

# Blue Shield TotalDual Plan (HMO D-SNP) 2024 承保药物清单 (处方药一览表)

请阅读：本文件包含有关本计划承保药物的信息

处方药一览表编号 24332，版本 23

该处方药一览表于 11/19/2024 更新。关于疫苗费用的重要信息—有些疫苗被认为具有医疗益处。其他疫苗被视为 D 部份药物。我们的计划涵盖大多数 D 部分疫苗，您无需支付任何费用。

如需更多最新信息或有其他问题，请通过以下方式联系我们：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点；或访问 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

A55568EAE\_CS ( 12/24 )  
H2819\_23\_378A-CS\_C 07142023



---

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

## 介绍

该文件称为承保药物清单（也称为药物清单）。其中说明 Blue Shield TotalDual Plan 承保哪些处方药。药物清单也会说明 Blue Shield TotalDual Plan 承保的药物是否有任何特殊规则或限制。

我们的联系信息以及我们上次更新药物清单的日期显示在封面和封底上。关键术语及其定义显示在承保范围说明书的最后一章中。

## 目录

|   |      |
|---|------|
| A. 免责声明 .....   | iv   |
| B. Frequently Asked Questions (FAQ) .....   | iv   |
| B1. 承保药物清单上有哪些处方药？（我们将承保药物清单简称为“药物清单”。） .....   | iv   |
| B2. 药物清单是否会有变化？ .....   | v    |
| B3. 药物清单变更时会发生什么情况？ .....   | v    |
| B4. 药物承保是否有任何规制或限制，或者获取某些药物是否需要采取任何必要的措施？ .....   | vi   |
| B5. 我怎么知道我想要的药物是否有限额，或必须采取某些行动才能取得该药物？ .....  | vii  |
| B6. 如果 Blue Shield TotalDual Plan 更改了关于如何承保某些药物的规定（例如事先授权、数量限制和/或阶段治疗规制），会发生什么情况？ ..... | vii  |
| B7. 如何在药物清单上查找药物？ .....   | vii  |
| B8. 如果我想服用的药物不在药物清单上怎么办？ .....  | viii |
| B9. 如果我是 Blue Shield TotalDual Plan 新会员，在药物清单上找不到我的药物或者无法获取药物，该怎么办？ .....               | viii |
| B10. 我可以申请例外承保我的药物吗？ .....  | ix   |
| B11. 如何申请例外处理？ .....  | ix   |
| B12. 需要多长时间才能获得例外处理？ .....  | ix   |
| B13. 什么是普通药？ .....  | ix   |
| B14. Blue Shield TotalDual Plan 是否承保处方药的长期供应？ .....                                     | ix   |
| B15. 我可以当地的药房送药上门吗？ .....   | x    |

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。



|                        |      |
|------------------------|------|
| B16. 我的共付金是多少? .....   | x    |
| C. 承保药物清单概述 .....      | xi   |
| C1. 按医疗病况排序的药物清单 ..... | xiii |
| D. 承保药物索引 .....        | 131  |



---

## A. 免责声明

这是会员可通过 Blue Shield TotalDual Plan 获得的药物的清单。

- ❖ 您可以随时在以下网址查看 Blue Shield TotalDual Plan 的最新承保药物清单：  
[blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)，或致电**(800)452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。
- ❖ 您可以免费获得这份文件都其他格式，例如大字体、盲文或音频格式。致电**(800)452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。
- ❖ 本文档免费提供阿拉伯语、亚美尼亚语、简体中文、繁体中文、英语、波斯语、高棉语、韩语、俄语、西班牙语、他加禄语和越南语版本。
- ❖ 您可以提出长期请求，要求以英语以外的语言或其他格式（大字体、盲文、音频等）寄送本文档和将来的信函。您可以致电 Blue Shield TotalDual Plan 客户服务部提出此请求，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。客户服务部会将您的首选语言和格式存档，除非您想要进行更新。

---

## B. Frequently Asked Questions (FAQ)

如果您有关于承保药物清单的问题，请在此查找答案。您可以阅读所有常见问题，以了解更多信息或查找问题和答案。

---

### B1. 承保药物清单上有哪些处方药？（我们将承保药物清单简称为“药物清单”。）

从第 1 页开始的承保药物清单中的药物属于 Blue Shield TotalDual Plan 承保范围内的药物。这些药物可在我们网络内的药房购买。如果我们与药房达成协议以便与我们合作并为您提供服务，则该药房在我们的网络内。我们将这些药房称为“网络内药房”。本承保药物清单中包含的处方药由 Blue Shield TotalDual Plan 承保。Medi-Cal Rx 可能会承保其他药物，例如一些非处方(OTC)药物和某些维生素。请访问 Medi-Cal Rx 网站 ([www.medi-calrx.dhcs.ca.gov](http://www.medi-calrx.dhcs.ca.gov)) 了解更多信息。您还可以致电 Medi-Cal Rx 客户服务中心：**800-977-2273**。通过 Medi-Cal Rx 获取处方药时，请携带您的 Medi-Cal 福利识别卡(BIC)。

- 如果满足以下情形，Blue Shield TotalDual Plan 将承保药物清单上的所有医疗必需药物：
  - 您的医生或其他处方医生表明您需要这些药物来改善或保持健康；
  - Blue Shield TotalDual Plan 同意该药物对您来说具有医疗必要性；以及
  - 您在 Blue Shield TotalDual Plan 网络内药房配药。

本部分的后续内容见下页

---

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。



- 在某些情况下，您必须先采取一些措施才能获得药物。请参阅问题 B4 了解更多信息。

您还可以在我们的网站上找到承保药物的最新清单：

[blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)，或拨打本文档页脚中的电话号码联系客户服务部。

---

## B2. 药物清单是否会有变化？

会，Blue Shield TotalDual Plan 在做出变更时必须遵循 Medicare 和 Medi-Cal 规定。我们可能会在一年当中增加或删除药物清单中的药物。

我们也可能会更改有关药物的规定。例如，我们可能：

- 决定某种药物是否需要事先授权。（事先授权是指在您获得药物之前必须获得 Blue Shield TotalDual Plan 的许可。）
- 增加或更改您可以获得的药物的数量（称为数量限制）。
- 增加或更改药物的阶段治疗规制。（阶段治疗意味着您必须先尝试一种药物，之后我们才会承保另一种药物。）

关于这些药物规定的详细信息，请参阅问题 B4。

如果您正在服用年初时承保的某种药物，那么在当年余下时间里我们通常不会删除或更改该药物的承保范围，以下情形除外：

- 一种新的、更便宜的药物上市，其药效与目前药物清单上的药物相同；或者
- 我们了解到某种药物不安全；或者
- 某种药物撤市。

下面的问题 B3 和 B6 详细介绍了当药物清单变更时会发生什么情况。

- 您可以随时在线查看 Blue Shield TotalDual Plan 的最新药物清单，网址：[blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。
- 您还可以拨打本文档页脚的客户服务电话，查询当前的药物清单。

---

## B3. 药物清单变更时会发生什么情况？

药物清单的某些变更会立即执行。例如：

- **新的普通药问世。**有时，上市的新普通药与现在药物清单上的品牌药一样有效。发生这种情况时，我们可能会移除品牌药，并增加新的普通药，但您为该新药支付的费用仍然为\$0。增加新的普通药时，我们也可能决定在清单中保留品牌药，但更改其承保规定或限制。

本部分的后续内容见下页

---

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。



- 进行此更改之前，我们可能不会通知您，但是一旦我们做出了具体更改，我们会向您发送有关的信息。
- 您或您的医疗服务提供者可以申请对这些更改进行例外处理。我们将向您发送通知，其中包含您申请例外处理时可以采取的步骤。有关例外处理的更多信息，请参阅问题B10-B12。
- **某种药物撤市。**如果食品药品监督管理局(FDA)认为您正在服用的药物不安全，或者该药物的制造商将某种药物撤市，我们会将其从药物清单中移除。如果您正在服用该药物，我们会通知您该药物已从药物清单中移除，并向您说明后续步骤。

