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：31

本*药物清单*更新于 10/20/2026 。

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

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A55568EAE-CS (10/26)

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

الشعار بالعربية (Arabic)

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

Հայերեն պիտակ (Armenian)

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

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简体中文标语 (Chinese)

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

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

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

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हिंदी टैगलाइन (Hindi)

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

ປະກາດ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-452-4413
(TTY: 711).
ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສຳລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັ້ນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-452-4413 (TTY: 711).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

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

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ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

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

مطلب به زبان فارسی (Persian (Farsi))

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

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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.

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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

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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.

- 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）。

B. 常见问题（FAQ）

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

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

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

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

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

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

B2. *药物清单*是否会变更？

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

我们亦可能变更有关药物的规则。例如，我们可能：

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

本节续下页

- 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**。

本节续下页

- 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。

本节续下页

- **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/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 **135** 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。

本节续下页

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：

本节续下页

- 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。

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。

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）。

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。

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。

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。

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		
butalbital-aspirin-caffeine 50-325-40 mg cap	Tier 4	PA, QL (48 PER 30 OVER TIME), NDS
cataflam 50 mg tab	Tier 2	
celecoxib (100 mg cap, 200 mg cap, 50 mg cap)	Tier 2	QL (2 PER 1 DAYS)
celecoxib 400 mg cap	Tier 2	QL (1 PER 1 DAYS)
diclofenac potassium 50 mg tab	Tier 2	
diclofenac sodium (25 mg tab dr, 50 mg tab dr)	Tier 2	
diclofenac sodium 1.5 % solution	Tier 3	
diclofenac sodium 3 % gel	Tier 4	PA, QL (100 PER 30 DAYS)
diclofenac sodium 75 mg tab dr	Tier 1	
diclofenac sodium er 100 mg tab er 24h	Tier 2	
diflunisal 500 mg tab	Tier 3	
ec-naproxen (375 mg tab dr, 500 mg tab dr)	Tier 2	
etodolac (200 mg cap, 300 mg cap)	Tier 3	
etodolac (400 mg tab, 500 mg tab)	Tier 2	
etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)	Tier 3	
FLURBIPROFEN (100 MG TAB, 50 MG TAB)	Tier 2	
ibu (400 mg tab, 600 mg tab, 800 mg tab)	Tier 1	
ibuprofen (100 mg/5ml suspension, 200 mg/10ml suspension)	Tier 2	
ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)	Tier 1	
indomethacin (25 mg cap, 50 mg cap)	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。

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
meloxicam (15 mg tab, 7.5 mg tab)	Tier 1	
nabumetone (500 mg tab, 750 mg tab)	Tier 2	
naproxen (250 mg tab, 375 mg tab, 500 mg tab)	Tier 1	
naproxen (375 mg tab dr, 500 mg tab dr)	Tier 2	
naproxen dr 500 mg tab dr	Tier 2	
naproxen sodium (275 mg tab, 550 mg tab)	Tier 3	
oxaprozin 600 mg tab	Tier 4	
piroxicam (10 mg cap, 20 mg cap)	Tier 3	
relafen (500 mg tab, 750 mg tab)	Tier 2	
sulindac (150 mg tab, 200 mg tab)	Tier 2	
OPIOID ANALGESICS, LONG-ACTING		
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)	Tier 4	PA, QL (4 PER 28 OVER TIME), NDS
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)	Tier 3	PA, QL (10 PER 30 OVER TIME), NDS
methadone hcl 10 mg tab	Tier 4	PA, QL (90 PER 30 OVER TIME), NDS
methadone hcl 10 mg/5ml solution	Tier 4	PA, QL (450 PER 30 OVER TIME), NDS
methadone hcl 10 mg/ml solution	Tier 4	PA, NDS
methadone hcl 5 mg tab	Tier 4	PA, QL (180 PER 30 OVER TIME), NDS
methadone hcl 5 mg/5ml solution	Tier 4	PA, QL (900 PER 30 OVER TIME), NDS
morphine sulfate er (100 mg tab er, 200 mg tab er, 60 mg tab er)	Tier 4	QL (60 PER 30 OVER TIME), NDS
morphine sulfate er 15 mg tab er	Tier 4	QL (180 PER 30 OVER TIME), NDS

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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
morphine sulfate er 30 mg tab er	Tier 4	QL (90 PER 30 OVER TIME), NDS
tramadol hcl er (100 mg tab er 24h, 200 mg tab er 24h, 300 mg tab er 24h)	Tier 4	PA, QL (1 PER 1 DAYS), NDS
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)	Tier 2	QL (1800 PER 30 OVER TIME), NDS
acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)	Tier 2	QL (12 PER 1 DAYS), NDS
acetaminophen-codeine 300-60 mg tab	Tier 2	QL (6 PER 1 DAYS), NDS
butorphanol tartrate 10 mg/ml solution	Tier 3	QL (15 PER 28 OVER TIME), NDS
CODEINE SULFATE 15 MG TAB	Tier 4	QL (336 PER 30 OVER TIME), NDS
codeine sulfate 30 mg tab	Tier 4	QL (168 PER 30 OVER TIME), NDS
CODEINE SULFATE 60 MG TAB	Tier 4	QL (84 PER 30 OVER TIME), NDS
endocet (2.5-325 mg tab, 5-325 mg tab)	Tier 3	QL (168 PER 30 OVER TIME), NDS
endocet 10-325 mg tab	Tier 3	QL (84 PER 30 OVER TIME), NDS
endocet 7.5-325 mg tab	Tier 3	QL (112 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (10-325 mg tab, 7.5-325 mg tab)	Tier 2	QL (6 PER 1 DAYS), NDS
hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)	Tier 4	QL (2520 PER 30 OVER TIME), NDS
hydrocodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	Tier 2	QL (8 PER 1 DAYS), NDS
hydromorphone hcl 2 mg tab	Tier 3	QL (154 PER 30 OVER TIME), NDS

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前往第〈xii〉
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
hydromorphone hcl 4 mg tab	Tier 3	QL (84 PER 30 OVER TIME), NDS
hydromorphone hcl 8 mg tab	Tier 3	QL (42 PER 30 OVER TIME), NDS
morphine sulfate (15 mg tab, 30 mg tab)	Tier 3	QL (120 PER 30 OVER TIME), NDS
morphine sulfate (concentrate) (100 mg/5ml solution, 20 mg/ml solution)	Tier 3	QL (70 PER 30 OVER TIME), NDS
morphine sulfate 10 mg/5ml solution	Tier 3	QL (630 PER 30 OVER TIME), NDS
morphine sulfate 20 mg/5ml solution	Tier 3	QL (315 PER 30 OVER TIME), NDS
oxycodone hcl (15 mg tab, 30 mg tab)	Tier 3	QL (56 PER 30 OVER TIME), NDS
oxycodone hcl 10 mg tab	Tier 3	QL (84 PER 30 OVER TIME), NDS
oxycodone hcl 100 mg/5ml conc	Tier 4	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl 20 mg tab	Tier 3	QL (120 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg tab	Tier 3	QL (168 PER 30 OVER TIME), NDS
oxycodone hcl 5 mg/5ml solution	Tier 3	QL (840 PER 30 OVER TIME), NDS
oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)	Tier 3	QL (168 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 10-325 mg tab	Tier 3	QL (84 PER 30 OVER TIME), NDS
oxycodone-acetaminophen 7.5-325 mg tab	Tier 3	QL (112 PER 30 OVER TIME), NDS
tramadol hcl 50 mg tab	Tier 2	QL (8 PER 1 DAYS), NDS
tramadol-acetaminophen 37.5-325 mg tab	Tier 2	QL (112 PER 30 OVER TIME), NDS

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前往第〈xii〉
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		
lidocaine 5 % ointment	Tier 4	QL (50 PER 30 DAYS)
lidocaine 5 % patch	Tier 3	PA, QL (3 PER 1 DAYS)
lidocaine hcl 4 % solution	Tier 2	
lidocaine viscous hcl 2 % solution	Tier 2	
lidocaine-prilocaine 2.5-2.5 % cream	Tier 3	QL (30 PER 30 DAYS)
lidocan 5 % patch	Tier 3	PA, QL (3 PER 1 DAYS)
NAYZILAM 5 MG/0.1ML SOLUTION	Tier 4	QL (10 PER 30 DAYS)
PREMIUM LIDOCAINE 5 % OINTMENT	Tier 4	QL (50 PER 30 DAYS)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

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

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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
naltrexone hcl 50 mg tab	Tier 2	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) 150 mg tab er 12h	Tier 2	QL (2 PER 1 DAYS)
NICOTROL 10 MG INHALER	Tier 4	
NICOTROL NS 10 MG/ML SOLUTION	Tier 4	
varenicline tartrate (0.5 mg tab, 1 mg tab)	Tier 4	QL (2 PER 1 DAYS)
varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk	Tier 4	QL (53 PER 30 OVER TIME)
varenicline tartrate(continue) 1 mg tab	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		
amikacin sulfate 500 mg/2ml solution	Tier 4	
ARIKAYCE 590 MG/8.4ML SUSPENSION	Tier 5	PA, LA, QL (235.2 PER 28 DAYS)
gentamicin sulfate (0.1 % cream, 0.1 % ointment)	Tier 2	
gentamicin sulfate 40 mg/ml solution	Tier 4	
neomycin sulfate 500 mg tab	Tier 2	
STREPTOMYCIN SULFATE 1 GM RECON SOLN	Tier 4	
tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 2 gm/50ml solution, 80 mg/2ml solution)	Tier 4	

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前往第〈xii〉
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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
ANTIBACTERIALS, OTHER		
aztreonam (1 gm recon soln, 2 gm recon soln)	Tier 4	
CAYSTON 75 MG RECON SOLN	Tier 5	PA, LA, QL (84 PER 28 DAYS)
clindamycin hcl (150 mg cap, 300 mg cap, 75 mg cap)	Tier 2	
clindamycin palmitate hcl 75 mg/5ml recon soln	Tier 4	
clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 9 gm/60ml solution, 900 mg/6ml solution)	Tier 4	
clindamycin phosphate 2 % cream	Tier 2	
clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)	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	
colistimethate sodium (cba) 150 mg recon soln	Tier 4	
daptomycin (350 mg recon soln, 500 mg recon soln)	Tier 5	
fosfomycin tromethamine 3 gm packet	Tier 4	QL (4 PER 28 OVER TIME)
lincomycin hcl 300 mg/ml solution	Tier 4	
linezolid 100 mg/5ml recon susp	Tier 5	PA
linezolid 600 mg tab	Tier 4	PA
linezolid 600 mg/300ml solution	Tier 4	
LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION	Tier 5	
methenamine hippurate 1 gm tab	Tier 4	

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前往第〈xii〉
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
metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)	Tier 2	
metronidazole (0.75 % lotion, 1 % gel, 500 mg/100ml solution)	Tier 4	
metronidazole 0.75 % cream	Tier 3	
nitrofurantoin macrocrystal (100 mg cap, 50 mg cap)	Tier 2	
nitrofurantoin monohyd macro 100 mg cap	Tier 2	
rosadan 0.75 % cream	Tier 3	
rosadan 0.75 % gel	Tier 2	
tigecycline 50 mg recon soln	Tier 4	
tinidazole (250 mg tab, 500 mg tab)	Tier 4	
trimethoprim 100 mg tab	Tier 2	
vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 2 gm recon soln, 250 mg cap, 500 mg recon soln, 750 mg recon soln)	Tier 4	
vancomycin hcl 5 gm recon soln	Tier 4	PA - PART B VS D DETERMINATION
XIFAXAN 200 MG TAB	Tier 4	PA, QL (9 PER 30 OVER TIME)
XIFAXAN 550 MG TAB	Tier 5	PA, QL (3 PER 1 DAYS)
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR (250 MG CAP, 250 MG/5ML RECON SUSP, 500 MG CAP)	Tier 2	
cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg/5ml recon susp)	Tier 3	
cefadroxil 500 mg cap	Tier 2	

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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
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)	Tier 4	
cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)	Tier 3	
cefdinir 300 mg cap	Tier 2	
cefepime hcl (1 gm recon soln, 1 gm/50ml solution, 2 gm recon soln, 2 gm/100ml solution)	Tier 4	
cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)	Tier 4	
cefoxitin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)	Tier 4	
CEFPODOXIME PROXETIL (100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB, 50 MG/5ML RECON SUSP)	Tier 4	
cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)	Tier 2	
ceftaroline fosamil (400 mg recon soln, 600 mg recon soln)	Tier 5	
CEFTAZIDIME (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
ceftriaxone sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)	Tier 4	
cefuroxime axetil (250 mg tab, 500 mg tab)	Tier 2	
cefuroxime sodium (1.5 gm recon soln, 750 mg recon soln)	Tier 4	
cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg/5ml recon susp, 500 mg cap)	Tier 2	

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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
TAZICEF (1 GM RECON SOLN, 2 GM RECON SOLN, 6 GM RECON SOLN)	Tier 4	
BETA-LACTAM, PENICILLINS		
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)	Tier 2	
amoxicillin trihydrate 250 mg/5ml recon susp	Tier 2	
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)	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	
ampicillin 500 mg cap	Tier 2	
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)	Tier 4	
ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 15 (10-5) gm recon soln, 3 (2-1) gm recon soln)	Tier 4	
BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR, 600000 UNIT/ML SUSP PRSYR)	Tier 4	
dicloxacillin sodium (250 mg cap, 500 mg cap)	Tier 2	
nafcillin sodium (1 gm recon soln, 10 gm recon soln, 2 gm recon soln)	Tier 4	

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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
penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)	Tier 4	
PENICILLIN G SODIUM 5000000 UNIT RECON SOLN	Tier 4	
penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)	Tier 2	
pfizerpen (20000000 unit recon soln, 5000000 unit recon soln)	Tier 4	
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)	Tier 4	
CARBAPENEMS		
ertapenem sodium 1 gm recon soln	Tier 3	
imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)	Tier 4	
meropenem (1 gm recon soln, 500 mg recon soln)	Tier 4	
MEROPENEM-SODIUM CHLORIDE (1 GM/50ML RECON SOLN, 500 MG/50ML RECON SOLN)	Tier 4	
MACROLIDES		
azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)	Tier 2	
AZITHROMYCIN 1 GM PACKET	Tier 3	
azithromycin 500 mg recon soln	Tier 4	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	Tier 4	
clarithromycin (250 mg tab, 500 mg tab)	Tier 2	

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前往第〈xii〉
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
clarithromycin er 500 mg tab er 24h	Tier 4	
DIFICID 40 MG/ML RECON SUSP	Tier 5	PA, QL (136 PER 10 OVER TIME)
erythrocin lactobionate 500 mg recon soln	Tier 4	
erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)	Tier 4	
erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab)	Tier 4	
erythromycin lactobionate 500 mg recon soln	Tier 4	
fidaxomicin 200 mg tab	Tier 5	PA, QL (20 PER 10 OVER TIME)
QUINOLONES		
BESIVANCE 0.6 % SUSPENSION	Tier 3	
CILOXAN 0.3 % OINTMENT	Tier 4	
ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)	Tier 4	
ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)	Tier 2	
ciprofloxacin in d5w 200 mg/100ml solution	Tier 4	
levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)	Tier 2	
levofloxacin 25 mg/ml solution	Tier 4	
levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)	Tier 4	
moxifloxacin hcl 400 mg tab	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

