<i>zidovudine 100 mg cap</i>	Tier 2	QL (6 PER 1 DAYS)
<i>zidovudine 300 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zidovudine 50 mg/5ml syrup</i>	Tier 2	QL (60 PER 1 DAYS)
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	Tier 5	QL (4 PER 30 DAYS), PA - PART B VS D DETERMINATION
CABENUVA 600 & 900 MG/3ML SUSP	Tier 5	QL (6 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>maraviroc 150 mg tab</i>	Tier 5	QL (2 PER 1 DAYS)
<i>maraviroc 300 mg tab</i>	Tier 5	QL (4 PER 1 DAYS)
RUKOBIA 600 MG TAB ER 12H	Tier 5	QL (2 PER 1 DAYS)
SELZENTRY 20 MG/ML SOLUTION	Tier 5	QL (60 PER 1 DAYS)
SELZENTRY 25 MG TAB	Tier 3	QL (8 PER 1 DAYS)
SELZENTRY 75 MG TAB	Tier 5	QL (8 PER 1 DAYS)
SUNLENCA 300 MG TAB	Tier 5	LA, QL (24 PER 168 OVER TIME)
SUNLENCA 4 X 300 MG TAB THPK	Tier 5	QL (4 PER 180 OVER TIME)

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ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SUNLENCA 463.5 MG/1.5ML SOLUTION	Tier 5	QL (3 PER 180 OVER TIME), PA - PART B VS D DETERMINATION
SUNLENCA 5 X 300 MG TAB THPK	Tier 5	QL (5 PER 180 OVER TIME)
TYBOST 150 MG TAB	Tier 3	QL (1 PER 1 DAYS)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP	Tier 5	QL (4 PER 1 DAYS)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>atazanavir sulfate 300 mg cap</i>	Tier 4	QL (1 PER 1 DAYS)
<i>darunavir 600 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
<i>darunavir 800 mg tab</i>	Tier 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 5	QL (1 PER 1 DAYS)
<i>fosamprenavir calcium 700 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	Tier 4	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 4	QL (56 PER 1 DAYS)
<i>lopinavir-ritonavir 100-25 mg tab</i>	Tier 4	QL (10 PER 1 DAYS)
<i>lopinavir-ritonavir 200-50 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	Tier 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	Tier 4	
NORVIR 100 MG PACKET	Tier 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 4	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	Tier 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 5	QL (8 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>ritonavir 100 mg tab</i>	Tier 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ANTI-INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	Tier 3	QL (120 PER 180 OVER TIME)
<i>oseltamivir phosphate 45 mg cap</i>	Tier 3	QL (42 PER 180 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	Tier 3	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phosphate 75 mg cap</i>	Tier 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	Tier 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	Tier 4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	Tier 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 4	QL (1 PER 30 OVER TIME)
ANTIHERPETIC AGENTS		
<i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>	Tier 2	
<i>acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)</i>	Tier 4	
<i>acyclovir sodium 50 mg/ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i>	Tier 2	
<i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>	Tier 2	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	Tier 5	QL (40 PER 30 OVER TIME)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

ANTIVIRALS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	Tier 2	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	Tier 2	QL (11 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	Tier 2	QL (30 PER 30 OVER TIME)

ANXIOLYTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANXIOLYTICS, OTHER		
<i>buspirone hcl (10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab)</i>	Tier 2	
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>alprazolam 2 mg tab</i>	Tier 2	QL (5 PER 1 DAYS)
<i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab disp)</i>	Tier 3	QL (40 PER 1 DAYS)
<i>clonazepam 0.5 mg tab</i>	Tier 2	QL (40 PER 1 DAYS)
<i>clonazepam 1 mg tab</i>	Tier 2	QL (20 PER 1 DAYS)
<i>clonazepam 1 mg tab disp</i>	Tier 3	QL (20 PER 1 DAYS)
<i>clonazepam 2 mg tab</i>	Tier 2	QL (10 PER 1 DAYS)
<i>clonazepam 2 mg tab disp</i>	Tier 3	QL (10 PER 1 DAYS)
<i>clorazepate dipotassium 15 mg tab</i>	Tier 4	QL (6 PER 1 DAYS)
<i>clorazepate dipotassium 3.75 mg tab</i>	Tier 4	QL (24 PER 1 DAYS)
<i>clorazepate dipotassium 7.5 mg tab</i>	Tier 4	QL (12 PER 1 DAYS)
<i>diazepam (5 mg tab, 5 mg/ml conc)</i>	Tier 2	QL (12 PER 1 DAYS)
<i>diazepam 10 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ANXIOLYTICS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>diazepam 2 mg tab</i>	Tier 2	QL (30 PER 1 DAYS)
<i>diazepam 5 mg/5ml solution</i>	Tier 2	QL (60 PER 1 DAYS)
<i>diazepam intensol 5 mg/ml conc</i>	Tier 2	QL (12 PER 1 DAYS)
<i>lorazepam 0.5 mg tab</i>	Tier 2	QL (20 PER 1 DAYS)
<i>lorazepam 1 mg tab</i>	Tier 2	QL (10 PER 1 DAYS)
<i>lorazepam 2 mg tab</i>	Tier 2	QL (5 PER 1 DAYS)
<i>lorazepam 2 mg/ml conc</i>	Tier 3	QL (5 PER 1 DAYS)
<i>lorazepam intensol 2 mg/ml conc</i>	Tier 3	QL (5 PER 1 DAYS)

BIPOLAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
MOOD STABILIZERS		
<i>lithium 8 meq/5ml solution</i>	Tier 2	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	Tier 2	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	Tier 2	

BLOOD GLUCOSE REGULATORS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTIDIABETIC AGENTS		
<i>acarbose (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	
<i>glimepiride (1 mg tab, 2 mg tab, 4 mg tab)</i>	Tier 1	
<i>glipizide (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 1	
<i>glipizide er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 1	

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找到有关此表中符号和缩写含义的信息。

BLOOD GLUCOSE REGULATORS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>glipizide xl (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 1	
<i>glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	Tier 1	
<i>glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	Tier 1	
<i>glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)</i>	Tier 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUMET (50-1000 MG TAB, 50-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JANUMET XR (100-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)
JANUMET XR 50-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TAB, 50 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JANUVIA 100 MG TAB	Tier 3	QL (1 PER 1 DAYS)
JENTADUETO (2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Tier 3	QL (2 PER 1 DAYS)
JENTADUETO XR 5-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
KERENDIA (10 MG TAB, 20 MG TAB, 40 MG TAB)	Tier 4	PA, QL (1 PER 1 DAYS)
<i>metformin hcl (1000 mg tab, 500 mg tab, 850 mg tab)</i>	Tier 1	
<i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>	Tier 1	

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BLOOD GLUCOSE REGULATORS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
MOUNJARO (10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ, 2.5 MG/0.5ML SOLN A-INJ, 5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (120 mg tab, 60 mg tab)</i>	Tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>	Tier 1	
<i>pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)</i>	Tier 1	QL (1 PER 1 DAYS)
<i>pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)</i>	Tier 1	
<i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 1	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
SYNJARDY XR 25-1000 MG TAB ER 24H	Tier 3	QL (1 PER 1 DAYS)
TRADJENTA 5 MG TAB	Tier 3	QL (1 PER 1 DAYS)
TRULICITY (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	Tier 3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H, 5-500 MG TAB ER 24H)	Tier 3	QL (1 PER 1 DAYS)

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BLOOD GLUCOSE REGULATORS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)	Tier 3	QL (2 PER 1 DAYS)
GLYCEMIC AGENTS		
BAQSIMI ONE PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
BAQSIMI TWO PACK 3 MG/DOSE POWDER	Tier 3	QL (2 PER 30 OVER TIME)
<i>diazoxide 50 mg/ml suspension</i>	Tier 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
GLUCAGON EMERGENCY (1 MG RECON SOLN, 1 MG/ML RECON SOLN)	Tier 3	QL (2 PER 2 OVER TIME)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	Tier 3	
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	Tier 3	
FIASP PENFILL 100 UNIT/ML SOLN CART	Tier 3	
FIASP PUMPCART 100 UNIT/ML SOLN CART	Tier 3	
HUMALOG 100 UNIT/ML SOLN CART	Tier 3	
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	
HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN	Tier 3	
HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION	Tier 3	
HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION	Tier 3	

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BLOOD GLUCOSE REGULATORS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN N 100 UNIT/ML SUSPENSION	Tier 3	
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN	Tier 3	
HUMULIN R 100 UNIT/ML SOLUTION	Tier 3	
HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION	Tier 3	PA - PART B VS D DETERMINATION
HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN	Tier 3	
INSULIN ASPART 100 UNIT/ML SOLUTION	Tier 3	
INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	Tier 3	
INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO 100 UNIT/ML SOLUTION	Tier 3	
INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN	Tier 3	
LANTUS 100 UNIT/ML SOLUTION	Tier 3	QL (40 PER 30 DAYS)
LANTUS SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 3	QL (45 PER 30 DAYS)
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLOG 100 UNIT/ML SOLUTION	Tier 3	

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BLOOD GLUCOSE REGULATORS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN	Tier 3	
NOVOLOG PENFILL 100 UNIT/ML SOLN CART	Tier 3	
NOVOLOG RELION 100 UNIT/ML SOLUTION	Tier 3	
TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 DAYS)
TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN	Tier 3	QL (18 PER 28 DAYS)
TRESIBA 100 UNIT/ML SOLUTION	Tier 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 100 UNIT/ML SOLN PEN	Tier 3	QL (30 PER 30 DAYS)
TRESIBA FLEXTOUCH 200 UNIT/ML SOLN PEN	Tier 3	QL (27 PER 30 DAYS)

BLOOD PRODUCTS AND MODIFIERS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate (110 mg cap, 150 mg cap, 75 mg cap)</i>	Tier 4	QL (2 PER 1 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	Tier 3	QL (12 PER 1 DAYS)
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	Tier 3	QL (16 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	Tier 3	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	Tier 3	QL (74 PER 180 OVER TIME)
<i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i>	Tier 4	QL (60 PER 30 DAYS)

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BLOOD PRODUCTS AND MODIFIERS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>enoxaparin sodium (120 mg/0.8ml soln prsy, 80 mg/0.8ml soln prsy)</i>	Tier 4	QL (48 PER 30 DAYS)
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	Tier 4	QL (18 PER 30 DAYS)
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	Tier 4	QL (24 PER 30 DAYS)
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	Tier 4	QL (36 PER 30 DAYS)
<i>fondaparinux sodium 10 mg/0.8ml solution</i>	Tier 5	QL (24 PER 30 DAYS)
<i>fondaparinux sodium 2.5 mg/0.5ml solution</i>	Tier 4	QL (15 PER 30 DAYS)
<i>fondaparinux sodium 5 mg/0.4ml solution</i>	Tier 5	QL (12 PER 30 DAYS)
<i>fondaparinux sodium 7.5 mg/0.6ml solution</i>	Tier 5	QL (18 PER 30 DAYS)
<i>heparin sodium (porcine) (1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution, 5000 unit/ml solution)</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>heparin sodium (porcine) pf 1000 unit/ml solution</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>jantoven (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i>	Tier 1	
<i>rivaroxaban 1 mg/ml recon susp</i>	Tier 3	QL (20 ML PER 1 DAYS)
<i>rivaroxaban 2.5 mg tab</i>	Tier 3	QL (2 PER 1 DAYS)
<i>warfarin sodium (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i>	Tier 1	
XARELTO (10 MG TAB, 15 MG TAB, 20 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
XARELTO 1 MG/ML RECON SUSP	Tier 3	QL (20 PER 1 DAYS)
XARELTO 2.5 MG TAB	Tier 3	QL (2 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

BLOOD PRODUCTS AND MODIFIERS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
XARELTO STARTER PACK 15 & 20 MG TAB THPK	Tier 3	QL (51 PER 180 OVER TIME)
BLOOD PRODUCTS AND MODIFIERS, OTHER		
<i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>	Tier 3	
ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/ML SOLUTION)	Tier 4	PA
ARANESP (ALBUMIN FREE) (100 MCG/0.5ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR)	Tier 5	PA
ARANESP (ALBUMIN FREE) 500 MCG/ML SOLN PRSYR	Tier 5	PA
<i>eltrombopag olamine (12.5 mg packet, 12.5 mg tab)</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>eltrombopag olamine (25 mg tab, 50 mg tab)</i>	Tier 5	PA, QL (3 PER 1 DAYS)
<i>eltrombopag olamine 25 mg packet</i>	Tier 5	PA, QL (6 PER 1 DAYS)
<i>eltrombopag olamine 75 mg tab</i>	Tier 5	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	Tier 5	PA
NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	Tier 5	PA
RETACRIT (10000 UNIT/ML SOLUTION, 2000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	Tier 4	PA

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

BLOOD PRODUCTS AND MODIFIERS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
UDENYCA (6 MG/0.6ML SOLN A- INJ, 6 MG/0.6ML SOLN PRSYR)	Tier 5	PA
ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	Tier 5	PA
HEMOSTASIS AGENTS		
<i>tranexamic acid 650 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
<i>aspirin-dipyridamole er 25-200 mg cap er 12h</i>	Tier 4	
<i>cilostazol (100 mg tab, 50 mg tab)</i>	Tier 2	
<i>clopidogrel bisulfate 75 mg tab</i>	Tier 1	QL (1 PER 1 DAYS)
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	Tier 3	
<i>prasugrel hcl (10 mg tab, 5 mg tab)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>ticagrelor (60 mg tab, 90 mg tab)</i>	Tier 3	QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ALPHA-ADRENERGIC AGONISTS		
<i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i>	Tier 3	
<i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>	Tier 1	
<i>droxidopa 100 mg cap</i>	Tier 4	PA, QL (18 PER 1 DAYS)
<i>droxidopa 200 mg cap</i>	Tier 5	PA, QL (9 PER 1 DAYS)
<i>droxidopa 300 mg cap</i>	Tier 5	PA, QL (84 PER 90 OVER TIME)
<i>guanfacine hcl (1 mg tab, 2 mg tab)</i>	Tier 2	
METHYLDOPA (250 MG TAB, 500 MG TAB)	Tier 2	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>midodrine hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	Tier 2	
<i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 2	
<i>terazosin hcl (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil (16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab)</i>	Tier 1	
<i>irbesartan (150 mg tab, 300 mg tab, 75 mg tab)</i>	Tier 1	
<i>losartan potassium (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>olmesartan medoxomil (20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
<i>valsartan (160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
<i>benazepril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>captopril (100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 1	
<i>lisinopril (10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>moexipril hcl (15 mg tab, 7.5 mg tab)</i>	Tier 1	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	Tier 1	
<i>quinapril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>ramipril (1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap)</i>	Tier 1	
<i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>	Tier 1	
ANTIARRHYTHMICS		
<i>amiodarone hcl (100 mg tab, 400 mg tab)</i>	Tier 4	
<i>amiodarone hcl 200 mg tab</i>	Tier 2	
<i>digitek (125 mcg tab, 250 mcg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>digox (125 mcg tab, 250 mcg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>	Tier 4	
<i>flecainide acetate (100 mg tab, 150 mg tab, 50 mg tab)</i>	Tier 2	
<i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>	Tier 2	
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
<i>pacerone (100 mg tab, 400 mg tab)</i>	Tier 4	
<i>pacerone 200 mg tab</i>	Tier 2	
<i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>	Tier 2	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	Tier 2	
<i>sorine (120 mg tab, 160 mg tab, 80 mg tab)</i>	Tier 2	
<i>sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)</i>	Tier 2	
<i>sotalol hcl (af) (120 mg tab, 160 mg tab, 80 mg tab)</i>	Tier 2	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (200 mg cap, 400 mg cap)</i>	Tier 2	
<i>atenolol (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	Tier 2	
<i>bisoprolol fumarate (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>carvedilol (12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab)</i>	Tier 1	
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	Tier 2	
<i>metoprolol succinate er (100 mg tab er 24h, 200 mg tab er 24h, 25 mg tab er 24h, 50 mg tab er 24h)</i>	Tier 1	
<i>metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 2	
<i>nebivolol hcl (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 3	
<i>pindolol (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>	Tier 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	Tier 3	
<i>propranolol hcl er (120 mg cap er 24h, 160 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h)</i>	Tier 2	
<i>timolol maleate (10 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 1	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>felodipine er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 2	
<i>isradipine (2.5 mg cap, 5 mg cap)</i>	Tier 3	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	Tier 2	
<i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	Tier 2	
<i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>	Tier 2	
<i>nimodipine 30 mg cap</i>	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>	Tier 2	
<i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>	Tier 2	
<i>diltiazem hcl (120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab)</i>	Tier 2	
<i>diltiazem hcl 120 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 180 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 240 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 300 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl 360 mg extended release 24hr capsule</i>	Tier 2	
<i>diltiazem hcl er (120 mg cap er 12h, 120 mg cap er 24h, 120 mg tab er 24h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg cap er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h, 60 mg cap er 12h, 90 mg cap er 12h)</i>	Tier 2	
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	Tier 2	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	Tier 2	
<i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>	Tier 2	
<i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>	Tier 2	
<i>verapamil hcl (120 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	Tier 4	
<i>verapamil hcl er (120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 240 mg cap er 24h, 240 mg tab er)</i>	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
<i>acetazolamide (125 mg tab, 250 mg tab)</i>	Tier 2	
<i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>	Tier 4	
<i>amiloride-hydrochlorothiazide 5-50 mg tab</i>	Tier 2	
<i>amlodipine besy-benazepril hcl (10-20 mg cap, 10-40 mg cap, 2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap)</i>	Tier 1	
<i>amlodipine besylate-valsartan (10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab)</i>	Tier 1	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>amlodipine-atorvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab, 2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab)</i>	Tier 3	
<i>amlodipine-olmesartan (10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab)</i>	Tier 1	
<i>amlodipine-valsartan-hctz (10-160-12.5 mg tab, 10-160-25 mg tab, 10-320-25 mg tab, 5-160-12.5 mg tab, 5-160-25 mg tab)</i>	Tier 1	
<i>atenolol-chlorthalidone (100-25 mg tab, 50-25 mg tab)</i>	Tier 1	
<i>benazepril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab)</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide (10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab)</i>	Tier 2	
<i>candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)</i>	Tier 1	
CAPTOPRIL- HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	Tier 1	
CORLANOR 5 MG/5ML SOLUTION	Tier 4	PA, QL (20 PER 1 DAYS)
<i>enalapril-hydrochlorothiazide (10-25 mg tab, 5-12.5 mg tab)</i>	Tier 1	
ENTRESTO (15-16 MG CAP SPRINK, 6-6 MG CAP SPRINK)	Tier 3	QL (8 PER 1 DAYS)
<i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>	Tier 1	
<i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>	Tier 4	PA, QL (2 PER 1 DAYS)

