



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：13

本药物清单更新于 09/02/2025 。

如欲了解更多最新信息或其他问题，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。

H2819_25_357A_C Approved 08202025

A55568EAE-CS (10/25)

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。



09/02/2025

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。

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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。



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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: 每周六天, 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。



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。

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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.

(Arabic) الشعار بالعربية

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

Հայերեն պիտակ (Armenian)

ՈՒԾԱՇԽՈՒԹՅՈՒՆ: 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: Զանգահարեք 1-800-452-4413 (TTY:711): Այդ ծառայություններն անվճար են:

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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。



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). ਅਪਾਰਾਜ 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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如有问题, 请致电 Blue Shield TotalDual Plan, 电话: (800) 452-4413 (TTY:711), 服务时间: 每周六, 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。



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.

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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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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。



ເຄຫດໄວພາສາລາວ (Laotian)

ປະກາດ:

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

ຢັ້ງມີຄວາມຊ່ວຍເຫຼືອແວະການບໍລິການສໍາວັບຄືນຜິການ
ເຊັ່ນເອກະສານທີ່ເປັນວັກສອນນຸ່ມແວະມີໂຕຜົມໃຫຍ່ ໃຫ້ໂທຫາເບີ
1-800-452-4413 (TTY: 711).
ການບໍລິການເຫຼົານີ້ບໍ່ຕົ້ອງເສັລຄ່າໃຊ້ລ່າຍໄດ້.

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 jaув-louc se
benx wang-henh tengx mv zuqc cuotv nyaanh oc.

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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: 每周六天, 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。



យូសម្តាល់ជាកាសាខ្មែរ (Mon-Khmer, Cambodian)

ចំណាំ៖ បើម្យក ត្រូវ ការជំនួយ ជាកាសា របស់ម្យក សូម

ទូរស័ព្ទទៅលេខ 1-800-452-4413 (TTY:711)។ ជំនួយ និង

សេវាកម្ម សម្រាប់ ដនពិការ ផ្តុចជាងកសារសរសេរជាមក្ស្រាមុស

សម្រាប់ដនពិការតេខ្នួក បួនកសារសរសេរជាមក្ស្រាមក្ស្រាមុស

កំអាមេរិកបានដាក់លេខ 1-800-452-4413

(TTY:711)។ សេវាកម្មទាំងនេះមិនគីឡូរីយៈ

مطلب به زبان فارسی (Persian (Farsi))

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با 1-800-452-4413

(TTY: 711) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلویت،

مانند نسخه های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با

1-800-452-4413 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه

می شوند.

本节续下页

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。



Русский слоган (Russian)

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

แท็กไลน์ภาษาไทย (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

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。



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.

Khâu 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。
- 在某些情况下，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, 美国食品药物管理局) 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。换而言之, 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/或阶段疗法限制) 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 132 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: 每周六, 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>butilbital-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 | |
| <i>FLURBIPROFEN (100 MG TAB, 50 MG TAB)</i> | 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |

有关此表中符号和缩写含义的信息，请
前往第 [xi i](#) 页并阅读图例中的说明。

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) |
| <i>premium lidocaine 5 % ointment</i> | 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>naloxone hcl 4 mg/0.1ml liquid</i> | Tier 2 | QL (2 PER 30 OVER TIME) |
| <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) |
| <i>NICOTROL 10 MG INHALER</i> | Tier 4 | |
| <i>NICOTROL NS 10 MG/ML SOLUTION</i> | 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 | |
| <i>ARIKAYCE 590 MG/8.4ML SUSPENSION</i> | 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 | |
| <i>STREPTOMYCIN SULFATE 1 GM RECON SOLN</i> | 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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, 9000 mg/60ml 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 NACL (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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>methenamine hippurate 1 gm tab</i> | Tier 4 | |
| <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, 250 mg recon soln, 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 | | |
| <i>CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)</i> | 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 | |

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前往第 [xi](#) 页并阅读图例中的说明。

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 | |
| <i>CEFEPIME HCL (1 GM RECON SOLN, 1 GM/50ML SOLUTION, 2 GM RECON SOLN, 2 GM/100ML SOLUTION)</i> | 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 | |
| <i>CEFPODOXIME PROXETIL (100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB, 50 MG/5ML RECON SUSP)</i> | Tier 4 | |
| <i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i> | Tier 2 | |
| <i>CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)</i> | 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 | |
| <i>TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)</i> | Tier 4 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------|
| 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 | |
| AMOXICILLIN-POT CLAVULANATE ER 1000-62.5 MG TAB ER 12H | 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 | |
| <i>penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)</i> | Tier 4 | |

有关此表中符号和缩写含义的信息，请
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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 |
|---|----------------------|--------------------|
| 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>pifizerpen (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 | |
| <i>clarithromycin er 500 mg tab er 24h</i> | Tier 4 | |
| DIFICID 200 MG TAB | Tier 5 | PA, QL (20 PER 10 OVER TIME) |

有关此表中符号和缩写含义的信息，请
前往第 [xi i](#) 页并阅读图例中的说明。

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 |
|--|----------------------|--------------------------------|
| 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 NACL 400 MG/250ML SOLUTION | Tier 4 | PA - PART B VS D DETERMINATION |
| SULFONAMIDES | | |
| <i>sulfadiazine 500 mg tab</i> | Tier 3 | |