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前往第 〈xii〉
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
SULFONAMIDES		
sulfadiazine 500 mg tab	Tier 3	
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	
sulfatrim pediatric 200-40 mg/5ml suspension	Tier 2	
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	
mondoxyne nl 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		
brivaracetam (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)	Tier 5	ST, QL (2 PER 1 DAYS)

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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
brivaracetam 10 mg/ml solution	Tier 5	ST, QL (20 ML PER 1 DAYS)
DIACOMIT (250 MG CAP, 250 MG PACKET)	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DIACOMIT (500 MG CAP, 500 MG PACKET)	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)	Tier 2	
divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)	Tier 2	
EPIDIOLEX 100 MG/ML SOLUTION	Tier 5	LA, PA - FOR NEW STARTS ONLY
felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)	Tier 4	
FINTEPLA 2.2 MG/ML SOLUTION	Tier 5	LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
lamotrigine (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)	Tier 1	
lamotrigine (25 mg chew tab, 5 mg chew tab)	Tier 2	
levetiracetam (100 mg/ml solution, 1000 mg tab, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab)	Tier 2	
levetiracetam er 500 mg tab er 24h	Tier 2	QL (6 PER 1 DAYS)
levetiracetam er 750 mg tab er 24h	Tier 2	QL (4 PER 1 DAYS)
perampanel (10 mg tab, 12 mg tab, 4 mg tab, 6 mg tab, 8 mg tab)	Tier 4	QL (1 PER 1 DAYS)
perampanel 0.5 mg/ml suspension	Tier 4	QL (24 ML PER 1 DAYS)
perampanel 2 mg tab	Tier 4	QL (3 PER 1 DAYS)
roweepra 500 mg tab	Tier 2	
SPRITAM (250 MG TAB, 500 MG TAB)	Tier 4	QL (6 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
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
subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)	Tier 2	
SUBVENITE 10 MG/ML SUSPENSION	Tier 5	QL (50 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
topiramate (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
topiramate (15 mg cap sprink, 25 mg cap sprink, 50 mg cap sprink)	Tier 2	
topiramate 25 mg/ml solution	Tier 4	QL (16 ML PER 1 DAYS), PA - FOR NEW STARTS ONLY
valproate sodium (100 mg/ml solution, 500 mg/5ml solution)	Tier 4	
valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)	Tier 2	
XCOPRI (100 MG TAB, 25 MG TAB, 50 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (150 MG TAB, 200 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALCIUM CHANNEL MODIFYING AGENTS		
ethosuximide (250 mg cap, 250 mg/5ml solution)	Tier 2	
methsuximide 300 mg cap	Tier 4	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam 10 mg tab	Tier 4	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 2.5 mg/ml suspension	Tier 4	QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY
clobazam 20 mg tab	Tier 4	QL (2 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
diazepam 10 mg gel	Tier 4	QL (20 PER 30 DAYS)
diazepam 2.5 mg gel	Tier 4	QL (5 PER 30 DAYS)
diazepam 20 mg gel	Tier 4	QL (40 PER 30 DAYS)
gabapentin (250 mg/5ml solution, 300 mg/6ml solution)	Tier 3	QL (72 PER 1 DAYS)
gabapentin (600 mg tab, 800 mg tab)	Tier 2	QL (4 PER 1 DAYS)
gabapentin 100 mg cap	Tier 2	QL (12 PER 1 DAYS)
gabapentin 300 mg cap	Tier 2	QL (8 PER 1 DAYS)
gabapentin 400 mg cap	Tier 2	QL (6 PER 1 DAYS)
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)	Tier 2	PA - FOR NEW STARTS ONLY
primidone (125 mg tab, 250 mg tab, 50 mg tab)	Tier 2	
SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
tiagabine hcl (12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab)	Tier 4	
VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK	Tier 5	QL (10 PER 30 DAYS)
VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID	Tier 5	QL (10 PER 30 DAYS)
vigabatrin (500 mg packet, 500 mg tab)	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg packet	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
vigadrone 500 mg tab	Tier 5	QL (6 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
VIGAFYDE 100 MG/ML SOLUTION	Tier 5	LA, QL (750 ML PER 30 DAYS), PA - FOR NEW STARTS ONLY
vigpoder 500 mg packet	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZTALMY 50 MG/ML SUSPENSION	Tier 5	LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SODIUM CHANNEL AGENTS		
carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)	Tier 2	
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)	Tier 3	
DILANTIN (100 MG CAP, 30 MG CAP)	Tier 4	
epitol 200 mg tab	Tier 2	
eslicarbazepine acetate (200 mg tab, 400 mg tab)	Tier 4	QL (1 PER 1 DAYS)
eslicarbazepine acetate (600 mg tab, 800 mg tab)	Tier 4	QL (2 PER 1 DAYS)
lacosamide (10 mg/ml solution, 100 mg/10ml solution, 50 mg/5ml solution)	Tier 4	QL (40 PER 1 DAYS)
lacosamide (100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab)	Tier 4	QL (2 PER 1 DAYS)
lacosamide 200 mg/20ml solution	Tier 4	PA - PART B VS D DETERMINATION
oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)	Tier 2	
oxcarbazepine 300 mg/5ml suspension	Tier 4	
phenytek (200 mg cap, 300 mg cap)	Tier 2	

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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
phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension, 50 mg chew tab)	Tier 2	
phenytoin infatabs 50 mg chew tab	Tier 2	
phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)	Tier 2	
rufinamide 200 mg tab	Tier 4	ST, QL (16 PER 1 DAYS)
rufinamide 40 mg/ml suspension	Tier 5	ST, QL (80 PER 1 DAYS)
rufinamide 400 mg tab	Tier 4	ST, QL (8 PER 1 DAYS)
XCOPRI (14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	Tier 5	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK	Tier 4	QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5ML SUSPENSION	Tier 4	
zonisamide (100 mg cap, 25 mg cap, 50 mg cap)	Tier 2	

ANTIDEMENTIA AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ANTIDEMENTIA AGENTS, OTHER		
ERGOLOID MESYLATES 1 MG TAB	Tier 3	
CHOLINESTERASE INHIBITORS		
donepezil hcl (10 mg tab, 5 mg tab)	Tier 1	
donepezil hcl 23 mg tab	Tier 4	ST
donepezil hydrochloride orally disintegrating tab 10 mg	Tier 2	

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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
donepezil hydrochloride orally disintegrating tab 5 mg	Tier 2	
galantamine hydrobromide (12 mg tab, 4 mg tab, 4 mg/ml solution, 8 mg tab)	Tier 4	
galantamine hydrobromide er (16 mg cap er 24h, 24 mg cap er 24h, 8 mg cap er 24h)	Tier 2	QL (1 PER 1 DAYS)
rivastigmine (13.3 mg/24hr patch 24hr, 4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr)	Tier 4	QL (30 PER 30 DAYS)
rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)	Tier 3	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (10 mg tab, 5 mg tab)	Tier 2	
memantine hcl (10 mg/5ml solution, 2 mg/ml solution)	Tier 3	
memantine hcl er (14 mg cap er 24h, 21 mg cap er 24h, 28 mg cap er 24h, 7 mg cap er 24h)	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
AUVELITY TITRATION PACK 30-105 MG & 45-105 MG TBER THPK	Tier 4	QL (102 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
bupropion hcl 100 mg tab	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl 75 mg tab	Tier 2	QL (6 PER 1 DAYS)
bupropion hcl er (sr) 100 mg tab er 12h	Tier 2	QL (4 PER 1 DAYS)
bupropion hcl er (sr) 150 mg tab er 12h	Tier 2	QL (3 PER 1 DAYS)

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ANTIDEPRESSANTS

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

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ANTIDEPRESSANTS

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

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ANTIDEPRESSANTS

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

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ANTIDEPRESSANTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
nortriptyline hcl 10 mg/5ml solution	Tier 4	
protriptyline hcl (10 mg tab, 5 mg tab)	Tier 4	
trimipramine maleate (100 mg cap, 25 mg cap, 50 mg cap)	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		
compro 25 mg suppos	Tier 4	
meclizine hcl (12.5 mg tab, 25 mg tab)	Tier 2	
metoclopramide hcl (10 mg tab, 10 mg/10ml solution, 5 mg tab, 5 mg/5ml solution)	Tier 2	
metoclopramide hcl 5 mg/ml solution	Tier 4	
perphenazine (16 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	Tier 2	
prochlorperazine 25 mg suppos	Tier 4	
prochlorperazine maleate (10 mg tab, 5 mg tab)	Tier 2	
promethazine hcl (12.5 mg tab, 25 mg tab, 50 mg tab)	Tier 2	PA
scopolamine 1 mg/3days patch 72hr	Tier 4	
EMETOGENIC THERAPY ADJUNCTS		
aprepitant (125 mg cap, 80 & 125 mg cap thpk, 80 mg cap)	Tier 4	PA - PART B VS D DETERMINATION
aprepitant 40 mg cap	Tier 4	PA, QL (1 PER 30 DAYS)
dronabinol (10 mg cap, 2.5 mg cap, 5 mg cap)	Tier 4	PA, QL (6 PER 1 DAYS)

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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
granisetron hcl 1 mg tab	Tier 4	QL (2 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 4 mg tab disp	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron 8 mg tab disp	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
ondansetron hcl 4 mg tab	Tier 2	QL (6 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 4 mg/5ml solution	Tier 4	QL (30 PER 1 DAYS), PA - PART B VS D DETERMINATION
ondansetron hcl 8 mg tab	Tier 2	QL (3 PER 1 DAYS), PA - PART B VS D DETERMINATION

ANTIFUNGALS

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

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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
fluconazole (10 mg/ml recon susp, 100 mg tab, 150 mg tab, 200 mg tab, 40 mg/ml recon susp, 50 mg tab)	Tier 2	
fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)	Tier 4	
flucytosine (250 mg cap, 500 mg cap)	Tier 5	
griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)	Tier 4	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	Tier 4	
itraconazole 100 mg cap	Tier 4	
ketoconazole (2 % cream, 2 % shampoo, 200 mg tab)	Tier 2	
klayesta 100000 unit/gm powder	Tier 4	
micafungin sodium (100 mg recon soln, 50 mg recon soln)	Tier 4	
MICONAZOLE 3 200 MG SUPPOS	Tier 3	
nyamyc 100000 unit/gm powder	Tier 4	
nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/ml suspension, 500000 unit tab)	Tier 2	
nystatin 100000 unit/gm powder	Tier 4	
nystop 100000 unit/gm powder	Tier 4	
posaconazole 100 mg tab dr	Tier 5	PA, QL (3 PER 1 DAYS)
terbinafine hcl 250 mg tab	Tier 2	QL (1 PER 1 DAYS)
terconazole (0.4 % cream, 0.8 % cream)	Tier 3	
terconazole 80 mg suppos	Tier 4	
voriconazole (200 mg tab, 40 mg/ml recon susp, 50 mg tab)	Tier 4	PA
voriconazole 200 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION

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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		
allopurinol (100 mg tab, 300 mg tab)	Tier 1	
colchicine 0.6 mg tab	Tier 3	QL (4 PER 1 DAYS)
colchicine-probenecid 0.5-500 mg tab	Tier 2	
febuxostat (40 mg tab, 80 mg tab)	Tier 4	ST, QL (1 PER 1 DAYS)
probenecid 500 mg tab	Tier 2	

ANTIMIGRAINE AGENTS

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

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ANTIMIGRAINE AGENTS

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

ANTIMYASTHENIC AGENTS

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

ANTIMYCOBACTERIALS

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

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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
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
LEUKERAN 2 MG TAB	Tier 4	
lomustine (10 mg cap, 40 mg cap)	Tier 4	
lomustine 100 mg cap	Tier 5	
MATULANE 50 MG CAP	Tier 5	LA
ANTIANDROGENS		
abiraterone acetate 250 mg tab	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abiraterone acetate 500 mg tab	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
abirtega 250 mg tab	Tier 2	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bicalutamide 50 mg tab	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	
nilutamide 150 mg tab	Tier 5	QL (1 PER 1 DAYS)
NUBEQA 300 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ORSERDU 345 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ORSERDU 86 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 40 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XTANDI 80 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIANGIOGENIC AGENTS		
lenalidomide (10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
pomalidomide (1 mg cap, 2 mg cap, 3 mg cap, 4 mg cap)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID (150 MG CAP, 200 MG CAP)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 100 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
THALOMID 50 MG CAP	Tier 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ANTIESTROGENS/MODIFIERS		
fulvestrant 250 mg/5ml soln prsyr	Tier 5	
INLURIYO 200 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SOLTAMOX 10 MG/5ML SOLUTION	Tier 5	PA - FOR NEW STARTS ONLY
tamoxifen citrate (10 mg tab, 20 mg tab)	Tier 2	
toremifene citrate 60 mg tab	Tier 4	

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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
VEPPANU (100 MG TAB, 200 MG TAB)	Tier 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
ANTIMETABOLITES		
mercaptopurine 2000 mg/100ml suspension	Tier 5	PA - FOR NEW STARTS ONLY
mercaptopurine 50 mg tab	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
BESREMI PEN 500 MCG/0.5ML SOLN PEN	Tier 5	LA, QL (1 ML PER 28 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
hydroxyurea 500 mg cap	Tier 2	
INQOVI 35-100 MG TAB	Tier 5	LA, QL (5 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IWILFIN 192 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LEDERLE LEUCOVORIN 5 MG TAB	Tier 2	
leucovorin calcium (10 mg tab, 15 mg tab, 25 mg tab, 5 mg tab)	Tier 2	

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
leucovorin calcium (100 mg recon soln, 350 mg recon soln)	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
ZENBEXUS (0.75 MG CAP, 1 MG CAP)	Tier 5	QL (21 PER 28 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		
anastrozole 1 mg tab	Tier 1	
exemestane 25 mg tab	Tier 4	
letrozole 2.5 mg tab	Tier 2	
ENZYME INHIBITORS		
AVMAPKI FAKZYNJA CO-PACK 0.8 & 200 MG THER PACK	Tier 5	LA, QL (66 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY
ENSACOVE 100 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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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
ENSACOVE 25 MG CAP	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 240 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LAZCLUZE 80 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MOLECULAR TARGET INHIBITORS		
ALECENSA 150 MG CAP	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG (180 MG TAB, 90 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 30 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ALUNBRIG 90 & 180 MG TAB THPK	Tier 5	LA, QL (30 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
AYVAKIT (100 MG TAB, 200 MG TAB, 25 MG TAB, 300 MG TAB, 50 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 3 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 4 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BALVERSA 5 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BOSULIF 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

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药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
BOSULIF 500 MG TAB	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
bosutinib (400 mg tab, 500 mg tab)	Tier 5	QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bosutinib 100 mg tab	Tier 5	QL (120 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BRAFTOVI 75 MG CAP	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 160 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BRUKINSA 80 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CALQUENCE (100 MG CAP, 100 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 100 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
CAPRELSA 300 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COMETRIQ (60 MG DAILY DOSE) 20 MG KIT	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
COPIKTRA (15 MG CAP, 25 MG CAP)	Tier 5	LA, QL (56 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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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
COTELLIC 20 MG TAB	Tier 5	LA, QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (100 mg tab, 140 mg tab)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (20 mg tab, 50 mg tab)	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
dasatinib (70 mg tab, 80 mg tab)	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
erlotinib hcl (100 mg tab, 150 mg tab)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
erlotinib hcl 25 mg tab	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (10 mg tab, 7.5 mg tab)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)	Tier 5	PA - FOR NEW STARTS ONLY
everolimus (2.5 mg tab, 5 mg tab)	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
gefitinib 250 mg tab	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