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	Tier 1	
<i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab)</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide (100-25 mg tab, 100-50 mg tab, 50-25 mg tab)</i>	Tier 2	
<i>metyrosine 250 mg cap</i>	Tier 5	
<i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	Tier 1	
<i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i>	Tier 1	
<i>pentoxifylline er 400 mg tab er</i>	Tier 2	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	Tier 1	
<i>ranolazine er (1000 mg tab er 12h, 500 mg tab er 12h)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>spironolactone-hctz 25-25 mg tab</i>	Tier 2	
<i>telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)</i>	Tier 1	
<i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>	Tier 1	
TRANDOLAPRIL-VERAPAMIL HCL ER (1-240 MG TAB ER, 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER)	Tier 1	
<i>triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)</i>	Tier 1	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>valsartan-hydrochlorothiazide (160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab, 80-12.5 mg tab)</i>	Tier 1	
VERQUVO (10 MG TAB, 2.5 MG TAB, 5 MG TAB)	Tier 4	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 2	
<i>bumetanide 0.25 mg/ml solution</i>	Tier 4	
<i>furosemide (10 mg/ml solution, 20 mg tab, 40 mg tab, 8 mg/ml solution, 80 mg tab)</i>	Tier 1	
<i>furosemide 10 mg/ml solution</i>	Tier 4	
<i>torsemide (10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 2	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	Tier 2	
<i>eplerenone (25 mg tab, 50 mg tab)</i>	Tier 3	
<i>spironolactone (100 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
DIURETICS, THIAZIDE		
<i>chlorthalidone (25 mg tab, 50 mg tab)</i>	Tier 2	
<i>hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>indapamide (1.25 mg tab, 2.5 mg tab)</i>	Tier 1	
<i>metolazone (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
<i>fenofibrate (134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap)</i>	Tier 2	
<i>fenofibrate micronized (130 mg cap, 134 mg cap, 200 mg cap, 43 mg cap, 67 mg cap)</i>	Tier 2	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>fenofibric acid (135 mg cap dr, 45 mg cap dr)</i>	Tier 3	
<i>gemfibrozil 600 mg tab</i>	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
<i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>	Tier 1	
<i>fluvastatin sodium er 80 mg tab er 24h</i>	Tier 2	
<i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>	Tier 1	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	Tier 1	
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>	Tier 1	
<i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab)</i>	Tier 1	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	Tier 3	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	Tier 2	
<i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>	Tier 4	
<i>colestipol hcl (5 gm granules, 5 gm packet)</i>	Tier 3	
<i>colestipol hcl 1 gm tab</i>	Tier 2	
<i>ezetimibe 10 mg tab</i>	Tier 2	
<i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>	Tier 2	
<i>icosapent ethyl (0.5 gm cap, 1 gm cap)</i>	Tier 4	QL (4 PER 1 DAYS)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 4	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>niacin er (antihyperlipidemic)</i> (1000 mg tab er, 750 mg tab er)	Tier 3	QL (2 PER 1 DAYS)
<i>niacin er (antihyperlipidemic) 500</i> <i>mg tab er</i>	Tier 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 4	
<i>omega-3-acid ethyl esters 1 gm</i> <i>cap</i>	Tier 2	QL (4 PER 1 DAYS)
<i>prevalite (4 gm packet, 4 gm/dose</i> <i>powder)</i>	Tier 3	
REPATHA 140 MG/ML SOLN PRSYR	Tier 3	PA
REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART	Tier 3	PA
REPATHA SURECLICK 140 MG/ML SOLN A-INJ	Tier 3	PA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
DAPAGLIFLOZIN PROPANEDIOL (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (10 mg tab, 100 mg</i> <i>tab, 25 mg tab, 50 mg tab)</i>	Tier 1	
<i>minoxidil (10 mg tab, 2.5 mg tab)</i>	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
<i>isosorbide dinitrate (10 mg tab, 20</i> <i>mg tab, 30 mg tab, 5 mg tab)</i>	Tier 2	
<i>isosorbide mononitrate (10 mg tab,</i> <i>20 mg tab)</i>	Tier 2	
<i>isosorbide mononitrate er (30 mg</i> <i>tab er 24h, 60 mg tab er 24h)</i>	Tier 1	
<i>isosorbide mononitrate er 120 mg</i> <i>tab er 24h</i>	Tier 2	
NITRO-BID 2 % OINTMENT	Tier 3	

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CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)</i>	Tier 2	
<i>nitroglycerin 0.4 % ointment</i>	Tier 4	QL (30 PER 30 DAYS)

CENTRAL NERVOUS SYSTEM AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
<i>amphetamine-dextroamphetamine (10 mg cap er 24h, 15 mg cap er 24h, 20 mg cap er 24h, 25 mg cap er 24h, 30 mg cap er 24h, 5 mg cap er 24h)</i>	Tier 4	QL (2 PER 1 DAYS)
<i>amphetamine-dextroamphetamine (10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab)</i>	Tier 2	QL (4 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	Tier 2	QL (5 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 20 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>amphetamine-dextroamphetamine 30 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (10 mg tab, 5 mg tab)</i>	Tier 4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate 15 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
<i>dextroamphetamine sulfate 20 mg tab</i>	Tier 4	QL (3 PER 1 DAYS)
<i>dextroamphetamine sulfate 30 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
<i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>	Tier 3	QL (4 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

CENTRAL NERVOUS SYSTEM AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>atomoxetine hcl (100 mg cap, 60 mg cap, 80 mg cap)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>atomoxetine hcl 40 mg cap</i>	Tier 3	QL (2 PER 1 DAYS)
<i>dexmethylphenidate hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)</i>	Tier 4	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 10 mg chew tab</i>	Tier 4	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 10 mg tab</i>	Tier 2	QL (6 PER 1 DAYS)
<i>methylphenidate hcl 20 mg tab</i>	Tier 2	QL (3 PER 1 DAYS)
<i>methylphenidate hcl 5 mg tab</i>	Tier 2	QL (12 PER 1 DAYS)
<i>methylphenidate hcl er 10 mg tab er</i>	Tier 3	QL (6 PER 1 DAYS)
<i>methylphenidate hcl er 20 mg tab er</i>	Tier 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
<i>bac (butalbital-acetamin-caff) 50-325-40 mg tab</i>	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
<i>riluzole 50 mg tab</i>	Tier 3	
<i>tetrabenazine 12.5 mg tab</i>	Tier 4	PA, LA, QL (8 PER 1 DAYS)
<i>tetrabenazine 25 mg tab</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE 20 MG CAP DR	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

CENTRAL NERVOUS SYSTEM AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
DRIZALMA SPRINKLE 40 MG CAP DR	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (20 mg cp dr part, 60 mg cp dr part)</i>	Tier 2	QL (2 PER 1 DAYS)
<i>duloxetine hcl 30 mg cp dr part</i>	Tier 2	QL (3 PER 1 DAYS)
<i>duloxetine hcl 40 mg cp dr part</i>	Tier 4	QL (2 PER 1 DAYS)
<i>pregabalin (100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	Tier 3	QL (3 PER 1 DAYS)
<i>pregabalin (200 mg cap, 225 mg cap, 300 mg cap)</i>	Tier 3	QL (2 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	Tier 3	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	Tier 5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er 10 mg tab er 12h</i>	Tier 3	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 120 mg cap dr</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate 240 mg cap dr</i>	Tier 5	PA, QL (2 PER 1 DAYS)
<i>dimethyl fumarate starter pack 120 & 240 mg cpdr thpk</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>fingolimod hcl 0.5 mg cap</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	Tier 5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	Tier 5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml soln prsyr</i>	Tier 5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml soln prsyr</i>	Tier 5	PA, QL (12 PER 28 DAYS)
<i>teriflunomide (14 mg tab, 7 mg tab)</i>	Tier 4	PA, QL (1 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

DENTAL AND ORAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
DENTAL AND ORAL AGENTS		
<i>cevimeline hcl 30 mg cap</i>	Tier 4	
<i>chlorhexidine gluconate 0.12 % solution</i>	Tier 2	
<i>kourzeq 0.1 % paste</i>	Tier 3	
<i>oralone 0.1 % paste</i>	Tier 3	
<i>periogard 0.12 % solution</i>	Tier 2	
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	Tier 3	
<i>triamcinolone acetonide 0.1 % paste</i>	Tier 3	

DERMATOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ACNE AND ROSACEA AGENTS		
<i>accutane (10 mg cap, 20 mg cap, 40 mg cap)</i>	Tier 4	
<i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>	Tier 4	
<i>amnesteam (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<i>benzoyl peroxide-erythromycin 5-3 % gel</i>	Tier 4	
<i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	Tier 3	
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
<i>myorisan (10 mg cap, 20 mg cap, 40 mg cap)</i>	Tier 4	
<i>sulfacetamide sodium (acne) 10 % lotion</i>	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

DERMATOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	Tier 4	
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>	Tier 4	PA
<i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	Tier 4	
DERMATITIS AND PRURITUS AGENTS		
<i>ala-cort 1 % cream</i>	Tier 2	
<i>alclometasone dipropionate (0.05 % cream, 0.05 % ointment)</i>	Tier 3	
<i>ammonium lactate (12 % cream, 12 % lotion)</i>	Tier 2	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	Tier 2	
<i>betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	Tier 3	
<i>betamethasone dipropionate aug 0.05 % cream</i>	Tier 2	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>	Tier 2	
<i>clobetasol prop emollient base 0.05 % cream</i>	Tier 4	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>	Tier 4	
<i>clobetasol propionate 0.05 % liquid</i>	Tier 4	QL (250 PER 30 DAYS)
<i>clobetasol propionate e 0.05 % cream</i>	Tier 4	
<i>desonide (0.05 % cream, 0.05 % ointment)</i>	Tier 4	
<i>desoximetasone 0.25 % cream</i>	Tier 4	
EUCRISA 2 % OINTMENT	Tier 4	PA, QL (100 PER 30 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

DERMATOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>	Tier 3	
<i>fluocinolone acetonide 0.01 % solution</i>	Tier 4	
<i>fluocinolone acetonide body 0.01 % oil</i>	Tier 4	
<i>fluocinolone acetonide scalp 0.01 % oil</i>	Tier 4	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	Tier 3	
<i>fluocinonide emulsified base 0.05 % cream</i>	Tier 3	
<i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>	Tier 2	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	Tier 4	QL (200 PER 28 DAYS)
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	Tier 2	
<i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>	Tier 2	
<i>hydrocortisone butyrate 0.1 % ointment</i>	Tier 4	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	Tier 2	
<i>procto-med hc 2.5 % cream</i>	Tier 2	
<i>proctosol hc 2.5 % cream</i>	Tier 2	
<i>proctozone-hc 2.5 % cream</i>	Tier 2	
<i>selenium sulfide 2.5 % lotion</i>	Tier 2	
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	Tier 4	QL (100 PER 30 DAYS)
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

DERMATOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>triderm 0.5 % cream</i>	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
<i>alcohol wipes 70 % misc</i>	Tier 2	
<i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>	Tier 4	
<i>calcipotriene 0.005 % solution</i>	Tier 3	
<i>calcitrene 0.005 % ointment</i>	Tier 3	
<i>clotrimazole-betamethasone 1- 0.05 % cream</i>	Tier 2	
<i>clotrimazole-betamethasone 1- 0.05 % lotion</i>	Tier 4	
<i>cvs isopropyl alcohol wipes 70 % misc</i>	Tier 2	
<i>fluorouracil (2 % solution, 5 % solution)</i>	Tier 2	
<i>fluorouracil 5 % cream</i>	Tier 3	
<i>imiquimod 5 % cream</i>	Tier 2	QL (24 PER 30 DAYS)
<i>isopropyl alcohol 70 % misc</i>	Tier 2	
<i>isopropyl alcohol wipes 70 % misc</i>	Tier 2	
<i>medpura alcohol pads 70 % misc</i>	Tier 2	
METHOXSALLEN RAPID 10 MG CAP	Tier 5	
<i>nystatin-triamcinolone (100000- 0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i>	Tier 4	
OTEZLA (20 MG TAB, 30 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
OTEZLA XR 75 MG TAB ER 24H	Tier 5	PA, QL (1 PER 1 DAYS)
<i>podofilox 0.5 % solution</i>	Tier 2	
<i>qc alcohol 70 % misc</i>	Tier 2	
<i>ra isopropyl alcohol wipes 70 % misc</i>	Tier 2	
SANTYL 250 UNIT/GM OINTMENT	Tier 4	QL (180 PER 30 DAYS)
<i>silver sulfadiazine 1 % cream</i>	Tier 2	
<i>ssd 1 % cream</i>	Tier 2	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

DERMATOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
TOLAK 4 % CREAM	Tier 3	
VALCHLOR 0.016 % GEL	Tier 5	LA, QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PEDICULICIDES/SCABICIDES		
<i>malathion 0.5 % lotion</i>	Tier 4	
<i>permethrin 5 % cream</i>	Tier 2	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % ointment</i>	Tier 4	PA, QL (30 PER 30 DAYS)
<i>ciclodan 8 % solution</i>	Tier 2	
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	Tier 4	
<i>ciclopirox 8 % solution</i>	Tier 2	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	Tier 2	
<i>clindamycin phos (once-daily) 1 % gel</i>	Tier 2	
<i>clindamycin phos (twice-daily) 1 % gel</i>	Tier 2	
<i>clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)</i>	Tier 2	
ERY 2 % PAD	Tier 3	
<i>erythromycin 2 % gel</i>	Tier 4	
<i>erythromycin 2 % solution</i>	Tier 2	
<i>mupirocin 2 % ointment</i>	Tier 2	

ELECTROLYTES/MINERALS/METALS/VITAMINS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ELECTROLYTE/MINERAL REPLACEMENT		
<i>dextrose 10 % solution</i>	Tier 4	
<i>dextrose 5 % solution</i>	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ELECTROLYTES/MINERALS/METALS/VITAMINS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>dextrose in lactated ringers 5 % solution</i>	Tier 4	
DEXTROSE-NAACL 5-0.9 % SOLUTION	Tier 3	
DEXTROSE-SODIUM CHLORIDE (10-0.2 % SOLUTION, 10-0.45 % SOLUTION, 2.5-0.45 % SOLUTION, 5-0.2 % SOLUTION, 5-0.225 % SOLUTION, 5-0.3 % SOLUTION, 5-0.33 % SOLUTION)	Tier 4	
<i>dextrose-sodium chloride (5-0.45 % solution, 5-0.9 % solution)</i>	Tier 3	
<i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i>	Tier 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 4	
<i>klor-con 10 10 meq tab er</i>	Tier 2	
KLOR-CON 8 MEQ TAB ER	Tier 2	
<i>klor-con m10 10 meq tab er</i>	Tier 2	
<i>klor-con m15 15 meq tab er</i>	Tier 2	
<i>klor-con m20 20 meq tab er</i>	Tier 2	
<i>lactated ringers solution</i>	Tier 4	
<i>magnesium sulfite 50 % solution</i>	Tier 4	
<i>nafrinse 2.2 (1 f) mg chew tab</i>	Tier 2	
PNV 27-CA/FE/FA 60-1 MG TAB	Tier 3	
<i>potassium chloride (10 % solution, 10 meq/100ml solution, 2 meq/ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	Tier 4	
<i>potassium chloride crys er (10 meq tab er, 15 meq tab er, 20 meq tab er)</i>	Tier 2	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

ELECTROLYTES/MINERALS/METALS/VITAMINS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>potassium chloride er (10 meq cap er, 10 meq tab er, 15 meq tab er, 20 meq tab er, 8 meq cap er, 8 meq tab er)</i>	Tier 2	
<i>potassium chloride in dextrose 20-5 meq/l-% solution</i>	Tier 4	
<i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>	Tier 4	
<i>potassium citrate er (10 meq (1080 mg) tab er, 15 meq (1620 mg) tab er, 5 meq (540 mg) tab er)</i>	Tier 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	Tier 4	
PREMASOL 10 % SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
<i>prenatal vitamins</i>	Tier 3	
<i>ringers solution</i>	Tier 4	
<i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>	Tier 4	
<i>sodium chloride (pf) 0.9 % solution</i>	Tier 4	
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	Tier 2	
TPN ELECTROLYTES CONC	Tier 4	PA - PART B VS D DETERMINATION
ELECTROLYTE/MINERAL/METAL MODIFIERS		
<i>deferasirox (250 mg tab sol, 500 mg tab sol)</i>	Tier 5	
<i>deferasirox 125 mg tab sol</i>	Tier 3	
<i>tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)</i>	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>trientine hcl 250 mg cap</i>	Tier 5	PA, QL (8 PER 1 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

ELECTROLYTES/MINERALS/METALS/VITAMINS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
TRIENTINE HCL 500 MG CAP	Tier 5	PA, QL (4 PER 1 DAYS)
PHOSPHATE BINDERS		
<i>calcium acetate (phos binder) 667 mg cap</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>sevelamer carbonate 800 mg tab</i>	Tier 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
<i>kionex 15 gm/60ml suspension</i>	Tier 2	
LOKELMA (10 GM PACKET, 5 GM PACKET)	Tier 3	
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	Tier 2	

GASTROINTESTINAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTI-CONSTIPATION AGENTS		
<i>constulose 10 gm/15ml solution</i>	Tier 2	
<i>enulose 10 gm/15ml solution</i>	Tier 2	
<i>gavilyte-n with flavor pack 420 gm recon soln</i>	Tier 2	
<i>generlac 10 gm/15ml solution</i>	Tier 2	
<i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>	Tier 2	
<i>lactulose encephalopathy 10 gm/15ml solution</i>	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
<i>lubiprostone (24 mcg cap, 8 mcg cap)</i>	Tier 2	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

GASTROINTESTINAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i>	Tier 3	
<i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>	Tier 2	
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>	Tier 4	PA
<i>diphenoxylate-atropine 2.5-0.025 mg tab</i>	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 4	
<i>loperamide hcl 2 mg cap</i>	Tier 2	
XERMELO 250 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>	Tier 2	PA
<i>dicyclomine hcl 10 mg/5ml solution</i>	Tier 4	PA
<i>glycopyrrolate (1 mg tab, 2 mg tab)</i>	Tier 2	
<i>methscopolamine bromide (2.5 mg tab, 5 mg tab)</i>	Tier 4	
GASTROINTESTINAL AGENTS, OTHER		
<i>cromolyn sodium 100 mg/5ml conc</i>	Tier 4	
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
<i>gavilyte-g 236 gm recon soln</i>	Tier 2	
OMNITROPE 10 MG/1.5ML SOLN CART	Tier 5	PA
<i>peg-3350/electrolytes 236 gm recon soln</i>	Tier 2	
<i>ursodiol (250 mg tab, 500 mg tab)</i>	Tier 3	
<i>ursodiol 300 mg cap</i>	Tier 4	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

GASTROINTESTINAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>	Tier 2	
<i>famotidine (20 mg tab, 40 mg tab)</i>	Tier 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	Tier 2	
PROTECTANTS		
<i>misoprostol (100 mcg tab, 200 mcg tab)</i>	Tier 2	
<i>sucralfate 1 gm tab</i>	Tier 2	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium 20 mg cap dr</i>	Tier 4	
<i>esomeprazole magnesium 40 mg cap dr</i>	Tier 4	QL (2 PER 1 DAYS)
<i>lansoprazole 15 mg cap dr</i>	Tier 2	
<i>lansoprazole 30 mg cap dr</i>	Tier 2	QL (2 PER 1 DAYS)
<i>omeprazole 10 mg cap dr</i>	Tier 2	
<i>omeprazole 20 mg cap dr</i>	Tier 1	
<i>omeprazole 40 mg cap dr</i>	Tier 1	QL (2 PER 1 DAYS)
<i>pantoprazole sodium 20 mg tab dr</i>	Tier 1	
<i>pantoprazole sodium 40 mg recon soln</i>	Tier 4	
<i>pantoprazole sodium 40 mg tab dr</i>	Tier 1	QL (2 PER 1 DAYS)
<i>rabeprazole sodium 20 mg tab dr</i>	Tier 3	

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 5	LA, PA - PART B VS D DETERMINATION
<i>betaine powder</i>	Tier 5	
<i>carglumic acid 200 mg tab sol</i>	Tier 5	PA, LA
CREON (12000-38000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000-114000 UNIT CP DR PART, 6000-19000 UNIT CP DR PART)	Tier 3	
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
ELAPRASE 6 MG/3ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
<i>l-glutamine 5 gm packet</i>	Tier 5	PA, QL (6 PER 1 DAYS)
<i>levocarnitine 330 mg tab</i>	Tier 2	
NAGLAZYME 1 MG/ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
<i>nitisinone (10 mg cap, 2 mg cap, 5 mg cap)</i>	Tier 5	PA
REVCovi 2.4 MG/1.5ML SOLUTION	Tier 5	PA, LA
<i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>	Tier 5	PA
<i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>	Tier 5	PA
ZENPEP (10000-32000 UNIT CP DR PART, 15000-47000 UNIT CP DR PART, 20000-63000 UNIT CP DR PART, 25000-79000 UNIT CP DR PART, 3000-10000 UNIT CP DR PART, 40000-126000 UNIT CP DR PART, 5000-24000 UNIT CP DR PART, 60000-189600 UNIT CP DR PART)	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

GENITOURINARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTISPASMODICS, URINARY		
GEMTESA 75 MG TAB	Tier 3	QL (1 PER 1 DAYS)
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	Tier 3	
MYRBETRIQ 8 MG/ML SRER	Tier 3	QL (10 PER 1 DAYS)
<i>oxybutynin chloride 5 mg tab</i>	Tier 2	
<i>oxybutynin chloride er (10 mg tab er 24h, 15 mg tab er 24h, 5 mg tab er 24h)</i>	Tier 2	
<i>solifenacin succinate (10 mg tab, 5 mg tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	Tier 4	ST
<i>tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)</i>	Tier 4	ST
<i>tropium chloride 20 mg tab</i>	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er 10 mg tab er 24h</i>	Tier 2	
<i>dutasteride 0.5 mg cap</i>	Tier 2	QL (1 PER 1 DAYS)
<i>dutasteride-tamsulosin hcl 0.5-0.4 mg cap</i>	Tier 4	QL (1 PER 1 DAYS)
<i>finasteride 5 mg tab</i>	Tier 1	
<i>silodosin (4 mg cap, 8 mg cap)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 2.5 mg tab</i>	Tier 4	PA, QL (2 PER 1 DAYS)
<i>tadalafil 5 mg tab</i>	Tier 4	PA, QL (1 PER 1 DAYS)
<i>tamsulosin hcl 0.4 mg cap</i>	Tier 1	
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab)</i>	Tier 2	
<i>penicillamine 250 mg tab</i>	Tier 5	PA

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	Tier 4	
<i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>	Tier 2	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	Tier 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	Tier 4	
<i>dexamethasone sod phosphate pf 10 mg/ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	Tier 4	
<i>fludrocortisone acetate 0.1 mg tab</i>	Tier 2	
<i>methylprednisolone (16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab thpk, 8 mg tab)</i>	Tier 2	
<i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>	Tier 4	
<i>methylprednisolone sodium succ 125 mg recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>methylprednisolone sodium succ 40 mg recon soln</i>	Tier 4	
<i>prednisolone 15 mg/5ml solution</i>	Tier 2	
<i>prednisolone sodium phosphate (15 mg/5ml solution, 25 mg/5ml solution, 5 mg/5ml solution, 6.7 (5 base) mg/5ml solution)</i>	Tier 2	
<i>prednisone (1 mg tab, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 50 mg tab)</i>	Tier 2	
PREDNISONE 5 MG/5ML SOLUTION	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
PREDNISONE INTENSOL 5 MG/ML CONC	Tier 4	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig 0.01 % solution</i>	Tier 4	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>	Tier 3	
<i>desmopressin acetate 4 mcg/ml solution</i>	Tier 4	
<i>desmopressin acetate pf 4 mcg/ml solution</i>	Tier 4	
<i>desmopressin acetate spray 0.01 % solution</i>	Tier 4	
INCRELEX 40 MG/4ML SOLUTION	Tier 5	PA, LA
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	Tier 5	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANDROGENS		
<i>danazol (100 mg cap, 200 mg cap, 50 mg cap)</i>	Tier 4	
<i>depo-testosterone (100 mg/ml solution, 200 mg/ml solution)</i>	Tier 3	
<i>testosterone (1.62 % gel, 20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)</i>	Tier 4	PA, QL (150 PER 30 DAYS)
<i>testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)</i>	Tier 3	PA, QL (300 PER 30 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	Tier 4	PA, QL (37.5 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)</i>	Tier 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	Tier 4	QL (5 PER 30 DAYS)
ESTROGENS		
<i>afirmelle 0.1-20 mg-mcg tab</i>	Tier 3	
<i>altavera 0.15-30 mg-mcg tab</i>	Tier 3	
<i>alyacen 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>amethia 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>apri 0.15-30 mg-mcg tab</i>	Tier 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	Tier 3	
<i>ashlyna 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>aubra 0.1-20 mg-mcg tab</i>	Tier 3	
<i>aubra eq 0.1-20 mg-mcg tab</i>	Tier 3	
<i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>aurovela 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>aurovela fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>aviane 0.1-20 mg-mcg tab</i>	Tier 3	
<i>ayuna 0.15-30 mg-mcg tab</i>	Tier 3	
<i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>balziva 0.4-35 mg-mcg tab</i>	Tier 3	
<i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>blisovi fe 1/20 1-20 mg-mcg tab</i>	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>briellyn 0.4-35 mg-mcg tab</i>	Tier 3	
<i>camrese 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>camrese lo 0.1-0.02 & 0.01 mg tab</i>	Tier 3	
<i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>	Tier 3	
<i>chateal 0.15-30 mg-mcg tab</i>	Tier 3	
<i>chateal eq 0.15-30 mg-mcg tab</i>	Tier 3	
<i>cryselle 0.3-30 mg-mcg tab</i>	Tier 3	
<i>cryselle-28 0.3-30 mg-mcg tab</i>	Tier 3	
<i>cyclafem 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>cyred 0.15-30 mg-mcg tab</i>	Tier 3	
<i>cyred eq 0.15-30 mg-mcg tab</i>	Tier 3	
<i>dasetta 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>daysee 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>delyla 0.1-20 mg-mcg tab</i>	Tier 3	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	Tier 3	
<i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	Tier 3	QL (16 PER 28 DAYS)
<i>drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)</i>	Tier 3	
<i>elinest 0.3-30 mg-mcg tab</i>	Tier 3	
<i>eluryng 0.12-0.015 mg/24hr ring</i>	Tier 3	
<i>emoquette 0.15-30 mg-mcg tab</i>	Tier 3	
<i>enilloring 0.12-0.015 mg/24hr ring</i>	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>enpresse-28 50-30/75-40/125-30 mcg tab</i>	Tier 3	
<i>enskyce 0.15-30 mg-mcg tab</i>	Tier 3	
<i>estarylla 0.25-35 mg-mcg tab</i>	Tier 3	
<i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	Tier 3	QL (16 PER 28 DAYS)
<i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i>	Tier 3	QL (8 PER 28 DAYS)
<i>estradiol (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	Tier 1	
<i>estradiol 0.01 % cream</i>	Tier 2	
<i>estradiol 10 mcg tab</i>	Tier 3	
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	Tier 4	
ESTRING (2 MG RING, 7.5 MCG/24HR RING)	Tier 3	QL (1 PER 84 OVER TIME)
<i>estrogens conjugated (0.3 mg tab, 0.45 mg tab, 0.625 mg tab, 0.9 mg tab, 1.25 mg tab)</i>	Tier 4	
<i>ethynodiol diac-eth estradiol (1-35 mg-mcg tab, 1-50 mg-mcg tab)</i>	Tier 3	
<i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i>	Tier 3	
<i>falmina 0.1-20 mg-mcg tab</i>	Tier 3	
<i>feirza 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>feirza 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>femynor 0.25-35 mg-mcg tab</i>	Tier 3	
<i>fyavolv (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i>	Tier 4	
<i>hailey 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>hailey fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>haloette 0.12-0.015 mg/24hr ring</i>	Tier 3	
<i>iclevia 0.15-0.03 mg tab</i>	Tier 3	
<i>introvale 0.15-0.03 mg tab</i>	Tier 3	
<i>isibloom 0.15-30 mg-mcg tab</i>	Tier 3	
<i>jaimiess 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>jasmiel 3-0.02 mg tab</i>	Tier 3	
<i>jinteli 1-5 mg-mcg tab</i>	Tier 4	
<i>jolessa 0.15-0.03 mg tab</i>	Tier 3	
<i>joyeaux 0.1-20 mg-mcg(21) tab</i>	Tier 3	
<i>juleber 0.15-30 mg-mcg tab</i>	Tier 3	
<i>junel 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>junel 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>junel fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>kalliga 0.15-30 mg-mcg tab</i>	Tier 3	
<i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>kelnor 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>kelnor 1/50 1-50 mg-mcg tab</i>	Tier 3	
<i>kurvelo 0.15-30 mg-mcg tab</i>	Tier 3	
<i>larin 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>larin 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>larin fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>larissia 0.1-20 mg-mcg tab</i>	Tier 3	
<i>leena 0.5/1/0.5-35 mg-mcg tab</i>	Tier 3	
<i>lessina 0.1-20 mg-mcg tab</i>	Tier 3	
<i>levonest 50-30/75-40/125-30 mcg tab</i>	Tier 3	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i>	Tier 3	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	Tier 3	
<i>levonorgest-eth estrad 91-day 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab</i>	Tier 3	
<i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab)</i>	Tier 3	
<i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>	Tier 3	
<i>lillow 0.15-30 mg-mcg tab</i>	Tier 3	
<i>lo-zumandimine 3-0.02 mg tab</i>	Tier 3	
<i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>	Tier 3	
<i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>	Tier 3	
<i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>loestrin fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>lojaimiess 0.1-0.02 & 0.01 mg tab</i>	Tier 3	
<i>loryna 3-0.02 mg tab</i>	Tier 3	
<i>low-ogestrel 0.3-30 mg-mcg tab</i>	Tier 3	
<i>luizza 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>luizza 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>luteru 0.1-20 mg-mcg tab</i>	Tier 3	
<i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>	Tier 3	QL (16 PER 28 DAYS)
<i>marlissa 0.15-30 mg-mcg tab</i>	Tier 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 4	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>microgestin 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>	Tier 3	
<i>microgestin fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>mili 0.25-35 mg-mcg tab</i>	Tier 3	
<i>minzoya 0.1-20 mg-mcg(21) tab</i>	Tier 3	
<i>mono-linyah 0.25-35 mg-mcg tab</i>	Tier 3	
<i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>	Tier 3	
<i>nikki 3-0.02 mg tab</i>	Tier 3	
<i>norelgestromin-eth estradiol 150-35 mcg/24hr patch wk</i>	Tier 3	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i>	Tier 3	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	Tier 3	
<i>norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i>	Tier 3	
<i>norethindrone-eth estradiol (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i>	Tier 4	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>	Tier 3	
<i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>nylia 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>nymyo 0.25-35 mg-mcg tab</i>	Tier 3	
<i>ocella 3-0.03 mg tab</i>	Tier 3	
<i>orsythia 0.1-20 mg-mcg tab</i>	Tier 3	
<i>philith 0.4-35 mg-mcg tab</i>	Tier 3	
<i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>pirmella 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>	Tier 3	
<i>portia-28 0.15-30 mg-mcg tab</i>	Tier 3	
PREMARIN 0.625 MG/GM CREAM	Tier 3	
<i>previfem 0.25-35 mg-mcg tab</i>	Tier 3	
<i>reclipsen 0.15-30 mg-mcg tab</i>	Tier 3	
<i>setlakin 0.15-0.03 mg tab</i>	Tier 3	
<i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>simpesse 0.15-0.03 & 0.01 mg tab</i>	Tier 4	
<i>sprintec 28 0.25-35 mg-mcg tab</i>	Tier 3	
<i>sronyx 0.1-20 mg-mcg tab</i>	Tier 3	
<i>syeda 3-0.03 mg tab</i>	Tier 3	
<i>tarina fe 1/20 1-20 mg-mcg tab</i>	Tier 3	
<i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>	Tier 3	
<i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-lingah 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>	Tier 3	
<i>trivora (28) 50-30/75-40/125-30 mcg tab</i>	Tier 3	
<i>turqoz 0.3-30 mg-mcg tab</i>	Tier 3	
<i>valtya 1/35 1-35 mg-mcg tab</i>	Tier 3	
<i>valtya 1/50 1-50 mg-mcg tab</i>	Tier 3	
VELIVET 0.1/0.125/0.15 -0.025 MG TAB	Tier 3	
<i>vestura 3-0.02 mg tab</i>	Tier 3	
<i>vienva 0.1-20 mg-mcg tab</i>	Tier 3	
<i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>	Tier 3	
<i>vyfemla 0.4-35 mg-mcg tab</i>	Tier 3	
<i>vylibra 0.25-35 mg-mcg tab</i>	Tier 3	
<i>wera 0.5-35 mg-mcg tab</i>	Tier 3	
<i>wymzya fe 0.4-35 mg-mcg chew tab</i>	Tier 3	
<i>xelria fe 0.4-35 mg-mcg chew tab</i>	Tier 3	
<i>xulane 150-35 mcg/24hr patch wk</i>	Tier 3	
<i>yuvafem 10 mcg tab</i>	Tier 3	
<i>zafemy 150-35 mcg/24hr patch wk</i>	Tier 3	
<i>zovia 1/35 (28) 1-35 mg-mcg tab</i>	Tier 3	
<i>zovia 1/35e (28) 1-35 mg-mcg tab</i>	Tier 3	
<i>zumandimine 3-0.03 mg tab</i>	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
PROGESTINS		
<i>camila 0.35 mg tab</i>	Tier 3	
<i>deblitane 0.35 mg tab</i>	Tier 3	
DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR	Tier 3	
<i>emzahh 0.35 mg tab</i>	Tier 3	
<i>errin 0.35 mg tab</i>	Tier 3	
<i>gallifrey 5 mg tab</i>	Tier 2	
<i>heather 0.35 mg tab</i>	Tier 3	
<i>incassia 0.35 mg tab</i>	Tier 3	
<i>jencycla 0.35 mg tab</i>	Tier 3	
LILETTA (52 MG) 20.1 MCG/DAY IUD	Tier 3	
<i>lyleq 0.35 mg tab</i>	Tier 3	
<i>lyza 0.35 mg tab</i>	Tier 3	
<i>medroxyprogesterone acetate (10 mg tab, 2.5 mg tab, 5 mg tab)</i>	Tier 2	
<i>medroxyprogesterone acetate (150 mg/ml susp prsy, 150 mg/ml suspension)</i>	Tier 3	
<i>megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	Tier 2	PA - FOR NEW STARTS ONLY
<i>meleya 0.35 mg tab</i>	Tier 3	
NEXPLANON 68 MG IMPLANT	Tier 3	
<i>nora-be 0.35 mg tab</i>	Tier 3	
<i>norethindrone 0.35 mg tab</i>	Tier 3	
<i>norethindrone acetate 5 mg tab</i>	Tier 2	
<i>norlyda 0.35 mg tab</i>	Tier 3	
<i>norlyroc 0.35 mg tab</i>	Tier 3	
<i>orquidea 0.35 mg tab</i>	Tier 3	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>progesterone (100 mg cap, 200 mg cap)</i>	Tier 2	
<i>sharobel 0.35 mg tab</i>	Tier 3	
<i>tulana 0.35 mg tab</i>	Tier 3	
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
OSPHENA 60 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)
<i>raloxifene hcl 60 mg tab</i>	Tier 3	QL (1 PER 1 DAYS)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
<i>euthyrox (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 1	
<i>levo-t (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 3	
<i>levothyroxine sodium (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 1	
<i>levoxyl (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 3	
<i>liothyronine sodium (25 mcg tab, 5 mcg tab, 50 mcg tab)</i>	Tier 2	
REZDIFFRA (100 MG TAB, 60 MG TAB, 80 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SYNTHROID (100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 25 MCG TAB, 300 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB)	Tier 3	
<i>unithroid (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>	Tier 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
<i>cabergoline 0.5 mg tab</i>	Tier 3	
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Tier 4	
LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)	Tier 5	
LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)	Tier 5	
LUPRON DEPOT (4-MONTH) 30 MG KIT	Tier 5	
LUPRON DEPOT (6-MONTH) 45 MG KIT	Tier 5	
<i>mifepristone 300 mg tab</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)
<i>octreotide acetate (100 mcg/ml soln prsy, 100 mcg/ml solution, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsy, 50 mcg/ml solution, 500 mcg/ml solution)</i>	Tier 4	PA
OCTREOTIDE ACETATE 500 MCG/ML SOLN PRSYR	Tier 5	PA
ORGOVYX 120 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)	Tier 5	PA, LA, QL (60 PER 30 DAYS)
SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN)	Tier 5	PA, QL (1 PER 1 DAYS)
SYNAREL 2 MG/ML SOLUTION	Tier 5	