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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 |
|--|----------------------|--------------------|
| sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension) | Tier 2 | |
| sulfamethoxazole-trimethoprim 400-80 mg/5ml solution | Tier 4 | |

TETRACYCLINES

| | | |
|--|--------|--|
| avidoxy 100 mg tab | Tier 3 | |
| doxy 100 100 mg recon soln | Tier 4 | |
| doxycycline hyclate (100 mg cap, 100 mg tab, 20 mg tab, 50 mg cap) | Tier 2 | |
| doxycycline hyclate 100 mg recon soln | Tier 4 | |
| doxycycline monohydrate (100 mg cap, 50 mg cap) | Tier 2 | |
| doxycycline monohydrate (100 mg tab, 50 mg tab, 75 mg tab) | Tier 3 | |
| minocycline hcl (100 mg cap, 50 mg cap, 75 mg cap) | Tier 2 | |
| monodoxine nl 100 mg cap | Tier 2 | |
| morgidox 100 mg cap | Tier 2 | |
| tetracycline hcl (250 mg cap, 500 mg cap) | 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 | | |
| 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 |

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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 |
|---|----------------------|---|
| 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 |
| FYCOMPA 0.5 MG/ML SUSPENSION | Tier 4 | QL (24 PER 1 DAYS) |
| <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 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 |

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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>subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i> | Tier 2 | |
| <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 | |
| <i>XCOPRI (100 MG TAB, 25 MG TAB, 50 MG TAB)</i> | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>XCOPRI (150 MG TAB, 200 MG TAB)</i> | 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-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS

| | | |
|--|--------|---|
| <i>clobazam 10 mg tab</i> | Tier 4 | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <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) |

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前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| <i>SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)</i> | 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 | |
| <i>VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID</i> | Tier 5 | QL (10 PER 30 DAYS) |
| <i>VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK</i> | Tier 5 | QL (10 PER 30 DAYS) |
| <i>VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK</i> | Tier 5 | QL (10 PER 30 DAYS) |
| <i>VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID</i> | 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 |
| <i>vigadron 500 mg packet</i> | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadron 500 mg tab</i> | Tier 5 | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>VIGAFYDE 100 MG/ML SOLUTION</i> | Tier 5 | LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigpoder 500 mg packet</i> | Tier 5 | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>ZTALMY 50 MG/ML SUSPENSION</i> | Tier 5 | LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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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 |
|--|----------------------|--------------------------------|
| 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 | |
| <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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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) |
| <i>XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)</i> | Tier 5 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK</i> | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK</i> | Tier 5 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK</i> | Tier 4 | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>ZONISADE 100 MG/5ML SUSPENSION</i> | 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 | | |
| <i>ERGOLOID MESYLATES 1 MG TAB</i> | Tier 3 | |
| 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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|---------------------|
| <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) |
| <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) |
| <i>mirtazapine (15 mg tab disp, 30 mg tab disp, 45 mg tab, 45 mg tab disp, 7.5 mg tab)</i> | Tier 2 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>mirtazapine (15 mg tab, 30 mg tab)</i> | Tier 1 | |
| <i>PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)</i> | Tier 4 | PA - FOR NEW STARTS ONLY |
| <i>ZURZUVAE (20 MG CAP, 25 MG CAP)</i> | Tier 5 | QL (28 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>ZURZUVAE 30 MG CAP</i> | Tier 5 | QL (14 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |

MONOAMINE OXIDASE INHIBITORS

| | | |
|--|--------|--------------------------|
| <i>EMSAM (12 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR)</i> | Tier 5 | PA - FOR NEW STARTS ONLY |
| <i>MARPLAN 10 MG TAB</i> | Tier 4 | |
| <i>phenelzine sulfate 15 mg tab</i> | Tier 2 | |
| <i>tranylcypromine sulfate 10 mg tab</i> | Tier 4 | |

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 | |
| <i>FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)</i> | Tier 4 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>FETZIMA TITRATION 20 & 40 MG CP24 THPK</i> | Tier 4 | QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| 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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi i](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------------|
| 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 | |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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, 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) |
| <i>gransetron 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 |

有关此表中符号和缩写含义的信息，请
前往第 *xi i* 页并阅读图例中的说明。

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 | |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 |

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 | | |
| <i>AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)</i> | Tier 3 | PA, QL (1 PER 28 DAYS) |
| <i>EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR)</i> | Tier 3 | PA, QL (2 PER 30 DAYS) |

有关此表中符号和缩写含义的信息，请
前往第 [xi i](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------------|
| 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) |
| <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 soln prsyr, 6 mg/0.5ml solution)</i> | Tier 4 | QL (8 PER 30 OVER TIME) |
| <i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i> | 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 | |

有关此表中符号和缩写含义的信息，请
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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 | |
| SIRTURO (100 MG TAB, 20 MG TAB) | Tier 5 | PA |
| TRECATOR 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 |
| GLEOSTINE (10 MG CAP, 40 MG CAP) | Tier 4 | |
| GLEOSTINE 100 MG CAP | Tier 5 | |
| LEUKERAN 2 MG TAB | Tier 4 | |
| 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 |

有关此表中符号和缩写含义的信息，请
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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>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 |
| 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 |
| 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 |