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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
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
HYRNUO 10 MG TAB	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE (100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB)	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBRANCE 100 MG CAP	Tier 5	LA, QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY
IBTROZI 200 MG CAP	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
IDHIFA (100 MG TAB, 50 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 100 mg tab	Tier 4	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
imatinib mesylate 400 mg tab	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

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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
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
JAKAFI XR (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	Tier 5	LA, QL (1 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
JIDEYTRO 100 MG TAB	Tier 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
JIDEYTRO 25 MG TAB	Tier 5	LA, QL (90 PER 30 DAYS), PA - FOR NEW STARTS ONLY
KISQALI (200 MG DOSE) 200 MG TAB THPK	Tier 5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY

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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
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
KOMZIFTI 200 MG CAP	Tier 5	LA, QL (3 PER 1 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
KOSELUGO 5 MG CAP SPRINK	Tier 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KOSELUGO 7.5 MG CAP SPRINK	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
KRAZATI 200 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
lapatinib ditosylate 250 mg tab	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY

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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
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
LIFYORLI (125 MG DOSE) 1 X 25 MG & 1 X 100 MG CAP THPK	Tier 5	LA, QL (18 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LIFYORLI (150 MG DOSE) 2 X 25 MG & 1 X 100 MG CAP THPK	Tier 5	LA, QL (27 PER 28 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

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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
LYTGOBI (12 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (84 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (16 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (112 PER 28 DAYS), PA - FOR NEW STARTS ONLY
LYTGOBI (20 MG DAILY DOSE) 4 MG TAB THPK	Tier 5	LA, QL (140 PER 28 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.05 MG/ML RECON SOLN	Tier 5	LA, QL (40 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 0.5 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKINIST 2 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
MEKTOVI 15 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
NERLYNX 40 MG TAB	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
nilotinib hcl (150 mg cap, 200 mg cap, 50 mg cap)	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

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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
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
pazopanib hcl 200 mg tab	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PAZOPANIB HCL 400 MG TAB	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)	Tier 5	LA, QL (30 PER 30 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO (120 MG TAB, 160 MG TAB, 80 MG TAB)	Tier 5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG CAP	Tier 5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 40 MG TAB	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETEVMO 80 MG CAP	Tier 5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
REVUFORJ 110 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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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
ROMVIMZA (14 MG CAP, 20 MG CAP, 30 MG CAP)	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 100 MG CAP	Tier 5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 200 MG CAP	Tier 5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ROZLYTREK 50 MG PACKET	Tier 5	QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RYDAPT 25 MG CAP	Tier 5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 100 MG TAB	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 20 MG TAB	Tier 5	QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY
SCEMBLIX 40 MG TAB	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sorafenib tosylate 200 mg tab	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
sunitinib malate (37.5 mg cap, 50 mg cap)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 12.5 mg cap	Tier 5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY
sunitinib malate 25 mg cap	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

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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
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
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

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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
VENCLEXTA 50 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK	Tier 5	LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 100 MG CAP	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 20 MG/ML SOLUTION	Tier 5	LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VITRAKVI 25 MG CAP	Tier 5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 10 MG TAB	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VORANIGO 40 MG TAB	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
XALKORI (20 MG CAP SPRINK, 200 MG CAP, 250 MG CAP, 50 MG CAP SPRINK)	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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

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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
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	Tier 5	LA, QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	LA, QL (24 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	Tier 5	LA, QL (8 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG ONCE WEEKLY) 80 MG TAB THPK	Tier 5	QL (4 PER 28 DAYS), PA - FOR NEW STARTS ONLY
XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK	Tier 5	LA, QL (32 PER 28 DAYS), PA - FOR NEW STARTS ONLY
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	Tier 5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZELBORAF 240 MG TAB	Tier 5	LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYDELIG (100 MG TAB, 150 MG TAB)	Tier 5	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ZYKADIA 150 MG TAB	Tier 5	LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
RETINOIDS		
bexarotene 1 % gel	Tier 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
bexarotene 75 mg cap	Tier 5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY
PANRETIN 0.1 % GEL	Tier 5	PA - FOR NEW STARTS ONLY

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ANTINEOPLASTICS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
tretinoin 10 mg cap	Tier 5	
TREATMENT ADJUNCTS		
mesna 400 mg tab	Tier 4	
VONJO 100 MG CAP	Tier 5	LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY

ANTIPARASITICS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ANTHELMINTHICS		
albendazole 200 mg tab	Tier 4	
ivermectin 3 mg tab	Tier 2	
praziquantel 600 mg tab	Tier 3	
ANTIPROTOZOALS		
atovaquone 750 mg/5ml suspension	Tier 4	PA
atovaquone-proguanil hcl (250-100 mg tab, 62.5-25 mg tab)	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)
chloroquine phosphate (250 mg tab, 500 mg tab)	Tier 2	QL (25 PER 30 DAYS)
COARTEM 20-120 MG TAB	Tier 4	QL (24 PER 2 OVER TIME)
hydroxychloroquine sulfate 100 mg tab	Tier 2	QL (4 PER 1 DAYS)
hydroxychloroquine sulfate 200 mg tab	Tier 2	QL (3 PER 1 DAYS)
hydroxychloroquine sulfate 300 mg tab	Tier 2	QL (2 PER 1 DAYS)
hydroxychloroquine sulfate 400 mg tab	Tier 2	QL (1 PER 1 DAYS)

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ANTIPARASITICS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
IMPAVIDO 50 MG CAP	Tier 5	PA, QL (84 PER 28 DAYS)
mefloquine hcl 250 mg tab	Tier 2	
nitazoxanide 500 mg tab	Tier 5	PA, QL (6 PER 3 OVER TIME)
pentamidine isethionate 300 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION
pentamidine isethionate 300 mg recon soln	Tier 3	
primaquine phosphate 26.3 (15 base) mg tab	Tier 2	
pyrimethamine 25 mg tab	Tier 5	PA
quinine sulfate 324 mg cap	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		
benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 2	
benztropine mesylate 1 mg/ml solution	Tier 4	
trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)	Tier 2	
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (100 mg cap, 100 mg tab, 100 mg/10ml solution, 50 mg/5ml solution)	Tier 2	
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)	Tier 4	
entacapone 200 mg tab	Tier 4	QL (8 PER 1 DAYS)

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ANTIPARKINSON AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
DOPAMINE AGONISTS		
bromocriptine mesylate (2.5 mg tab, 5 mg cap)	Tier 4	
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)	Tier 2	
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)	Tier 2	
ropinirole hcl er (2 mg tab er 24h, 4 mg tab er 24h, 6 mg tab er 24h)	Tier 4	QL (1 PER 1 DAYS)
ropinirole hcl er 12 mg tab er 24h	Tier 4	QL (2 PER 1 DAYS)
ropinirole hcl er 8 mg tab er 24h	Tier 4	QL (3 PER 1 DAYS)
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	Tier 4	
carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)	Tier 4	
carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)	Tier 2	
carbidopa-levodopa er (25-100 mg tab er, 50-200 mg tab er)	Tier 2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
rasagiline mesylate (0.5 mg tab, 1 mg tab)	Tier 4	QL (1 PER 1 DAYS)
selegiline hcl (5 mg cap, 5 mg tab)	Tier 2	

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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
1ST GENERATION/TYPICAL		
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)	Tier 4	
fluphenazine decanoate 25 mg/ml solution	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	
haloperidol (0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab)	Tier 2	
haloperidol decanoate (100 mg/ml solution, 50 mg/ml solution)	Tier 3	
haloperidol lactate 2 mg/ml conc	Tier 3	
haloperidol lactate 5 mg/ml solution	Tier 2	
loxapine succinate (10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap)	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	
thioridazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)	Tier 3	PA - FOR NEW STARTS ONLY
thiothixene (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)	Tier 3	
trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)	Tier 2	
2ND GENERATION/ATYPICAL		
ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)	Tier 5	PA - PART B VS D DETERMINATION

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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
aripiprazole (10 mg tab disp, 15 mg tab disp)	Tier 4	QL (2 PER 1 DAYS)
aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	Tier 3	QL (1 PER 1 DAYS)
aripiprazole 1 mg/ml solution	Tier 4	QL (25 PER 1 DAYS)
aripiprazole 2 mg tab	Tier 3	QL (4 PER 1 DAYS)
aripiprazole 5 mg tab	Tier 3	QL (2 PER 1 DAYS)
asenapine maleate (10 mg sl tab, 2.5 mg sl tab, 5 mg sl tab)	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI (1 MG TAB, 10 MG TAB, 12 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)	Tier 5	QL (60 PER 30 DAYS), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK A 1 & 2 & 4 & 6 MG TAB THPK	Tier 5	QL (16 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK B 1 & 2 & 6 & 8 MG TAB THPK	Tier 5	QL (24 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
BYSANTI TITRATION PACK C 1 & 2 & 6 MG TAB THPK	Tier 5	QL (16 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY
CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
ERZOFRI 117 MG/0.75ML SUSP PRSYR	Tier 5	QL (0.75 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 156 MG/ML SUSP PRSYR	Tier 5	QL (1 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 234 MG/1.5ML SUSP PRSYR	Tier 5	QL (1.5 ML PER 28 DAYS), PA - PART B VS D DETERMINATION
ERZOFRI 351 MG/2.25ML SUSP PRSYR	Tier 5	QL (4.5 ML PER 365 OVER TIME), PA - PART B VS D DETERMINATION
ERZOFRI 39 MG/0.25ML SUSP PRSYR	Tier 4	QL (0.25 ML PER 28 DAYS), PA - PART B VS D DETERMINATION

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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
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
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

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ANTIPSYCHOTICS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
INVEGA TRINZA 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
lurasidone hcl (120 mg tab, 20 mg tab, 40 mg tab, 60 mg tab)	Tier 4	QL (1 PER 1 DAYS)
lurasidone hcl 80 mg tab	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
olanzapine (10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp, 5 mg tab disp)	Tier 4	
olanzapine (10 mg tab, 15 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 7.5 mg tab)	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
paliperidone er (1.5 mg tab er 24h, 3 mg tab er 24h, 9 mg tab er 24h)	Tier 4	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
paliperidone er 6 mg tab er 24h	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
quetiapine fumarate (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab, 300 mg tab, 400 mg tab, 50 mg tab)	Tier 2	
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)	Tier 4	

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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
REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
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)	Tier 4	
risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)	Tier 2	
risperidone 1 mg/ml solution	Tier 3	
risperidone microspheres er (12.5 mg srer, 25 mg srer)	Tier 4	PA - PART B VS D DETERMINATION
risperidone microspheres er (37.5 mg srer, 50 mg srer)	Tier 5	PA - PART B VS D DETERMINATION
SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VRAYLAR 1.5 & 3 MG CAP THPK	Tier 4	QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY
ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)	Tier 3	
ziprasidone mesylate 20 mg recon soln	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

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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
TREATMENT-RESISTANT		
clozapine (100 mg tab disp, 12.5 mg tab disp, 150 mg tab disp, 200 mg tab disp, 25 mg tab disp)	Tier 4	
clozapine (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)	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		
baclofen (10 mg tab, 20 mg tab)	Tier 2	
baclofen 15 mg tab	Tier 2	QL (6 PER 1 DAYS)
baclofen 5 mg tab	Tier 2	QL (16 PER 1 DAYS)
dantrolene sodium (100 mg cap, 25 mg cap, 50 mg cap)	Tier 4	
tizanidine hcl (2 mg tab, 4 mg tab)	Tier 2	

ANTIVIRALS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY 200 MG TAB	Tier 5	PA, LA, QL (4 PER 1 DAYS)
PREVYMIS (120 MG PACKET, 20 MG PACKET)	Tier 5	QL (4 PER 1 DAYS)
PREVYMIS (240 MG TAB, 480 MG TAB)	Tier 5	QL (200 PER 365 OVER TIME)
valganciclovir hcl 450 mg tab	Tier 3	QL (2 PER 1 DAYS)
valganciclovir hcl 50 mg/ml recon soln	Tier 4	QL (18 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
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil 10 mg tab	Tier 4	QL (1 PER 1 DAYS)
BARACLUDE 0.05 MG/ML SOLUTION	Tier 5	QL (21 PER 1 DAYS)
entecavir (0.5 mg tab, 1 mg tab)	Tier 4	QL (1 PER 1 DAYS)
EPIVIR HBV 5 MG/ML SOLUTION	Tier 3	
lamivudine 100 mg tab	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	
ribavirin 6 gm recon soln	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)
BIXLENVO 75-50 MG TAB	Tier 5	QL (30 PER 30 DAYS)
DOVATO 50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
GENVOYA 150-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
ISENTRESS 100 MG CHEW TAB	Tier 5	QL (6 PER 1 DAYS)
ISENTRESS 100 MG PACKET	Tier 5	QL (2 PER 1 DAYS)
ISENTRESS 25 MG CHEW TAB	Tier 3	QL (6 PER 1 DAYS)
ISENTRESS 400 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ISENTRESS HD 600 MG TAB	Tier 5	QL (2 PER 1 DAYS)
JULUCA 50-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
STRIBILD 150-150-200-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TIVICAY (25 MG TAB, 50 MG TAB)	Tier 5	QL (2 PER 1 DAYS)
TIVICAY 10 MG TAB	Tier 4	QL (2 PER 1 DAYS)

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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
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 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)
efavirenz 600 mg tab	Tier 4	QL (1 PER 1 DAYS)
efavirenz-emtricitab-tenofo df 600-200-300 mg tab	Tier 4	QL (1 PER 1 DAYS)
efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)	Tier 5	QL (1 PER 1 DAYS)
emtricitab-rilpivir-tenofov df 200-25-300 mg tab	Tier 5	QL (1 PER 1 DAYS)
etravirine 100 mg tab	Tier 5	QL (4 PER 1 DAYS)
etravirine 200 mg tab	Tier 5	QL (2 PER 1 DAYS)
INTELENCE 25 MG TAB	Tier 4	QL (12 PER 1 DAYS)
nevirapine 200 mg tab	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)
nevirapine er 400 mg tab er 24h	Tier 4	QL (1 PER 1 DAYS)
ODEFSEY 200-25-25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
PIFELTRO 100 MG TAB	Tier 5	QL (2 PER 1 DAYS)
rilpivirine hcl 25 mg tab	Tier 5	QL (2 PER 1 DAYS)
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	Tier 4	QL (30 PER 1 DAYS)
abacavir sulfate 300 mg tab	Tier 4	QL (2 PER 1 DAYS)
abacavir sulfate-lamivudine 600-300 mg tab	Tier 4	QL (1 PER 1 DAYS)