HORMONAL AGENTS, SUPPRESSANT (THYROID)

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTITHYROID AGENTS		
<i>methimazole (10 mg tab, 5 mg tab)</i>	Tier 2	
<i>propylthiouracil 50 mg tab</i>	Tier 2	

IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANGIOEDEMA AGENTS		
HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)	Tier 5	PA, LA
<i>icatibant acetate 30 mg/3ml soln prsyr</i>	Tier 5	PA, QL (36 PER 60 OVER TIME)
<i>sajazir 30 mg/3ml soln prsyr</i>	Tier 5	PA, QL (36 PER 60 OVER TIME)
IMMUNOGLOBULINS		
GAMUNEX-C (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)	Tier 5	PA

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION)	Tier 5	PA, LA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	Tier 5	PA, LA
AURANOFIN 3 MG CAP	Tier 3	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 5	PA, LA
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	Tier 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	Tier 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	Tier 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	Tier 5	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	Tier 5	PA
OTEZLA (10 & 20 & 30 MG TAB THPK, 4 X 10 & 51 X 20 MG TAB THPK)	Tier 5	PA, QL (55 PER 28 OVER TIME)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	Tier 5	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	Tier 3	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 5	PA, QL (168 PER 365 OVER TIME)

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IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
RINVOQ LQ 1 MG/ML SOLUTION	Tier 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	Tier 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	Tier 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 5	PA, QL (6 PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLUTION	Tier 5	PA, QL (0.5 ML PER 28 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	Tier 5	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	Tier 5	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	Tier 4	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	Tier 5	PA, QL (1 ML PER 28 DAYS)
XELJANZ (10 MG TAB, 5 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
XELJANZ 1 MG/ML SOLUTION	Tier 5	PA, QL (10 PER 1 DAYS)
XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 5	PA, QL (1 PER 1 DAYS)
XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR, 75 MG/0.5ML SOLN A-INJ)	Tier 5	PA, QL (8 PER 28 DAYS)
XOLAIR (150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 5	PA, LA, QL (8 PER 28 DAYS)
YESINTEK (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)	Tier 4	PA, QL (0.5 ML PER 28 DAYS)
YESINTEK 130 MG/26ML SOLUTION	Tier 5	PA, QL (104 ML PER 365 OVER TIME)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
YESINTEK 90 MG/ML SOLN PRSYR	Tier 5	PA, QL (1 ML PER 28 DAYS)
IMMUNOSTIMULANTS		
ACTIMMUNE 100 MCG/0.5ML SOLUTION	Tier 5	LA, PA - FOR NEW STARTS ONLY
BESREMI 500 MCG/ML SOLN PRSYR	Tier 5	LA, QL (2 PER 28 DAYS), PA - FOR NEW STARTS ONLY
PEGASYS 180 MCG/0.5ML SOLN PRSYR	Tier 5	PA, QL (2 PER 30 DAYS)
PEGASYS 180 MCG/ML SOLUTION	Tier 5	PA, QL (4 PER 30 DAYS)
IMMUNOSUPPRESSANTS		
<i>azathioprine 50 mg tab</i>	Tier 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 4	PA - PART B VS D DETERMINATION
<i>cyclosporine (100 mg cap, 25 mg cap, 50 mg/ml solution)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (100 mg cap, 100 mg/ml solution, 25 mg cap, 50 mg cap)</i>	Tier 3	PA - PART B VS D DETERMINATION
ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)	Tier 5	PA, QL (8 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLN PRSYR	Tier 5	PA, QL (4.08 PER 28 DAYS)
ENBREL 25 MG/0.5ML SOLUTION	Tier 5	PA, QL (4 PER 28 DAYS)
ENBREL MINI 50 MG/ML SOLN CART	Tier 5	PA, QL (8 PER 28 DAYS)
ENBREL SURECLICK 50 MG/ML SOLN A-INJ	Tier 5	PA, QL (8 PER 28 DAYS)
ENVARUSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)	Tier 4	PA - FOR NEW STARTS ONLY
<i>everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>	Tier 5	PA - PART B VS D DETERMINATION
<i>everolimus 0.25 mg tab</i>	Tier 4	PA - PART B VS D DETERMINATION

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IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>gengraf (100 mg cap, 100 mg/ml solution, 25 mg cap)</i>	Tier 3	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.4ML SOLN PRSYR	Tier 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA 40 MG/0.8ML SOLN PRSYR	Tier 5	PA, QL (4.8 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	Tier 5	PA, QL (2.4 ML PER 28 DAYS)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	Tier 5	PA, QL (4.8 ML PER 28 DAYS)
<i>leflunomide (10 mg tab, 20 mg tab)</i>	Tier 2	
METHOTREXATE SODIUM (250 MG/10ML SOLUTION, 50 MG/2ML SOLUTION)	Tier 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) (1 gm/40ml solution, 1000 mg/40ml solution, 250 mg/10ml solution)</i>	Tier 3	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (pf) 50 mg/2ml solution</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium 2.5 mg tab</i>	Tier 2	
<i>mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg cap, 500 mg tab)</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil hcl 500 mg recon soln</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>	Tier 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 4	PA - FOR NEW STARTS ONLY
SANDIMMUNE 100 MG/ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	Tier 5	PA, QL (4 EA PER 28 DAYS)

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IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	Tier 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (1 SYRINGE) 80 MG/0.8ML PREF SY KT	Tier 5	PA, QL (3 PER 28 DAYS)
SIMLANDI (2 PEN) 40 MG/0.4ML AUT-IJ KIT	Tier 5	PA, QL (4 EA PER 28 DAYS)
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	Tier 5	PA, QL (2 PER 28 DAYS)
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	Tier 5	PA, QL (4 PER 28 DAYS)
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	Tier 3	PA - PART B VS D DETERMINATION
XATMEP 2.5 MG/ML SOLUTION	Tier 4	PA - FOR NEW STARTS ONLY
VACCINES		
ABRYSCO 120 MCG/0.5ML RECON SOLN	Tier 3	VAC
ACTHIB RECON SOLN	Tier 3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	Tier 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	Tier 3	VAC
BCG VACCINE 50 MG RECON SOLN	Tier 3	VAC
BEXSERO SUSP PRSYR	Tier 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF- MCG/0.5 SUSPENSION)	Tier 3	VAC
DAPTACEL 23-15-5 SUSPENSION	Tier 3	
DENGVAXIA RECON SUSP	Tier 4	
DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION	Tier 3	
ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	Tier 3	PA - PART B VS D DETERMINATION, VAC

您可以查阅 C1 节所列说明，
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IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
GARDASIL 9 (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	VAC
HAVRIX (720 EL U/0.5ML SUSP PRSYR, 720 EL U/0.5ML SUSPENSION)	Tier 3	
HAVRIX 1440 EL U/ML SUSP PRSYR	Tier 3	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	Tier 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	Tier 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	Tier 3	VAC
INFANRIX 25-58-10 SUSPENSION	Tier 3	
IPOL SUSPENSION	Tier 3	VAC
IXIARO SUSPENSION	Tier 4	VAC
JYNNEOS 0.5 ML SUSPENSION	Tier 3	VAC
KINRIX 0.5 ML SUSP PRSYR	Tier 3	
M-M-R II RECON SOLN	Tier 3	VAC
MENACTRA SOLUTION	Tier 3	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	Tier 3	VAC
MENVEO (RECON SOLN, SOLUTION)	Tier 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	Tier 3	VAC
PEDIARIX SUSP PRSYR	Tier 3	
PEDVAX HIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENMENVY RECON SUSP	Tier 3	
PENTACEL RECON SUSP	Tier 3	
PRIORIX RECON SUSP	Tier 3	VAC
PROQUAD RECON SUSP	Tier 3	
QUADRACEL (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
RABAVERT RECON SUSP	Tier 3	VAC
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION, 5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	Tier 3	PA - PART B VS D DETERMINATION, VAC
ROTARIX (RECON SUSP, SUSPENSION)	Tier 3	
ROTATEQ SOLUTION	Tier 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	Tier 3	QL (2 PER 365 OVER TIME), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	Tier 3	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	Tier 3	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	Tier 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	Tier 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	Tier 3	VAC
TRUMENBA SUSP PRSYR	Tier 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	Tier 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 4	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	Tier 3	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	Tier 3	VAC
VARIVAX 1350 PFU/0.5ML RECON SUSP	Tier 3	VAC
VAXCHORA RECON SUSP	Tier 4	VAC
VIMKUNYA 40 MCG/0.8ML SUSP PRSYR	Tier 4	

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找到有关此表中符号和缩写含义的信息。

IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
VIVOTIF CAP DR	Tier 4	
YF-VAX RECON SUSP	Tier 4	VAC

INFLAMMATORY BOWEL DISEASE AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
AMINOSALICYLATES		
<i>balsalazide disodium 750 mg cap</i>	Tier 3	
<i>mesalamine (1000 mg suppos, 4 gm enema)</i>	Tier 4	
<i>mesalamine 1.2 gm tab dr</i>	Tier 4	QL (4 PER 1 DAYS)
<i>mesalamine er 0.375 gm cap er 24h</i>	Tier 3	QL (4 PER 1 DAYS)
<i>sulfasalazine (500 mg tab, 500 mg tab dr)</i>	Tier 2	
GLUCOCORTICOIDS		
<i>budesonide 3 mg cp dr part</i>	Tier 4	PA, QL (3 PER 1 DAYS)
<i>budesonide er 9 mg tab er 24h</i>	Tier 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM		
<i>hydrocortisone (10 mg tab, 20 mg tab, 5 mg tab)</i>	Tier 2	
<i>hydrocortisone 100 mg/60ml enema</i>	Tier 3	

METABOLIC BONE DISEASE AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)</i>	Tier 1	
ALENDRONATE SODIUM 5 MG TAB	Tier 2	

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METABOLIC BONE DISEASE AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>alendronate sodium 70 mg/75ml solution</i>	Tier 4	
<i>calcitonin (salmon) 200 unit/act solution</i>	Tier 2	QL (3.7 PER 30 DAYS)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>	Tier 2	
CALCITRIOL 1 MCG/ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
<i>cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>doxercalciferol 4 mcg/2ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>ibandronate sodium 150 mg tab</i>	Tier 1	
<i>ibandronate sodium 3 mg/3ml solution</i>	Tier 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	Tier 4	PA
<i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i>	Tier 4	PA - PART B VS D DETERMINATION
<i>risedronate sodium (150 mg tab, 35 mg tab, 5 mg tab)</i>	Tier 4	
<i>teriparatide 560 mcg/2.24ml soln pen</i>	Tier 5	PA
TYMLOS 3120 MCG/1.56ML SOLN PEN	Tier 5	PA, QL (1.56 PER 28 DAYS)
WYOST 120 MG/1.7ML SOLUTION	Tier 5	QL (1.7 PER 28 DAYS), PA - FOR NEW STARTS ONLY
<i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>	Tier 4	PA - PART B VS D DETERMINATION

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
MISCELLANEOUS THERAPEUTIC AGENTS		
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	Tier 3	
ALCOHOL 70% PADS	Tier 2	
ALCOHOL PREP PAD	Tier 2	
ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL SWABS 70 % PAD	Tier 2	
ALCOHOL SWABSTICK PAD	Tier 2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
AQINJECT PEN NEEDLE (31G X 5 MM MISC, 32G X 4 MM MISC)	Tier 3	
ARGYLE STERILE WATER SOLUTION	Tier 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	Tier 3	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	Tier 3	
AUM ALCOHOL PREP PADS 70 % PAD	Tier 2	
AUM INSULIN SAFETY PEN NEEDLE (31G X 4 MM MISC, 31G X 5 MM MISC)	Tier 3	
AUM PEN NEEDLE (32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 3	
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML MISC	Tier 3	
BD Pen Needle Mini U/F 31G X 5 MM MISC	Tier 3	
BD Pen Needle Nano U/F 32G X 4 MM MISC	Tier 3	
BD Pen Needle Original U/F 29G X 12.7MM MISC	Tier 3	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
BD Pen Needle Short U/F 31G X 8 MM MISC	Tier 3	
BIOGUARD GAUZE SPONGES 2"X2" PAD	Tier 2	
CARETOUCH ALCOHOL PREP 70 % PAD	Tier 2	
COMFORT EZ INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	Tier 3	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC)	Tier 3	
CVS ALCOHOL PREP PADS 70 % PAD	Tier 2	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD	Tier 2	
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
DROPLET MICRON 34G X 3.5 MM MISC	Tier 3	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	Tier 3	
DROPSAFE AUTOPROTECT DUO (X 4 MM MISC, X 5 MM MISC, X 8 MM MISC)	Tier 3	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 3	
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	Tier 3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	Tier 3	
EMBECTA INS SYR U/F 1/2 UNIT (31G X 15/64" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	Tier 3	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	Tier 3	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	Tier 3	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	Tier 3	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	Tier 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	Tier 3	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC	Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	Tier 3	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
<i>gauze pads 2</i>	Tier 2	
GNP PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
GOODSENSE ALCOHOL SWABS 70 % PAD	Tier 2	
INSULIN PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES	Tier 3	
INSULIN SYRINGE 0.3 ML	Tier 3	
INSULIN SYRINGE 0.5 ML	Tier 3	
INSULIN SYRINGE 1 ML	Tier 3	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
INSUPEN PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	Tier 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 4	PA - PART B VS D DETERMINATION

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>lactated ringers solution</i>	Tier 2	
<i>methergine 0.2 mg tab</i>	Tier 4	
<i>methylergonovine maleate 0.2 mg tab</i>	Tier 4	
<i>novofine 32g x 6 mm misc</i>	Tier 3	
<i>novotwist 32g x 5 mm misc</i>	Tier 3	
NUTRILIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	Tier 4	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
PEN NEEDLES (30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
PENBRAYA RECON SUSP	Tier 3	VAC
PRO COMFORT ALCOHOL 70 % PAD	Tier 2	
PRO COMFORT INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	Tier 3	
<i>ringers irrigation solution</i>	Tier 2	
SECURESAFE INSULIN SYRINGE (X1/2" 0.5 ML MISC, X1/2" 1 ML MISC)	Tier 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	Tier 2	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SMOFLIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
<i>sterile water for irrigation solution</i>	Tier 2	
SURE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	Tier 3	
<i>tis-u-sol solution</i>	Tier 2	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 3	
TRUE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
ULTIGUARD SAFEPACK PEN NEEDLE (32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
UNIFINE OTC PEN NEEDLES (31G X 5 MM MISC, 32G X 4 MM MISC)	Tier 3	
UNIFINE PENTIPS 32G X 4 MM MISC	Tier 3	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MM MISC, 30G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
UNIFINE SAFECONTROL PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	Tier 3	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
VERIFINE INSULIN PEN NEEDLE (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
VERIFINE PLUS PEN NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
VOWST CAP	Tier 5	PA, LA, QL (12 PER 30 DAYS)
WEBCOL ALCOHOL PREP LARGE 70 % PAD	Tier 2	

OPHTHALMIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac 500-10000 unit/gm ointment</i>	Tier 2	
<i>atropine sulfate 1 % solution</i>	Tier 3	
<i>bacitra-neomycin-polymyxin-hc 1 % ointment</i>	Tier 2	
BACITRACIN-POLYMYXIN B 500- 10000 UNIT/GM OINTMENT	Tier 2	
<i>brimonidine tartrate-timolol 0.2- 0.5 % solution</i>	Tier 3	
<i>dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)</i>	Tier 2	
<i>dorzolamide hcl-timolol mal pf 2- 0.5 % solution</i>	Tier 3	

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OPHTHALMIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>loteprednol-tobramycin 0.5-0.3 % suspension</i>	Tier 4	
<i>neo-polycin 3.5-400-10000 ointment</i>	Tier 2	
<i>neo-polycin hc 1 % ointment</i>	Tier 2	
<i>neomycin-bacitracin zn-polymyx (3.5-400-10000 ointment, 5-400-10000 ointment)</i>	Tier 2	
<i>neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	Tier 2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION	Tier 2	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	Tier 4	
<i>polycin 500-10000 unit/gm ointment</i>	Tier 2	
RESTASIS 0.05 % EMULSION	Tier 3	QL (60 PER 30 DAYS)
ROCKLATAN 0.02-0.005 % SOLUTION	Tier 4	QL (2.5 PER 25 DAYS)
SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION	Tier 2	
<i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>	Tier 2	
XDEMIVY 0.25 % SOLUTION	Tier 5	PA, QL (10 PER 30 DAYS)
XIIDRA 5 % SOLUTION	Tier 3	
ZYLET 0.5-0.3 % SUSPENSION	Tier 3	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>azelastine hcl 0.05 % solution</i>	Tier 2	
<i>cromolyn sodium 4 % solution</i>	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN 500 UNIT/GM OINTMENT	Tier 4	

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OPHTHALMIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>erythromycin 5 mg/gm ointment</i>	Tier 2	
GENTAK 0.3 % OINTMENT	Tier 2	
<i>gentamicin sulfate 0.3 % solution</i>	Tier 2	
LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)	Tier 3	
MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION	Tier 2	
<i>moxifloxacin hcl 0.5 % solution</i>	Tier 3	
NATACYN 5 % SUSPENSION	Tier 3	
<i>ofloxacin 0.3 % solution</i>	Tier 2	
<i>polymyxin b-trimethoprim 10000- 0.1 unit/ml-% solution</i>	Tier 2	
SULFACETAMIDE SODIUM 10 % OINTMENT	Tier 3	
<i>sulfacetamide sodium 10 % solution</i>	Tier 2	
<i>tobramycin 0.3 % solution</i>	Tier 2	
TRIFLURIDINE 1 % SOLUTION	Tier 3	
ZIRGAN 0.15 % GEL	Tier 4	QL (5 PER 30 DAYS)
OPHTHALMIC ANTI-INFLAMMATORIES		
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	Tier 2	
<i>diclofenac sodium 0.1 % solution</i>	Tier 2	
<i>difluprednate 0.05 % emulsion</i>	Tier 4	
<i>fluorometholone 0.1 % suspension</i>	Tier 2	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	Tier 2	
FML 0.1 % OINTMENT	Tier 4	
FML FORTE 0.25 % SUSPENSION	Tier 4	
ILEVRO 0.3 % SUSPENSION	Tier 3	QL (3 PER 30 DAYS)
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	Tier 2	
<i>prednisolone acetate 1 % suspension</i>	Tier 2	