我们可能会做出其他影响您服用的药物的变更。我们将提前通知您药物清单的这些其他变更。这些变更可能会在以下情况下发生：

- FDA提供了有关某种药物的新指引或某种药物有了新的临床指南。
- 我们新增了某种非新上市的普通药，以及
  - 替换了当前药物清单中的某种品牌药，或者
  - 更改了该品牌药的承保规定或限制。

当发生这些变更时，我们将：

- 在变更药物清单之前至少30天通知您，或者
- 通知您并在您要求重新配药后为您提供该药物30天的供应。

这让您有时间与您的医生或其他处方医生进行讨论。他们可以帮助您做出决定：

- 药物清单上是否有您可以服用的类似药物，或者
- 是否申请对这些变更进行例外处理。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规制或限制，或者获取某些药物是否需要采取任何必要的措施？**

是的，某些药物有承保规定或对您可以获得的药量设有限制。在某些情况下，您、您的医生或其他处方医生必须先采取一些措施，您才能获得药物。例如：

- **事先授权：**对于某些药物，您、您的医生或其他处方医生必须获得 Blue Shield TotalDual Plan 的授权，您才能配药。事先授权与转诊不同。如果您未事先获得授权，Blue Shield TotalDual Plan 可能不会承保该药物。
- **数量限制：**有时，Blue Shield TotalDual Plan 会限制您可以获得的药物数量。

本部分的后续内容见下页

---

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。



- **阶段治疗：**有时，Blue Shield TotalDual Plan 会要求您进行阶段治疗。这意味着您必须根据您的健康状况按一定顺序尝试药物。在我们承保另一种药物之前，您可能必须先尝试某种药物。如果您的医生认为第一种药物对您无效，那么我们将承保第二种药物。

您可以通过查看第 1 页开始的表格来了解您的药物是否有任何其他要求或限制。您还可以访问我们的网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024) 来获取更多信息。我们发布了在线文档，其中解释了我们的事先授权和阶段治疗规制。您也可以要求我们向您发送一份副本。

**您可以申请对这些限制进行例外处理。**这让您有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药物清单上是否有您可以服用的类似药物，或是否需要要求进行例外处理。有关例外处理的更多信息，请参阅问题 B10-B12。

---

### **B5. 我怎么知道我想要的药物是否有限额，或必须采取某些行动才能取得该药物？**

第 1 页的“按医疗病况排序的药物清单”中的表格有一栏称为“使用所必要的行动、规制或限额”。

---

### **B6. 如果 Blue Shield TotalDual Plan 更改了关于如何承保某些药物的规定（例如事先授权、数量限制和/或阶段治疗规制），会发生什么情况？**

在某些情况下，如果我们增加或更改某种药物的事先授权、数量限制和/或阶段治疗规制，我们会提前通知您。请参阅问题 B3，了解有关此提前通知的更多信息，以及当药物清单上药物的相关规定发生变化时我们可能无法提前通知您的情况。

---

### **B7. 如何在药物清单上查找药物？**

查找药物有两种方法：

- 您可以按字母顺序搜索，或者
- 您可以根据医疗状况进行搜索。

如果您想按字母顺序搜索，请在“承保药物索引”部分查找您的药物。字母索引从第 131 页开始。该索引按字母顺序列出本文档中所提到的所有药物。包括品牌药和普通药。请使用索引寻找您的药物。在您的药物旁边列有您可以找到承保信息的页数。翻至索引所列的页数，在清单的第一栏查找您药物的名称。

如果您想按医疗状况搜索，请翻至第 1 页名为“按医疗病况排序的药物清单”部份。该部份的药物按照其对症的疾病类型进行分类。例如，如果您患有心脏病，您应该查看心血管药物类别。您在那里可以找到治疗心脏病的药物。

---

**如果您有疑问，** 请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。**如需更多信息，** 请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。



---

## B8. 如果我想服用的药物不在药物清单上怎么办？

如果您在药物清单上找不到您的药物，请拨打本文档页脚的电话号码，致电客户服务部查询。如果您得知 Blue Shield TotalDual Plan 不承保该药物，您可以采取以下行动之一：

- 向客户服务部询问与您想服用的药物类似的药物的清单。然后将该清单告知您的医生或其他处方医生。他们可以开药物清单上与您想要服用的药物相似的药物。**或者**
- 您可以要求 Blue Shield TotalDual Plan 例外承保您的药物。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 新会员，在药物清单上找不到我的药物或者无法获取药物，该怎么办？

我们可以提供协助。我们可能会在您成为 Blue Shield TotalDual Plan 会员的最开始的 90 天内承保 30 天的临时药物供应。这让您有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药物清单上是否有您可以服用的类似药物，或是否需要要求进行例外处理。

如果您开的处方药天数较少，我们将允许您进行多次续配，以提供最多 30 天的药物供应。

如果符合下列情况，我们会承保您药物 30 天的供应：

- 您正在服用的药物不在我们的药物清单上，**或者**
- 保健计划规定不允许您取得您的处方医生所嘱咐的药量，**或者**
- 该药物需要 Blue Shield TotalDual Plan 的事先授权，**或者**
- 您正在服用的药物属于阶段治疗规制范畴。

如果您正在服用的药物不被 Blue Shield TotalDual Plan 视为 D 部分药物，您有权获得 72 小时的一次性药物供应。

如果您住在疗养院或其他长期护理机构，需要药物清单上未列出的药物，或者您无法轻松获得所需的药物，我们可以提供帮助。如果您加入本计划已超过 90 天，居住在长期护理机构，并且需要立即供应药物：

- 我们将承保您所需药物 31 天的供应（除非您开的处方药天数较少），无论您是否为 Blue Shield TotalDual Plan 新会员。
- 这是在您成为 Blue Shield TotalDual Plan 会员最开始的 90 天内临时供应的基础上额外的药物承保。

本部分的后续内容见下页

---

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。





## 转移政策

如果受益人从一种治疗环境转到另一种治疗环境，Blue Shield TotalDual Plan 将确保快速批准非处方药一览表 D 部分药物。此流程也适用于要求事先授权或阶段治疗的处方药一览表 D 部分药物。护理级别变更的例子包括受益人出院回家；受益人不再入住专业护理机构 Medicare A 部分并需要恢复 D 部分计划处方药一览表；受益人不再入住长期护理机构并返回社区；受益人从精神病院出院并接受高度个性化的药物治疗。

---

### **B10. 我可以申请例外承保我的药物吗？**

可以。您可以要求 Blue Shield TotalDual Plan 例外承保药物清单上未列出的药物。

您还可以要求我们更改与您的药物有关的规定。

- 例如，Blue Shield TotalDual Plan 可能会限制我们承保的药物数量。如果您的药物有限额，您可以要求我们更改限额并承保更多药量。
- 其他例子：您可以要求我们取消阶段治疗规制或事先授权要求。

---

### **B11. 如何申请例外处理？**

如要申请例外处理，请致电客户服务。客户服务部将与您及您的医疗服务提供者合作，帮助您申请例外处理。您还可以阅读承保范围说明书第 9 章，了解有关例外处理的更多信息。

---

### **B12. 需要多长时间才能获得例外处理？**

我们将在收到支持您的例外处理申请的处方医生声明后 72 小时内做出决定。您的处方医生可以通过电子方式（在线或传真）或邮寄方式发送此声明。他们还可以致电 Blue Shield 药房部向我们提供口头声明，然后根据需要向我们发送书面声明。

如果您或您的处方医生认为等待 72 小时做出决定会危害您的健康，您可以申请加急例外处理。这种决定流程更快。如果您的处方医生支持您的请求，我们将在收到您的处方医生的支持声明后 24 小时内做出决定。