有关此表中符号和缩写含义的信息，请
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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 |
|---|----------------------|---|
| 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 | |
| SOLTAMOX 10 MG/5ML SOLUTION | Tier 5 | PA - FOR NEW STARTS ONLY |
| <i>tamoxifen citrate (10 mg tab, 20 mg tab)</i> | Tier 2 | |
| <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 |

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ANTINEOPLASTICS

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|---|----------------------|---|
| IWILFIN 192 MG TAB | Tier 5 | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <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 |
| 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 | |

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 |

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ANTINEOPLASTICS

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|--|----------------------|--|
| 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 |
| AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK | Tier 5 | LA, QL (66 PER 28 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 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 |

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ANTINEOPLASTICS

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|---|----------------------|---|
| 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 |
| 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 |

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ANTINEOPLASTICS

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|--|----------------------|--|
| <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 |
| 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 |

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ANTINEOPLASTICS

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|---|----------------------|--|
| 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 |
| 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 |

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ANTINEOPLASTICS

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|--|----------------------|---|
| 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 |
| 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 |
| 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 |
| 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 |

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ANTINEOPLASTICS

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|--|----------------------|--|
| 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 |
| 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 |

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ANTINEOPLASTICS

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|--|----------------------|--|
| 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 |
| 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 |

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ANTINEOPLASTICS

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|---|----------------------|---|
| <i>pazopanib hcl 200 mg tab</i> | Tier 5 | QL (4 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 |
| 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 |

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|--|----------------------|--|
| 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 |
| <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 |
| TAGRISSO (40 MG TAB, 80 MG TAB) | Tier 5 | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

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|---|----------------------|---|
| 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 |
| 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 |

有关此表中符号和缩写含义的信息，请
前往第 ^{前往第}^{xii} 页并阅读图例中的说明。

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 |
|--|----------------------|---|
| VERZENIO (100 MG TAB, 150 MG TAB) | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| VERZENIO (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 |
| 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 |

有关此表中符号和缩写含义的信息，请
前往第 ^{前往第}^{xii} 页并阅读图例中的说明。

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 |
|--|----------------------|---|
| 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 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 |
| 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 | |
|-------------------------|--------|--|

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|------------------|----------------------|---|
| 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) |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| ANTIPARKINSON AGENTS, OTHER | | |
| <i>amantadine hcl (100 mg cap, 100 mg tab, 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 | |

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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>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 | |
| CARBIDOPA-LEVODOPA (10-100 MG TAB DISP, 25-100 MG TAB DISP, 25-250 MG TAB DISP) | 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) |
| <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 | |

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前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| <i>trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)</i> | Tier 2 | |

2ND GENERATION/ATYPICAL

| | | |
|---|--------|--|
| ABILITY 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 |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#)i 页并阅读图例中的说明。

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 |
|--|----------------------|---|
| 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 |
| 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 |

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前往第 [xi](#) 页并阅读图例中的说明。

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 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 |
| 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 |

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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>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, 1 MG TAB) | Tier 5 | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| REXULTI (0.5 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 | |
| <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 (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 | |

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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>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 |

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 | |

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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 |
|--|----------------------|--------------------------------|
| 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) |
| BARACLUDE 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) |
| 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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---------------------------------|----------------------|--------------------|
| 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) |
| <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) |

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前往第 [xi](#) 页并阅读图例中的说明。

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 |
|--|----------------------|--------------------|
| ODEFSEY 200-25-25 MG TAB | Tier 5 | QL (1 PER 1 DAYS) |
| PIFELTRO 100 MG TAB | 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) |
| <i>abacavir-lamivudine-zidovudine 300-150-300 mg tab</i> | Tier 5 | QL (2 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) |
| <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) |
| TEMIXYS 300-300 MG TAB | Tier 5 | QL (1 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) |

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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 |
|-----------------------------------|----------------------|----------------------|
| 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) |
| 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) |

有关此表中符号和缩写含义的信息，请
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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>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) |
| <i>EVOTAZ 300-150 MG TAB</i> | Tier 5 | QL (1 PER 1 DAYS) |
| <i>fosamprenavir calcium 700 mg tab</i> | Tier 4 | QL (4 PER 1 DAYS) |
| <i>KALETRA 400-100 MG/5ML SOLUTION</i> | Tier 4 | QL (13 PER 1 DAYS) |
| <i>LEXIVA 50 MG/ML SUSPENSION</i> | 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) |
| <i>NORVIR 100 MG CAP</i> | Tier 4 | |
| <i>NORVIR 100 MG PACKET</i> | Tier 4 | QL (12 PER 1 DAYS) |
| <i>NORVIR 80 MG/ML SOLUTION</i> | Tier 4 | QL (15 PER 1 DAYS) |
| <i>PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)</i> | Tier 5 | QL (1 PER 1 DAYS) |
| <i>PREZISTA 100 MG/ML SUSPENSION</i> | Tier 5 | QL (12 PER 1 DAYS) |
| <i>PREZISTA 150 MG TAB</i> | Tier 3 | QL (8 PER 1 DAYS) |
| <i>PREZISTA 75 MG TAB</i> | Tier 3 | QL (10 PER 1 DAYS) |
| <i>REYATAZ 50 MG PACKET</i> | Tier 5 | QL (8 PER 1 DAYS) |
| <i>ritonavir 100 mg tab</i> | Tier 3 | QL (12 PER 1 DAYS) |
| <i>SYMTUZA 800-150-200-10 MG TAB</i> | Tier 5 | QL (1 PER 1 DAYS) |
| <i>VIRACEPT 250 MG TAB</i> | Tier 5 | QL (9 PER 1 DAYS) |
| <i>VIRACEPT 625 MG TAB</i> | 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) |