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ANTIVIRALS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
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)
emtricitabine 200 mg cap	Tier 4	QL (1 PER 1 DAYS)
emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)	Tier 4	QL (1 PER 1 DAYS)
EMTRIVA 10 MG/ML SOLUTION	Tier 4	QL (24 PER 1 DAYS)
lamivudine (10 mg/ml solution, 300 mg/30ml solution)	Tier 3	QL (30 PER 1 DAYS)
lamivudine 150 mg tab	Tier 3	QL (2 PER 1 DAYS)
lamivudine 300 mg tab	Tier 3	QL (1 PER 1 DAYS)
lamivudine-zidovudine 150-300 mg tab	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)
tenofovir disoproxil fumarate 300 mg tab	Tier 3	QL (1 PER 1 DAYS)
TRIUMEQ 600-50-300 MG TAB	Tier 5	QL (1 PER 1 DAYS)
TRIUMEQ PD 60-5-30 MG TAB SOL	Tier 4	QL (6 PER 1 DAYS)
TRIZIVIR 300-150-300 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD (200 MG TAB, 250 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
VIREAD 150 MG TAB	Tier 5	QL (2 PER 1 DAYS)
VIREAD 40 MG/GM POWDER	Tier 4	QL (240 PER 30 DAYS)
zidovudine 100 mg cap	Tier 2	QL (6 PER 1 DAYS)
zidovudine 300 mg tab	Tier 2	QL (2 PER 1 DAYS)
zidovudine 50 mg/5ml syrup	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

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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
IDVYNSO 100-0.25 MG TAB	Tier 5	QL (1 PER 1 DAYS)
maraviroc 150 mg tab	Tier 5	QL (2 PER 1 DAYS)
maraviroc 300 mg tab	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)
atazanavir sulfate (150 mg cap, 200 mg cap)	Tier 4	QL (2 PER 1 DAYS)
atazanavir sulfate 300 mg cap	Tier 4	QL (1 PER 1 DAYS)
darunavir 600 mg tab	Tier 4	QL (2 PER 1 DAYS)
darunavir 800 mg tab	Tier 5	QL (1 PER 1 DAYS)
EVOTAZ 300-150 MG TAB	Tier 5	QL (1 PER 1 DAYS)
fosamprenavir calcium 700 mg tab	Tier 4	QL (4 PER 1 DAYS)
KALETRA 400-100 MG/5ML SOLUTION	Tier 4	QL (13 PER 1 DAYS)
LEXIVA 50 MG/ML SUSPENSION	Tier 4	QL (56 PER 1 DAYS)
lopinavir-ritonavir 100-25 mg tab	Tier 4	QL (10 PER 1 DAYS)
lopinavir-ritonavir 200-50 mg tab	Tier 4	QL (4 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
lopinavir-ritonavir 400-100 mg/5ml solution	Tier 4	QL (13 PER 1 DAYS)
NORVIR 100 MG CAP	Tier 4	
NORVIR 100 MG PACKET	Tier 4	QL (12 PER 1 DAYS)
NORVIR 80 MG/ML SOLUTION	Tier 4	QL (15 PER 1 DAYS)
PREZCOBIX (675-150 MG TAB, 800-150 MG TAB)	Tier 5	QL (1 PER 1 DAYS)
PREZISTA 100 MG/ML SUSPENSION	Tier 5	QL (12 PER 1 DAYS)
PREZISTA 150 MG TAB	Tier 3	QL (8 PER 1 DAYS)
PREZISTA 75 MG TAB	Tier 3	QL (10 PER 1 DAYS)
REYATAZ 50 MG PACKET	Tier 5	QL (8 PER 1 DAYS)
ritonavir 100 mg tab	Tier 3	QL (12 PER 1 DAYS)
SYMTUZA 800-150-200-10 MG TAB	Tier 5	QL (1 PER 1 DAYS)
VIRACEPT 250 MG TAB	Tier 5	QL (9 PER 1 DAYS)
VIRACEPT 625 MG TAB	Tier 5	QL (4 PER 1 DAYS)
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate 30 mg cap	Tier 3	QL (120 PER 180 OVER TIME)
oseltamivir phosphate 45 mg cap	Tier 3	QL (42 PER 180 OVER TIME)
oseltamivir phosphate 6 mg/ml recon susp	Tier 3	QL (1080 PER 365 OVER TIME)
oseltamivir phosphate 75 mg cap	Tier 3	QL (60 PER 180 OVER TIME)
RELENZA DISKHALER 5 MG/ACT AER POW BA	Tier 3	QL (60 PER 180 OVER TIME)
RIMANTADINE HCL 100 MG TAB	Tier 4	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	Tier 4	QL (2 PER 30 OVER TIME)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	Tier 4	QL (1 PER 30 OVER TIME)

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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
ANTIHERPETIC AGENTS		
acyclovir (200 mg cap, 400 mg tab, 800 mg tab)	Tier 2	
acyclovir (200 mg/5ml suspension, 800 mg/20ml suspension)	Tier 4	
acyclovir sodium 50 mg/ml solution	Tier 4	PA - PART B VS D DETERMINATION
famciclovir (125 mg tab, 250 mg tab, 500 mg tab)	Tier 2	
valacyclovir hcl (1 gm tab, 500 mg tab)	Tier 2	
ANTIVIRAL, CORONAVIRUS AGENTS		
LAGEVRIO 200 MG CAP	Tier 5	QL (40 PER 30 OVER TIME)
PAXLOVID (150/100) 10 X 150 MG & 10 X 100MG TAB THPK	Tier 2	QL (20 PER 30 OVER TIME)
PAXLOVID (300/100 & 150/100) 6 X 150 MG & 5 X 100MG TAB THPK	Tier 2	QL (11 PER 30 OVER TIME)
PAXLOVID (300/100) 20 X 150 MG & 10 X 100MG TAB THPK	Tier 2	QL (30 PER 30 OVER TIME)

ANXIOLYTICS

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

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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
clonazepam 0.5 mg tab	Tier 2	QL (40 PER 1 DAYS)
clonazepam 1 mg tab	Tier 2	QL (20 PER 1 DAYS)
clonazepam 1 mg tab disp	Tier 3	QL (20 PER 1 DAYS)
clonazepam 2 mg tab	Tier 2	QL (10 PER 1 DAYS)
clonazepam 2 mg tab disp	Tier 3	QL (10 PER 1 DAYS)
clorazepate dipotassium 15 mg tab	Tier 4	QL (6 PER 1 DAYS)
clorazepate dipotassium 3.75 mg tab	Tier 4	QL (24 PER 1 DAYS)
clorazepate dipotassium 7.5 mg tab	Tier 4	QL (12 PER 1 DAYS)
diazepam (5 mg tab, 5 mg/ml conc)	Tier 2	QL (12 PER 1 DAYS)
diazepam 10 mg tab	Tier 2	QL (6 PER 1 DAYS)
diazepam 2 mg tab	Tier 2	QL (30 PER 1 DAYS)
diazepam 5 mg/5ml solution	Tier 2	QL (60 PER 1 DAYS)
diazepam intensol 5 mg/ml conc	Tier 2	QL (12 PER 1 DAYS)
lorazepam 0.5 mg tab	Tier 2	QL (20 PER 1 DAYS)
lorazepam 1 mg tab	Tier 2	QL (10 PER 1 DAYS)
lorazepam 2 mg tab	Tier 2	QL (5 PER 1 DAYS)
lorazepam 2 mg/ml conc	Tier 3	QL (5 PER 1 DAYS)
lorazepam intensol 2 mg/ml conc	Tier 3	QL (5 PER 1 DAYS)

BIPOLAR AGENTS

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

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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
ANTIDIABETIC AGENTS		
acarbose (100 mg tab, 25 mg tab, 50 mg tab)	Tier 2	
dapagliflozin base-metformin er (10-1000 mg tab er 24h, 10-500 mg tab er 24h, 5-500 mg tab er 24h)	Tier 2	QL (30 PER 30 DAYS)
dapagliflozin base-metformin er 5-1000 mg tab er 24h	Tier 2	QL (60 PER 30 DAYS)
glimepiride (1 mg tab, 2 mg tab, 4 mg tab)	Tier 1	
glipizide (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 1	
glipizide er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)	Tier 1	
glipizide xl (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)	Tier 1	
glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	Tier 1	
glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)	Tier 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	Tier 1	
glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)	Tier 1	
GLYXAMBI (10-5 MG TAB, 25-5 MG TAB)	Tier 3	QL (1 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)

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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
metformin hcl (1000 mg tab, 500 mg tab, 850 mg tab)	Tier 1	
metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)	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)
nateglinide (120 mg tab, 60 mg tab)	Tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
OZEMPIC (1.5 MG TAB, 4 MG TAB, 9 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN	Tier 3	PA, QL (3 PER 28 DAYS)
pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)	Tier 1	
pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)	Tier 1	QL (1 PER 1 DAYS)
pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)	Tier 1	
repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 1	
RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)	Tier 3	PA, QL (1 PER 1 DAYS)
sitaglip phos-metformin hcl er (100-1000 mg tab er 24h, 50-500 mg tab er 24h)	Tier 2	QL (30 PER 30 DAYS)
sitaglip phos-metformin hcl er 50-1000 mg tab er 24h	Tier 2	QL (60 PER 30 DAYS)
sitagliptin phos-metformin hcl (50-1000 mg tab, 50-500 mg tab)	Tier 2	QL (60 PER 30 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)

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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
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 2.5-1000 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)
diazoxide 50 mg/ml suspension	Tier 5	
GLUCAGEN HYPOKIT 1 MG RECON SOLN	Tier 3	QL (2 PER 2 OVER TIME)
glucagon emergency (1 mg recon soln, 1 mg/ml recon soln)	Tier 3	QL (2 PER 2 OVER TIME)
INSULINS		
FIASP 100 UNIT/ML SOLUTION	Tier 3	
FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN	Tier 3	
FIASP PENFILL 100 UNIT/ML SOLN CART	Tier 3	
FIASP PUMPCART 100 UNIT/ML SOLN CART	Tier 3	
HUMALOG 100 UNIT/ML SOLN CART	Tier 3	
HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN	Tier 3	
HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 3	

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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
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	
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)

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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
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)

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		
dabigatran etexilate mesylate (110 mg cap, 150 mg cap, 75 mg cap)	Tier 4	QL (2 PER 1 DAYS)
ELIQUIS (0.15 MG CAP SPRINK, 2.5 MG TAB, 5 MG TAB)	Tier 3	QL (2 PER 1 DAYS)
ELIQUIS (1.5 MG PACK) 3 X 0.5 MG TAB SOL	Tier 3	QL (12 PER 1 DAYS)

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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
ELIQUIS (2 MG PACK) 4 X 0.5 MG TAB SOL	Tier 3	QL (16 PER 1 DAYS)
ELIQUIS 0.5 MG TAB SOL	Tier 3	QL (4 PER 1 DAYS)
ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK	Tier 3	QL (74 PER 180 OVER TIME)
enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)	Tier 4	QL (60 PER 30 DAYS)
enoxaparin sodium (120 mg/0.8ml soln prsyr, 80 mg/0.8ml soln prsyr)	Tier 4	QL (48 PER 30 DAYS)
enoxaparin sodium 30 mg/0.3ml soln prsyr	Tier 4	QL (18 PER 30 DAYS)
enoxaparin sodium 40 mg/0.4ml soln prsyr	Tier 4	QL (24 PER 30 DAYS)
enoxaparin sodium 60 mg/0.6ml soln prsyr	Tier 4	QL (36 PER 30 DAYS)
fondaparinux sodium 10 mg/0.8ml solution	Tier 5	QL (24 PER 30 DAYS)
fondaparinux sodium 2.5 mg/0.5ml solution	Tier 4	QL (15 PER 30 DAYS)
fondaparinux sodium 5 mg/0.4ml solution	Tier 5	QL (12 PER 30 DAYS)
fondaparinux sodium 7.5 mg/0.6ml solution	Tier 5	QL (18 PER 30 DAYS)
heparin sodium (porcine) (1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution, 5000 unit/ml solution)	Tier 2	PA - PART B VS D DETERMINATION
heparin sodium (porcine) pf 1000 unit/ml solution	Tier 2	PA - PART B VS D DETERMINATION
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)

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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
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)
eltrombopag olamine 25 mg packet	Tier 5	PA, QL (6 PER 1 DAYS)
eltrombopag olamine 75 mg tab	Tier 5	PA, QL (2 PER 1 DAYS)
FULPHILA 6 MG/0.6ML SOLN PRSYR	Tier 5	PA

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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
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		
tranexamic acid 650 mg tab	Tier 3	QL (1 PER 1 DAYS)
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er 25-200 mg cap er 12h	Tier 4	
cilostazol (100 mg tab, 50 mg tab)	Tier 2	
clopidogrel bisulfate 75 mg tab	Tier 1	QL (1 PER 1 DAYS)
dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)	Tier 3	
prasugrel hcl (10 mg tab, 5 mg tab)	Tier 3	QL (1 PER 1 DAYS)
ticagrelor (60 mg tab, 90 mg tab)	Tier 3	QL (2 PER 1 DAYS)