---

### **B13. 什么是普通药？**

普通药具有与品牌药相同的活性成分。其价格通常低于品牌药，而且通常不为人所熟知。普通药由食品药品监督管理局(FDA)核准。

Blue Shield TotalDual Plan 既承保品牌药，也承保普通药。

---

### **B14. Blue Shield TotalDual Plan 是否承保处方药的长期供应？**

对于某些种类的药物，您可以使用本计划的网络内邮购服务药房。一般而言，通过邮购服务药房提供的药物是您定期服用的用于治疗慢性或长期疾病的药物。无法通过本计划的邮购服务药房获得的药物在我们的药物清单中标有 **NDS** 符号。

本部分的后续内容见下页

---

 如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

- **邮购服务计划。**我们提供邮购服务计划，让您能够获得以下药物不同天数的供应量：**最多 100 天的供应量，适用于第 1 级：首选普通药；90 天供应量，适用于第 2 级：普通药、第 3 级：首选品牌药物和第 4 级：非首选药物。**100 天供应量的共付金与 1 个月供应量相同，适用于第 1 级：首选普通药；90 天供应量，适用于第 2 级：普通药、第 3 级：首选品牌药物和第 4 级：非首选药物的共付金与 1 个月供应量相同。
- **零售药房计划。**一些零售药店也可能提供**最多 100 天的供应量，适用于第 1 级：首选普通药；90 天供应量，适用于第 2 级：普通药、第 3 级：首选品牌药物和第 4 级：非首选药物。**100 天供应量的共付金与 1 个月供应量相同，适用于第 1 级：首选普通药；90 天供应量，适用于第 2 级：普通药、第 3 级：首选品牌药物和第 4 级：非首选药物的共付金与 1 个月供应量相同。

---

### **B15. 我可以当地的药房送药上门吗？**

您当地的药房也许能将您的处方药配送上门。您可以致电药房，了解他们是否提供送药上门服务。

---

### **B16. 我的共付金是多少？**

Blue Shield TotalDual Plan 会员在遵守计划规定的前提下需要为处方药支付共付金。

等级是指我们药物清单上药物的分组。

- 第1级药物为首选普通药
- 第2级药物为普通药
- 第3级药物为首选品牌药
- 第4级药物为非首选药物
- 第5级药物为专科药物

本部分的后续内容见下页

---

 如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

| 层级    | 说明    | 共付金                        |                            |         |
|-------|-------|----------------------------|----------------------------|---------|
|       |       | 30 天补给                     | 90 天补给                     | 100 天补给 |
| 第 1 级 | 首选普通药 | \$0                        | \$0                        | \$0     |
| 第 2 级 | 普通药   | \$0,<br>\$1.55,<br>\$4.50  | \$0,<br>\$1.55,<br>\$4.50  | 不适用     |
| 第 3 级 | 首选品牌药 | \$0,<br>\$4.60,<br>\$11.20 | \$0,<br>\$4.60,<br>\$11.20 | 不适用     |
| 第 4 级 | 非首选药物 | \$0,<br>\$4.60,<br>\$11.20 | \$0,<br>\$4.60,<br>\$11.20 | 不适用     |
| 第 5 级 | 专科药物  | \$0,<br>\$4.60,<br>\$11.20 | 不适用                        | 不适用     |

如有疑问，请拨打本文档页脚的客户服务电话。

### 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 承保药物的信息。如果您在清单中找不到您的药物，请参阅从第 131 页开始的“承保药物索引”。该索引按字母顺序列出了 Blue Shield TotalDual Plan 承保的所有药物。

本部分的后续内容见下页



如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

## 图例

| 等级 | NAME  |  |
|----|-------|--|
| 1  | 首选普通药 |  |
| 2  | 普通药   |  |
| 3  | 首选品牌药 |  |
| 4  | 非首选药物 |  |
| 5  | 专科药物  |  |

  

| 符号  | NAME       | 说明   |
|-----|------------|--|
| LA  | 有限供应       | 该处方药可能仅限某些药房供应。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       | 该处方药的承保需要事先获得 Blue Shield 授权。请致电 Blue Shield 以提供必要的信息来判定是否承保。根据 Medicare 承保规定，某些药物可能需要进行 B 部分或 D 部分承保判定。 |
| QL  | 数量限制       | 该药物设有剂量或处方药量限制。每日最大剂量限制由 FDA 设定并列在药品包装说明书中。其他数量限制建议在可能的情况下统一剂量。  |
| ST  | 阶段治疗       | 在尝试过其他一线或首选药物治疗后，将提供该处方药的承保（阶段治疗）。   |
| NDS | 非延长供应天数    | 药物无法长期供应。  |
| VAC | IRA 疫苗 \$0 | 您无需支付该 D 部分疫苗的费用。请致电客户服务部了解更多信息。   |

本部分的后续内容见下页

 如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

- 上诉就是要求我们审查我们对您的承保所作的决定，并在您认为有误时要求我们更改的正式方式。
- 例如，我们可能判定您想要的药物不属于承保范围，或不再属于 Medicare 或 Medi-Cal 的承保范围。
- 如果您或您的医生不同意我们的决定，您可以提出上诉。如有疑问，请拨打本文档页脚的客户服务电话。
- 您还可以阅读承保范围说明书第 9 章，了解如何针对某项决定提出上诉。

### C1. 按医疗病况排序的药物清单

该部分的药物按照其对症的疾病类型进行分类。例如，如果您患有心脏病，您应该查看心血管药物类别。您在那里可以找到治疗心脏病的药物。

表格的第一栏列出了药物名称。普通药以小写的斜体列出（例如 *simvastatin*），品牌药以大写列出（例如 ELIQUIS）。“使用所必要的行动、规制或限额”这一栏中的信息说明了 Blue Shield TotalDual 是否有针对您药物的任何承保规定。

---

## D. 承保药物索引

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。



如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：**(800) 452-4413**（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。

## ANALGESICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS   |                      |                    |
| <i>cataflam 50 mg tab</i>  | Tier 2               |                    |
| <i>celecoxib (100 mg cap, 200 mg cap, 50 mg cap)</i>                               | Tier 2               | QL (2 PER 1 DAYS)  |
| <i>celecoxib 400 mg cap</i>  | Tier 2               | QL (1 PER 1 DAYS)  |
| <i>diclofenac potassium 50 mg tab</i>  | Tier 2               |                    |
| <i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>                | Tier 2               |                    |
| <i>diclofenac sodium 1 % gel</i>   | Tier 3               |                    |
| <i>diclofenac sodium er 100 mg tab er 24h</i>                                      | Tier 2               |                    |
| <i>diflunisal 500 mg tab</i>   | Tier 3               |                    |
| <i>ec-naproxen (375 mg tab dr, 500 mg tab dr)</i>                                  | Tier 2               |                    |
| <i>etodolac (400 mg tab, 500 mg tab)</i>   | Tier 2               |                    |
| <i>etodolac er (400 mg tab er 24h, 500 mg tab er 24h, 600 mg tab er 24h)</i>       | Tier 4               |                    |
| <i>flurbiprofen 100 mg tab</i>   | Tier 2               |                    |
| <i>ibu (400 mg tab, 600 mg tab, 800 mg tab)</i>                                    | Tier 2               |                    |
| <i>ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)</i>                              | Tier 2               |                    |
| <i>indomethacin (25 mg cap, 50 mg cap)</i>   | Tier 2               |                    |
| <i>meloxicam (15 mg tab, 7.5 mg tab)</i>   | Tier 2               |                    |
| <i>nabumetone (500 mg tab, 750 mg tab)</i>   | Tier 2               |                    |
| <i>naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i> | Tier 2               |                    |
| <i>naproxen dr 500 mg tab dr</i>   | Tier 2               |                    |
| <i>piroxicam (10 mg cap, 20 mg cap)</i>  | Tier 3               |                    |
| <i>relafen (500 mg tab, 750 mg tab)</i>  | 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<br>(级别) | 使用所必要的行动、<br>规制或限额                 |
|---|----------------------|------------------------------------|
| <i>sulindac (150 mg tab, 200 mg tab)</i>  | Tier 2               |                                    |
| OPIOID ANALGESICS, LONG-ACTING  |                      |                                    |
| <i>fentanyl (100 mcg/hr patch 72hr, 12 mcg/hr patch 72hr, 25 mcg/hr patch 72hr, 50 mcg/hr patch 72hr, 75 mcg/hr patch 72hr)</i> | Tier 3               | PA, QL (10 PER 30 OVER TIME), NDS  |
| <i>methadone hcl 10 mg tab</i>  | Tier 4               | PA, QL (90 PER 30 OVER TIME), NDS  |
| <i>methadone hcl 10 mg/5ml solution</i>   | Tier 4               | PA, QL (450 PER 30 OVER TIME), NDS |
| <i>methadone hcl 10 mg/ml solution</i>  | Tier 4               | PA, NDS                            |
| <i>methadone hcl 5 mg tab</i>   | Tier 4               | PA, QL (180 PER 30 OVER TIME), NDS |
| <i>methadone hcl 5 mg/5ml solution</i>  | Tier 4               | PA, QL (900 PER 30 OVER TIME), NDS |
| <i>morphine sulfate er (100 mg tab er, 200 mg tab er, 60 mg tab er)</i>   | Tier 3               | QL (60 PER 30 OVER TIME), NDS      |
| <i>morphine sulfate er 15 mg tab er</i>   | Tier 3               | QL (180 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate er 30 mg tab er</i>   | Tier 3               | QL (90 PER 30 OVER TIME), NDS      |
| OPIOID ANALGESICS, SHORT-ACTING   |                      |                                    |
| <i>acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)</i>  | Tier 2               | QL (1800 PER 30 OVER TIME), NDS    |
| <i>acetaminophen-codeine (300-15 mg tab, 300-30 mg tab)</i>   | Tier 2               | QL (12 PER 1 DAYS), NDS            |
| <i>acetaminophen-codeine 300-60 mg tab</i>  | Tier 2               | QL (6 PER 1 DAYS), NDS             |
| <i>butalbital-apap-caff-cod 50-325-40-30 mg cap</i>   | Tier 4               | PA, QL (48 PER 30 OVER TIME), NDS  |
| CODEINE SULFATE 15 MG TAB   | Tier 3               | QL (336 PER 30 OVER TIME), NDS     |
| <i>codeine sulfate 30 mg tab</i>  | Tier 3               | QL (168 PER 30 OVER TIME), NDS     |
| CODEINE SULFATE 60 MG TAB   | Tier 3               | QL (84 PER 30 OVER TIME), NDS      |

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<br>(级别) | 使用所必要的行动、<br>规制或限额                 |
|--|----------------------|------------------------------------|
| <i>endocet (2.5-325 mg tab, 5-325 mg tab)</i>  | Tier 3               | QL (168 PER 30 OVER TIME), NDS     |
| <i>endocet 10-325 mg tab</i>   | Tier 3               | QL (84 PER 30 OVER TIME), NDS      |
| <i>endocet 7.5-325 mg tab</i>  | Tier 3               | QL (112 PER 30 OVER TIME), NDS     |
| <i>fentanyl citrate (1200 mcg loz handle, 1600 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle)</i> | Tier 5               | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>fentanyl citrate 200 mcg loz handle</i>   | Tier 4               | PA, QL (120 PER 30 OVER TIME), NDS |
| <i>hydrocodone-acetaminophen (10-325 mg tab, 7.5-325 mg tab)</i>   | Tier 2               | QL (6 PER 1 DAYS), NDS             |
| <i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)</i>                   | Tier 3               | QL (2520 PER 30 OVER TIME), NDS    |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i>  | Tier 2               | QL (8 PER 1 DAYS), NDS             |
| <i>hydromorphone hcl 1 mg/ml liquid</i>  | Tier 4               | QL (675 PER 30 OVER TIME), NDS     |
| <i>hydromorphone hcl 2 mg tab</i>  | Tier 3               | QL (154 PER 30 OVER TIME), NDS     |
| <i>hydromorphone hcl 4 mg tab</i>  | Tier 3               | QL (84 PER 30 OVER TIME), NDS      |
| <i>hydromorphone hcl 8 mg tab</i>  | Tier 3               | QL (42 PER 30 OVER TIME), NDS      |
| <i>morphine sulfate (15 mg tab, 30 mg tab)</i>   | Tier 3               | QL (120 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate (concentrate) (100 mg/5ml solution, 20 mg/ml solution)</i>   | Tier 3               | QL (70 PER 30 OVER TIME), NDS      |
| <i>morphine sulfate 10 mg/5ml solution</i>   | Tier 3               | QL (630 PER 30 OVER TIME), NDS     |
| <i>morphine sulfate 20 mg/5ml solution</i>   | Tier 3               | QL (315 PER 30 OVER TIME), NDS     |
| <i>oxycodone hcl (15 mg tab, 30 mg tab)</i>  | Tier 3               | QL (56 PER 30 OVER TIME), NDS      |

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<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| <i>oxycodone hcl 10 mg tab</i>                                | Tier 3               | QL (84 PER 30 OVER TIME), NDS  |
| <i>oxycodone hcl 20 mg tab</i>                                | Tier 3               | QL (120 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl 5 mg tab</i>                                 | Tier 3               | QL (168 PER 30 OVER TIME), NDS |
| <i>oxycodone hcl 5 mg/5ml solution</i>                        | Tier 3               | QL (840 PER 30 OVER TIME), NDS |
| <i>oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)</i> | Tier 3               | QL (168 PER 30 OVER TIME), NDS |
| <i>oxycodone-acetaminophen 10-325 mg tab</i>                  | Tier 3               | QL (84 PER 30 OVER TIME), NDS  |
| <i>oxycodone-acetaminophen 7.5-325 mg tab</i>                 | Tier 3               | QL (112 PER 30 OVER TIME), NDS |
| <i>tramadol hcl 50 mg tab</i>                                 | Tier 2               | QL (8 PER 1 DAYS), NDS         |
| <i>tramadol-acetaminophen 37.5-325 mg tab</i>                 | Tier 2               | QL (112 PER 30 OVER TIME), NDS |

## ANESTHETICS

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

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

**ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS**

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额      |
|--|----------------------|-------------------------|
| <b>ALCOHOL DETERRENTS/ANTI-CRAVING</b>   |                      |                         |
| <i>acamprosate calcium 333 mg tab dr</i>   | Tier 4               |                         |
| <i>disulfiram (250 mg tab, 500 mg tab)</i>   | Tier 2               |                         |
| <b>OPIOID DEPENDENCE</b>   |                      |                         |
| <i>buprenorphine hcl 2 mg sl tab</i>   | Tier 2               | QL (12 PER 1 DAYS)      |
| <i>buprenorphine hcl 8 mg sl tab</i>   | Tier 2               | QL (3 PER 1 DAYS)       |
| <i>buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film)</i>   | Tier 2               | QL (5 PER 1 DAYS)       |
| <i>buprenorphine hcl-naloxone hcl (8-2 mg film, 8-2 mg sl tab)</i>   | Tier 2               | QL (3 PER 1 DAYS)       |
| <i>buprenorphine hcl-naloxone hcl 12-3 mg film</i>   | Tier 2               | QL (2 PER 1 DAYS)       |
| <i>buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab</i>  | Tier 2               | QL (12 PER 1 DAYS)      |
| ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)  | Tier 4               | QL (3 PER 1 DAYS)       |
| ZUBSOLV (11.4-2.9 MG SL TAB, 2.9-0.71 MG SL TAB)   | Tier 4               | QL (1 PER 1 DAYS)       |
| ZUBSOLV 8.6-2.1 MG SL TAB  | Tier 4               | QL (2 PER 1 DAYS)       |
| <b>OPIOID REVERSAL AGENTS</b>  |                      |                         |
| <i>naloxone hcl (0.4 mg/ml soln cart, 0.4 mg/ml soln prsyr, 0.4 mg/ml solution, 2 mg/2ml soln prsyr, 4 mg/10ml solution)</i> | Tier 2               |                         |
| <i>naloxone hcl 4 mg/0.1ml liquid</i>  | Tier 2               | QL (2 PER 30 OVER TIME) |
| <i>naltrexone hcl 50 mg tab</i>  | Tier 2               |                         |
| <b>SMOKING CESSATION AGENTS</b>  |                      |                         |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>  | Tier 2               | QL (2 PER 1 DAYS)       |
| NICOTROL 10 MG INHALER   | Tier 3               |                         |
| NICOTROL NS 10 MG/ML 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。