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

OPHTHALMIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Tier 3	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	Tier 2	
<i>timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)</i>	Tier 3	
<i>timolol maleate (0.25 % solution, 0.5 % solution)</i>	Tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er 500 mg cap er 12h</i>	Tier 2	
<i>apraclonidine hcl 0.5 % solution</i>	Tier 3	
<i>brimonidine tartrate 0.1 % solution</i>	Tier 3	
<i>brimonidine tartrate 0.15 % solution</i>	Tier 4	
<i>brimonidine tartrate 0.2 % solution</i>	Tier 2	
<i>brinzolamide 1 % suspension</i>	Tier 3	
<i>dorzolamide hcl 2 % solution</i>	Tier 2	
<i>methazolamide (25 mg tab, 50 mg tab)</i>	Tier 4	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	Tier 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	Tier 4	ST, QL (5 PER 30 DAYS)
<i>latanoprost 0.005 % solution</i>	Tier 1	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 PER 30 DAYS)
<i>travoprost (bak free) 0.004 % solution</i>	Tier 3	QL (5 PER 30 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

OPHTHALMIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
VYZULTA 0.024 % SOLUTION	Tier 4	

OTIC AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
OTIC AGENTS		
<i>acetic acid 2 % solution</i>	Tier 2	
<i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i>	Tier 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC 0.01 % OIL	Tier 3	
<i>hydrocortisone-acetic acid 1-2 % solution</i>	Tier 3	
<i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5- 10000-1 suspension)</i>	Tier 2	
<i>ofloxacin 0.3 % solution</i>	Tier 2	

RESPIRATORY TRACT/PULMONARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ARNUIITY ELLIPTA (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA, 50 MCG/ACT AER POW BA)	Tier 3	QL (30 PER 30 DAYS)
ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA	Tier 3	QL (1 PER 30 DAYS)
ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA	Tier 3	QL (1 PER 30 DAYS)
ASMANEX (30 METERED DOSES) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	Tier 3	QL (1 PER 30 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

RESPIRATORY TRACT/PULMONARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA	Tier 3	QL (1 PER 30 DAYS)
ASMANEX HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL, 50 MCG/ACT AEROSOL)	Tier 3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	Tier 4	PA - PART B VS D DETERMINATION
QVAR REDHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
<i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>	Tier 2	QL (30 PER 25 DAYS)
<i>cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)</i>	Tier 2	
<i>cyproheptadine hcl 4 mg tab</i>	Tier 3	PA
<i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>	Tier 2	PA
<i>hydroxyzine pamoate (100 mg cap, 25 mg cap, 50 mg cap)</i>	Tier 4	PA
<i>levocetirizine dihydrochloride 5 mg tab</i>	Tier 1	
<i>promethazine hcl (12.5 mg/10ml solution, 6.25 mg/5ml solution)</i>	Tier 2	PA
ANTILEUKOTRIENES		
<i>montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>	Tier 2	QL (1 PER 1 DAYS)
<i>montelukast sodium 10 mg tab</i>	Tier 1	QL (1 PER 1 DAYS)
<i>zafirlukast (10 mg tab, 20 mg tab)</i>	Tier 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	Tier 4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	Tier 3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02 % solution</i>	Tier 2	PA - PART B VS D DETERMINATION

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

RESPIRATORY TRACT/PULMONARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
<i>ipratropium bromide 0.03 % solution</i>	Tier 2	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.06 % solution</i>	Tier 2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 DAYS)
<i>tiotropium bromide 18 mcg cap</i>	Tier 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol 90mcg hfa inhaler (generic proair)</i>	Tier 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proair)</i>	Tier 2	QL (17 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic proventil)</i>	Tier 2	QL (13.4 PER 30 DAYS)
<i>albuterol 90mg hfa inhaler (generic ventolin)</i>	Tier 2	QL (36 PER 30 DAYS)
<i>albuterol sulfate ((2.5 mg/3ml) 0.083% nebu soln, (5 mg/ml) 0.5% nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2.5 mg/0.5ml nebu soln)</i>	Tier 2	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2 mg tab, 4 mg tab)</i>	Tier 4	
<i>albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)</i>	Tier 2	
<i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>	Tier 2	QL (17 PER 30 DAYS)
<i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	Tier 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENAClick)	Tier 3	QL (24 PER 365 OVER TIME)
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	Tier 4	PA
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	Tier 3	QL (30 PER 30 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

RESPIRATORY TRACT/PULMONARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SEREVENT DISKUS 50 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
CYSTIC FIBROSIS AGENTS		
KALYDECO (13.4 MG PACKET, 150 MG TAB, 25 MG PACKET, 5.8 MG PACKET, 50 MG PACKET, 75 MG PACKET)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
<i>tobramycin 300 mg/4ml nebu soln</i>	Tier 5	PA, QL (224 PER 28 DAYS)
<i>tobramycin 300 mg/5ml nebu soln</i>	Tier 5	PA, QL (280 PER 56 OVER TIME)
TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	Tier 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>roflumilast 250 mcg tab</i>	Tier 4	QL (28 PER 180 OVER TIME)
<i>roflumilast 500 mcg tab</i>	Tier 4	QL (1 PER 1 DAYS)
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	Tier 3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
<i>alyq 20 mg tab</i>	Tier 5	PA, QL (2 PER 1 DAYS)
<i>ambrisentan (10 mg tab, 5 mg tab)</i>	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>bosentan (125 mg tab, 62.5 mg tab)</i>	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>bosentan 32 mg tab sol</i>	Tier 5	PA, LA, QL (4 PER 1 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

RESPIRATORY TRACT/PULMONARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
OPSUMIT 10 MG TAB	Tier 5	PA, LA, QL (1 PER 1 DAYS)
<i>sildenafil citrate 20 mg tab</i>	Tier 3	PA, QL (12 PER 1 DAYS)
<i>tadalafil (pah) 20 mg tab</i>	Tier 4	PA, QL (2 PER 1 DAYS)
UPTRAVI (1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
UPTRAVI 200 & 800 MCG TAB THPK	Tier 5	PA, LA, QL (200 PER 180 OVER TIME)
WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT)	Tier 5	PA, QL (1 PER 21 OVER TIME)
PULMONARY FIBROSIS AGENTS		
OFEV (100 MG CAP, 150 MG CAP)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
<i>pirfenidone (267 mg cap, 267 mg tab)</i>	Tier 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 5	PA, QL (5 PER 1 DAYS)
<i>pirfenidone 801 mg tab</i>	Tier 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	Tier 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 45-21 MCG/ACT AEROSOL)	Tier 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA, 50-25 MCG/INH AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
<i>breyva (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i>	Tier 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i>	Tier 3	QL (10.2 PER 30 DAYS)

您可以查阅 C1 节所列说明，找到有关此表中符号和缩写含义的信息。

RESPIRATORY TRACT/PULMONARY AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 4	QL (4 PER 30 DAYS)
<i>flunisolide 25 mcg/act (0.025%) solution</i>	Tier 2	QL (50 PER 30 DAYS)
<i>fluticasone propionate 50 mcg/act suspension</i>	Tier 2	QL (16 PER 30 DAYS)
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	Tier 2	QL (60 PER 30 DAYS)
FLUTICASONE-SALMETEROL (113- 14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA)	Tier 2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>	Tier 2	PA - PART B VS D DETERMINATION
STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN	Tier 3	
TRELEGY ELLIPTA (100-62.5-25 MCG/ACT AER POW BA, 200- 62.5-25 MCG/ACT AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
<i>wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	Tier 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SKELETAL MUSCLE RELAXANTS		
<i>carisoprodol 350 mg tab</i>	Tier 2	PA, QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (10 mg tab, 5 mg tab)</i>	Tier 2	PA
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	Tier 3	PA
<i>vanadom 350 mg tab</i>	Tier 2	PA, QL (4 PER 1 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

SLEEP DISORDER AGENTS

药物名称	您要为该药物支付多少费用 (级别)	使用所必要的行动、 规制或限额
SLEEP PROMOTING AGENTS		
<i>eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)</i>	Tier 3	QL (1 PER 1 DAYS)
<i>ramelteon 8 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
<i>tasimelteon 20 mg cap</i>	Tier 5	PA, QL (1 PER 1 DAYS)
<i>temazepam 15 mg cap</i>	Tier 2	QL (2 PER 1 DAYS)
<i>temazepam 30 mg cap</i>	Tier 2	QL (1 PER 1 DAYS)
<i>triazolam 0.125 mg tab</i>	Tier 4	QL (4 PER 1 DAYS)
<i>triazolam 0.25 mg tab</i>	Tier 4	QL (2 PER 1 DAYS)
<i>zaleplon 10 mg cap</i>	Tier 2	QL (2 PER 1 DAYS)
<i>zaleplon 5 mg cap</i>	Tier 2	QL (4 PER 1 DAYS)
<i>zolpidem tartrate 10 mg tab</i>	Tier 2	QL (1 PER 1 DAYS)
<i>zolpidem tartrate 5 mg tab</i>	Tier 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab)</i>	Tier 4	PA, QL (1 PER 1 DAYS)
<i>modafinil 100 mg tab</i>	Tier 3	PA, QL (3 PER 1 DAYS)
<i>modafinil 200 mg tab</i>	Tier 3	PA, QL (2 PER 1 DAYS)
<i>sodium oxybate 500 mg/ml solution</i>	Tier 5	PA, LA, QL (540 PER 30 DAYS)

您可以查阅 C1 节所列说明，
找到有关此表中符号和缩写含义的信息。

在此部分中，您可以通过按字母顺序搜索药物名称来查找药物。其中说明了您可以在哪一页找到有关您药物的其他承保信息。

A

abacavir sulfate	78	Albuterol 90mg HFA inhaler (Generic Ventolin)	152
abacavir sulfate-lamivudine	78	albuterol sulfate	152
ABELCET	48	albuterol sulfate hfa	152
ABILIFY MAINTENA	72	alclometasone dipropionate	106
abiraterone acetate	52	ALCOHOL 70% PADS	140
abirtega	52	ALCOHOL PREP	140
ABRYSVO	135	ALCOHOL PREP PADS	140
acamprosate calcium	29	ALCOHOL SWABS	140
acarbose	83	ALCOHOL SWABSTICK	140
accutane	105	alcohol wipes	108
acebutolol hcl	94	ALDURAZYME	114
acetaminophen-codeine	27	ALECENSA	56
acetazolamide	96	alendronate sodium	138,139
acetazolamide er	149	ALENDRONATE SODIUM	138
acetic acid	150	alfuzosin hcl er	116
acetylcysteine	154	aliskiren fumarate	96
acitretin	105	allopurinol	50
ACTHIB	135	alosectron hcl	113
ACTIMMUNE	133	alprazolam	82
acyclovir	81,109	altavera	119
acyclovir sodium	81	ALUNBRIG	56
ADACEL	135	alyacen 1/35	119
adefovir dipivoxil	76	alyacen 7/7/7	119
ADEMPAS	153	alyq	153
ADVAIR HFA	154	amantadine hcl	70
ADVOCATE INSULIN PEN NEEDLE	140	ambrisentan	153
afirmelle	119	amethia	119
AIMOVIG	50	amikacin sulfate	30
ak-poly-bac	146	amiloride hcl	99
AKEEGA	54	amiloride-hydrochlorothiazide	96
ala-cort	106	amiodarone hcl	93
albendazole	68	amitriptyline hcl	46
albuterol 90mcg hfa inhaler (generic proair)	152	amlodipine besy-benazepril hcl	96
albuterol 90mg hfa inhaler (generic proair)	152	amlodipine besylate	94
albuterol 90mg hfa inhaler (generic proventil)	152	amlodipine besylate-valsartan	96
		amlodipine-atorvastatin	97
		amlodipine-olmesartan	97
		amlodipine-valsartan-hctz	97
		ammonium lactate	106
		amnesteem	105

amoxapine.....	46	atazanavir sulfate.....	80
amoxicillin.....	34	atenolol.....	94
amoxicillin-pot clavulanate.....	34	atenolol-chlorthalidone.....	97
AMOXICILLIN-POT CLAVULANATE.....	34	atomoxetine hcl.....	102,103
amoxicillin-pot clavulanate er.....	34	atorvastatin calcium.....	100
amphetamine-dextroamphet er.....	102	atovaquone.....	68
amphetamine-dextroamphetamine.....	102	atovaquone-proguanil hcl.....	68
AMPHOTERICIN B.....	48	atropine sulfate.....	146
amphotericin b liposome.....	48	ATROVENT HFA.....	151
ampicillin.....	34	aubra.....	119
ampicillin sodium.....	34	aubra eq.....	119
ampicillin-sulbactam sodium.....	34	AUGTYRO.....	54
anagrelide hcl.....	90	AUM ALCOHOL PREP PADS.....	140
anastrozole.....	55	AUM INSULIN SAFETY PEN NEEDLE.....	140
ANORO ELLIPTA.....	154	AUM PEN NEEDLE.....	140
apraclonidine hcl.....	149	AURANOFIN.....	131
aprepitant.....	47	aurovela 1.5/30.....	119
apri.....	119	aurovela 1/20.....	119
APTIVUS.....	80	aurovela fe 1.5/30.....	119
AQ INSULIN SYRINGE.....	140	aurovela fe 1/20.....	119
AQINJECT PEN NEEDLE.....	140	AUVELITY.....	43
ARALAST NP.....	115	aviane.....	119
ARANELLE.....	119	avidoxy.....	37
ARANESP (ALBUMIN FREE).....	90	AVMAPKI FAKZYNJA CO-PACK.....	55
ARCALYST.....	131	ayuna.....	119
AREXVY.....	135	AYVAKIT.....	56
ARGYLE STERILE WATER.....	140	azathioprine.....	133
ARIKAYCE.....	30	AZATHIOPRINE SODIUM.....	133
aripiprazole.....	72	azelastine hcl.....	147,151
armodafinil.....	156	azithromycin.....	35
ARNUITY ELLIPTA.....	150	AZITHROMYCIN.....	35
asenapine maleate.....	72	aztreonam.....	31
ashlyna.....	119	azurette.....	119
ASMANEX (120 METERED DOSES).....	150		
ASMANEX (14 METERED DOSES).....	150	B	
ASMANEX (30 METERED DOSES).....	150	bac (butalbital-acetamin-caff).....	103
ASMANEX (60 METERED DOSES).....	151	bacitra-neomycin-polymyxin-hc.....	146
ASMANEX HFA.....	151	BACITRACIN.....	147
aspirin-dipyridamole er.....	91	BACITRACIN-POLYMYXIN B.....	146
ASSURE ID DUO PRO PEN NEEDLES.....	140	baclofen.....	76
ASSURE ID PRO PEN NEEDLES.....	140	balsalazide disodium.....	138

BALVERSA.....	56	BOOSTRIX.....	135
balziva.....	119	bosentan.....	153
BAQSIMI ONE PACK.....	86	BOSULIF.....	56
BAQSIMI TWO PACK.....	86	BRAFTOVI.....	56
BARACLUDE.....	76	BREO ELLIPTA.....	154
BCG VACCINE.....	135	brey-na.....	154
BD INSULIN SYRINGE.....	140	BREZTRI AEROSPHERE.....	154
BD Pen Needle Mini U/F 31G X 5 MM		briellyn.....	120
MISC.....	140	brimonidine tartrate.....	149
BD Pen Needle Nano U/F 32G X 4 MM		brimonidine tartrate-timolol.....	146
MISC.....	140	brinzolamide.....	149
BD Pen Needle Original U/F 29G X 12.7MM		brivaracetam.....	37,38
MISC.....	140	BRIVIACT.....	38
BD Pen Needle Short U/F 31G X 8 MM		bromocriptine mesylate.....	70
MISC.....	141	BRUKINSA.....	56,57
benazepril hcl.....	92	budesonide.....	138,151
benazepril-hydrochlorothiazide.....	97	budesonide er.....	138
BENLYSTA.....	131	budesonide-formoterol fumarate.....	154
BENZNIDAZOLE.....	68	bumetanide.....	99
benzoyl peroxide-erythromycin.....	105	buprenorphine.....	26
benztropine mesylate.....	69	buprenorphine hcl.....	29
BESIVANCE.....	36	buprenorphine hcl-naloxone hcl.....	29
BESREMI.....	133	bupropion hcl.....	43
betaine.....	115	bupropion hcl er (smoking det).....	30
betamethasone dipropionate.....	106	bupropion hcl er (sr).....	44
betamethasone dipropionate aug.....	106	bupropion hcl er (xl).....	44
betamethasone valerate.....	106	buspironone hcl.....	82
BETASERON.....	104	butalbital-apap-caffeine.....	103
betaxolol hcl.....	94,149	butalbital-aspirin-caffeine.....	25
bethanechol chloride.....	116	butorphanol tartrate.....	27
bexarotene.....	68		
BEXSERO.....	135	C	
bicalutamide.....	52	CABENUVA.....	79
BICILLIN L-A.....	34	cabergoline.....	129
BIKTARVY.....	77	CABOMETYX.....	57
bimatoprost.....	149	calcipotriene.....	108
BIOGUARD GAUZE SPONGES.....	141	calcitonin (salmon).....	139
bisoprolol fumarate.....	94	calcitrene.....	108
bisoprolol-hydrochlorothiazide.....	97	calcitriol.....	139
blisovi fe 1.5/30.....	119	CALCITRIOL.....	139
blisovi fe 1/20.....	119	calcium acetate (phos binder).....	112