有关此表中符号和缩写含义的信息，请
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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>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) 1X 40 MG TAB THPK | Tier 4 | QL (2 PER 30 OVER TIME) |
| XOFLUZA (80 MG DOSE) 1X 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

| | | |
|--|--------|--------------------------|
| PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK | Tier 2 | QL (20 PER 30 OVER TIME) |
| PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK | Tier 2 | QL (30 PER 30 OVER TIME) |
| PAXLOVID 6 X 150 MG & 5 X 100MG TAB THPK | Tier 2 | QL (11 PER 30 OVER TIME) |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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) |
| <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) |

有关此表中符号和缩写含义的信息，请
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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 | |
| <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) |

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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 |
|--|----------------------|------------------------|
| 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 (100 MG TAB, 25 MG TAB, 50 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 | |
| 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 | |
| OZEMPIK (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | Tier 3 | PA, QL (3 PER 28 DAYS) |
| OZEMPIK (1 MG/DOSE) 4 MG/3ML SOLN PEN | Tier 3 | PA, QL (3 PER 28 DAYS) |
| OZEMPIK (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 | |

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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 |
|---|----------------------|-------------------------|
| <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) |
| 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) |
| <i>glucagon emergency 1 mg recon soln</i> | Tier 3 | QL (2 PER 2 OVER TIME) |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN | Tier 3 | QL (2 PER 2 OVER TIME) |
| INSULINS | | |
| FIASP 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 |
|--|----------------------|--------------------------------|
| 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 | |
| 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 | |

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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 |
|---|----------------------|---------------------|
| 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 | |
| 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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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) |
| <i>ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL</i> | Tier 3 | QL (12 PER 1 DAYS) |
| <i>ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL</i> | Tier 3 | QL (16 PER 1 DAYS) |
| <i>ELIQUIS (2.5 MG TAB, 5 MG TAB)</i> | Tier 3 | QL (2 PER 1 DAYS) |
| <i>ELIQUIS 0.15 MG CAP SPRINK</i> | Tier 3 | QL (2 PER 1 DAYS) |
| <i>ELIQUIS 0.5 MG TAB SOL</i> | Tier 3 | QL (4 PER 1 DAYS) |
| <i>ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK</i> | 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) |
| <i>enoxaparin sodium (120 mg/0.8ml soln prsyr, 80 mg/0.8ml soln prsyr)</i> | Tier 4 | QL (48 PER 30 DAYS) |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i> | Tier 4 | QL (18 PER 30 DAYS) |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i> | Tier 4 | QL (24 PER 30 DAYS) |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsyr</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 |

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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 |
|---|----------------------|---------------------------|
| 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) | Tier 1 | |
| rivaroxaban 1 mg/ml recon susp | Tier 3 | QL (20 ML PER 1 DAYS) |
| rivaroxaban 2.5 mg tab | Tier 3 | QL (2 PER 1 DAYS) |
| 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) | 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) |
| XARELTO STARTER PACK 15 & 20 MG TAB THPK | Tier 3 | QL (51 PER 180 OVER TIME) |

BLOOD PRODUCTS AND MODIFIERS, OTHER

| | | |
|--|--------|-----------------------|
| anagrelide hcl (0.5 mg cap, 1 mg cap) | 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 |
| eltrombopag olamine (12.5 mg packet, 12.5 mg tab) | Tier 5 | PA, QL (1 PER 1 DAYS) |
| eltrombopag olamine (25 mg tab, 50 mg tab) | Tier 5 | PA, QL (3 PER 1 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>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 |
| 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) |

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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 |
|---|----------------------|------------------------------|
| 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 | |
| <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 | |

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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 |
|--|----------------------|--------------------|
| 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 | |
| <i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i> | 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 | |

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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 |
|---|----------------------|--------------------|
| 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 | |
| <i>quinidine sulfate (200 mg tab, 300 mg tab)</i> | 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 | |
| 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 | |

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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>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 | |
| <i>PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)</i> | 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 | |
| <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 | |

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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>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 | |
| <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 | |
| <i>VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)</i> | 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 | |

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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 |
|--|----------------------|--------------------|
| 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 | |
| <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 | |

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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 |
|--|----------------------|------------------------|
| 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) |
| <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 | |
| METHYLDOPA-HYDROCHLOROTHIAZIDE (250-15 MG TAB, 250-25 MG TAB) | Tier 3 | |
| <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 | |
| PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB) | Tier 2 | |
| <i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 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>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 | |
| <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 (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 | |

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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 |
|--|----------------------|--------------------|
| 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 | |
| <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 | |

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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 |
|---|----------------------|--------------------|
| 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 | |
| <i>niacin er (antihyperlipidemic) (1000 mg tab er, 750 mg tab er)</i> | Tier 3 | QL (2 PER 1 DAYS) |
| <i>niacin er (antihyperlipidemic) 500 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 cap</i> | Tier 2 | QL (4 PER 1 DAYS) |
| <i>prevalite (4 gm packet, 4 gm/dose 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) |