CARDIOVASCULAR AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ALPHA-ADRENERGIC AGONISTS		
clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)	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
clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)	Tier 1	
droxidopa 100 mg cap	Tier 4	PA, QL (18 PER 1 DAYS)
droxidopa 200 mg cap	Tier 5	PA, QL (9 PER 1 DAYS)
droxidopa 300 mg cap	Tier 5	PA, QL (84 PER 90 OVER TIME)
guanfacine hcl (1 mg tab, 2 mg tab)	Tier 2	
METHYLDOPA (250 MG TAB, 500 MG TAB)	Tier 2	
midodrine hcl (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 3	
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	Tier 2	
prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)	Tier 2	
terazosin hcl (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)	Tier 1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil (16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab)	Tier 1	
irbesartan (150 mg tab, 300 mg tab, 75 mg tab)	Tier 1	
losartan potassium (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
olmesartan medoxomil (20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
telmisartan (20 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
valsartan (160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
benazepril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
captopril (100 mg tab, 12.5 mg tab, 25 mg tab, 50 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
enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)	Tier 1	
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	Tier 1	
lisinopril (10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
moexipril hcl (15 mg tab, 7.5 mg tab)	Tier 1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	Tier 1	
quinapril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
ramipril (1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap)	Tier 1	
trandolapril (1 mg tab, 2 mg tab, 4 mg tab)	Tier 1	
ANTIARRHYTHMICS		
amiodarone hcl (100 mg tab, 400 mg tab)	Tier 4	
amiodarone hcl 200 mg tab	Tier 2	
digitek (125 mcg tab, 250 mcg tab)	Tier 2	QL (1 PER 1 DAYS)
digox 125 mcg tab	Tier 2	QL (1 PER 1 DAYS)
digoxin (125 mcg tab, 250 mcg tab)	Tier 2	QL (1 PER 1 DAYS)
dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)	Tier 4	
flecainide acetate (100 mg tab, 150 mg tab, 50 mg tab)	Tier 2	
mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)	Tier 2	
MULTAQ 400 MG TAB	Tier 3	QL (2 PER 1 DAYS)
pacerone (100 mg tab, 400 mg tab)	Tier 4	
pacerone 200 mg tab	Tier 2	
propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)	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
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	Tier 2	
sorine (120 mg tab, 160 mg tab, 80 mg tab)	Tier 2	
sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)	Tier 2	
sotalol hcl (af) (120 mg tab, 160 mg tab, 80 mg tab)	Tier 2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (200 mg cap, 400 mg cap)	Tier 2	
atenolol (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
betaxolol hcl (10 mg tab, 20 mg tab)	Tier 2	
bisoprolol fumarate (10 mg tab, 5 mg tab)	Tier 2	
carvedilol (12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab)	Tier 1	
labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)	Tier 2	
metoprolol succinate er (100 mg tab er 24h, 200 mg tab er 24h, 25 mg tab er 24h, 50 mg tab er 24h)	Tier 1	
metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
nadolol (20 mg tab, 40 mg tab, 80 mg tab)	Tier 2	
nebivolol hcl (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)	Tier 3	
pindolol (10 mg tab, 5 mg tab)	Tier 2	
propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)	Tier 2	
PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)	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
propranolol hcl er (120 mg cap er 24h, 160 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h)	Tier 2	
timolol maleate (10 mg tab, 20 mg tab, 5 mg tab)	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 1	
felodipine er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)	Tier 2	
isradipine (2.5 mg cap, 5 mg cap)	Tier 3	
nicardipine hcl (20 mg cap, 30 mg cap)	Tier 2	
nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	Tier 2	
nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)	Tier 2	
nimodipine 30 mg cap	Tier 4	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)	Tier 2	
dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)	Tier 2	
diltiazem hcl (120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab)	Tier 2	
diltiazem hcl 120 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 180 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 240 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 300 mg extended release 24hr capsule	Tier 2	
diltiazem hcl 360 mg extended release 24hr capsule	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
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)	Tier 2	
diltiazem hcl er beads 420 mg cap er 24h	Tier 2	
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)	Tier 2	
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)	Tier 2	
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)	Tier 2	
verapamil hcl (120 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)	Tier 4	
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)	Tier 2	
CARDIOVASCULAR AGENTS, OTHER		
acetazolamide (125 mg tab, 250 mg tab)	Tier 2	
aliskiren fumarate (150 mg tab, 300 mg tab)	Tier 4	
amiloride-hydrochlorothiazide 5-50 mg tab	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
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)	Tier 1	
amlodipine besylate-valsartan (10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab)	Tier 1	
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)	Tier 3	
amlodipine-olmesartan (10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab)	Tier 1	
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)	Tier 1	
atenolol-chlorthalidone (100-25 mg tab, 50-25 mg tab)	Tier 1	
benazepril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab)	Tier 1	
bisoprolol-hydrochlorothiazide (10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab)	Tier 2	
candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)	Tier 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	Tier 1	
CORLANOR 5 MG/5ML SOLUTION	Tier 4	PA, QL (20 PER 1 DAYS)
enalapril-hydrochlorothiazide (10-25 mg tab, 5-12.5 mg tab)	Tier 1	
ENTRESTO (15-16 MG CAP SPRINK, 6-6 MG CAP SPRINK)	Tier 3	QL (8 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
fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)	Tier 1	
irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)	Tier 1	
ivabradine hcl (5 mg tab, 7.5 mg tab)	Tier 4	PA, QL (2 PER 1 DAYS)
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	Tier 1	
losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab)	Tier 1	
metoprolol-hydrochlorothiazide (100-25 mg tab, 100-50 mg tab, 50-25 mg tab)	Tier 2	
metyrosine 250 mg cap	Tier 5	
olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	Tier 1	
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)	Tier 1	
pentoxifylline er 400 mg tab er	Tier 2	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	Tier 1	
ranolazine er (1000 mg tab er 12h, 500 mg tab er 12h)	Tier 4	QL (2 PER 1 DAYS)
sacubitril-valsartan (24-26 mg tab, 49-51 mg tab, 97-103 mg tab)	Tier 3	QL (2 PER 1 DAYS)
spironolactone-hctz 25-25 mg tab	Tier 2	
telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)	Tier 1	
telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)	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	

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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
triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)	Tier 1	
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)	Tier 1	
VERQUVO (10 MG TAB, 2.5 MG TAB, 5 MG TAB)	Tier 4	PA, QL (1 PER 1 DAYS)
DIURETICS, LOOP		
bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)	Tier 2	
bumetanide 0.25 mg/ml solution	Tier 4	
FUROSEMIDE (10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 8 MG/ML SOLUTION, 80 MG TAB)	Tier 1	
furosemide 10 mg/ml solution	Tier 4	
torsemide (10 mg tab, 100 mg tab, 20 mg tab, 5 mg tab)	Tier 2	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	Tier 2	
eplerenone (25 mg tab, 50 mg tab)	Tier 3	
spironolactone (100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
DIURETICS, THIAZIDE		
chlorthalidone (25 mg tab, 50 mg tab)	Tier 2	
hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
indapamide (1.25 mg tab, 2.5 mg tab)	Tier 1	
metolazone (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 2	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
fenofibrate (134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap, 48 mg tab, 54 mg tab, 67 mg cap)	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
fenofibrate micronized (130 mg cap, 134 mg cap, 200 mg cap, 43 mg cap, 67 mg cap)	Tier 2	
fenofibric acid (135 mg cap dr, 45 mg cap dr)	Tier 3	
gemfibrozil 600 mg tab	Tier 2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
fluvastatin sodium (20 mg cap, 40 mg cap)	Tier 1	
fluvastatin sodium er 80 mg tab er 24h	Tier 2	
lovastatin (10 mg tab, 20 mg tab, 40 mg tab)	Tier 1	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	Tier 1	
rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)	Tier 1	
simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab)	Tier 1	
DYSLIPIDEMICS, OTHER		
cholestyramine (4 gm packet, 4 gm/dose powder)	Tier 3	
cholestyramine light (4 gm packet, 4 gm/dose powder)	Tier 2	
colesevelam hcl (3.75 gm packet, 625 mg tab)	Tier 4	
colestipol hcl (5 gm granules, 5 gm packet)	Tier 3	
colestipol hcl 1 gm tab	Tier 2	
ezetimibe 10 mg tab	Tier 2	
ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)	Tier 2	
icosapent ethyl (0.5 gm cap, 1 gm cap)	Tier 4	QL (4 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
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 4	
niacin er (antihyperlipidemic) (1000 mg tab er, 750 mg tab er)	Tier 3	QL (2 PER 1 DAYS)
niacin er (antihyperlipidemic) 500 mg tab er	Tier 3	QL (4 PER 1 DAYS)
NIACOR 500 MG TAB	Tier 4	
omega-3-acid ethyl esters 1 gm cap	Tier 2	QL (4 PER 1 DAYS)
prevalite (4 gm packet, 4 gm/dose powder)	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 (10 mg tab, 5 mg tab)	Tier 2	QL (1 PER 1 DAYS)
FARXIGA (10 MG TAB, 5 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)	Tier 1	
minoxidil (10 mg tab, 2.5 mg tab)	Tier 2	
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
isosorbide dinitrate (10 mg tab, 20 mg tab, 30 mg tab, 5 mg tab)	Tier 2	
isosorbide mononitrate (10 mg tab, 20 mg tab)	Tier 2	
isosorbide mononitrate er (30 mg tab er 24h, 60 mg tab er 24h)	Tier 1	
isosorbide mononitrate er 120 mg tab er 24h	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
nitro-bid 2 % ointment	Tier 3	
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)	Tier 2	
nitroglycerin 0.4 % ointment	Tier 4	QL (30 PER 30 DAYS)
nitroglycerin 2 % ointment	Tier 3	

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		
amphetamine-dextroamphet er (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)	Tier 4	QL (2 PER 1 DAYS)
amphetamine-dextroamphetamine (10 mg tab, 15 mg tab, 5 mg tab, 7.5 mg tab)	Tier 2	QL (4 PER 1 DAYS)
amphetamine-dextroamphetamine 12.5 mg tab	Tier 2	QL (5 PER 1 DAYS)
amphetamine-dextroamphetamine 20 mg tab	Tier 2	QL (3 PER 1 DAYS)
amphetamine-dextroamphetamine 30 mg tab	Tier 2	QL (2 PER 1 DAYS)
dextroamphetamine sulfate (10 mg tab, 5 mg tab)	Tier 4	QL (6 PER 1 DAYS)
dextroamphetamine sulfate 15 mg tab	Tier 4	QL (4 PER 1 DAYS)
dextroamphetamine sulfate 20 mg tab	Tier 4	QL (3 PER 1 DAYS)
dextroamphetamine sulfate 30 mg tab	Tier 4	QL (2 PER 1 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
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)	Tier 3	QL (4 PER 1 DAYS)
atomoxetine hcl (100 mg cap, 60 mg cap, 80 mg cap)	Tier 3	QL (1 PER 1 DAYS)
atomoxetine hcl 40 mg cap	Tier 3	QL (2 PER 1 DAYS)
dexmethylphenidate hcl (10 mg tab, 2.5 mg tab, 5 mg tab)	Tier 2	QL (2 PER 1 DAYS)
guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)	Tier 3	QL (1 PER 1 DAYS)
methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab)	Tier 4	QL (3 PER 1 DAYS)
methylphenidate hcl 10 mg chew tab	Tier 4	QL (6 PER 1 DAYS)
methylphenidate hcl 10 mg tab	Tier 2	QL (6 PER 1 DAYS)
methylphenidate hcl 20 mg tab	Tier 2	QL (3 PER 1 DAYS)
methylphenidate hcl 5 mg tab	Tier 2	QL (12 PER 1 DAYS)
methylphenidate hcl er 10 mg tab er	Tier 3	QL (6 PER 1 DAYS)
methylphenidate hcl er 20 mg tab er	Tier 3	QL (3 PER 1 DAYS)
CENTRAL NERVOUS SYSTEM, OTHER		
bac (butalbital-acetamin-caff) 50-325-40 mg tab	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
butalbital-apap-caffeine 50-325-40 mg tab	Tier 3	PA, QL (48 PER 30 OVER TIME), NDS
riluzole 50 mg tab	Tier 3	
tetrabenazine 12.5 mg tab	Tier 4	PA, LA, QL (8 PER 1 DAYS)
tetrabenazine 25 mg tab	Tier 5	PA, LA, QL (4 PER 1 DAYS)
VEOZAH 45 MG TAB	Tier 4	PA, QL (1 PER 1 DAYS)

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药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE 20 MG CAP DR	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 30 MG CAP DR	Tier 4	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 40 MG CAP DR	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
DRIZALMA SPRINKLE 60 MG CAP DR	Tier 4	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
duloxetine hcl 20 mg cp dr part	Tier 2	QL (4 PER 1 DAYS)
duloxetine hcl 30 mg cp dr part	Tier 2	QL (3 PER 1 DAYS)
duloxetine hcl 40 mg cp dr part	Tier 4	QL (2 PER 1 DAYS)
duloxetine hcl 60 mg cp dr part	Tier 2	QL (2 PER 1 DAYS)
pregabalin (100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	Tier 3	QL (3 PER 1 DAYS)
pregabalin (200 mg cap, 225 mg cap, 300 mg cap)	Tier 3	QL (2 PER 1 DAYS)
pregabalin 20 mg/ml solution	Tier 3	QL (30 PER 1 DAYS)
MULTIPLE SCLEROSIS AGENTS		
BETASERON 0.3 MG KIT	Tier 5	PA, QL (15 PER 30 DAYS)
dalfampridine er 10 mg tab er 12h	Tier 3	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 120 mg cap dr	Tier 4	PA, QL (2 PER 1 DAYS)
dimethyl fumarate 240 mg cap dr	Tier 5	PA, QL (2 PER 1 DAYS)
dimethyl fumarate starter pack 120 & 240 mg cpdr thpk	Tier 4	PA, QL (2 PER 1 DAYS)
fingolimod hcl 0.5 mg cap	Tier 5	PA, QL (1 PER 1 DAYS)
glatiramer acetate 20 mg/ml soln prsyr	Tier 5	PA, QL (30 PER 30 DAYS)
glatiramer acetate 40 mg/ml soln prsyr	Tier 5	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml soln prsyr	Tier 5	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml soln prsyr	Tier 5	PA, QL (12 PER 28 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
teriflunomide (14 mg tab, 7 mg tab)	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		
cevimeline hcl 30 mg cap	Tier 4	
chlorhexidine gluconate 0.12 % solution	Tier 2	
kourzeq 0.1 % paste	Tier 3	
oralone 0.1 % paste	Tier 3	
periogard 0.12 % solution	Tier 2	
pilocarpine hcl (5 mg tab, 7.5 mg tab)	Tier 3	
triamcinolone acetonide 0.1 % paste	Tier 3	

DERMATOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ACNE AND ROSACEA AGENTS		
accutane (10 mg cap, 20 mg cap, 40 mg cap)	Tier 4	
acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)	Tier 4	
amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
benzoyl peroxide-erythromycin 5-3 % gel	Tier 4	
claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
clindamycin phos-benzoyl perox 1.2-5 % gel	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
isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
myorisan (10 mg cap, 20 mg cap, 40 mg cap)	Tier 4	
sulfacetamide sodium (acne) 10 % lotion	Tier 3	
tazarotene (0.05 % cream, 0.05 % gel, 0.1 % cream, 0.1 % gel)	Tier 4	
tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)	Tier 4	PA
zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)	Tier 4	
DERMATITIS AND PRURITUS AGENTS		
ala-cort 1 % cream	Tier 2	
alclometasone dipropionate (0.05 % cream, 0.05 % ointment)	Tier 3	
ammonium lactate (12 % cream, 12 % lotion)	Tier 2	
betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)	Tier 2	
betamethasone dipropionate aug (0.05 % gel, 0.05 % lotion, 0.05 % ointment)	Tier 3	
betamethasone dipropionate aug 0.05 % cream	Tier 2	
betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)	Tier 2	
clobetasol prop emollient base 0.05 % cream	Tier 4	
clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % ointment, 0.05 % solution)	Tier 4	
clobetasol propionate 0.05 % liquid	Tier 4	QL (250 PER 30 DAYS)
desonide (0.05 % cream, 0.05 % ointment)	Tier 4	

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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
desoximetasone 0.25 % cream	Tier 4	
EUCRISA 2 % OINTMENT	Tier 4	PA, QL (100 PER 30 DAYS)
fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)	Tier 3	
fluocinolone acetonide 0.01 % solution	Tier 4	
fluocinolone acetonide body 0.01 % oil	Tier 4	
fluocinolone acetonide scalp 0.01 % oil	Tier 4	
fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)	Tier 3	
fluocinonide emulsified base 0.05 % cream	Tier 3	
fluticasone propionate (0.005 % ointment, 0.05 % cream)	Tier 2	
halobetasol propionate (0.05 % cream, 0.05 % ointment)	Tier 4	QL (200 PER 28 DAYS)
hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)	Tier 2	
hydrocortisone (perianal) (1 % cream, 2.5 % cream)	Tier 2	
hydrocortisone butyrate 0.1 % ointment	Tier 4	
mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)	Tier 2	
procto-med hc 2.5 % cream	Tier 2	
proctosol hc 2.5 % cream	Tier 2	
proctozone-hc 2.5 % cream	Tier 2	
selenium sulfide 2.5 % lotion	Tier 2	
tacrolimus (0.03 % ointment, 0.1 % ointment)	Tier 4	QL (100 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
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)	Tier 2	
triderm 0.5 % cream	Tier 2	
DERMATOLOGICAL AGENTS, OTHER		
alcohol wipes 70 % misc	Tier 2	
calcipotriene (0.005 % cream, 0.005 % ointment)	Tier 4	
calcipotriene 0.005 % solution	Tier 3	
calcitrene 0.005 % ointment	Tier 3	
clotrimazole-betamethasone 1-0.05 % cream	Tier 2	
clotrimazole-betamethasone 1-0.05 % lotion	Tier 4	
cvs isopropyl alcohol wipes 70 % misc	Tier 2	
fluorouracil (2 % solution, 5 % solution)	Tier 2	
fluorouracil 5 % cream	Tier 3	
imiquimod 5 % cream	Tier 2	QL (24 PER 30 DAYS)
isopropyl alcohol 70 % misc	Tier 2	
isopropyl alcohol wipes 70 % misc	Tier 2	
medpura alcohol pads 70 % misc	Tier 2	
METHOXSALEN RAPID 10 MG CAP	Tier 5	
nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)	Tier 4	
OTEZLA (20 MG TAB, 30 MG TAB)	Tier 5	PA, QL (2 PER 1 DAYS)
OTEZLA XR 75 MG TAB ER 24H	Tier 5	PA, QL (1 PER 1 DAYS)
podofilox 0.5 % solution	Tier 2	
qc alcohol 70 % misc	Tier 2	
ra isopropyl alcohol wipes 70 % misc	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
SANTYL 250 UNIT/GM OINTMENT	Tier 4	QL (180 PER 30 DAYS)
silver sulfadiazine 1 % cream	Tier 2	
ssd 1 % cream	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		
malathion 0.5 % lotion	Tier 4	
permethrin 5 % cream	Tier 2	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % ointment	Tier 4	PA, QL (30 PER 30 DAYS)
ciclodan 8 % solution	Tier 2	
ciclopirox (0.77 % gel, 1 % shampoo)	Tier 4	
ciclopirox 8 % solution	Tier 2	
ciclopirox olamine (0.77 % cream, 0.77 % suspension)	Tier 2	
clindamycin phos (once-daily) 1 % gel	Tier 2	
clindamycin phos (twice-daily) 1 % gel	Tier 2	
clindamycin phosphate (1 % lotion, 1 % solution, 1 % swab)	Tier 2	
ERY 2 % PAD	Tier 3	
erythromycin 2 % gel	Tier 4	
erythromycin 2 % solution	Tier 2	
mupirocin 2 % ointment	Tier 2	