CALQUENCE	57	cetirizine hcl	151
camila	127	cevimeline hcl	105
camrese	120	chateal	120
camrese lo	120	chateal eq	120
candesartan cilexetil	92	chlorhexidine gluconate	105
candesartan cilexetil-hctz	97	chloroquine phosphate	69
CAPLYTA	72	chlorpromazine hcl	71
CAPRELSA	57	chlorthalidone	99
captopril	92	cholestyramine	100
CAPTOPRIL-HYDROCHLOROTHIAZIDE	97	cholestyramine light	100
carbamazepine	41	ciclodan	109
carbamazepine er	41	ciclopirox	109
carbidopa	70	ciclopirox olamine	109
carbidopa-levodopa	70	cilostazol	91
carbidopa-levodopa er	70	CILOXAN	36
carbidopa-levodopa-entacapone	70	CIMDUO	78
CARETOUCH ALCOHOL PREP	141	cimetidine	114
carglumic acid	115	cinacalcet hcl	139
carisoprodol	155	ciprofloxacin	36
CARTEOLOL HCL	149	ciprofloxacin hcl	36
cartia xt	95	ciprofloxacin in d5w	36
carvedilol	94	ciprofloxacin-dexamethasone	150
cataflam	25	citalopram hydrobromide	45
CAYSTON	31	claravis	105
caziant	120	CLARITHROMYCIN	35
CEFACLOR	32	clarithromycin	35
cefadroxil	32	clarithromycin er	36
cefazolin sodium	33	clindamycin hcl	31
cefdinir	33	clindamycin palmitate hcl	31
CEFEPIME HCL	33	clindamycin phos (once-daily)	109
cefixime	33	clindamycin phos (twice-daily)	109
cefoxitin sodium	33	clindamycin phos-benzoyl perox	105
CEFPODOXIME PROXETIL	33	clindamycin phosphate	31,109
cefprozil	33	clindamycin phosphate in d5w	31
ceftaroline fosamil	33	CLINDAMYCIN PHOSPHATE IN NAACL	31
CEFTAZIDIME	33	clobazam	39,40
ceftriaxone sodium	33	clobetasol prop emollient base	106
cefuroxime axetil	33	clobetasol propionate	106
cefuroxime sodium	33	clobetasol propionate e	106
celecoxib	25	clomipramine hcl	46
cephalexin	33	clonazepam	82

clonidine	91	CVS ALCOHOL PREP PADS	141
clonidine hcl	91	CVS ANTIBACTERIAL GAUZE	141
clopidogrel bisulfate	91	cvs isopropyl alcohol wipes	108
clorazepate dipotassium	82	cyclafem 1/35	120
clotrimazole	48	cyclafem 7/7/7	120
clotrimazole-betamethasone	108	cyclobenzaprine hcl	155
clozapine	75	CYCLOPHOSPHAMIDE	52
COARTEM	69	cyclosporine	133
COBENFY	75	cyclosporine modified	133
COBENFY STARTER PACK	75	cyproheptadine hcl	151
CODEINE SULFATE	27	cyred	120
codeine sulfate	27	cyred eq	120
colchicine	50		
colchicine-probenecid	50	D	
colesevelam hcl	100	dabigatran etexilate mesylate	88
colestipol hcl	100	dalfampridine er	104
colistimethate sodium (cba)	31	danazol	118
COMBIVENT RESPIMAT	155	dantrolene sodium	76
COMETRIQ (100 MG DAILY DOSE)	57	DAPAGLIFLOZIN PROPANEDIOL	101
COMETRIQ (140 MG DAILY DOSE)	57	dapsone	51
COMETRIQ (60 MG DAILY DOSE)	57	DAPTACEL	135
COMFORT EZ INSULIN SYRINGE	141	daptomycin	31
COMFORT EZ PRO PEN NEEDLES	141	darunavir	80
compro	47	dasatinib	57
constulose	112	dasetta 1/35	120
COPIKTRA	57	dasetta 7/7/7	120
CORLANOR	97	DAURISMO	57,58
CORTIFOAM	138	daysee	120
CORTISONE ACETATE	117	deblitane	127
CORTISPORIN-TC	150	decadron	117
COSENTYX	131	deferasirox	111
COSENTYX (300 MG DOSE)	131	DELSTRIGO	77
COSENTYX SENSOREADY (300 MG)	131	delyla	120
COSENTYX SENSOREADY PEN	131	DENGVAIXIA	135
COSENTYX UNOREADY	131	DEPO-SUBQ PROVERA 104	127
COTELLIC	57	depo-testosterone	118
CREON	115	DERMOTIC	150
CRESEMBA	48	DESCOVY	78
cromolyn sodium	113,147,153	desipramine hcl	46
cryselle	120	desmopressin ace spray refrig	118
cryselle-28	120	desmopressin acetate	118

desmopressin acetate pf.....	118	diltiazem hcl 240 mg extended release 24hr capsule	95
desmopressin acetate spray.....	118	diltiazem hcl 300 mg extended release 24hr capsule	95
desogestrel-ethinyl estradiol.....	120	diltiazem hcl 360 mg extended release 24hr capsule	95
desonide.....	106	diltiazem hcl er.....	95
desoximetasone.....	106	diltiazem hcl er beads.....	95
desvenlafaxine succinate er.....	45	dimethyl fumarate.....	104
dexamethasone.....	117	dimethyl fumarate starter pack.....	104
DEXAMETHASONE SOD PHOS +RFID....	117	diphenoxylate-atropine.....	113
dexamethasone sod phosphate pf.....	117	DIPHENOXYLATE-ATROPINE.....	113
DEXAMETHASONE SODIUM PHOSPHATE.....	117,148	DIPHTHERIA-TETANUS TOXOIDS DT....	135
dexmethylphenidate hcl.....	103	dipyridamole.....	91
dextroamphetamine sulfate.....	102	disulfiram.....	29
dextrose.....	109	divalproex sodium.....	38
dextrose in lactated ringers.....	110	divalproex sodium er.....	38
DEXTROSE-NACL.....	110	dofetilide.....	93
DEXTROSE-SODIUM CHLORIDE.....	110	donepezil hcl.....	43
dextrose-sodium chloride.....	110	donepezil hydrochloride orally disintegrating tab 10 mg.....	43
DIACOMIT.....	38	donepezil hydrochloride orally disintegrating tab 5 mg.....	43
diazepam.....	40,82,83	dorzolamide hcl.....	149
diazepam intensol.....	83	dorzolamide hcl-timolol mal.....	146
diazoxide.....	86	dorzolamide hcl-timolol mal pf.....	146
diclofenac potassium.....	25	dotti.....	120
diclofenac sodium.....	25,148	DOVATO.....	77
diclofenac sodium er.....	25	doxazosin mesylate.....	92
dicloxacillin sodium.....	34	doxepin hcl.....	46
dicyclomine hcl.....	113	doxercalciferol.....	139
DIFICID.....	36	doxy 100.....	37
diflunisal.....	25	doxycycline hyclate.....	37
difluprednate.....	148	doxycycline monohydrate.....	37
digitek.....	93	DRIZALMA SPRINKLE.....	103,104
digox.....	93	dronabinol.....	47
digoxin.....	93	DROPLET INSULIN SYRINGE.....	141
dihydroergotamine mesylate.....	50	DROPLET MICRON.....	141
DILANTIN.....	41	DROPLET PEN NEEDLES.....	141
dilt-xr.....	95	DROPSAFE AUTOPROTECT DUO.....	141
diltiazem hcl.....	95	DROPSAFE SAFETY SYRINGE/NEEDLE.....	142
diltiazem hcl 120 mg extended release 24hr capsule	95		
diltiazem hcl 180 mg extended release 24hr capsule	95		

drospirenone-ethinyl estradiol	120
DROXIA	115
droxidopa	91
duloxetine hcl	104
DUPIXENT	131
dutasteride	116
dutasteride-tamsulosin hcl	116

E

EASY COMFORT INSULIN SYRINGE	142
EASY COMFORT PEN NEEDLES	142
EASY TOUCH INSULIN BARRELS	142
ec-naproxen	25
econazole nitrate	48
EDURANT	77
EDURANT PED	77
EFAVIRENZ	77
efavirenz	77
efavirenz-emtricitab-tenofo df	77
efavirenz-lamivudine-tenofovir	77
ELAPRASE	115
elinest	120
ELIQUIS	88
ELIQUIS (1.5 MG PACK)	88
ELIQUIS (2 MG PACK)	88
ELIQUIS DVT/PE STARTER PACK	88
eltrombopag olamine	90
eluryng	120
EMBECTA AUTOSHIELD DUO	142
EMBECTA INS SYR U/F 1/2 UNIT	142
EMBECTA INSULIN SYRINGE	142
EMBECTA INSULIN SYRINGE U-100	142
EMBECTA INSULIN SYRINGE U-500	142
EMBECTA INSULIN SYRINGE U/F	142
EMBECTA PEN NEEDLE NANO	142
EMBECTA PEN NEEDLE NANO 2 GEN	142
EMBECTA PEN NEEDLE U/F	143
EMBECTA PEN NEEDLE ULTRAFINE	143
EMBRACE PEN NEEDLES	143
EMGALITY	50
EMGALITY (300 MG DOSE)	50
emoquette	120
EMSAM	44
emtricitab-rilpivir-tenofof df	78
emtricitabine	78
emtricitabine-tenofovir df	78
EMTRIVA	78
emzahh	127
enalapril maleate	92
enalapril-hydrochlorothiazide	97
ENBREL	133
ENBREL MINI	133
ENBREL SURECLICK	133
endocet	27
ENGERIX-B	135
enilloring	120
enoxaparin sodium	88,89
enpresse-28	121
ENSACOVE	55
enskyce	121
entacapone	70
entecavir	76
ENTRESTO	97
enulose	112
ENVARSUS XR	133
EPIDIOLEX	38
epinephrine	152
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	152
epitol	41
EPIVIR HBV	76
eplerenone	99
ERGOLOID MESYLATES	42
ERGOTAMINE-CAFFEINE	50
ERIVEDGE	58
ERLEADA	52
erlotinib hcl	58
errin	127
ertapenem sodium	35
ERY	109
erythrocin lactobionate	36
erythromycin	109,148

erythromycin base	36	feirza 1.5/30	121
erythromycin ethylsuccinate	36	feirza 1/20	121
erythromycin lactobionate	36	felbamate	38
ERZOFRI	72	felodipine er	95
escitalopram oxalate	45	femynor	121
eslicarbazepine acetate	41	fenofibrate	99
esomeprazole magnesium	114	fenofibrate micronized	99
estarylla	121	fenofibric acid	100
estradiol	121	fentanyl	26
estradiol valerate	121	FETZIMA	45
ESTRING	121	FETZIMA TITRATION	45
estrogens conjugated	121	FIASP	86
eszopiclone	156	FIASP FLEXTOUCH	86
ethambutol hcl	51	FIASP PENFILL	86
ethosuximide	39	FIASP PUMPCART	86
ethynodiol diac-eth estradiol	121	fidaxomicin	36
etodolac	25	finasteride	116
etodolac er	25	fingolimod hcl	104
etonogestrel-ethinyl estradiol	121	FINTEPLA	38
etravirine	78	flecainide acetate	93
EUCRISA	106	fluconazole	49
EULEXIN	52	fluconazole in sodium chloride	49
euthyrox	128	flucytosine	49
everolimus	58,133	fludrocortisone acetate	117
EVOTAZ	80	flunisolide	155
exemestane	55	fluocinolone acetonide	107
EXXUA	44	fluocinolone acetonide body	107
EXXUA TITRATION PACK	44	fluocinolone acetonide scalp	107
ezetimibe	100	fluocinonide	107
ezetimibe-simvastatin	100	fluocinonide emulsified base	107
		fluorometholone	148
F		fluorouracil	108
falmina	121	fluoxetine hcl	45
famciclovir	81	FLUOXETINE HCL	45
famotidine	114	fluphenazine decanoate	71
FANAPT	72,73	FLUPHENAZINE HCL	71
FANAPT TITRATION PACK A	73	FLURBIPROFEN	25
FANAPT TITRATION PACK B	73	FLURBIPROFEN SODIUM	148
FANAPT TITRATION PACK C	73	FLUTAMIDE	52
FARXIGA	101	fluticasone propionate	107,155
febuxostat	50	fluticasone-salmeterol	155

FLUTICASONE-SALMETEROL	155
fluvastatin sodium	100
fluvastatin sodium er	100
fluvoxamine maleate	45
FML	148
FML FORTE	148
fondaparinux sodium	89
fosamprenavir calcium	80
fosfomycin tromethamine	31
fosinopril sodium	92
fosinopril sodium-hctz	97
FOTIVDA	58
FRUZAQLA	54
FULPHILA	90
fulvestrant	53
furosemide	99
fyavolv	121

G

gabapentin	40
galantamine hydrobromide	43
galantamine hydrobromide er	43
gallifrey	127
GAMUNEX-C	130
GARDASIL 9	136
gauze pads 2	143
GAVILYTE-C	113
gavilyte-g	113
gavilyte-n with flavor pack	112
GAVRETO	58
gefitinib	58
gemfibrozil	100
GEMTESA	116
generlac	112
gengraf	134
GENTAK	148
gentamicin sulfate	30,148
GENVOYA	77
GILOTRIF	58
glatiramer acetate	104
glatopa	104

glimepiride	83
glipizide	83
glipizide er	83
glipizide xl	84
glipizide-metformin hcl	84
GLUCAGEN HYPOKIT	86
GLUCAGON EMERGENCY	86
glyburide	84
GLYBURIDE MICRONIZED	84
glyburide-metformin	84
glycopyrrolate	113
GLYXAMBI	84
GNP PEN NEEDLES	143
GOMEKLI	58
GOODSENSE ALCOHOL SWABS	143
granisetron hcl	48
griseofulvin microsize	49
griseofulvin ultramicrosize	49
guanfacine hcl	91
guanfacine hcl er	103

H

HADLIMA	134
HADLIMA PUSHTOUCH	134
HAEGARDA	130
hailey 1.5/30	121
hailey fe 1.5/30	122
hailey fe 1/20	122
halobetasol propionate	107
haloette	122
haloperidol	71
haloperidol decanoate	71
haloperidol lactate	71
HAVRIX	136
heather	127
heparin sodium (porcine)	89
heparin sodium (porcine) pf	89
HEPLISAV-B	136
HERNEXEOS	58
HIBERIX	136
HIZENTRA	131

HUMALOG	86	imipenem-cilastatin	35
HUMALOG JUNIOR KWIKPEN	86	imipramine hcl	46
HUMALOG KWIKPEN	86	imiquimod	108
HUMALOG MIX 50/50 KWIKPEN	86	IMKELDI	59
HUMALOG MIX 75/25	86	IMOVAX RABIES	136
HUMALOG MIX 75/25 KWIKPEN	86	IMPAVIDO	69
HUMULIN 70/30	86	incassia	127
HUMULIN 70/30 KWIKPEN	87	INCRELEX	118
HUMULIN N	87	INCRUSE ELLIPTA	151
HUMULIN N KWIKPEN	87	indapamide	99
HUMULIN R	87	indomethacin	25
HUMULIN R U-500 (CONCENTRATED)	87	INFANRIX	136
HUMULIN R U-500 KWIKPEN	87	INLURIYO	53
hydralazine hcl	101	INLYTA	59
hydrochlorothiazide	99	INQOVI	54
hydrocodone-acetaminophen	27	INREBIC	60
hydrocortisone	107,138	INSULIN ASPART	87
hydrocortisone (perianal)	107	INSULIN ASPART FLEXPEN	87
hydrocortisone butyrate	107	INSULIN ASPART PENFILL	87
hydrocortisone-acetic acid	150	INSULIN LISPRO	87
hydromorphone hcl	27,28	INSULIN LISPRO (1 UNIT DIAL)	87
hydroxychloroquine sulfate	69	INSULIN LISPRO JUNIOR KWIKPEN	87
hydroxyurea	54	INSULIN LISPRO PROT & LISPRO	87
hydroxyzine hcl	151	INSULIN PEN NEEDLES	143
hydroxyzine pamoate	151	INSULIN PEN NEEDLES	143
HYRNUO	59	INSULIN SYRINGE 0.3 ML	143
		INSULIN SYRINGE 0.5 ML	143
		INSULIN SYRINGE 1 ML	143
		INSULIN SYRINGE-NEEDLE U-100	143
		INSUPEN PEN NEEDLES	143
		INSUPEN32G EXTR3ME	143
		INTELENCE	78
		INTRALIPID	143
		introvale	122
		INVEGA HAFYERA	73
		INVEGA SUSTENNA	73
		INVEGA TRINZA	73,74
		IPOL	136
		ipratropium bromide	151,152
		ipratropium-albuterol	155
		irbesartan	92
I			
ibandronate sodium	139		
IBRANCE	59		
IBTROZI	59		
ibu	25		
ibuprofen	25		
icatibant acetate	130		
iclevia	122		
ICLUSIG	59		
icosapent ethyl	100		
IDHIFA	59		
ILEVRO	148		
imatinib mesylate	59		
IMBRUVICA	59		

irbesartan-hydrochlorothiazide	97
ISENTRESS	77
ISENTRESS HD	77
isibloom	122
isoniazid	51
isopropyl alcohol	108
isopropyl alcohol wipes	108
isosorbide dinitrate	101
isosorbide mononitrate	101
isosorbide mononitrate er	101
isotretinoin	105
isradipine	95
ITOVEBI	60
itraconazole	49
ivabradine hcl	97
ivermectin	68
IWILFIN	54
IXIARO	136

J

jaimiess	122
JAKAFI	60
jantoven	89
JANUMET	84
JANUMET XR	84
JANUVIA	84
JARDIANCE	101
jasmiel	122
JAYPIRCA	60
jencycla	127
JENTADUETO	84
JENTADUETO XR	84
jinteli	122
jolessa	122
joyeaux	122
JUBBONTI	139
juleber	122
JULUCA	77
junel 1.5/30	122
junel 1/20	122
junel fe 1.5/30	122

junel fe 1/20	122
JYNNEOS	136

K

KALETRA	80
kalliga	122
KALYDECO	153
kariva	122
kcl in dextrose-nacl	110
KCL-LACTATED RINGERS-D5W	110
kelnor 1/35	122
kelnor 1/50	122
KERENDIA	84
ketoconazole	49
ketorolac tromethamine	148
KINRIX	136
kionex	112
KISQALI (200 MG DOSE)	60
KISQALI (400 MG DOSE)	60
KISQALI (600 MG DOSE)	60
KISQALI FEMARA (200 MG DOSE)	60
KISQALI FEMARA (400 MG DOSE)	60
KISQALI FEMARA (600 MG DOSE)	60
klayesta	49
KLOR-CON	110
klor-con 10	110
klor-con m10	110
klor-con m15	110
klor-con m20	110
KLOXXADO	29
KOSELUGO	60,61
kourzeq	105
KRAZATI	61
kurvelo	122