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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 |
|--|----------------------|---------------------|
| 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 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 mg tab, 30 mg tab, 5 mg tab)</i> | Tier 2 | |
| <i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i> | Tier 2 | |
| <i>isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h)</i> | Tier 1 | |
| <i>isosorbide mononitrate er 120 mg tab er 24h</i> | Tier 2 | |
| <i>minitran (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i> | Tier 2 | |
| NITRO-BID 2 % OINTMENT | Tier 3 | |
| <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) |

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前往第 [xi](#) 页并阅读图例中的说明。

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>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) |
| <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) |

有关此表中符号和缩写含义的信息，请
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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>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) |
| <i>VEOZAH 45 MG TAB</i> | Tier 4 | PA, QL (1 PER 1 DAYS) |
| FIBROMYALGIA AGENTS | | |
| <i>DRIZALMA SPRINKLE 20 MG CAP DR</i> | Tier 4 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>DRIZALMA SPRINKLE 30 MG CAP DR</i> | Tier 4 | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>DRIZALMA SPRINKLE 40 MG CAP DR</i> | Tier 4 | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>DRIZALMA SPRINKLE 60 MG CAP DR</i> | 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 | | |
| <i>BETASERON 0.3 MG KIT</i> | Tier 5 | PA, QL (15 PER 30 DAYS) |

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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>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) |

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 | |

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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>amnesteem (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 | |
| <i>tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)</i> | Tier 4 | |
| <i>tretinoi (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, 2.5 % 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 | |

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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>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 | |
| <i>EUCRISA 2 % OINTMENT</i> | Tier 4 | PA, QL (100 PER 30 DAYS) |
| <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 | |

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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>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>procto-pak 1 % 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 | |
| <i>triderm (0.1 % cream, 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) |

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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>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 | |
| METHOXSALEN 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) |
| <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 | |
| 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| <i>dextrose in lactated ringers 5 % solution</i> | Tier 4 | |
| DEXTROSE-NACL 5-0.9 % SOLUTION | Tier 3 | |
| <i>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)</i> | 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>klor-con 8 meq tab er</i> | 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 sulfate 50 % solution</i> | Tier 4 | |
| <i>nafrinse 2.2 (1 f) mg chew tab</i> | Tier 2 | |
| <i>PNV 27-CA/FE/FA 60-1 MG TAB</i> | 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 | |
| <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 | |
| <i>POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION</i> | Tier 4 | |
| <i>PREMASOL 10 % SOLUTION</i> | 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------------------|
| sodium chloride (pf) 0.9 % solution | Tier 4 | |
| 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) | Tier 2 | |
| TPN ELECTROLYTES CONC | Tier 4 | PA - PART B VS D DETERMINATION |

ELECTROLYTE/MINERAL/METAL MODIFIERS

| | | |
|---|--------|---------------------------|
| clovique 250 mg cap | Tier 5 | PA, QL (8 PER 1 DAYS) |
| deferasirox (250 mg tab sol, 500 mg tab sol) | Tier 5 | |
| deferasirox 125 mg tab sol | Tier 3 | |
| JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK) | Tier 5 | PA, LA, QL (2 PER 1 DAYS) |
| JYNARQUE 15 MG TAB | Tier 5 | PA, LA, QL (8 PER 1 DAYS) |
| JYNARQUE 30 MG TAB | Tier 5 | PA, LA, QL (4 PER 1 DAYS) |
| trientine hcl 250 mg cap | Tier 5 | PA, QL (8 PER 1 DAYS) |
| TRIENTINE HCL 500 MG CAP | Tier 5 | PA, QL (4 PER 1 DAYS) |

POTASSIUM BINDERS

| | | |
|---|--------|--|
| kionex 15 gm/60ml suspension | Tier 2 | |
| LOKELMA (10 GM PACKET, 5 GM PACKET) | Tier 3 | |
| sodium polystyrene sulfonate powder | Tier 2 | |
| SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION) | Tier 2 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi i](#) 页并阅读图例中的说明。

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 | |
| <i>LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)</i> | Tier 3 | QL (1 PER 1 DAYS) |
| <i>lubiprostone (24 mcg cap, 8 mcg cap)</i> | Tier 2 | QL (2 PER 1 DAYS) |
| <i>MOVANTIK (12.5 MG TAB, 25 MG TAB)</i> | Tier 3 | QL (1 PER 1 DAYS) |
| <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 | |
| <i>DIPHENOXYLATE-ATROPINE 2.5- 0.025 MG/5ML LIQUID</i> | Tier 4 | |
| <i>loperamide hcl 2 mg cap</i> | Tier 2 | |
| <i>XERMELO 250 MG TAB</i> | 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 |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| <i>GAVILYTE-C 240 GM RECON SOLN</i> | Tier 2 | |
| <i>gavilyte-g 236 gm recon soln</i> | Tier 2 | |
| <i>OMNITROPE 10 MG/1.5ML SOLN CART</i> | 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 | |

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 | |
| <i>NIZATIDINE (150 MG CAP, 300 MG CAP)</i> | 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) |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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>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 | | |
| <i>ALDURAZYME 2.9 MG/5ML SOLUTION</i> | Tier 5 | LA, PA - PART B VS D DETERMINATION |
| <i>ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)</i> | 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 |
| <i>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)</i> | Tier 3 | |
| <i>DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)</i> | Tier 3 | |
| <i>ELAPRASE 6 MG/3ML SOLUTION</i> | 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 | |
| <i>NAGLAZYME 1 MG/ML SOLUTION</i> | Tier 5 | LA, PA - PART B VS D DETERMINATION |
| <i>nitisinone (10 mg cap, 2 mg cap, 5 mg cap)</i> | Tier 5 | PA |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------|
| REVCORI 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 | |