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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		
dextrose 10 % solution	Tier 4	
dextrose 5 % solution	Tier 3	
dextrose in lactated ringers 5 % solution	Tier 4	
DEXTROSE-NACL 5-0.9 % SOLUTION	Tier 3	
dextrose-sodium chloride (10-0.2 % solution, 10-0.45 % solution, 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution)	Tier 4	
dextrose-sodium chloride (5-0.45 % solution, 5-0.9 % solution)	Tier 3	
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)	Tier 4	
KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION	Tier 4	
klor-con 10 10 meq tab er	Tier 2	
klor-con 8 meq tab er	Tier 2	
klor-con m10 10 meq tab er	Tier 2	
klor-con m15 15 meq tab er	Tier 2	
klor-con m20 20 meq tab er	Tier 2	
lactated ringers solution	Tier 4	
magnesium sulfate 50 % solution	Tier 4	
nafrinse 2.2 (1 f) mg chew tab	Tier 2	
PNV 27-CA/FE/FA 60-1 MG TAB	Tier 3	
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)	Tier 4	

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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
potassium chloride crys er (10 meq tab er, 15 meq tab er, 20 meq tab er)	Tier 2	
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)	Tier 2	
potassium chloride in dextrose 20-5 meq/l-% solution	Tier 4	
potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)	Tier 4	
potassium citrate er (10 meq (1080 mg) tab er, 15 meq (1620 mg) tab er, 5 meq (540 mg) tab er)	Tier 3	
POTASSIUM CL IN DEXTROSE 5% 20 MEQ/L SOLUTION	Tier 4	
PREMASOL 10 % SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
prenatal vitamins	Tier 3	
ringers solution	Tier 4	
sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)	Tier 4	
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		
deferasirox (250 mg tab sol, 500 mg tab sol)	Tier 5	
deferasirox 125 mg tab sol	Tier 3	

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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
tolvaptan (15 mg tab thpk, 30 & 15 mg tab thpk, 45 & 15 mg tab thpk, 60 & 30 mg tab thpk, 90 & 30 mg tab thpk)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
tolvaptan 15 mg tab	Tier 5	PA, LA, QL (8 PER 1 DAYS)
tolvaptan 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)
PHOSPHATE BINDERS		
calcium acetate (phos binder) 667 mg cap	Tier 2	PA - PART B VS D DETERMINATION
sevelamer carbonate 800 mg tab	Tier 3	PA - PART B VS D DETERMINATION
POTASSIUM BINDERS		
kionex 15 gm/60ml suspension	Tier 2	
LOKELMA (10 GM PACKET, 5 GM PACKET)	Tier 3	
sodium polystyrene sulfonate (15 gm/60ml suspension, powder)	Tier 2	
SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION)	Tier 2	

GASTROINTESTINAL AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ANTI-CONSTIPATION AGENTS		
constulose 10 gm/15ml solution	Tier 2	
enulose 10 gm/15ml solution	Tier 2	
gavilyte-n with flavor pack 420 gm recon soln	Tier 2	
generlac 10 gm/15ml solution	Tier 2	

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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
lactulose (10 gm/15ml solution, 20 gm/30ml solution)	Tier 2	
lactulose encephalopathy 10 gm/15ml solution	Tier 2	
LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)	Tier 3	QL (1 PER 1 DAYS)
lubiprostone (24 mcg cap, 8 mcg cap)	Tier 2	QL (2 PER 1 DAYS)
MOVANTIK (12.5 MG TAB, 25 MG TAB)	Tier 3	QL (1 PER 1 DAYS)
na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution	Tier 3	
peg 3350-kcl-na bicarb-nacl 420 gm recon soln	Tier 2	
ANTI-DIARRHEAL AGENTS		
alosetron hcl (0.5 mg tab, 1 mg tab)	Tier 4	PA
diphenoxylate-atropine 2.5-0.025 mg tab	Tier 2	
DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID	Tier 4	
loperamide hcl 2 mg cap	Tier 2	
XERMELO 250 MG TAB	Tier 5	PA, LA, QL (3 PER 1 DAYS)
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (10 mg cap, 20 mg tab)	Tier 2	PA
dicyclomine hcl 10 mg/5ml solution	Tier 4	PA
glycopyrrolate (1 mg tab, 2 mg tab)	Tier 2	
methscopolamine bromide (2.5 mg tab, 5 mg tab)	Tier 4	
GASTROINTESTINAL AGENTS, OTHER		
cromolyn sodium 100 mg/5ml conc	Tier 4	

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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
GAVILYTE-C 240 GM RECON SOLN	Tier 2	
gavilyte-g 236 gm recon soln	Tier 2	
OMNITROPE 10 MG/1.5ML SOLN CART	Tier 5	PA
peg-3350/electrolytes 236 gm recon soln	Tier 2	
ursodiol (250 mg tab, 500 mg tab)	Tier 3	
ursodiol 300 mg cap	Tier 4	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)	Tier 2	
famotidine (20 mg tab, 40 mg tab)	Tier 1	
NIZATIDINE (150 MG CAP, 300 MG CAP)	Tier 2	
PROTECTANTS		
misoprostol (100 mcg tab, 200 mcg tab)	Tier 2	
sucralfate 1 gm tab	Tier 2	
PROTON PUMP INHIBITORS		
esomeprazole magnesium 20 mg cap dr	Tier 4	
esomeprazole magnesium 40 mg cap dr	Tier 4	QL (2 PER 1 DAYS)
lansoprazole 15 mg cap dr	Tier 2	
lansoprazole 30 mg cap dr	Tier 2	QL (2 PER 1 DAYS)
omeprazole 10 mg cap dr	Tier 2	
omeprazole 20 mg cap dr	Tier 1	
omeprazole 40 mg cap dr	Tier 1	QL (2 PER 1 DAYS)
pantoprazole sodium 20 mg tab dr	Tier 1	
pantoprazole sodium 40 mg recon soln	Tier 4	
pantoprazole sodium 40 mg tab dr	Tier 1	QL (2 PER 1 DAYS)

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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
rabeprazole sodium 20 mg tab dr	Tier 3	

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

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ALDURAZYME 2.9 MG/5ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
ARALAST NP (1000 MG RECON SOLN, 500 MG RECON SOLN)	Tier 5	LA, PA - PART B VS D DETERMINATION
betaine powder	Tier 5	
carglumic acid 200 mg tab sol	Tier 5	PA, LA
CREON (12000-38000 UNIT CP DR PART, 24000-76000 UNIT CP DR PART, 3000-9500 UNIT CP DR PART, 36000-114000 UNIT CP DR PART, 6000-19000 UNIT CP DR PART)	Tier 3	
DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)	Tier 3	
ELAPRASE 6 MG/3ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
l-glutamine 5 gm packet	Tier 5	PA, QL (6 PER 1 DAYS)
levocarnitine 330 mg tab	Tier 2	
NAGLAZYME 1 MG/ML SOLUTION	Tier 5	LA, PA - PART B VS D DETERMINATION
nitisinone (10 mg cap, 2 mg cap, 5 mg cap)	Tier 5	PA
REVCOVI 2.4 MG/1.5ML SOLUTION	Tier 5	PA, LA
sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)	Tier 5	PA
sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)	Tier 5	PA

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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
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)
oxybutynin chloride 5 mg tab	Tier 2	
oxybutynin chloride er (10 mg tab er 24h, 15 mg tab er 24h, 5 mg tab er 24h)	Tier 2	
solifenacin succinate (10 mg tab, 5 mg tab)	Tier 2	QL (1 PER 1 DAYS)
tolterodine tartrate (1 mg tab, 2 mg tab)	Tier 4	ST
tolterodine tartrate er (2 mg cap er 24h, 4 mg cap er 24h)	Tier 4	ST
trospium chloride 20 mg tab	Tier 2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er 10 mg tab er 24h	Tier 2	
dutasteride 0.5 mg cap	Tier 2	QL (1 PER 1 DAYS)
dutasteride-tamsulosin hcl 0.5-0.4 mg cap	Tier 4	QL (1 PER 1 DAYS)
finasteride 5 mg tab	Tier 1	

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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
silodosin (4 mg cap, 8 mg cap)	Tier 3	QL (1 PER 1 DAYS)
tadalafil 2.5 mg tab	Tier 4	PA, QL (2 PER 1 DAYS)
tadalafil 5 mg tab	Tier 4	PA, QL (1 PER 1 DAYS)
tamsulosin hcl 0.4 mg cap	Tier 1	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (10 mg tab, 25 mg tab, 5 mg tab, 50 mg tab)	Tier 2	
penicillamine 250 mg tab	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)		
CORTISONE ACETATE 25 MG TAB	Tier 4	
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)	Tier 2	
DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR	Tier 4	
dexamethasone sod phosphate pf 10 mg/ml solution	Tier 4	PA - PART B VS D DETERMINATION
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML SOLN PRSYR	Tier 4	
fludrocortisone acetate 0.1 mg tab	Tier 2	
methylprednisolone (16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab thpk, 8 mg tab)	Tier 2	
methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)	Tier 4	
methylprednisolone sodium succ 125 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION

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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
methylprednisolone sodium succ 40 mg recon soln	Tier 4	
prednisolone 15 mg/5ml solution	Tier 2	
prednisolone sodium phosphate (15 mg/5ml solution, 25 mg/5ml solution, 5 mg/5ml solution, 6.7 (5 base) mg/5ml solution)	Tier 2	
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)	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)		
desmopressin ace spray refrig 0.01 % solution	Tier 4	
desmopressin acetate (0.1 mg tab, 0.2 mg tab)	Tier 3	
desmopressin acetate 4 mcg/ml solution	Tier 4	
desmopressin acetate pf 4 mcg/ml solution	Tier 4	
desmopressin acetate spray 0.01 % solution	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

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

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
ANDROGENS		
danazol (100 mg cap, 200 mg cap, 50 mg cap)	Tier 4	
depo-testosterone (100 mg/ml solution, 200 mg/ml solution)	Tier 3	
testosterone (12.5 mg/act (1%) gel, 25 mg/2.5gm (1%) gel, 50 mg/5gm (1%) gel)	Tier 3	PA, QL (300 PER 30 DAYS)
testosterone (20.25 mg/act (1.62%) gel, 40.5 mg/2.5gm (1.62%) gel)	Tier 4	PA, QL (150 PER 30 DAYS)
testosterone 20.25 mg/1.25gm (1.62%) gel	Tier 4	PA, QL (37.5 PER 30 DAYS)
testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)	Tier 3	
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	Tier 4	QL (5 PER 30 DAYS)
ESTROGENS		
afirmelle 0.1-20 mg-mcg tab	Tier 3	
altavera 0.15-30 mg-mcg tab	Tier 3	
alyacen 1/35 1-35 mg-mcg tab	Tier 3	
alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
amethia 0.15-0.03 &0.01 mg tab	Tier 4	
apri 0.15-30 mg-mcg tab	Tier 3	
ARANELLE 0.5/1/0.5-35 MG-MCG TAB	Tier 3	
ashlyna 0.15-0.03 &0.01 mg tab	Tier 4	
aubra 0.1-20 mg-mcg tab	Tier 3	
aubra eq 0.1-20 mg-mcg tab	Tier 3	
aurovela 1.5/30 1.5-30 mg-mcg tab	Tier 3	
aurovela 1/20 1-20 mg-mcg tab	Tier 3	
aurovela fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	

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

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
aurovela fe 1/20 1-20 mg-mcg tab	Tier 3	
aviane 0.1-20 mg-mcg tab	Tier 3	
ayuna 0.15-30 mg-mcg tab	Tier 3	
azurette 0.15-0.02/0.01 mg (21/5) tab	Tier 3	
balziva 0.4-35 mg-mcg tab	Tier 3	
blisovi fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
blisovi fe 1/20 1-20 mg-mcg tab	Tier 3	
briellyn 0.4-35 mg-mcg tab	Tier 3	
camrese 0.15-0.03 &0.01 mg tab	Tier 4	
camrese lo 0.1-0.02 & 0.01 mg tab	Tier 3	
chateal 0.15-30 mg-mcg tab	Tier 3	
chateal eq 0.15-30 mg-mcg tab	Tier 3	
cryselle 0.3-30 mg-mcg tab	Tier 3	
cryselle-28 0.3-30 mg-mcg tab	Tier 3	
cyred 0.15-30 mg-mcg tab	Tier 3	
cyred eq 0.15-30 mg-mcg tab	Tier 3	
dasetta 1/35 1-35 mg-mcg tab	Tier 3	
dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab	Tier 3	
daysee 0.15-0.03 &0.01 mg tab	Tier 4	
delyla 0.1-20 mg-mcg tab	Tier 3	
desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)	Tier 3	
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)	Tier 3	QL (16 PER 28 DAYS)
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	Tier 3	
elinest 0.3-30 mg-mcg tab	Tier 3	

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

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

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

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

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

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
levonest 50-30/75-40/ 125-30 mcg tab	Tier 3	
levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab	Tier 3	
levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 mg tab)	Tier 3	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	Tier 4	
levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab	Tier 3	
levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab)	Tier 3	
levora 0.15/30 (28) 0.15-30 mg-mcg tab	Tier 3	
lillow 0.15-30 mg-mcg tab	Tier 3	
lo-zumandimine 3-0.02 mg tab	Tier 3	
loestrin 1.5/30 (21) 1.5-30 mg-mcg tab	Tier 3	
loestrin 1/20 (21) 1-20 mg-mcg tab	Tier 3	
loestrin fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
loestrin fe 1/20 1-20 mg-mcg tab	Tier 3	
lojaimiess 0.1-0.02 & 0.01 mg tab	Tier 3	
loryna 3-0.02 mg tab	Tier 3	
low-ogestrel 0.3-30 mg-mcg tab	Tier 3	
luizza 1.5/30 1.5-30 mg-mcg tab	Tier 3	
luizza 1/20 1-20 mg-mcg tab	Tier 3	
lutera 0.1-20 mg-mcg tab	Tier 3	
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)	Tier 3	QL (16 PER 28 DAYS)