L

l-glutamine	115
labetalol hcl	94
lacosamide	41
lactated ringers	110,144
lactulose	112

lactulose encephalopathy.....	112	levofloxacin.....	36
LAGEVRIO.....	81	LEVOFLOXACIN.....	148
lamivudine.....	76,78	levofloxacin in d5w.....	36
lamivudine-zidovudine.....	79	levonest.....	122
lamotrigine.....	38	levonorg-eth estrad triphasic.....	123
lansoprazole.....	114	levonorgest-eth estrad 91-day.....	123
LANTUS.....	87	levonorgest-eth estradiol-iron.....	123
LANTUS SOLOSTAR.....	87	levonorgestrel-ethinyl estrad.....	123
lapatinib ditosylate.....	61	levora 0.15/30 (28).....	123
larin 1.5/30.....	122	levothyroxine sodium.....	128
larin 1/20.....	122	levoxyl.....	128
larin fe 1.5/30.....	122	LEXIVA.....	80
larin fe 1/20.....	122	lidocaine.....	29
larissia.....	122	lidocaine hcl.....	29
latanoprost.....	149	lidocaine viscous hcl.....	29
LAZCLUZE.....	55	lidocaine-prilocaine.....	29
LEDERLE LEUCOVORIN.....	54	lidocan.....	29
leena.....	122	LILETTA (52 MG).....	127
leflunomide.....	134	lillow.....	123
lenalidomide.....	53	lincomycin hcl.....	31
LENVIMA (10 MG DAILY DOSE).....	61	linezolid.....	31
LENVIMA (12 MG DAILY DOSE).....	61	LINEZOLID IN SODIUM CHLORIDE.....	31
LENVIMA (14 MG DAILY DOSE).....	61	LINZESS.....	112
LENVIMA (18 MG DAILY DOSE).....	61	liothyronine sodium.....	128
LENVIMA (20 MG DAILY DOSE).....	61	lisinopril.....	92
LENVIMA (24 MG DAILY DOSE).....	61	lisinopril-hydrochlorothiazide.....	98
LENVIMA (4 MG DAILY DOSE).....	61	lithium.....	83
LENVIMA (8 MG DAILY DOSE).....	61	lithium carbonate.....	83
lessina.....	122	lithium carbonate er.....	83
letrozole.....	55	LIVTENCITY.....	76
leucovorin calcium.....	54	lo-zumandimine.....	123
LEUKERAN.....	52	loestrin 1.5/30 (21).....	123
leuprolide acetate.....	129	loestrin 1/20 (21).....	123
levalbuterol hcl.....	152	loestrin fe 1.5/30.....	123
LEVALBUTEROL TARTRATE.....	152	loestrin fe 1/20.....	123
levetiracetam.....	38	lojaimiess.....	123
levetiracetam er.....	38	LOKELMA.....	112
levo-t.....	128	lomustine.....	52
LEVOBUNOLOL HCL.....	149	LONSURF.....	54,55
levocarnitine.....	115	loperamide hcl.....	113
levocetirizine dihydrochloride.....	151	lopinavir-ritonavir.....	80

lorazepam.....	83	medpura alcohol pads.....	108
lorazepam intensol.....	83	medroxyprogesterone acetate.....	127
LORBRENA.....	61	mefloquine hcl.....	69
loryna.....	123	megestrol acetate.....	127
losartan potassium.....	92	MEKINIST.....	62
losartan potassium-hctz.....	98	MEKTOVI.....	62
loteprednol-tobramycin.....	147	meleya.....	127
lovastatin.....	100	meloxicam.....	26
low-ogestrel.....	123	memantine hcl.....	43
loxapine succinate.....	71	memantine hcl er.....	43
lubiprostone.....	112	MENACTRA.....	136
luizza 1.5/30.....	123	MENEST.....	123
luizza 1/20.....	123	MENQUADFI.....	136
LUMAKRAS.....	62	MENVEO.....	136
LUMIGAN.....	149	mercaptopurine.....	54
LUPRON DEPOT (1-MONTH).....	129	meropenem.....	35
LUPRON DEPOT (3-MONTH).....	129	MEROPENEM-SODIUM CHLORIDE.....	35
LUPRON DEPOT (4-MONTH).....	129	mesalamine.....	138
LUPRON DEPOT (6-MONTH).....	129	mesalamine er.....	138
lurasidone hcl.....	74	mesna.....	68
lutra.....	123	metformin hcl.....	84
lyleq.....	127	metformin hcl er.....	84
lyllana.....	123	methadone hcl.....	26
LYNPARZA.....	62	methazolamide.....	149
LYSODREN.....	55	methenamine hippurate.....	31
LYTGOBI (12 MG DAILY DOSE).....	62	methergine.....	144
LYTGOBI (16 MG DAILY DOSE).....	62	methimazole.....	130
LYTGOBI (20 MG DAILY DOSE).....	62	methocarbamol.....	155
lyza.....	127	METHOTREXATE SODIUM.....	134
		methotrexate sodium.....	134
M		methotrexate sodium (pf).....	134
M-M-R II.....	136	METHOXSALEN RAPID.....	108
magnesium sulfate.....	110	methscopolamine bromide.....	113
malathion.....	109	methsuximide.....	39
maraviroc.....	79	METHYLDOPA.....	91
marlissa.....	123	methylergonovine maleate.....	144
MARPLAN.....	44	methylphenidate hcl.....	103
MATULANE.....	52	methylphenidate hcl er.....	103
matzim la.....	96	methylprednisolone.....	117
MAVYRET.....	76	methylprednisolone acetate.....	117
meclizine hcl.....	47	methylprednisolone sodium succ.....	117

metoclopramide hcl.....	47	mupirocin.....	109
metolazone.....	99	mycophenolate mofetil.....	134
metoprolol succinate er.....	94	mycophenolate mofetil hcl.....	134
metoprolol tartrate.....	94	mycophenolate sodium.....	134
metoprolol-hydrochlorothiazide.....	98	mycophenolic acid.....	134
metronidazole.....	32	myorisan.....	105
metyrosine.....	98	MYRBETRIQ.....	116
mexiletine hcl.....	93		
micafungin sodium.....	49	N	
MICONAZOLE 3.....	49	na sulfate-k sulfate-mg sulf.....	113
microgestin 1.5/30.....	124	nabumetone.....	26
microgestin 1/20.....	124	nadolol.....	94
microgestin fe 1.5/30.....	124	nafcillin sodium.....	34
microgestin fe 1/20.....	124	nafrinse.....	110
midodrine hcl.....	92	NAGLAZYME.....	115
mifepristone.....	129	naloxone hcl.....	29
mili.....	124	naltrexone hcl.....	30
minocycline hcl.....	37	naproxen.....	26
minoxidil.....	101	naproxen dr.....	26
minzoya.....	124	naproxen sodium.....	26
mirtazapine.....	44	naratriptan hcl.....	50
misoprostol.....	114	NATACYN.....	148
modafinil.....	156	nateglinide.....	85
MODEYSO.....	55	NAYZILAM.....	29
moexipril hcl.....	92	nebivolol hcl.....	94
MOLINDONE HCL.....	71	necon 0.5/35 (28).....	124
mometasone furoate.....	107	NEFAZODONE HCL.....	45
mondoxyne nl.....	37	neo-polycin.....	147
mono-linyah.....	124	neo-polycin hc.....	147
montelukast sodium.....	151	neomycin sulfate.....	30
morphine sulfate.....	28	neomycin-bacitracin zn-polymyx.....	147
morphine sulfate (concentrate).....	28	neomycin-polymyxin-dexameth.....	147
morphine sulfate er.....	26,27	NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	147
MOUNJARO.....	85	NEOMYCIN-POLYMYXIN-HC.....	147
MOVANTIK.....	112	neomycin-polymyxin-hc.....	150
moxifloxacin hcl.....	36,148	NERLYNX.....	62
MOXIFLOXACIN HCL.....	36	nevirapine.....	78
MOXIFLOXACIN HCL (2X DAY).....	148	NEVIRAPINE.....	78
MOXIFLOXACIN HCL IN NAACL.....	36	NEVIRAPINE ER.....	78
MRESVIA.....	136	nevirapine er.....	78
MULTAQ.....	93	NEXPLANON.....	127

NIACIN (ANTIHYPERLIPIDEMIC).....	100	NOVOLIN R FLEXPEN RELION.....	87
niacin er (antihyperlipidemic).....	101	NOVOLOG.....	87
NIACOR.....	101	NOVOLOG FLEXPEN.....	88
nicardipine hcl.....	95	NOVOLOG FLEXPEN RELION.....	88
NICOTROL.....	30	NOVOLOG PENFILL.....	88
NICOTROL NS.....	30	NOVOLOG RELION.....	88
nifedipine er.....	95	NovoTwist 32G X 5 MM MISC.....	144
nifedipine er osmotic release.....	95	NUBEQA.....	52
nikki.....	124	NUPLAZID.....	74
nilotinib hcl.....	62	NURTEC.....	50
nilutamide.....	52	NUTRILIPID.....	144
nimodipine.....	95	nyamyc.....	49
NINLARO.....	62	nylia 1/35.....	125
nitazoxanide.....	69	nylia 7/7/7.....	125
nitisinone.....	115	nymyo.....	125
NITRO-BID.....	101	nystatin.....	49
nitrofurantoin macrocrystal.....	32	nystatin-triamcinolone.....	108
nitrofurantoin monohyd macro.....	32	nystop.....	49
nitroglycerin.....	102		
NIVESTYM.....	90	O	
NIZATIDINE.....	114	ocella.....	125
nora-be.....	127	octreotide acetate.....	129
norelgestromin-eth estradiol.....	124	OCTREOTIDE ACETATE.....	129
norethin ace-eth estrad-fe.....	124	ODEFSEY.....	78
norethin-eth estradiol-fe.....	124	ODOMZO.....	62
norethindrone.....	127	OFEV.....	154
norethindrone acet-ethinyl est.....	124	ofloxacin.....	148,150
norethindrone acetate.....	127	OGSIVEO.....	63
norethindrone-eth estradiol.....	124	OJEMDA.....	63
norgestim-eth estrad triphasic.....	124	OJJAARA.....	55
norgestimate-eth estradiol.....	124	olanzapine.....	74
norlyda.....	127	olmesartan medoxomil.....	92
norlyroc.....	127	olmesartan medoxomil-hctz.....	98
nortrel 0.5/35 (28).....	124	olmesartan-amlodipine-hctz.....	98
nortrel 1/35 (21).....	124	omega-3-acid ethyl esters.....	101
nortrel 1/35 (28).....	124	omeprazole.....	114
nortrel 7/7/7.....	124	OMNITROPE.....	113,118
nortriptyline hcl.....	46,47	ondansetron.....	48
NORVIR.....	80	ONDANSETRON HCL.....	48
NovoFine 32G X 6 MM MISC.....	144	ondansetron hcl.....	48
NOVOLIN R FLEXPEN.....	87	ONUREG.....	54

OPIPZA.....	74	PEGASYS.....	133
OPSUMIT.....	154	PEMAZYRE.....	63
OPVEE.....	144	PEN NEEDLE/5-BEVEL TIP.....	144
oralone.....	105	PEN NEEDLES.....	144
ORGOVYX.....	129	PENBRAYA.....	144
orquidea.....	127	penicillamine.....	116
ORSERDU.....	53	penicillin g potassium.....	35
orsythia.....	125	PENICILLIN G SODIUM.....	35
oseltamivir phosphate.....	81	penicillin v potassium.....	35
OSPHENA.....	128	PENMENVY.....	136
OTEZLA.....	108,131	PENTACEL.....	136
OTEZLA XR.....	108	pentamidine isethionate.....	69
OTEZLA/OTEZLA XR INITIATION PK.....	131	pentoxifylline er.....	98
oxaprozin.....	26	perampanel.....	38,39
oxcarbazepine.....	41,42	PERINDOPRIL ERBUMINE.....	93
oxybutynin chloride.....	116	periogard.....	105
oxybutynin chloride er.....	116	permethrin.....	109
oxycodone hcl.....	28	perphenazine.....	47
oxycodone-acetaminophen.....	28	PERPHENAZINE-AMITRIPTYLINE.....	44
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	85	PERSERIS.....	74
OZEMPIC (1 MG/DOSE).....	85	pfizerpen.....	35
OZEMPIC (2 MG/DOSE).....	85	PHENELZINE SULFATE.....	44
P		phenobarbital.....	40
pacerone.....	93	phenytek.....	42
paliperidone er.....	74	phenytoin.....	42
PANRETIN.....	68	phenytoin infatabs.....	42
pantoprazole sodium.....	114	phenytoin sodium extended.....	42
paricalcitol.....	139	philith.....	125
paroxetine hcl.....	45	PIFELTRO.....	78
PAROXETINE HCL.....	45	pilocarpine hcl.....	105,149
paroxetine hcl er.....	45	PIMOZIDE.....	71
PAXLOVID (150/100).....	82	pimtrea.....	125
PAXLOVID (300/100 & 150/100).....	82	pindolol.....	94
PAXLOVID (300/100).....	82	pioglitazone hcl.....	85
pazopanib hcl.....	63	pioglitazone hcl-glimepiride.....	85
PAZOPANIB HCL.....	63	pioglitazone hcl-metformin hcl.....	85
PEDIARIX.....	136	piperacillin sod-tazobactam so.....	35
PEDVAX HIB.....	136	PIQRAY (200 MG DAILY DOSE).....	63
peg 3350-kcl-na bicarb-nacl.....	113	PIQRAY (250 MG DAILY DOSE).....	63
peg-3350/electrolytes.....	113	PIQRAY (300 MG DAILY DOSE).....	63
		pirfenidone.....	154

PIRFENIDONE.....	154	PRIFTIN.....	51
pirmella 1/35.....	125	primaquine phosphate.....	69
pirmella 7/7/7.....	125	primidone.....	40
piroxicam.....	26	PRIORIX.....	136
PNV 27-CA/FE/FA.....	110	PRO COMFORT ALCOHOL.....	144
podofilox.....	108	PRO COMFORT INSULIN SYRINGE.....	144
polycin.....	147	probenecid.....	50
polymyxin b-trimethoprim.....	148	prochlorperazine.....	47
pomalidomide.....	53	prochlorperazine maleate.....	47
POMALYST.....	53	procto-med hc.....	107
portia-28.....	125	proctosol hc.....	107
posaconazole.....	49	proctozone-hc.....	107
potassium chloride.....	110	progesterone.....	128
potassium chloride crys er.....	110	PROGRAF.....	134
potassium chloride er.....	111	promethazine hcl.....	47,151
potassium chloride in dextrose.....	111	propafenone hcl.....	93
potassium chloride in nacl.....	111	propranolol hcl.....	94
potassium citrate er.....	111	PROPRANOLOL HCL.....	94
POTASSIUM CL IN DEXTROSE 5%.....	111	propranolol hcl er.....	94
pramipexole dihydrochloride.....	70	propylthiouracil.....	130
prasugrel hcl.....	91	PROQUAD.....	136
pravastatin sodium.....	100	protriptyline hcl.....	47
praziquantel.....	68	PULMOZYME.....	153
prazosin hcl.....	92	PURE COMFORT SAFETY PEN NEEDLE.....	144
prednisolone.....	117	pyrazinamide.....	51
prednisolone acetate.....	148	pyridostigmine bromide.....	51
prednisolone sodium phosphate.....	117	pyridostigmine bromide er.....	51
PREDNISOLONE SODIUM PHOSPHATE.....	149	pyrimethamine.....	69
prednisone.....	117		
PREDNISONE.....	117	Q	
PREDNISONE INTENSOL.....	118	qc alcohol.....	108
pregabalin.....	104	QINLOCK.....	55
PREMARIN.....	125	QUADRACEL.....	136
PREMASOL.....	111	quetiapine fumarate.....	74
PREMIUM LIDOCAINE.....	29	quetiapine fumarate er.....	74
prenatal vitamins.....	111	QUICK TOUCH INSULIN PEN NEEDLE.....	144
prevalite.....	101	quinapril hcl.....	93
previfem.....	125	quinapril-hydrochlorothiazide.....	98
PREVYMIS.....	76	QUINIDINE SULFATE.....	93
PREZCOBIX.....	80	quinine sulfate.....	69
PREZISTA.....	80	QVAR REDHALER.....	151

R

ra isopropyl alcohol wipes	108	risedronate sodium	139
RABAVERT	137	risperidone	74,75
rabeprazole sodium	114	risperidone microspheres er	75
RALDESY	46	ritonavir	81
raloxifene hcl	128	rivaroxaban	89
ramelteon	156	rivastigmine	43
ramipril	93	rivastigmine tartrate	43
ranolazine er	98	rizatriptan benzoate	50
rasagiline mesylate	70	ROCKLATAN	147
reclipsen	125	roflumilast	153
RECOMBIVAX HB	137	ROMVIMZA	64
relafen	26	ropinirole hcl	70
RELENZA DISKHALER	81	ropinirole hcl er	70
repaglinide	85	rosadan	32
REPATHA	101	rosuvastatin calcium	100
REPATHA PUSHTRONEX SYSTEM	101	ROTARIX	137
REPATHA SURECLICK	101	ROTATEQ	137
RESTASIS	147	roweepra	39
RETACRIT	90	ROZLYTREK	64
RETEVMO	63	RUBRACA	64
REVCIVI	115	rufinamide	42
REVUFORJ	63,64	RUKOBIA	79
REXULTI	74	RYBELSUS	85
REYATAZ	80	RYDAPT	64
REZDIFFRA	128		
REZLIDHIA	64	S	
RHOPRESSA	149	sacubitril-valsartan	98
RIBAVIRIN	77	sajazir	130
ribavirin	77	SANDIMMUNE	134
RIDAURA	131	SANTYL	108
rifabutin	51	sapropterin dihydrochloride	115
rifampin	51	SCSEMBLIX	64
rilpivirine hcl	78	scopolamine	47
riluzole	103	SECUADO	75
RIMANTADINE HCL	81	SECURESAFE INSULIN SYRINGE	144
ringers	111	selegiline hcl	71
ringers irrigation	144	selenium sulfide	107
RINVOQ	131	SELZENTRY	79
RINVOQ LQ	132	SEREVENT DISKUS	153
		sertraline hcl	46
		setlakin	125

sevelamer carbonate	112	sronyx	125
sharobel	128	ssd	108
SHINGRIX	137	STAVUDINE	79
SIGNIFOR	130	STELARA	132
sildenafil citrate	154	sterile water for irrigation	145
SILIGENTLE FOAM DRESSING	144	STIOLTO RESPIMAT	155
silodosin	116	STIVARGA	64
silver sulfadiazine	108	STREPTOMYCIN SULFATE	30
SIMBRINZA	149	STRIBILD	77
SIMLANDI (1 PEN)	134,135	subvenite	39
SIMLANDI (1 SYRINGE)	135	SUBVENITE	39
SIMLANDI (2 PEN)	135	sucalfate	114
SIMLANDI (2 SYRINGE)	135	SULFACETAMIDE SODIUM	148
simliya	125	sulfacetamide sodium	148
simpesse	125	sulfacetamide sodium (acne)	105
simvastatin	100	SULFACETAMIDE-PREDNISOLONE	147
sirolimus	135	sulfadiazine	37
SIRTURO	52	sulfamethoxazole-trimethoprim	37
SKYRIZI	132	sulfasalazine	138
SKYRIZI (150 MG DOSE)	132	sulfatrim pediatric	37
SKYRIZI PEN	132	sulindac	26
SMOFLIPID	145	sumatriptan	50
sodium chloride	111	sumatriptan succinate	51
sodium chloride (pf)	111	SUMATRIPTAN SUCCINATE REFILL	51
sodium fluoride	111	sunitinib malate	64,65
sodium oxybate	156	SUNLENCA	79,80
sodium phenylbutyrate	115	SURE COMFORT PEN NEEDLES	145
sodium polystyrene sulfonate	112	syeda	125
solifenacin succinate	116	SYMPAZAN	40
SOLTAMOX	53	SYMTUZA	81
SOMAVERT	130	SYNAREL	130
sorafenib tosylate	64	SYNJARDY	85
sorine	93	SYNJARDY XR	85
sotalol hcl	93	SYNRIBO	65
sotalol hcl (af)	93	SYNTHROID	129
SPIRIVA RESPIMAT	152		
spironolactone	99	T	
spironolactone-hctz	98	TABLOID	54
sprintec 28	125	TABRECTA	65
SPRITAM	39	tacrolimus	107,135
SPS (SODIUM POLYSTYRENE SULF)	112	tadalafil	116