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额       |
|--|----------------------|--------------------------|
| <i>varenicline tartrate (0.5 mg tab, 1 mg tab)</i>                         | Tier 4               | QL (2 PER 1 DAYS)        |
| <i>varenicline tartrate (starter) 0.5 mg x 11 &amp; 1 mg x 42 tab thpk</i> | Tier 4               | QL (53 PER 30 OVER TIME) |
| <i>varenicline tartrate(continue) 1 mg tab</i>                             | Tier 4               | QL (2 PER 1 DAYS)        |

## ANTIBACTERIALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| AMINOGLYCOSIDES  |                      |                    |
| <i>amikacin sulfate 500 mg/2ml solution</i>  | Tier 4               |                    |
| <i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>  | Tier 2               |                    |
| <i>gentamicin sulfate 40 mg/ml solution</i>  | Tier 4               |                    |
| <i>neomycin sulfate 500 mg tab</i>   | Tier 2               |                    |
| <i>paromomycin sulfate 250 mg cap</i>  | Tier 4               |                    |
| STREPTOMYCIN SULFATE 1 GM RECON SOLN   | Tier 4               |                    |
| <i>tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 10 mg/ml solution, 2 gm/50ml solution, 80 mg/2ml solution)</i> | Tier 4               |                    |
| ANTIBACTERIALS, OTHER  |                      |                    |
| <i>acetic acid 2 % solution</i>  | Tier 2               |                    |
| <i>aztreonam (1 gm recon soln, 2 gm recon soln)</i>  | Tier 4               |                    |
| <i>clindacin etz 1 % swab</i>  | Tier 2               |                    |
| <i>clindacin-p 1 % swab</i>  | Tier 2               |                    |
| <i>clindamycin hcl (150 mg cap, 300 mg cap, 75 mg cap)</i>   | Tier 2               |                    |
| <i>clindamycin palmitate hcl 75 mg/5ml recon soln</i>  | Tier 4               |                    |

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。

## ANTIBACTERIALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| <i>clindamycin phosphate (1 % swab, 2 % cream)</i>  | Tier 2               |                    |
| <i>clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 9 gm/60ml solution, 900 mg/6ml solution, 9000 mg/60ml solution)</i> | Tier 4               |                    |
| <i>clindamycin phosphate in d5w (300 mg/50ml solution, 600 mg/50ml solution, 900 mg/50ml solution)</i>                                  | Tier 4               |                    |
| CLINDAMYCIN PHOSPHATE IN NAACL (300-0.9 MG/50ML-% SOLUTION, 600-0.9 MG/50ML-% SOLUTION, 900-0.9 MG/50ML-% SOLUTION)                     | Tier 4               |                    |
| <i>colistimethate sodium (cba) 150 mg recon soln</i>  | Tier 4               |                    |
| <i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>  | Tier 5               |                    |
| <i>linezolid 100 mg/5ml recon susp</i>  | Tier 5               | PA                 |
| <i>linezolid 600 mg tab</i>   | Tier 4               | PA                 |
| <i>linezolid 600 mg/300ml solution</i>  | Tier 4               |                    |
| LINEZOLID IN SODIUM CHLORIDE 600-0.9 MG/300ML-% SOLUTION  | Tier 5               |                    |
| <i>methenamine hippurate 1 gm tab</i>   | Tier 2               |                    |
| <i>metronidazole (0.75 % cream, 0.75 % lotion)</i>  | Tier 3               |                    |
| <i>metronidazole (0.75 % gel, 250 mg tab, 500 mg tab)</i>   | Tier 2               |                    |
| <i>metronidazole (1 % gel, 500 mg/100ml solution)</i>   | Tier 4               |                    |
| <i>nitrofurantoin macrocrystal (100 mg cap, 50 mg cap)</i>  | Tier 3               |                    |
| <i>nitrofurantoin monohyd macro 100 mg cap</i>  | Tier 2               |                    |
| <i>rosadan 0.75 % cream</i>   | Tier 3               |                    |

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

## ANTIBACTERIALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额          |
|---|----------------------|-----------------------------|
| <i>rosadan 0.75 % gel</i>   | Tier 2               |                             |
| SYNERCID 150-350 MG RECON SOLN  | Tier 5               |                             |
| <i>tigecycline 50 mg recon soln</i>   | Tier 5               |                             |
| <i>trimethoprim 100 mg tab</i>  | Tier 2               |                             |
| <i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 1.75 gm recon soln, 10 gm recon soln, 100 gm recon soln, 125 mg cap, 2 gm recon soln, 250 mg cap, 250 mg recon soln, 500 mg recon soln, 750 mg recon soln)</i> | Tier 4               |                             |
| VANDAZOLE 0.75 % GEL  | Tier 3               |                             |
| 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 (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)  | Tier 2               |                             |
| <i>cefadroxil (1 gm tab, 500 mg cap)</i>  | Tier 2               |                             |
| <i>cefadroxil (250 mg/5ml recon susp, 500 mg/5ml recon susp)</i>  | Tier 3               |                             |
| <i>cefazolin sodium (1 gm recon soln, 10 gm recon soln, 100 gm recon soln, 2 gm recon soln, 3 gm recon soln, 300 gm recon soln, 500 mg recon soln)</i>  | Tier 4               |                             |
| <i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp)</i>  | Tier 3               |                             |
| <i>cefdinir 300 mg cap</i>  | Tier 2               |                             |
| <i>cefepime hcl (1 gm recon soln, 2 gm recon soln)</i>  | Tier 4               |                             |
| <i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>  | 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。

## ANTIBACTERIALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| CEFOTAXIME SODIUM 1 GM<br>RECON SOLN  | Tier 4               |                    |
| <i>cefotetan disodium (1 gm recon<br/>soln, 2 gm recon soln)</i>  | Tier 4               |                    |
| <i>cefoxitin sodium (1 gm recon soln,<br/>10 gm recon soln, 2 gm recon soln)</i>  | Tier 4               |                    |
| <i>cefpodoxime proxetil (100 mg tab,<br/>100 mg/5ml recon susp, 200 mg<br/>tab, 50 mg/5ml recon susp)</i>   | Tier 4               |                    |
| <i>cefprozil (125 mg/5ml recon susp,<br/>250 mg tab, 250 mg/5ml recon<br/>susp, 500 mg tab)</i>   | Tier 2               |                    |
| <i>ceftazidime (1 gm recon soln, 2 gm<br/>recon soln, 6 gm recon soln)</i>  | Tier 4               |                    |
| <i>ceftriaxone sodium (1 gm recon<br/>soln, 10 gm recon soln, 2 gm recon<br/>soln, 250 mg recon soln, 500 mg<br/>recon soln)</i>  | Tier 4               |                    |
| <i>cefuroxime axetil (250 mg tab, 500<br/>mg tab)</i>   | Tier 2               |                    |
| <i>cefuroxime sodium (1.5 gm recon<br/>soln, 750 mg recon soln)</i>   | Tier 4               |                    |
| <i>cephalexin (125 mg/5ml recon<br/>susp, 250 mg cap, 250 mg/5ml<br/>recon susp, 500 mg cap)</i>  | Tier 2               |                    |
| TAZICEF (1 GM RECON SOLN, 2<br>GM RECON SOLN, 6 GM RECON<br>SOLN)   | Tier 4               |                    |
| TEFLARO (400 MG RECON SOLN,<br>600 MG RECON SOLN)   | Tier 5               |                    |
| BETA-LACTAM, PENICILLINS  |                      |                    |
| <i>amoxicillin (125 mg chew tab, 125<br/>mg/5ml recon susp, 200 mg/5ml<br/>recon susp, 250 mg cap, 250 mg<br/>chew tab, 250 mg/5ml recon susp,<br/>400 mg/5ml recon susp, 500 mg<br/>cap, 500 mg tab, 875 mg tab)</i> | 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。

## ANTIBACTERIALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| <i>amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)</i> | Tier 2               |                    |
| <i>ampicillin 500 mg cap</i>  | Tier 2               |                    |
| <i>ampicillin sodium (1 gm recon soln, 10 gm recon soln, 125 mg recon soln, 2 gm recon soln, 250 mg recon soln, 500 mg recon soln)</i>  | Tier 4               |                    |
| <i>ampicillin-sulbactam sodium (1.5 (1-0.5) gm recon soln, 15 (10-5) gm recon soln, 3 (2-1) gm recon soln)</i>  | Tier 4               |                    |
| BICILLIN L-A (1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR, 600000 UNIT/ML SUSP PRSYR)  | Tier 4               |                    |
| <i>dicloxacillin sodium (250 mg cap, 500 mg cap)</i>  | Tier 2               |                    |
| <i>nafcillin sodium (1 gm recon soln, 2 gm recon soln)</i>  | Tier 4               |                    |
| <i>nafcillin sodium 10 gm recon soln</i>  | Tier 5               |                    |
| <i>penicillin g potassium (20000000 unit recon soln, 5000000 unit recon soln)</i>   | Tier 4               |                    |
| PENICILLIN G SODIUM 5000000 UNIT RECON SOLN   | Tier 4               |                    |
| <i>penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)</i>  | Tier 2               |                    |
| PFIZERPEN (20000000 UNIT RECON SOLN, 5000000 UNIT RECON SOLN)   | 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。



## ANTIBACTERIALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额            |
|---|----------------------|-------------------------------|
| <i>piperacillin sod-tazobactam so (13.5 (12-1.5) gm recon ln, 2.25 (2-0.25) gm recon ln, 3-0.375 gm recon ln, 3.375 (3-0.375) gm recon ln, 4-0.5 gm recon ln, 4.5 (4-0.5) gm recon ln, 40.5 (36-4.5) gm recon ln)</i> | Tier 4               |                               |
| CARBAPENEMS   |                      |                               |
| <i>ertapenem sodium 1 gm recon soln</i>   | Tier 4               |                               |
| <i>imipenem-cilastatin (250 mg recon soln, 500 mg recon soln)</i>   | Tier 4               |                               |
| <i>meropenem (1 gm recon soln, 500 mg recon soln)</i>   | Tier 4               |                               |
| MACROLIDES  |                      |                               |
| <i>azithromycin (100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>  | Tier 2               |                               |
| AZITHROMYCIN 1 GM PACKET  | Tier 3               |                               |
| <i>azithromycin 500 mg recon soln</i>   | Tier 4               |                               |
| CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)   | Tier 4               |                               |
| <i>clarithromycin (250 mg tab, 500 mg tab)</i>  | Tier 2               |                               |
| <i>clarithromycin er 500 mg tab er 24h</i>  | Tier 3               |                               |
| DIFICID 200 MG TAB  | Tier 5               | PA, QL (20 PER 10 OVER TIME)  |
| DIFICID 40 MG/ML RECON SUSP   | Tier 5               | PA, QL (136 PER 10 OVER TIME) |
| E.E.S. 400 400 MG TAB   | Tier 4               |                               |
| <i>erythrocin lactobionate 500 mg recon soln</i>  | Tier 4               |                               |
| <i>erythromycin base (250 mg cp dr part, 250 mg tab, 500 mg tab)</i>  | Tier 4               |                               |
| ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB  | 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。

## ANTIBACTERIALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| <i>erythromycin lactobionate 500 mg recon soln</i>   | Tier 4               |                                |
| QUINOLONES   |                      |                                |
| BESIVANCE 0.6 % SUSPENSION   | Tier 3               |                                |
| CILOXAN 0.3 % OINTMENT   | Tier 4               |                                |
| <i>ciprofloxacin (250 mg/5ml (5%) recon susp, 500 mg/5ml (10%) recon susp)</i>   | Tier 4               |                                |
| <i>ciprofloxacin hcl (0.3 % solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>  | Tier 2               |                                |
| CIPROFLOXACIN HCL 100 MG TAB   | Tier 4               |                                |
| <i>ciprofloxacin in d5w 200 mg/100ml solution</i>  | Tier 4               |                                |
| <i>levofloxacin (250 mg tab, 500 mg tab, 750 mg tab)</i>   | Tier 2               |                                |
| <i>levofloxacin 25 mg/ml solution</i>  | Tier 4               |                                |
| <i>levofloxacin in d5w (500 mg/100ml solution, 750 mg/150ml solution)</i>  | Tier 4               |                                |
| <i>moxifloxacin hcl 400 mg tab</i>   | Tier 4               |                                |
| MOXIFLOXACIN HCL 400 MG/250ML SOLUTION   | Tier 4               | PA - PART B VS D DETERMINATION |
| MOXIFLOXACIN HCL IN NAACL 400 MG/250ML SOLUTION  | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>ofloxacin (300 mg tab, 400 mg tab)</i>  | Tier 3               |                                |
| SULFONAMIDES   |                      |                                |
| <i>sulfacetamide sodium (acne) 10 % lotion</i>   | Tier 3               |                                |
| <i>sulfadiazine 500 mg tab</i>   | Tier 3               |                                |
| <i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)</i> | Tier 2               |                                |
| <i>sulfamethoxazole-trimethoprim 400-80 mg/5ml solution</i>  | Tier 4               |                                |

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。

## ANTIBACTERIALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| TETRACYCLINES  |                      |                    |
| <i>avidoxy 100 mg tab</i>  | Tier 2               |                    |
| <i>doxy 100 100 mg recon soln</i>  | Tier 4               |                    |
| <i>doxycycline hyclate (100 mg cap, 100 mg tab, 20 mg tab, 50 mg cap)</i>                | Tier 2               |                    |
| <i>doxycycline hyclate 100 mg recon soln</i>   | Tier 4               |                    |
| <i>doxycycline monohydrate (100 mg cap, 100 mg tab, 50 mg cap, 50 mg tab, 75 mg tab)</i> | Tier 2               |                    |
| <i>minocycline hcl (100 mg cap, 50 mg cap, 75 mg cap)</i>                                | Tier 2               |                    |
| <i>mondoxylene nl 100 mg cap</i>   | Tier 2               |                    |
| <i>morgidox 100 mg cap</i>   | Tier 2               |                    |
| <i>tetracycline hcl (250 mg cap, 500 mg cap)</i>   | Tier 4               |                    |

## ANTICONVULSANTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                              |
|---|----------------------|---|
| ANTICONVULSANTS, OTHER  |                      |   |
| BRIVIACT (10 MG TAB, 100 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB)                     | Tier 5               | ST, QL (2 PER 1 DAYS)                           |
| BRIVIACT 10 MG/ML SOLUTION  | Tier 5               | ST, QL (20 PER 1 DAYS)                          |
| DIACOMIT (250 MG CAP, 250 MG PACKET)  | Tier 5               | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| DIACOMIT (500 MG CAP, 500 MG PACKET)  | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)</i> | Tier 2               |   |
| <i>divalproex sodium er (250 mg tab er 24h, 500 mg tab er 24h)</i>                    | Tier 2               |   |