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

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
marlissa 0.15-30 mg-mcg tab	Tier 3	
MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 4	
microgestin 1.5/30 1.5-30 mg-mcg tab	Tier 3	
microgestin 1/20 1-20 mg-mcg tab	Tier 3	
microgestin fe 1.5/30 1.5-30 mg-mcg tab	Tier 3	
microgestin fe 1/20 1-20 mg-mcg tab	Tier 3	
mili 0.25-35 mg-mcg tab	Tier 3	
minzoya 0.1-20 mg-mcg(21) tab	Tier 3	
mono-linyah 0.25-35 mg-mcg tab	Tier 3	
necon 0.5/35 (28) 0.5-35 mg-mcg tab	Tier 3	
nikki 3-0.02 mg tab	Tier 3	
norelgestromin-eth estradiol 150-35 mcg/24hr patch wk	Tier 3	
norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)	Tier 3	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	Tier 3	
norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)	Tier 3	
norethindrone-eth estradiol (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)	Tier 4	
norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab	Tier 3	
norgestimate-eth estradiol 0.25-35 mg-mcg tab	Tier 3	
nortrel 0.5/35 (28) 0.5-35 mg-mcg tab	Tier 3	
nortrel 1/35 (21) 1-35 mg-mcg tab	Tier 3	

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

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

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

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

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

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

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

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
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)	Tier 1	
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)	Tier 3	
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)	Tier 1	
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)	Tier 3	
liothyronine sodium (25 mcg tab, 5 mcg tab, 50 mcg tab)	Tier 2	
REZDIFFRA (100 MG TAB, 60 MG TAB, 80 MG TAB)	Tier 5	PA, QL (1 PER 1 DAYS)

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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline 0.5 mg tab	Tier 3	
leuprolide acetate 1 mg/0.2ml kit	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	
mifepristone 300 mg tab	Tier 5	PA, LA, QL (4 PER 1 DAYS)
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)	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

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HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

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

HORMONAL AGENTS, SUPPRESSANT (THYROID)

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

IMMUNOLOGICAL AGENTS

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

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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
HIZENTRA (1 GM/5ML SOLN PRSYR, 1 GM/5ML SOLUTION, 10 GM/50ML SOLN PRSYR, 10 GM/50ML SOLUTION, 2 GM/10ML SOLN PRSYR, 2 GM/10ML SOLUTION, 4 GM/20ML SOLN PRSYR, 4 GM/20ML SOLUTION)	Tier 5	PA, LA
IMMUNOLOGICAL AGENTS, OTHER		
ARCALYST 220 MG RECON SOLN	Tier 5	PA, LA
AURANOFIN 3 MG CAP	Tier 3	
BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)	Tier 5	PA, LA, QL (4 PER 28 DAYS)
COSENTYX (150 MG/ML SOLN PRSYR, 75 MG/0.5ML SOLN PRSYR)	Tier 5	PA, LA
COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR	Tier 5	PA, LA
COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ	Tier 5	PA, LA
COSENTYX SENSOREADY PEN 150 MG/ML SOLN A-INJ	Tier 5	PA, LA
COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ	Tier 5	PA, LA
DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)	Tier 5	PA
OTEZLA (10 & 20 & 30 MG TAB THPK, 4 X 10 & 51 X20 MG TAB THPK)	Tier 5	PA, QL (55 PER 28 OVER TIME)
OTEZLA/OTEZLA XR INITIATION PK 10&20&30&(ER)75 MG TAB THPK	Tier 5	PA, QL (41 PER 28 DAYS)
RIDAURA 3 MG CAP	Tier 3	
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	Tier 5	PA, QL (1 PER 1 DAYS)
RINVOQ 45 MG TAB ER 24H	Tier 5	PA, QL (168 PER 365 OVER TIME)

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IMMUNOLOGICAL AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
RINVOQ LQ 1 MG/ML SOLUTION	Tier 5	PA, QL (12 ML PER 1 DAYS)
SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT	Tier 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 150 MG/ML SOLN PRSYR	Tier 5	PA, QL (6 PER 365 OVER TIME)
SKYRIZI 180 MG/1.2ML SOLN CART	Tier 5	PA, QL (1.2 PER 56 OVER TIME)
SKYRIZI 360 MG/2.4ML SOLN CART	Tier 5	PA, QL (2.4 PER 56 OVER TIME)
SKYRIZI 55 MG/0.37ML SOLN PRSYR	Tier 5	PA, QL (2.22 ML PER 365 OVER TIME)
SKYRIZI 600 MG/10ML SOLUTION	Tier 5	PA, QL (30 PER 365 OVER TIME)
SKYRIZI PEN 150 MG/ML SOLN A-INJ	Tier 5	PA, QL (6 PER 365 OVER TIME)
STELARA 45 MG/0.5ML SOLUTION	Tier 5	PA, QL (0.5 ML PER 28 DAYS)
tofacitinib citrate (10 mg tab, 5 mg tab)	Tier 5	PA, QL (60 PER 30 DAYS)
tofacitinib citrate 1 mg/ml solution	Tier 5	PA, QL (300 ML PER 30 DAYS)
tofacitinib citrate er (11 mg tab er 24h, 22 mg tab er 24h)	Tier 5	PA, QL (30 PER 30 DAYS)
TYENNE (162 MG/0.9ML SOLN A-INJ, 162 MG/0.9ML SOLN PRSYR)	Tier 5	PA, QL (3.6 PER 28 DAYS)
USTEKINUMAB 45 MG/0.5ML SOLUTION	Tier 5	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	Tier 4	PA, QL (0.5 ML PER 28 DAYS)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	Tier 5	PA, QL (1 ML PER 28 DAYS)
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)

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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
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		
azathioprine 50 mg tab	Tier 2	PA - PART B VS D DETERMINATION
AZATHIOPRINE SODIUM 100 MG RECON SOLN	Tier 4	PA - PART B VS D DETERMINATION
cyclosporine (100 mg cap, 25 mg cap, 50 mg/ml solution)	Tier 4	PA - PART B VS D DETERMINATION
cyclosporine modified (100 mg cap, 100 mg/ml solution, 25 mg cap, 50 mg cap)	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

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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
everolimus (0.5 mg tab, 0.75 mg tab, 1 mg tab)	Tier 5	PA - PART B VS D DETERMINATION
everolimus 0.25 mg tab	Tier 4	PA - PART B VS D DETERMINATION
gengraf (100 mg cap, 100 mg/ml solution, 25 mg cap)	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)
leflunomide (10 mg tab, 20 mg tab)	Tier 2	
METHOTREXATE SODIUM (250 MG/10ML SOLUTION, 50 MG/2ML SOLUTION)	Tier 2	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) (1 gm/40ml solution, 1000 mg/40ml solution, 250 mg/10ml solution)	Tier 3	PA - PART B VS D DETERMINATION
methotrexate sodium (pf) 50 mg/2ml solution	Tier 2	PA - PART B VS D DETERMINATION
methotrexate sodium 2.5 mg tab	Tier 2	
mycophenolate mofetil (200 mg/ml recon susp, 500 mg recon soln)	Tier 4	PA - PART B VS D DETERMINATION
mycophenolate mofetil (250 mg cap, 500 mg tab)	Tier 2	PA - PART B VS D DETERMINATION
mycophenolate mofetil hcl 500 mg recon soln	Tier 4	PA - PART B VS D DETERMINATION
mycophenolate sodium (180 mg tab dr, 360 mg tab dr)	Tier 4	PA - PART B VS D DETERMINATION
mycophenolic acid (180 mg tab dr, 360 mg tab dr)	Tier 4	PA - PART B VS D DETERMINATION
PROGRAF (0.2 MG PACKET, 1 MG PACKET)	Tier 4	PA - FOR NEW STARTS ONLY

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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
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)
sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)	Tier 4	PA - PART B VS D DETERMINATION
tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)	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
ACTHIB RECON SOLN	Tier 3	
ADACEL (5-2-15.5 LF-MCG/0.5 SUSP PRSYR, 5-2-15.5 LF-MCG/0.5 SUSPENSION)	Tier 3	VAC
AREXVY 120 MCG/0.5ML RECON SUSP	Tier 3	VAC
BCG VACCINE 50 MG RECON SOLN	Tier 3	VAC
BEXSERO SUSP PRSYR	Tier 3	VAC
BOOSTRIX (5-2.5-18.5 LF-MCG/0.5 SUSP PRSYR, 5-2.5-18.5 LF-MCG/0.5 SUSPENSION)	Tier 3	VAC
DAPTACEL 23-15-5 SUSPENSION	Tier 3	

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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
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 (0.5 ML SUSP PRSYR, SUSPENSION)	Tier 3	VAC
HAVRIX (720 EL U/0.5ML SUSP PRSYR, 720 EL U/0.5ML SUSPENSION)	Tier 3	
HAVRIX 1440 EL U/ML SUSP PRSYR	Tier 3	VAC
HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR	Tier 3	PA - PART B VS D DETERMINATION, VAC
HIBERIX 10 MCG RECON SOLN	Tier 3	
IMOVAX RABIES 2.5 UNIT/ML RECON SUSP	Tier 3	VAC
INFANRIX 25-58-10 SUSPENSION	Tier 3	
IPOL SUSPENSION	Tier 3	VAC
IXIARO SUSPENSION	Tier 4	VAC
JYNNEOS 0.5 ML SUSPENSION	Tier 3	VAC
KINRIX 0.5 ML SUSP PRSYR	Tier 3	
M-M-R II RECON SOLN	Tier 3	VAC
MENACTRA SOLUTION	Tier 3	VAC
MENQUADFI (0.5 ML SOLUTION, SOLUTION)	Tier 3	VAC
MENVEO (RECON SOLN, SOLUTION)	Tier 3	VAC
MRESVIA 50 MCG/0.5ML SUSP PRSYR	Tier 3	VAC
PEDIARIX SUSP PRSYR	Tier 3	
PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION	Tier 3	
PENMENVY RECON SUSP	Tier 3	

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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
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	
ROTATEQ SOLUTION	Tier 3	
SHINGRIX 50 MCG/0.5ML RECON SUSP	Tier 3	QL (2 PER 365 OVER TIME), VAC
SHINGRIX 50 MCG/0.5ML SUSP PRSYR	Tier 3	QL (1 ML PER 365 DAYS), VAC
TDVAX 2-2 LF/0.5ML SUSPENSION	Tier 3	VAC
TENIVAC 5-2 LF/0.5ML SUSPENSION	Tier 3	VAC
TICOVAC 1.2 MCG/0.25ML SUSP PRSYR	Tier 3	
TICOVAC 2.4 MCG/0.5ML SUSP PRSYR	Tier 3	VAC
TRUMENBA SUSP PRSYR	Tier 3	VAC
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR	Tier 3	PA - PART B VS D DETERMINATION, VAC
TYPHIM VI (25 MCG/0.5ML SOLN PRSYR, 25 MCG/0.5ML SOLUTION)	Tier 4	VAC
VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION)	Tier 3	
VAQTA (50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION)	Tier 3	VAC

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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
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		
balsalazide disodium 750 mg cap	Tier 3	
mesalamine (1000 mg suppos, 4 gm enema)	Tier 4	
mesalamine 1.2 gm tab dr	Tier 4	QL (4 PER 1 DAYS)
mesalamine er 0.375 gm cap er 24h	Tier 3	QL (4 PER 1 DAYS)
sulfasalazine (500 mg tab, 500 mg tab dr)	Tier 2	
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	Tier 4	QL (3 PER 1 DAYS)
budesonide er 9 mg tab er 24h	Tier 4	PA, QL (1 PER 1 DAYS)
CORTIFOAM 10 % FOAM	Tier 4	
hydrocortisone (10 mg tab, 20 mg tab, 5 mg tab)	Tier 2	
hydrocortisone 100 mg/60ml enema	Tier 3	

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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
METABOLIC BONE DISEASE AGENTS		
alendronate sodium (10 mg tab, 35 mg tab, 70 mg tab)	Tier 1	
ALENDRONATE SODIUM 5 MG TAB	Tier 2	
alendronate sodium 70 mg/75ml solution	Tier 4	
BILDYOS 60 MG/ML SOLN PRSYR	Tier 4	PA
BILPREVDA 120 MG/1.7ML SOLUTION	Tier 5	PA, QL (1.7 ML PER 28 DAYS)
calcitonin (salmon) 200 unit/act solution	Tier 2	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg cap, 0.5 mcg cap)	Tier 2	
CALCITRIOL 1 MCG/ML SOLUTION	Tier 4	PA - PART B VS D DETERMINATION
cinacalcet hcl (30 mg tab, 60 mg tab, 90 mg tab)	Tier 4	PA - PART B VS D DETERMINATION
doxercalciferol 4 mcg/2ml solution	Tier 4	PA - PART B VS D DETERMINATION
ibandronate sodium 150 mg tab	Tier 1	
ibandronate sodium 3 mg/3ml solution	Tier 4	PA - PART B VS D DETERMINATION
JUBBONTI 60 MG/ML SOLN PRSYR	Tier 4	PA
paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)	Tier 4	PA - PART B VS D DETERMINATION
risedronate sodium (150 mg tab, 35 mg tab, 5 mg tab)	Tier 4	
teriparatide 560 mcg/2.24ml soln pen	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

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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
zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)	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 PADS 70 % PAD	Tier 2	
ALCOHOL PREP PAD	Tier 2	
ALCOHOL PREP PADS 70 % PAD	Tier 2	
ALCOHOL SWABS 70 % PAD	Tier 2	
ALCOHOL SWABSTICK PAD	Tier 2	
AQ INSULIN SYRINGE (29G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
AQINJECT PEN NEEDLE (31G X 5 MM MISC, 32G X 4 MM MISC)	Tier 3	
ARGYLE STERILE WATER SOLUTION	Tier 2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	Tier 3	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	Tier 3	
AUM ALCOHOL PREP PADS 70 % PAD	Tier 2	
AUM INSULIN SAFETY PEN NEEDLE (31G X 4 MM MISC, 31G X 5 MM MISC)	Tier 3	
AUM PEN NEEDLE (32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC)	Tier 3	

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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
AUTOKEEPER SAFETY PEN NEEDLE (30G X 5 MM MISC, 30G X 8 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	
CARETOUCH ALCOHOL PREP 70 % PAD	Tier 2	
CLEVER CHOICE COMFORT EZ PLUS 32G X 4 MM MISC	Tier 3	
COMFORT EZ INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC)	Tier 3	
COMFORT EZ PRO PEN NEEDLES (30G X 8 MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC)	Tier 3	
CVS ALCOHOL PREP PADS 70 % PAD	Tier 2	
CVS ANTIBACTERIAL GAUZE 2"X2" PAD	Tier 2	