tadalafil (pah).....	116,154	TICOVAC.....	137
TAFINLAR.....	65	tigecycline.....	32
TAGRISSO.....	65	timolol maleate.....	94,149
TALZENNA.....	65	tinidazole.....	32
tamoxifen citrate.....	53	tiotropium bromide.....	152
tamsulosin hcl.....	116	tis-u-sol.....	145
tarina fe 1/20.....	125	TIVICAY.....	77
tarina fe 1/20 eq.....	125	TIVICAY PD.....	77
tasimelteon.....	156	tizanidine hcl.....	76
tazarotene.....	106	tobramycin.....	148,153
TAZICEF.....	34	tobramycin sulfate.....	30
taztia xt.....	96	tobramycin-dexamethasone.....	147
TAZVERIK.....	65	TOLAK.....	109
TDVAX.....	137	tolterodine tartrate.....	116
TECHLITE PLUS PEN NEEDLES.....	145	tolterodine tartrate er.....	116
TEFLARO.....	34	tolvaptan.....	111
telmisartan.....	92	topiramate.....	39
telmisartan-amlodipine.....	98	toremifene citrate.....	54
telmisartan-hctz.....	98	toremide.....	99
temazepam.....	156	TOUJEO MAX SOLOSTAR.....	88
TENIVAC.....	137	TOUJEO SOLOSTAR.....	88
tenofovir disoproxil fumarate.....	79	TPN ELECTROLYTES.....	111
TEPMETKO.....	65	TRADJENTA.....	85
terazosin hcl.....	92	tramadol hcl.....	28
terbinafine hcl.....	49	tramadol hcl er.....	27
terconazole.....	49	tramadol-acetaminophen.....	28
teriflunomide.....	104	trandolapril.....	93
teriparatide.....	139	TRANDOLAPRIL-VERAPAMIL HCL ER.....	98
testosterone.....	118,119	tranexamic acid.....	91
testosterone cypionate.....	119	tranylcypromine sulfate.....	44
TESTOSTERONE ENANTHATE.....	119	travoprost (bak free).....	149
tetrabenazine.....	103	trazodone hcl.....	46
tetracycline hcl.....	37	TRECATOR.....	52
THALOMID.....	53	TRELEGY ELLIPTA.....	155
theophylline er.....	153	TRESIBA.....	88
thioridazine hcl.....	71	TRESIBA FLEXTOUCH.....	88
thiothixene.....	71	tretinoin.....	68,106
tiadylt er.....	96	tri femynor.....	125
tiagabine hcl.....	40	tri-estarylla.....	125
TIBSOVO.....	65	tri-lynyah.....	125
ticagrelor.....	91	tri-mili.....	125

tri-nymyo	126
tri-previfem	126
tri-sprintec	126
tri-vylibra	126
triamcinolone acetonide	105,107
triamterene-hctz	98
triazolam	156
triderm	108
trientine hcl	111
TRIENTINE HCL	112
trifluoperazine hcl	72
TRIFLURIDINE	148
trihexyphenidyl hcl	69
TRIKAFTA	153
trimethoprim	32
trimipramine maleate	47
TRINTELLIX	46
TRIUMEQ	79
TRIUMEQ PD	79
trivora (28)	126
TRIZIVIR	79
tropium chloride	116
TRUE COMFORT INSULIN SYRINGE	145
TRUE COMFORT PEN NEEDLES	145
TRUE COMFORT PRO PEN NEEDLES	145
TRUE COMFORT SAFETY PEN NEEDLE	145
TRULICITY	85
TRUMENBA	137
TRUQAP	65
TUKYSA	65
tulana	128
TURALIO	65
turqoz	126
TWINRIX	137
TYBOST	80
TYENNE	132
TYMLOS	139
TYPHIM VI	137

U

UDENYCA	91
---------	----

ULTIGUARD SAFEPAK PEN NEEDLE	145
UNIFINE OTC PEN NEEDLES	145
UNIFINE PENTIPS	145
UNIFINE PROTECT PEN NEEDLE	145
UNIFINE SAFECONTROL PEN NEEDLE	145
unithroid	129
UPTRAVI	154
ursodiol	113
USTEKINUMAB	132
USTEKINUMAB-AEKN	132

V

valacyclovir hcl	81
VALCHLOR	109
valganciclovir hcl	76
valproate sodium	39
valproic acid	39
valsartan	92
valsartan-hydrochlorothiazide	99
VALTOCO 10 MG DOSE	40
VALTOCO 15 MG DOSE	40
VALTOCO 20 MG DOSE	40
VALTOCO 5 MG DOSE	40
valtya 1/35	126
valtya 1/50	126
vanadom	155
vancomycin hcl	32
VANFLYTA	66
VAQTA	137
varenicline tartrate	30
varenicline tartrate (starter)	30
varenicline tartrate(continue)	30
VARIVAX	137
VAXCHORA	137
VELIVET	126
VENCLEXTA	66
VENCLEXTA STARTING PACK	66
venlafaxine hcl	46
venlafaxine hcl er	46
VEOZAH	103
verapamil hcl	96

VERAPAMIL HCL ER.....	96
verapamil hcl er.....	96
VERIFINE INSULIN PEN NEEDLE.....	146
VERIFINE INSULIN SYRINGE.....	146
VERIFINE PLUS PEN NEEDLE.....	146
VERQUVO.....	99
VERSACLOZ.....	75
VERZENIO.....	66
vestura.....	126
vienva.....	126
vigabatrin.....	40
vigadrone.....	41
VIGAFYDE.....	41
vigpoder.....	41
vilazodone hcl.....	46
VIMKUNYA.....	137
viorele.....	126
VIRACEPT.....	81
VIREAD.....	79
VITRAKVI.....	66
VIVOTIF.....	138
VIZIMPRO.....	66
volnea.....	126
VONJO.....	68
VORANIGO.....	66
voriconazole.....	49
VOSEVI.....	77
VOWST.....	146
VRAYLAR.....	75
vyfemla.....	126
vylibra.....	126
VYZULTA.....	150

W

warfarin sodium.....	89
WEBCOL ALCOHOL PREP LARGE.....	146
WELIREG.....	55
wera.....	126
WINREVAIR.....	154
wixela inhub.....	155
wymzya fe.....	126

WYOST.....	139
------------	-----

X

XALKORI.....	66,67
XARELTO.....	89
XARELTO STARTER PACK.....	90
XATMEP.....	135
XCOPRI.....	39,42
XCOPRI (250 MG DAILY DOSE).....	42
XCOPRI (350 MG DAILY DOSE).....	42
XDEMVI.....	147
XELJANZ.....	132
XELJANZ XR.....	132
xelria fe.....	126
XERMELO.....	113
XIFAXAN.....	32
XIGDUO XR.....	85,86
XIIDRA.....	147
XOFLUZA (40 MG DOSE).....	81
XOFLUZA (80 MG DOSE).....	81
XOLAIR.....	132
XOSPATA.....	67
XPOVIO (100 MG ONCE WEEKLY).....	67
XPOVIO (40 MG ONCE WEEKLY).....	67
XPOVIO (40 MG TWICE WEEKLY).....	67
XPOVIO (60 MG ONCE WEEKLY).....	67
XPOVIO (60 MG TWICE WEEKLY).....	67
XPOVIO (80 MG ONCE WEEKLY).....	67
XPOVIO (80 MG TWICE WEEKLY).....	67
XTANDI.....	53
xulane.....	126

Y

YESINTEK.....	132,133
YF-VAX.....	138
yuvafem.....	126

Z

zafemy.....	126
zafirlukast.....	151
zaleplon.....	156

ZARXIO	91
ZEJULA	67
ZELBORAF	67
zenatane	106
ZENPEP	115
zidovudine	79
ziprasidone hcl	75
ziprasidone mesylate	75
ZIRGAN	148
zoledronic acid	139
ZOLINZA	55
zolpidem tartrate	156
ZONISADE	42
zonisamide	42
zovia 1/35 (28)	126
zovia 1/35e (28)	126
ZTALMY	41
zumandimine	126
ZURZUVAE	44
ZYDELIG	67
ZYKADIA	68
ZYLET	147
ZYPREXA RELPREVV	75

在此部分中，您可以通过按字母顺序搜索药物名称来查找药物。其中说明了您可以在哪一页找到有关您药物的其他承保信息。

ANALGESICS	25
ANESTHETICS	29
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	29
ANTIBACTERIALS	30
ANTICONVULSANTS	37
ANTIDEMENTIA AGENTS	42
ANTIDEPRESSANTS	43
ANTIEMETICS	47
ANTIFUNGALS	48
ANTIGOUT AGENTS	50
ANTIMIGRAINE AGENTS	50
ANTIMYASTHENIC AGENTS	51
ANTIMYCOBACTERIALS	51
ANTINEOPLASTICS	52
ANTIPARASITICS	68
ANTIPARKINSON AGENTS	69
ANTIPSYCHOTICS	71
ANTISPASTICITY AGENTS	76
ANTIVIRALS	76
ANXIOLYTICS	82
BIPOLAR AGENTS	83
BLOOD GLUCOSE REGULATORS	83
BLOOD PRODUCTS AND MODIFIERS	88
CARDIOVASCULAR AGENTS	91
CENTRAL NERVOUS SYSTEM AGENTS	102
DENTAL AND ORAL AGENTS	105
DERMATOLOGICAL AGENTS	105
ELECTROLYTES/MINERALS/METALS/VITAMINS	109
GASTROINTESTINAL AGENTS	112
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	114
GENITOURINARY AGENTS	116
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	117
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	118
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	118
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	128
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)	129
HORMONAL AGENTS, SUPPRESSANT (THYROID)	130
IMMUNOLOGICAL AGENTS	130

INFLAMMATORY BOWEL DISEASE AGENTS	138
METABOLIC BONE DISEASE AGENTS	138
MISCELLANEOUS THERAPEUTIC AGENTS	140
OPHTHALMIC AGENTS	146
OTIC AGENTS	150
RESPIRATORY TRACT/PULMONARY AGENTS	150
SKELETAL MUSCLE RELAXANTS	155
SLEEP DISORDER AGENTS	156

Notice of Availability of Language Services and Auxiliary Aids and Services

English Tagline

ATTENTION: If you need help in your language call

1-800-452-4413 (TTY:711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-452-4413 (TTY:711)**. These services are free.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ **1-800-452-4413 (TTY:711)**. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ **1-800-452-4413 (TTY:711)**. هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք **1-800-452-4413 (TTY:711)**: Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու

խոշորատառ տպագրված նյութեր: Չանգահարեք **1-800-452-4413 (TTY:711)**: Այդ ծառայություններն անվճար են:

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 **1-800-452-4413 (TTY: 711)**。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 **1-800-452-4413 (TTY: 711)**。这些服务都是免费的。

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो **1-800-452-4413 (TTY: 711)** पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। **1-800-452-4413 (TTY: 711)** पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau **1-800-452-4413 (TTY: 711)**. Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau **1-800-452-4413 (TTY: 711)**. Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は **1-800-452-4413 (TTY: 711)**

へお電話ください。

点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。

1-800-452-4413 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 **1-800-452-4413 (TTY: 711)** 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다.

1-800-452-4413 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx
longc mienh tengx faan benx meih nyei waac nor douc waac
daaih lorx taux **1-800-452-4413 (TTY: 711).** Liouh lorx jauv-louc
tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx
mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx
caux aamz mborqv benx domh sou se mbenc nzoih bun longc.
Douc waac daaih lorx **1-800-452-4413 (TTY: 711).** Naaiv deix
nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc
cuotv nyaanh oc.

ພາສາມູ່ລຸ່ມຊາກສາໂຊ່ງ (Mon-Khmer, Cambodian)

ចំណຳ: ເບີຜູ້ ກຽກ ການຊ່ຽງ ຈາກສາ ກບສ່ຜູ້ ສູ່ ອຽສັຕູເອາເລຂ
1-800-452-4413 (TTY:711) ຈ່ຽງ ສິຂ ສະກັກມູ່ ສບຽບ
ຊສຕິກາ ຊູວຊາລັກສາກສາສະກັກມູ່ ສບຽບຊສຕິກາກູ່

ਪ੍ਰੋਗਰਾਮ ਸਰਵੋਤਮ ਸੇਵਾ ਮੁਹੱਈਆ ਕਰਵਾਉਣ ਲਈ ਸਹਾਇਤਾ ਮੰਗੋ

ਦੁਰਸੰਚਾਰ ਨੰਬਰ **1-800-452-4413 (TTY:711)**

ਸੇਵਾ ਮੁਹੱਈਆ ਕਰਵਾਉਣ ਲਈ ਸਹਾਇਤਾ ਮੰਗੋ

مطلب به زبان فارسی (Persian (Farsi))

1-800-452-4413 (TTY: 711) توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های (711) **1-800-452-4413 (TTY: 711)** خط بریل و چاپ با حروف بزرگ، نیز موجود است. با تماس بگیرید. این خدمات رایگان ارائه می‌شوند. (711)

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ

1-800-452-4413 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ,

ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ

1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру **1-800-452-4413** (линия TTY: 711).

Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы

крупным шрифтом или шрифтом Брайля. Звоните по номеру

1-800-452-4413 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al

1-800-452-4413 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al **1-800-452-4413** (TTY: 711). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-800-452-4413** (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-452-4413** (TTY: 711). Libre ang mga serbisyonang ito.

เท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413** (TTY: 711) นอกจากนี้ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข **1-800-452-4413** (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер **1-800-452-4413 (TTY: 711)**. Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số **1-800-452-4413 (TTY: 711)**. Các dịch vụ này đều miễn phí.

非歧视通知

歧视属于违法行为。Blue Shield of California 遵守州和联邦民权法律。

Blue Shield of California 不会因生理性别、种族、肤色、宗教、血统、原国籍、族群认同、年龄、精神残疾、身体残疾、医疗状况、遗传信息、婚姻状况、性别、性别认同或性取向而歧视、排斥或区别对待任何人。

Blue Shield of California 规定：

- » 为残障人士免费提供及时援助和服务，以便他们与我们更好地进行沟通，例如：
 - 合格的手语翻译员
 - 其他格式的书面信息（大字体、音频、可获取的电子格式和其他格式）
- » 为母语非英语的人士提供及时的免费语言服务，例如：
 - 合格的口译员
 - 用其他语言写的信息
- » 如果您需要上述服务，请在周一至周五上午 8 点至下午 8 点联系 *Blue Shield of California* 。致电您所在地区的客户服务部：

1-800-452-4413 如果您有听力或语言障碍，请拨打 TTY 专线：711。根据您的要求，我们可以为您提供本文件的盲文版、大字版、录音带或电子版。如需获得任何上述替代格式的副本，请按如下信息致电或致函：

Blue Shield of California

601 12th Street

Oakland, CA 94607-3613

1-800-452-4413 (TTY 专线：711)

Blue Shield of California is an independent member of the Blue Shield Association.

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如何提出申诉

如果您认为 Blue Shield of California 未能提供这些服务，或基于生理性别、种族、肤色、宗教、血统、原国籍、族群认同、年龄、精神残疾、身体残疾、医疗状况、遗传信息、婚姻状况、性别、性别认同或性取向以其他方式非法地歧视他人，您可向 Blue Shield of California 民权协调员提出申诉。您可通过电话、信函、亲自提交或电子方式提出申诉：

- » 通过电话：您可在周一至周五上午 8 点至下午 8 点，致电联系 Blue Shield of California 民权协调员，电话：1-844-883-2233。或者，如果您有听力或语言障碍，请拨打 TTY/TDD 专线：711。
- » 通过信函：填写投诉表或者写信并寄至：

Blue Shield of California's Civil Rights Coordinator, P.O. Box 5588, El Dorado Hills, CA 95762-0011

- » 亲自提交：前往您医生的诊室或 Blue Shield of California 并告知您想提出申诉。
- » 电子方式：访问 Blue Shield of California 的网站 blueshield.ca。

OFFICE OF CIVIL RIGHTS (民权办公室) – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (加州医疗保健服 务部)

您还可通过电话、信函或电子方式向加州 Department of Health Care Services 的民权办公室提出民权投诉：

- » 通过电话：请致电 1-916-440-7370。如果您有听力或语言障碍，请致电 711 (Telecommunications Relay Service)。
- » 通过信函：填写投诉表或寄送信函至：

Deputy Director, Office of Civil Rights Department of Health Care Services
P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413

投诉表格可于以下网站获取：

http://www.dhcs.ca.gov/Pages/Language_Access.aspx。

- » 电子方式：发送电子邮件至 CivilRights@dhcs.ca.gov。

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (美国卫生和公共服务部)

如果您认为自己因种族、肤色、原国籍、年龄、残障情况或性别而遭受歧视，您还可通过电话、信函或电子方式向美国 Department of Health and Human Services 的民权办公室提交民权投诉：

- » 通过电话：请致电 1-800-368-1019。如果您有语言或听力障碍，请拨打 TTY/TDD 专线：1-800-537-7697。

» 通过信函: 填写投诉表或寄送信函至

U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201

- 投诉表格可于以下网站获取: <http://www.hhs.gov/ocr/office/file/index.html>。
- » 电子方式: 访问民权办公室的投诉门户网站:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

本 *药物清单* 更新于 03/24/2026 。

如欲了解更多最新信息或有其他问题，请联系我们，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间），或访问 blueshieldca.com/medformulary2026。

如有问题，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413 (TTY:711)，服务时间：每周七天，每天上午 8 点至晚上 8 点（太平洋时间）。此为免费电话。如欲了解更多信息，请访问 blueshieldca.com/medformulary2026。



03/24/2026