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>trospium chloride 20 mg tab</i> | Tier 2 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|-----------------------|
| BENIGN PROSTATIC HYPERPLASIA 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 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 |

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) | | |
| <i>CORTISONE ACETATE 25 MG TAB</i> | 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 | |
| <i>DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR</i> | Tier 4 | |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i> | Tier 4 | PA - PART B VS D DETERMINATION |
| <i>DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR</i> | Tier 4 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------------------|
| <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, 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 | |
| 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------|
| <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) |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>apri</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>aranelle</i> 0.5/1/0.5-35 mg-mcg tab | Tier 3 | |
| <i>ashlyna</i> 0.15-0.03 & 0.01 mg tab | Tier 4 | |
| <i>aubra</i> 0.1-20 mg-mcg tab | Tier 3 | |
| <i>aubra eq</i> 0.1-20 mg-mcg tab | Tier 3 | |
| <i>aurovela</i> 1.5/30 1.5-30 mg-mcg tab | Tier 3 | |
| <i>aurovela</i> 1/20 1-20 mg-mcg tab | Tier 3 | |
| <i>aurovela fe</i> 1.5/30 1.5-30 mg-mcg tab | Tier 3 | |
| <i>aurovela fe</i> 1/20 1-20 mg-mcg tab | Tier 3 | |
| <i>aviane</i> 0.1-20 mg-mcg tab | Tier 3 | |
| <i>ayuna</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>azurette</i> 0.15-0.02/0.01 mg (21/5) tab | Tier 3 | |
| <i>balziva</i> 0.4-35 mg-mcg tab | Tier 3 | |
| <i>blisovi fe</i> 1.5/30 1.5-30 mg-mcg tab | Tier 3 | |
| <i>blisovi fe</i> 1/20 1-20 mg-mcg tab | Tier 3 | |
| <i>briellyn</i> 0.4-35 mg-mcg tab | Tier 3 | |
| <i>camrese</i> 0.15-0.03 & 0.01 mg tab | Tier 4 | |
| <i>camrese lo</i> 0.1-0.02 & 0.01 mg tab | Tier 3 | |
| <i>caziant</i> 0.1/0.125/0.15 -0.025 mg tab | Tier 3 | |
| <i>chateal</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>chateal eq</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>cryselle-28</i> 0.3-30 mg-mcg tab | Tier 3 | |
| <i>cyclafem</i> 1/35 1-35 mg-mcg tab | Tier 3 | |
| <i>cyclafem</i> 7/7/7 0.5/0.75/1-35 mg-mcg tab | Tier 3 | |
| <i>cyred</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>cyred eq</i> 0.15-30 mg-mcg tab | Tier 3 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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-ethynodiol dihydrogen phosphate (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-ethynodiol dihydrogen phosphate (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 | |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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>ethynodiol diac-eth estradiol (1-35 mg-mcg tab, 1-50 mg-mcg tab)</i> | Tier 3 | |
| <i>etonogestrel-ethynodiol 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 | |
| <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>jintel 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>kalliga</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>kariva</i> 0.15-0.02/0.01 mg (21/5) tab | Tier 3 | |
| <i>kelnor</i> 1/35 1-35 mg-mcg tab | Tier 3 | |
| <i>kelnor</i> 1/50 1-50 mg-mcg tab | Tier 3 | |
| <i>kurvelo</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>larin</i> 1.5/30 1.5-30 mg-mcg tab | Tier 3 | |
| <i>larin</i> 1/20 1-20 mg-mcg tab | Tier 3 | |
| <i>larin fe</i> 1.5/30 1.5-30 mg-mcg tab | Tier 3 | |
| <i>larin fe</i> 1/20 1-20 mg-mcg tab | Tier 3 | |
| <i>larissia</i> 0.1-20 mg-mcg tab | Tier 3 | |
| <i>leena</i> 0.5/1/0.5-35 mg-mcg tab | Tier 3 | |
| <i>lessina</i> 0.1-20 mg-mcg tab | Tier 3 | |
| <i>levonest</i> 50-30/75-40/125-30 mcg tab | Tier 3 | |
| <i>levonorg-eth estrad triphasic</i> 50-30/75-40/125-30 mcg tab | Tier 3 | |
| <i>levonorgest-eth estrad</i> 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab) | Tier 3 | |
| <i>levonorgest-eth estrad</i> 91-day 0.15-0.03 & 0.01 mg tab | Tier 4 | |
| <i>levonorgest-eth estradiol-iron</i> 0.1-20 mg-mcg(21) tab | Tier 3 | |
| <i>levonorgestrel-ethynodiol-estradiol</i> (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab) | Tier 3 | |
| <i>levora</i> 0.15/30 (28) 0.15-30 mg-mcg tab | Tier 3 | |
| <i>lillow</i> 0.15-30 mg-mcg tab | Tier 3 | |
| <i>lo-zumandimine</i> 3-0.02 mg tab | Tier 3 | |
| <i>loestrin</i> 1.5/30 (21) 1.5-30 mg-mcg tab | Tier 3 | |
| <i>loestrin</i> 1/20 (21) 1-20 mg-mcg tab | Tier 3 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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>lutera 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 | |
| <i>MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)</i> | Tier 4 | |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| <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 | |
| <i>PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)</i> | Tier 4 | |
| <i>PREMARIN 0.625 MG/GM CREAM</i> | Tier 3 | |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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>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-estarrylla 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 3 | |
| <i>tri-linyah 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 | |
| <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 1/50 1-50 mg-mcg tab</i> | Tier 3 | |
| <i>VELIVET 0.1/0.125/0.15 -0.025 MG TAB</i> | Tier 3 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>vestura 3-0.02 mg tab</i> | Tier 3 | |
| <i>vienna 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 | |
| PROGESTINS | | |
| <i>camila 0.35 mg tab</i> | Tier 3 | |
| <i>deblitane 0.35 mg tab</i> | Tier 3 | |
| <i>DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR</i> | 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 | |
| <i>LILETTA (52 MG) 20.1 MCG/DAY IUD</i> | Tier 3 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>lyeq 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 prsyr, 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 | |
| <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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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) |
| 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 prsyr, 100 mcg/ml solution, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 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 |
| 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 | | |
| <i>HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN)</i> | 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 | | |
| <i>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)</i> | Tier 5 | PA |
| <i>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)</i> | Tier 5 | PA, LA |
| IMMUNOLOGICAL AGENTS, OTHER | | |
| <i>ARCALYST 220 MG RECON SOLN</i> | Tier 5 | PA, LA |
| <i>AURANOFIN 3 MG CAP</i> | Tier 3 | |
| <i>BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)</i> | Tier 5 | PA, LA, QL (4 PER 28 DAYS) |
| <i>COSENTYX (150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)</i> | Tier 5 | PA, LA |