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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
DROPLET INSULIN SYRINGE (29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
DROPLET MICRON 34G X 3.5 MM MISC	Tier 3	
DROPLET PEN NEEDLES (29G X 10MM MISC, 29G X 12MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC)	Tier 3	
DROPSAFE AUTOPROTECT DUO (X 4 MM MISC, X 5 MM MISC, X 8 MM MISC)	Tier 3	
DROPSAFE SAFETY SYRINGE/NEEDLE (29G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
EASY COMFORT INSULIN SYRINGE (29G X 5/16" 0.5 ML MISC, 29G X 5/16" 1 ML MISC, 31G X 1/2" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 3	
EASY COMFORT PEN NEEDLES (29G X 4MM MISC, 29G X 5MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
EASY TOUCH INSULIN BARRELS U-100 1 ML MISC	Tier 3	
EMBECTA AUTOSHIELD DUO 30G X 5 MM MISC	Tier 3	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
EMBECTA INS SYR U/F 1/2 UNIT (31G X 15/64" 0.3 ML MISC, 31G X 5/16" 0.3 ML MISC)	Tier 3	
EMBECTA INSULIN SYR ULTRAFINE (29G X 1/2" 0.5 ML MISC, 31G X 15/64" 0.5 ML MISC)	Tier 3	
EMBECTA INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	Tier 3	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML MISC	Tier 3	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML MISC	Tier 3	
EMBECTA INSULIN SYRINGE U/F (30G X 1/2" 0.3 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 31G X 15/64" 0.3 ML MISC, 31G X 15/64" 0.5 ML MISC, 31G X 15/64" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM MISC	Tier 3	
EMBECTA PEN NEEDLE NANO 32G X 4 MM MISC	Tier 3	
EMBECTA PEN NEEDLE U/F 29G X 12.7MM MISC	Tier 3	
EMBECTA PEN NEEDLE ULTRAFINE (29G X 12.7MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 6 MM MISC)	Tier 3	
EMBRACE PEN NEEDLES (29G X 12MM MISC, 30G X 5 MM MISC, 30G X 8 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
gauze pads 2	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	

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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 PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES	Tier 3	
INSULIN PEN NEEDLES	Tier 3	
INSULIN SYRINGE 0.3 ML	Tier 3	
INSULIN SYRINGE 0.5 ML	Tier 3	
INSULIN SYRINGE 1 ML	Tier 3	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
INSUPEN PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
INSUPEN32G EXTR3ME 32G X 6 MM MISC	Tier 3	
INTRALIPID (20 % EMULSION, 30 % EMULSION)	Tier 4	PA - PART B VS D DETERMINATION
lactated ringers solution	Tier 2	
methergine 0.2 mg tab	Tier 4	
methylergonovine maleate 0.2 mg tab	Tier 4	
novofine 32g x 6 mm misc	Tier 3	
NUTRILIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
OPVEE 2.7 MG/0.1ML SOLUTION	Tier 4	QL (2 PER 30 DAYS)
PEN NEEDLE/5-BEVEL TIP (31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
PEN NEEDLES (30G X 5 MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
PENBRAYA RECON SUSP	Tier 3	VAC
PRO COMFORT ALCOHOL 70 % PAD	Tier 2	

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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
PRO COMFORT INSULIN SYRINGE (30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
QUICK TOUCH INSULIN PEN NEEDLE (29G X 12.7MM MISC, 31G X 4 MM MISC, 31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC, 32G X 5 MM MISC, 32G X 6 MM MISC, 32G X 8 MM MISC, 33G X 4 MM MISC, 33G X 5 MM MISC, 33G X 6 MM MISC, 33G X 8 MM MISC)	Tier 3	
ringers irrigation solution	Tier 2	
SECURESAFE INSULIN SYRINGE (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	Tier 3	
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM MISC	Tier 3	
SILIGENTLE FOAM DRESSING 2"X2" PAD	Tier 2	
SMOFLIPID 20 % EMULSION	Tier 4	PA - PART B VS D DETERMINATION
sterile water for irrigation solution	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	
tis-u-sol solution	Tier 2	
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM MISC	Tier 3	
TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC)	Tier 3	

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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
TRUE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
TRUE COMFORT PRO PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
TRUE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)	Tier 3	
ULTIGUARD SAFEPACK PEN NEEDLE (32G X 4 MM MISC, 32G X 6 MM MISC)	Tier 3	
ULTRA COMFORT PEN NEEDLES 32G X 4 MM MISC	Tier 3	
UNIFINE OTC PEN NEEDLES (31G X 5 MM MISC, 32G X 4 MM MISC)	Tier 3	
UNIFINE PENTIPS 32G X 4 MM MISC	Tier 3	
UNIFINE PROTECT PEN NEEDLE (30G X 5 MM MISC, 30G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
UNIFINE SAFECONTROL PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)	Tier 3	
UNIFINE ULTRA PEN NEEDLE (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 6 MM MISC, 34G X 3.5 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	

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MISCELLANEOUS THERAPEUTIC AGENTS

药物名称	您要为该药物支付多少费用（级别）	使用所必要的行动、规制或限额
VERIFINE INSULIN SYRINGE (28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.3 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	Tier 3	
VERIFINE PLUS PEN NEEDLE (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	Tier 3	
VERISAFE SAFETY INSULIN SYR 29G X 1/2" 1 ML MISC	Tier 3	
VOWST CAP	Tier 5	PA, LA, QL (12 PER 30 OVER TIME)
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		
ak-poly-bac 500-10000 unit/gm ointment	Tier 2	
atropine sulfate 1 % solution	Tier 3	
bacitra-neomycin-polymyxin-hc 1 % ointment	Tier 2	
BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT	Tier 2	
brimonidine tartrate-timolol 0.2-0.5 % solution	Tier 3	
dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)	Tier 2	
dorzolamide hcl-timolol mal pf 2-0.5 % solution	Tier 3	
loteprednol-tobramycin 0.5-0.3 % suspension	Tier 3	

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OPHTHALMIC AGENTS

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

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OPHTHALMIC AGENTS

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

有关此表中符号和缩写含义的信息，请
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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 BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	Tier 2	
CARTEOLOL HCL 1 % SOLUTION	Tier 2	
LEVOBUNOLOL HCL 0.5 % SOLUTION	Tier 2	
timolol maleate (0.25 % gel f soln, 0.5 % gel f soln)	Tier 3	
timolol maleate (0.25 % solution, 0.5 % solution)	Tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er 500 mg cap er 12h	Tier 2	
apraclonidine hcl 0.5 % solution	Tier 3	
brimonidine tartrate 0.1 % solution	Tier 3	
brimonidine tartrate 0.15 % solution	Tier 4	
brimonidine tartrate 0.2 % solution	Tier 2	
brinzolamide 1 % suspension	Tier 3	
dorzolamide hcl 2 % solution	Tier 2	
methazolamide (25 mg tab, 50 mg tab)	Tier 4	
pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)	Tier 2	
RHOPRESSA 0.02 % SOLUTION	Tier 3	QL (2.5 PER 25 DAYS)
SIMBRINZA 1-0.2 % SUSPENSION	Tier 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	Tier 4	ST, QL (5 PER 30 DAYS)
latanoprost 0.005 % solution	Tier 1	
LUMIGAN 0.01 % SOLUTION	Tier 3	QL (5 ML PER 30 DAYS)
travoprost (bak free) 0.004 % solution	Tier 3	QL (5 PER 30 DAYS)
VYZULTA 0.024 % SOLUTION	Tier 4	

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。

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		
acetic acid 2 % solution	Tier 2	
ciprofloxacin-dexamethasone 0.3-0.1 % suspension	Tier 4	
CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION	Tier 3	
DERMOTIC 0.01 % OIL	Tier 3	
hydrocortisone-acetic acid 1-2 % solution	Tier 3	
neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)	Tier 2	
ofloxacin 0.3 % solution	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)
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 HFA (100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL, 50 MCG/ACT AEROSOL)	Tier 3	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)	Tier 4	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〈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
QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	Tier 3	QL (21.2 PER 30 DAYS)
ANTIHISTAMINES		
azelastine hcl (0.1 % solution, 137 mcg/spray solution)	Tier 2	QL (30 PER 25 DAYS)
cetirizine hcl (1 mg/ml solution, 5 mg/5ml solution)	Tier 2	
cyproheptadine hcl 4 mg tab	Tier 3	PA
hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)	Tier 2	PA
hydroxyzine pamoate (100 mg cap, 25 mg cap, 50 mg cap)	Tier 4	PA
levocetirizine dihydrochloride 5 mg tab	Tier 1	
promethazine hcl (12.5 mg/10ml solution, 6.25 mg/5ml solution)	Tier 2	PA
ANTILEUKOTRIENES		
montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab)	Tier 2	QL (1 PER 1 DAYS)
montelukast sodium 10 mg tab	Tier 1	QL (1 PER 1 DAYS)
zafirlukast (10 mg tab, 20 mg tab)	Tier 4	QL (2 PER 1 DAYS)
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA 17 MCG/ACT AERO SOLN	Tier 4	QL (25.8 GM PER 30 DAYS)
INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA	Tier 3	QL (30 PER 30 DAYS)
ipratropium bromide 0.02 % solution	Tier 2	PA - PART B VS D DETERMINATION
ipratropium bromide 0.03 % solution	Tier 2	QL (30 PER 30 DAYS)
ipratropium bromide 0.06 % solution	Tier 2	QL (45 PER 30 DAYS)
SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	Tier 3	QL (4 PER 30 DAYS)

有关此表中符号和缩写含义的信息，请
前往第〈xii〉
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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
tiotropium bromide 18 mcg cap	Tier 3	QL (30 PER 30 DAYS)
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol 90mcg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proair)	Tier 2	QL (17 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic proventil)	Tier 2	QL (13.4 PER 30 DAYS)
albuterol 90mg hfa inhaler (generic ventolin)	Tier 2	QL (36 PER 30 DAYS)
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)	Tier 2	PA - PART B VS D DETERMINATION
albuterol sulfate (2 mg tab, 4 mg tab)	Tier 4	
albuterol sulfate (2 mg/5ml syrup, 8 mg/20ml syrup)	Tier 2	
albuterol sulfate hfa 108 (90 base) mcg/act aero soln	Tier 2	QL (36 PER 30 DAYS)
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)	Tier 3	QL (24 PER 365 OVER TIME)
EPINEPHRINE AUTOINJECTOR (GENERIC ADRENACLICK)	Tier 3	QL (24 PER 365 OVER TIME)
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)	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)

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
PULMOZYME 2.5 MG/2.5ML SOLUTION	Tier 5	QL (150 PER 30 DAYS), PA - PART B VS D DETERMINATION
tobramycin 300 mg/4ml nebu soln	Tier 5	PA, QL (224 PER 28 DAYS)
tobramycin 300 mg/5ml nebu soln	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		
cromolyn sodium 20 mg/2ml nebu soln	Tier 3	PA - PART B VS D DETERMINATION
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
roflumilast 250 mcg tab	Tier 4	QL (28 PER 180 OVER TIME)
roflumilast 500 mcg tab	Tier 4	QL (1 PER 1 DAYS)
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)	Tier 3	
PULMONARY ANTIHYPERTENSIVES		
ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 5	PA, LA, QL (3 PER 1 DAYS)
alyq 20 mg tab	Tier 5	PA, QL (2 PER 1 DAYS)
ambrisentan (10 mg tab, 5 mg tab)	Tier 5	PA, LA, QL (1 PER 1 DAYS)
bosentan (125 mg tab, 62.5 mg tab)	Tier 5	PA, LA, QL (2 PER 1 DAYS)
bosentan 32 mg tab sol	Tier 5	PA, LA, QL (4 PER 1 DAYS)
macitentan 10 mg tab	Tier 5	PA, QL (30 PER 30 DAYS)
riociguat (0.5 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 2.5 mg tab)	Tier 5	PA, QL (90 PER 30 DAYS)
sildenafil citrate 20 mg tab	Tier 3	PA, QL (12 PER 1 DAYS)
tadalafil (pah) 20 mg tab	Tier 4	PA, 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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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
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 100 MCG TAB	Tier 5	PA, LA, QL (420 PER 30 DAYS)
UPTRAVI 150 MCG TAB	Tier 5	PA, LA, QL (560 PER 28 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		
nintedanib esylate (100 mg cap, 150 mg cap)	Tier 5	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg cap, 267 mg tab)	Tier 5	PA, QL (9 PER 1 DAYS)
PIRFENIDONE 534 MG TAB	Tier 5	PA, QL (5 PER 1 DAYS)
pirfenidone 801 mg tab	Tier 5	PA, QL (3 PER 1 DAYS)
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10 % solution, 20 % solution)	Tier 2	PA - PART B VS D DETERMINATION
ADVAIR HFA (115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 45-21 MCG/ACT AEROSOL)	Tier 3	QL (12 PER 30 DAYS)
ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA	Tier 3	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA, 50-25 MCG/INH AER POW BA)	Tier 3	QL (60 PER 30 DAYS)
breyna (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)	Tier 3	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE 160-18-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 GM PER 30 DAYS)

有关此表中符号和缩写含义的信息，请
前往第〈xii〉
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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
BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL	Tier 3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)	Tier 3	QL (10.2 PER 30 DAYS)
COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN	Tier 4	QL (4 PER 30 DAYS)
flunisolide 25 mcg/act (0.025%) solution	Tier 2	QL (50 PER 30 DAYS)
fluticasone propionate 50 mcg/act suspension	Tier 2	QL (16 PER 30 DAYS)
fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	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)
ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution	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)
wixela inhub (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)	Tier 2	QL (60 PER 30 DAYS)

SKELETAL MUSCLE RELAXANTS

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

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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
methocarbamol (500 mg tab, 750 mg tab)	Tier 3	PA
vanadom 350 mg tab	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		
eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)	Tier 3	QL (1 PER 1 DAYS)
ramelteon 8 mg tab	Tier 2	QL (1 PER 1 DAYS)
tasimelteon 20 mg cap	Tier 5	PA, QL (1 PER 1 DAYS)
temazepam 15 mg cap	Tier 2	QL (2 PER 1 DAYS)
temazepam 30 mg cap	Tier 2	QL (1 PER 1 DAYS)
triazolam 0.125 mg tab	Tier 4	QL (4 PER 1 DAYS)
triazolam 0.25 mg tab	Tier 4	QL (2 PER 1 DAYS)
zaleplon 10 mg cap	Tier 2	QL (2 PER 1 DAYS)
zaleplon 5 mg cap	Tier 2	QL (4 PER 1 DAYS)
zolpidem tartrate 10 mg tab	Tier 2	QL (1 PER 1 DAYS)
zolpidem tartrate 5 mg tab	Tier 2	QL (2 PER 1 DAYS)
WAKEFULNESS PROMOTING AGENTS		
armodafinil (150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab)	Tier 4	PA, QL (1 PER 1 DAYS)
modafinil 100 mg tab	Tier 3	PA, QL (3 PER 1 DAYS)
modafinil 200 mg tab	Tier 3	PA, QL (2 PER 1 DAYS)
sodium oxybate 500 mg/ml solution	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
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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 بريل والخط الكبير. اتصل بـ **1-800-452-4413** (**TTY:711**). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

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

խոշորատառ տպագրված նյութեր: 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 नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

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

日本語表記 (Japanese)

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

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

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

한국어 태그라인 (Korean)

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

ແຫກໄລພາສາລາວ (Laotian)

ປະກາດ:

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

Mien Tagline (Mien)

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

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Mon-Khmer, Cambodian)

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

ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។
ទូរស័ព្ទមកលេខ **1-800-452-4413** (**TTY:711**)។
សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

مطلب به زبان فارسی ((Persian (Farsi)

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

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

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

Русский слоган (Russian)

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

1-800-452-4413 (линия **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 serbisyong 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)

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 10/20/2026 。

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