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。

## ANTICONVULSANTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                               |
|---|----------------------|--|
| EPIDIOLEX 100 MG/ML SOLUTION  | Tier 5               | LA, PA - FOR NEW STARTS ONLY                     |
| EPRONTIA 25 MG/ML SOLUTION  | Tier 4               | QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| <i>felbamate (400 mg tab, 600 mg tab, 600 mg/5ml suspension)</i>  | Tier 4               |  |
| FINTEPLA 2.2 MG/ML SOLUTION   | Tier 5               | LA, QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| FYCOMPA (10 MG TAB, 12 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB)  | Tier 5               | QL (1 PER 1 DAYS)                                |
| FYCOMPA 0.5 MG/ML SUSPENSION  | Tier 4               | QL (24 PER 1 DAYS)                               |
| FYCOMPA 2 MG TAB  | Tier 4               | QL (3 PER 1 DAYS)                                |
| <i>lamotrigine (100 mg tab, 150 mg tab, 200 mg tab, 25 mg chew tab, 25 mg tab, 5 mg chew tab)</i>               | Tier 2               |  |
| <i>levetiracetam (100 mg/ml solution, 1000 mg tab, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab)</i> | Tier 2               |  |
| <i>levetiracetam er 500 mg tab er 24h</i>   | Tier 2               | QL (6 PER 1 DAYS)                                |
| <i>levetiracetam er 750 mg tab er 24h</i>   | Tier 2               | QL (4 PER 1 DAYS)                                |
| <i>roweepra (1000 mg tab, 500 mg tab, 750 mg tab)</i>   | Tier 2               |  |
| <i>roweepra xr 500 mg tab er 24h</i>  | Tier 2               | QL (6 PER 1 DAYS)                                |
| <i>roweepra xr 750 mg tab er 24h</i>  | Tier 2               | QL (4 PER 1 DAYS)                                |
| SPRITAM (250 MG TAB, 500 MG TAB)  | Tier 4               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY      |
| SPRITAM 1000 MG TAB   | Tier 4               | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY      |
| SPRITAM 750 MG TAB  | Tier 4               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY      |
| <i>subvenite (100 mg tab, 150 mg tab, 200 mg tab, 25 mg tab)</i>  | Tier 2               |  |
| <i>topiramate (100 mg tab, 15 mg cap sprink, 200 mg tab, 25 mg cap sprink, 25 mg tab, 50 mg tab)</i>            | 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。

## ANTICONVULSANTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                 |
|--|----------------------|--|
| <i>valproate sodium (100 mg/ml solution, 500 mg/5ml solution)</i>            | Tier 4               |  |
| <i>valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)</i> | Tier 2               |  |
| XCOPRI (100 MG TAB, 25 MG TAB, 50 MG TAB)                                    | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| XCOPRI (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 (150 MG TAB, 200 MG TAB)  | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| XCOPRI (250 MG DAILY DOSE) (100 & 150 MG TAB THPK, 50 & 200 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 |
| ZTALMY 50 MG/ML SUSPENSION   | Tier 5               | LA, QL (36 PER 1 DAYS), PA - FOR NEW STARTS ONLY   |
| CALCIUM CHANNEL MODIFYING AGENTS   |                      |  |
| <i>ethosuximide (250 mg cap, 250 mg/5ml solution)</i>                        | Tier 2               |  |
| <i>methsuximide 300 mg cap</i>   | Tier 3               |  |
| GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS                            |                      |  |
| <i>clobazam 10 mg tab</i>  | Tier 4               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>clobazam 2.5 mg/ml suspension</i>   | Tier 4               | QL (16 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| <i>clobazam 20 mg tab</i>  | Tier 4               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>diazepam 10 mg gel</i>  | Tier 4               | QL (20 PER 30 OVER TIME)                           |
| DIAZEPAM 2.5 MG GEL  | Tier 4               | QL (5 PER 30 OVER TIME)                            |

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

## ANTICONVULSANTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                              |
|--|----------------------|---|
| <i>diazepam 20 mg gel</i>  | Tier 4               | QL (40 PER 30 OVER TIME)                        |
| <i>gabapentin (250 mg/5ml solution, 300 mg/6ml solution)</i>   | Tier 3               | QL (72 PER 1 DAYS)                              |
| <i>gabapentin (600 mg tab, 800 mg tab)</i>   | Tier 2               | QL (4 PER 1 DAYS)                               |
| <i>gabapentin 100 mg cap</i>   | Tier 2               | QL (12 PER 1 DAYS)                              |
| <i>gabapentin 300 mg cap</i>   | Tier 2               | QL (8 PER 1 DAYS)                               |
| <i>gabapentin 400 mg cap</i>   | Tier 2               | QL (6 PER 1 DAYS)                               |
| LIBERVANT (10 MG FILM, 12.5 MG FILM, 15 MG FILM, 5 MG FILM, 7.5 MG FILM)   | Tier 5               | QL (10 PER 30 DAYS)                             |
| <i>phenobarbital (100 mg tab, 15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab)</i> | Tier 2               | PA - FOR NEW STARTS ONLY                        |
| <i>primidone (125 mg tab, 250 mg tab, 50 mg tab)</i>   | Tier 2               |   |
| SYMPAZAN (10 MG FILM, 20 MG FILM, 5 MG FILM)   | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |
| <i>tiagabine hcl (12 mg tab, 16 mg tab, 2 mg tab, 4 mg tab)</i>  | Tier 4               |   |
| VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID  | Tier 5               | QL (10 PER 30 OVER TIME)                        |
| VALTOCO 15 MG DOSE 7.5 MG/0.1ML LIQD THPK  | Tier 5               | QL (10 PER 30 OVER TIME)                        |
| VALTOCO 20 MG DOSE 10 MG/0.1ML LIQD THPK   | Tier 5               | QL (10 PER 30 OVER TIME)                        |
| VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID  | Tier 5               | QL (10 PER 30 OVER TIME)                        |
| <i>vigabatrin (500 mg packet, 500 mg tab)</i>  | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg packet</i>   | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigadrone 500 mg tab</i>  | Tier 5               | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY     |

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。

## ANTICONVULSANTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                 |
|--|----------------------|--|
| VIGAFYDE 100 MG/ML SOLUTION  | Tier 5               | LA, QL (750 PER 30 DAYS), PA - FOR NEW STARTS ONLY |
| <i>vigpoder 500 mg packet</i>  | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY    |
| SODIUM CHANNEL AGENTS  |                      |  |
| APTIOM (200 MG TAB, 400 MG TAB)  | Tier 5               | QL (1 PER 1 DAYS)                                  |
| APTIOM (600 MG TAB, 800 MG TAB)  | Tier 5               | QL (2 PER 1 DAYS)                                  |
| <i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg chew tab, 200 mg tab, 200 mg/10ml suspension)</i>                         | Tier 2               |  |
| <i>carbamazepine er (100 mg cap er 12h, 100 mg tab er 12h, 200 mg cap er 12h, 200 mg tab er 12h, 300 mg cap er 12h, 400 mg tab er 12h)</i> | Tier 3               |  |
| DILANTIN (100 MG CAP, 30 MG CAP)   | Tier 3               |  |
| DILANTIN INFATABS 50 MG CHEW TAB   | Tier 3               |  |
| <i>epitol 200 mg tab</i>   | Tier 2               |  |
| <i>lacosamide (10 mg/ml solution, 100 mg/10ml solution, 50 mg/5ml solution)</i>  | Tier 4               | QL (40 PER 1 DAYS)                                 |
| <i>lacosamide (100 mg tab, 150 mg tab, 200 mg tab, 50 mg tab)</i>  | Tier 4               | QL (2 PER 1 DAYS)                                  |
| <i>lacosamide 200 mg/20ml solution</i>   | Tier 4               | PA - PART B VS D DETERMINATION                     |
| <i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>  | Tier 2               |  |
| <i>oxcarbazepine 300 mg/5ml suspension</i>   | Tier 4               |  |
| <i>phenytek (200 mg cap, 300 mg cap)</i>   | Tier 2               |  |
| <i>phenytoin (100 mg/4ml suspension, 125 mg/5ml suspension, 50 mg chew tab)</i>  | Tier 2               |  |