有关此表中符号和缩写含义的信息，请
前往第 *xi* 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------------------|
| 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) |
| 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) |
| 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) |
| TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR) | Tier 5 | PA, QL (3.6 PER 28 DAYS) |

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前往第 [xi i](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--|
| 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) |
| 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 |

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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>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) |
| ENVARSUS 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 |
| <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 |

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前往第 *xi i* 页并阅读图例中的说明。

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>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) |
| 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 | | |
| ABRYSVO 120 MCG/0.5ML RECON SOLN | Tier 3 | VAC |

有关此表中符号和缩写含义的信息，请
前往第 [xi:i](#) 页并阅读图例中的说明。

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 |
|---|----------------------|-------------------------------------|
| 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 |
| BEXZERO 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 |
| GARDASIL 9 (SUSP PRSYR, SUSPENSION) | Tier 3 | VAC |
| HAVRIX (1440 EL U/ML SUSP PRSYR, 1440 EL U/ML SUSPENSION) | Tier 3 | VAC |
| HAVRIX (720 EL U/0.5ML SUSP PRSYR, 720 EL U/0.5ML SUSPENSION) | Tier 3 | |
| 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 | |
| IPOP SUSPENSION | Tier 3 | VAC |
| IXIARO SUSPENSION | Tier 4 | VAC |
| JYNNEOS 0.5 ML SUSPENSION | Tier 3 | VAC |

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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 |
|---|----------------------|--|
| 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 | |
| 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 | |
| ROTAQ SOLUTION | Tier 3 | |
| SHINGRIX 50 MCG/0.5ML RECON SUSP | Tier 3 | QL (2 PER 365 OVER TIME), 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 | |

有关此表中符号和缩写含义的信息，请
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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 |
|--|----------------------|--|
| 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 | |
| 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 | |

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前往第 [xi](#) 页并阅读图例中的说明。

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 |
|--|----------------------|-----------------------|
| 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 | Tier 4 | |
| <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 | |
| <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 |

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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>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 |

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 | |
| <i>argyle sterile water solution</i> | Tier 2 | |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC | Tier 3 | |

有关此表中符号和缩写含义的信息，请
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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 |
|--|----------------------|--------------------|
| 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 | |
| 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 (X 15/64" 0.3 ML MISC, X 15/64" 0.5 ML MISC, 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------|
| 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, 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 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) | 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 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, 28G X 1/2" 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" 1ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1ML 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 | |
| EMBECTA PEN NEEDLE U/F (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 | |

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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 |
|--|----------------------|--------------------------------|
| 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 |
| <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 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 | |

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前往第 [xi](#) 页并阅读图例中的说明。

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 |
|--|----------------------|--------------------------------|
| 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 (X 1/2" 0.5 ML MISC, X 1/2" 1ML MISC) | Tier 3 | |
| SILIGENTLE FOAM DRESSING 2"X2" PAD | Tier 2 | |
| 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" 1ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1ML MISC, 32G X 5/16" 1ML 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 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|--|----------------------|-----------------------------|
| 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 | |
| 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 (29G X 1/2" 0.5 ML MISC, 29G X 1/2" 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>bacitrac-neomycin-polymyxin-hc 1 % ointment</i> | Tier 2 | |
| <i>bacitracin-polymyxin b 500-10000 unit/gm ointment</i> | Tier 2 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 | |
| <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 | |
| XDEMVY 0.25 % SOLUTION | Tier 5 | PA, QL (10 PER 30 DAYS) |
| XIIDRA 5 % SOLUTION | Tier 3 | |
| ZYLET 0.5-0.3 % SUSPENSION | Tier 3 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi i](#) 页并阅读图例中的说明。

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 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 | |
| <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 | |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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 |
|--|----------------------|--------------------|
| 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 | |
| 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) |

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前往第 [xi](#) 页并阅读图例中的说明。

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 |
|---|----------------------|------------------------|
| 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) |
| 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 | | |
| ARNUITY 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) |

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前往第 [xi](#) 页并阅读图例中的说明。

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 (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) |
| ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA | Tier 3 | QL (1 PER 30 DAYS) |
| ASMANEX (7 METERED DOSES) 110 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 REDIHALER (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) |

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前往第 [xi](#) 页并阅读图例中的说明。

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>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 | | |
| <i>ATROVENT HFA 17 MCG/ACT AERO SOLN</i> | Tier 4 | QL (25.8 PER 30 DAYS) |
| <i>INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA</i> | Tier 3 | QL (30 PER 30 DAYS) |
| <i>ipratropium bromide 0.02 % solution</i> | Tier 2 | PA - PART B VS D DETERMINATION |
| <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) |
| <i>SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)</i> | 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) |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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>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 ADRENACCLICK) | 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) |
| 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 | |

有关此表中符号和缩写含义的信息，请
前往第 [xi](#) 页并阅读图例中的说明。

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 |
|--|----------------------|------------------------------------|
| 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) |
| 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) |
| TRACLEER 32 MG TAB SOL | Tier 5 | PA, LA, QL (4 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) |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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 |
|---|----------------------|--------------------------------|
| 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>breyna (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) |
| 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 inhba (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) |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

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) |

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) |

有关此表中符号和缩写含义的信息，请
前往第 *xii* 页并阅读图例中的说明。

Uncategorized

| 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 |
|---------------------|----------------------|---|
| Unclassified | | |
| BRUKINSA 160 MG TAB | Tier 5 | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |

有关此表中符号和缩写含义的信息，请
前往第 ^{前往第 <xi:i>} 页并阅读图例中的说明。

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。

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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 برييل 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

խոշորաստան տպագրված նյութեր: Զանգահարեք **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 निःशुल्क हैं।

Nqee 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.

ລາວ ແກ້ໄຂພາສາລາວ (Laotian)

ປະກາດ:

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

ຢັ້ງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາວັບຄົນພິການ
ເຊື່ອນໂອກະສານທີ່ເປັນອັກສອນນຸ່ມແລະມີໂຕຜົມໃຫຍ່ ໃຫ້ໂທທາເບີ

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

ການບໍລິການເຫຼື້ນນີ້ບໍ່ຕ້ອງສະເລຄ່າໃຈ້ຈ່າຍໄດ້.

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.

ພູາສໜ້າລ່ັຜາກາສາເຊົ່າ (Mon-Khmer, Cambodian)

ចໍ່ແລກໆ: ເບີໝູກ ປົງກ ກາຣົ່ງ ດັກ ຊົ່ວໂມງ ພູາສໜ້າ ຮບສ່ວນ ສູມ ຖູຮັສ້ຕູເຈົ້າເລັຂ
1-800-452-4413 (TTY:711) ຂໍ້ແນວ ນີ້ແມ່ ເສັ່ນກຳມູ ສູມາບໍ່
ຜະຕິການ ຜູ້ຜະລິກສາຮຽນເສັ່ນກຳມູ ສູມາບໍ່ຜະຕິການເຄູກ

ਪ੍ਰਾਚਿਕ ਸਾਰਸ਼ਾਰੀ ਰੋਜ਼ਾਂ ਮਾਂ ਕੁਝ ਟੁਮ੍ਹਾਂ ਦੁੱਖ ਗੁਣ ਵਿਚ ਜਲਦੀ ਪੈਂਦੇ ਹਨ।

ਤੁਰੋਫ਼ੂ ਮਕਾਨ ਲਈ **1-800-452-4413 (TTY: 711)**।

ਅਧਿਕ ਜਾਂਚ ਲਈ: ਮਿਨਟਿਆਂ ਵਿੱਚ ਟੈਲੀਫ਼ਾਨ

مطلب به زبان فارسی (Persian (Farsi))

1-800-452-4413 (TTY: 711) توجہ: ਅੱਗ ਮੀ ਖਾਹਿੰਦ ਹੋ ਜਾਂਦੀ ਹੈ ਜਿਸ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ

ਜਾਂ ਮਹੱਤਵਪੂਰਨ ਜਾਂਚ ਲਈ ਮਾਨੌਲਿਕ ਸੰਖੇ ਮਾਂ ਬੋਲੀ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਜਿਸ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ।

1-800-452-4413 (TTY: 711) ਖੱਤ ਬ੍ਰੈਲੀ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਜਿਸ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ।

ਜਾਂ ਮਹੱਤਵਪੂਰਨ ਜਾਂਚ ਲਈ ਮਾਨੌਲਿਕ ਸੰਖੇ ਮਾਂ ਬੋਲੀ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ।

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

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

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

ਜਿਵੇਂ ਕਿ ਬ੍ਰੈਲੀ ਅਤੇ ਮੇਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ

1-800-452-4413 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ 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 TTY: 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 serbisyo ito.

แท็กไลน์ภาษาไทย (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.

A57166DSN-CS_0725

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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 09/02/2025 。

如欲了解更多最新信息或其他问题, 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。



09/02/2025