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。

## ANTICONVULSANTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额     |
|---|----------------------|------------------------|
| <i>phenytoin infatabs 50 mg chew tab</i>                              | Tier 2               |                        |
| <i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i> | Tier 2               |                        |
| <i>rufinamide 200 mg tab</i>  | Tier 4               | ST, QL (16 PER 1 DAYS) |
| <i>rufinamide 40 mg/ml suspension</i>                                 | Tier 5               | ST, QL (80 PER 1 DAYS) |
| <i>rufinamide 400 mg tab</i>  | Tier 4               | ST, QL (8 PER 1 DAYS)  |
| ZONISADE 100 MG/5ML<br>SUSPENSION                                     | Tier 4               |                        |
| <i>zonisamide (100 mg cap, 25 mg cap, 50 mg cap)</i>                  | Tier 2               |                        |

## ANTIDEMENTIA AGENTS

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

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



## ANTIDEPRESSANTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                  |
|--|----------------------|---|
| ANTIDEPRESSANTS, OTHER   |                      |   |
| AUVELITY 45-105 MG TAB ER  | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| <i>bupropion hcl 100 mg tab</i>  | Tier 2               | QL (4 PER 1 DAYS)                                   |
| <i>bupropion hcl 75 mg tab</i>   | Tier 2               | QL (6 PER 1 DAYS)                                   |
| <i>bupropion hcl er (smoking det) 150 mg tab er 12h</i>  | Tier 2               | QL (2 PER 1 DAYS)                                   |
| <i>bupropion hcl er (sr) 100 mg tab er 12h</i>   | Tier 2               | QL (4 PER 1 DAYS)                                   |
| <i>bupropion hcl er (sr) 150 mg tab er 12h</i>   | Tier 2               | QL (3 PER 1 DAYS)                                   |
| <i>bupropion hcl er (sr) 200 mg tab er 12h</i>   | Tier 2               | QL (2 PER 1 DAYS)                                   |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i>   | Tier 2               | QL (3 PER 1 DAYS)                                   |
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i>   | Tier 2               | QL (1 PER 1 DAYS)                                   |
| 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         |
| MAPROTILINE HCL (25 MG TAB, 50 MG TAB, 75 MG TAB)  | Tier 4               |   |
| <i>mirtazapine (15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp, 7.5 mg tab)</i> | Tier 2               |   |
| 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               |   |

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。

## ANTIDEPRESSANTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                 |
|--|----------------------|--|
| <i>phenelzine sulfate 15 mg tab</i>  | Tier 2               |  |
| <i>tranylcypromine sulfate 10 mg tab</i>   | Tier 4               |  |
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) |                      |  |
| <i>citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)</i>                                     | Tier 2               |  |
| <i>citalopram hydrobromide 10 mg/5ml solution</i>  | Tier 3               |  |
| <i>desvenlafaxine succinate er (25 mg tab er 24h, 50 mg tab er 24h)</i>                              | Tier 4               | QL (1 PER 1 DAYS)                                  |
| <i>desvenlafaxine succinate er 100 mg tab er 24h</i>   | Tier 4               | QL (4 PER 1 DAYS)                                  |
| <i>escitalopram oxalate (10 mg tab, 20 mg tab, 5 mg tab, 5 mg/5ml solution)</i>                      | Tier 2               |  |
| FETZIMA (120 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H)                    | Tier 4               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| FETZIMA TITRATION 20 & 40 MG CP24 THPK   | Tier 4               | QL (28 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)</i>                          | Tier 2               |  |
| FLUOXETINE HCL 90 MG CAP DR  | Tier 4               | QL (4 PER 28 OVER TIME)                            |
| <i>fluvoxamine maleate 100 mg tab</i>  | Tier 2               | QL (3 PER 1 DAYS)                                  |
| <i>fluvoxamine maleate 25 mg tab</i>   | Tier 2               | QL (12 PER 1 DAYS)                                 |
| <i>fluvoxamine maleate 50 mg tab</i>   | Tier 2               | QL (6 PER 1 DAYS)                                  |
| NEFAZODONE HCL (100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB, 50 MG TAB)                           | Tier 3               |  |
| <i>paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)</i>                                   | Tier 2               |  |
| <i>paroxetine hcl 10 mg/5ml suspension</i>   | Tier 4               | QL (30 PER 1 DAYS)                                 |
| <i>sertraline hcl (100 mg tab, 25 mg tab, 50 mg tab)</i>   | 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。

## ANTIDEPRESSANTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额           |
|--|----------------------|------------------------------|
| <i>sertraline hcl 20 mg/ml conc</i>  | Tier 3               |                              |
| <i>trazodone hcl (100 mg tab, 150 mg tab, 50 mg tab)</i>   | Tier 2               |                              |
| <i>trazodone hcl 300 mg tab</i>  | Tier 3               |                              |
| TRINTELLIX (10 MG TAB, 20 MG TAB, 5 MG TAB)  | Tier 4               | ST, QL (1 PER 1 DAYS)        |
| <i>venlafaxine hcl (100 mg tab, 25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab)</i>                      | Tier 2               |                              |
| <i>venlafaxine hcl er (150 mg cap er 24h, 37.5 mg cap er 24h)</i>                                      | Tier 2               | QL (2 PER 1 DAYS)            |
| <i>venlafaxine hcl er 75 mg cap er 24h</i>   | Tier 2               | QL (3 PER 1 DAYS)            |
| VIIIBRYD STARTER PACK 10 & 20 MG KIT   | Tier 4               | ST, QL (30 PER 30 OVER TIME) |
| <i>vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)</i>  | Tier 4               | ST, QL (1 PER 1 DAYS)        |
| TRICYCLICS   |                      |                              |
| <i>amitriptyline hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>          | Tier 2               | PA - FOR NEW STARTS ONLY     |
| <i>amoxapine (100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab)</i>  | Tier 2               |                              |
| <i>clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)</i>  | Tier 4               | PA - FOR NEW STARTS ONLY     |
| <i>desipramine hcl (10 mg tab, 100 mg tab, 150 mg tab, 25 mg tab, 50 mg tab, 75 mg tab)</i>            | Tier 4               |                              |
| <i>doxepin hcl (10 mg cap, 10 mg/ml conc, 100 mg cap, 150 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i> | Tier 2               | PA - FOR NEW STARTS ONLY     |
| <i>imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>  | Tier 2               | PA - FOR NEW STARTS ONLY     |
| <i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>                                  | Tier 2               |                              |
| <i>nortriptyline hcl 10 mg/5ml solution</i>  | Tier 4               |                              |
| <i>protriptyline hcl (10 mg tab, 5 mg tab)</i>   | Tier 4               |                              |

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。

## ANTIDEPRESSANTS

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

## ANTIEMETICS

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

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

## ANTIEMETICS

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

## ANTIFUNGALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                |
|---|----------------------|-----------------------------------|
| ANTIFUNGALS   |                      |                                   |
| ABELCET 5 MG/ML SUSPENSION                                      | Tier 4               | PA - PART B VS D<br>DETERMINATION |
| AMPHOTERICIN B 50 MG RECON<br>SOLN                              | Tier 4               | PA - PART B VS D<br>DETERMINATION |
| <i>amphotericin b liposome 50 mg<br/>recon susp</i>             | Tier 5               | PA - PART B VS D<br>DETERMINATION |
| <i>caspofungin acetate 50 mg recon<br/>soln</i>                 | Tier 5               | PA                                |
| <i>caspofungin acetate 70 mg recon<br/>soln</i>                 | Tier 4               | PA                                |
| <i>ciclopirox olamine (0.77 % cream,<br/>0.77 % suspension)</i> | Tier 2               |                                   |
| <i>clotrimazole (1 % cream, 1 %<br/>solution, 10 mg troche)</i> | 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。

## ANTIFUNGALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|--|----------------------|-----------------------|
| CRESEMBA (186 MG CAP, 372 MG RECON SOLN, 74.5 MG CAP)  | Tier 5               | PA                    |
| <i>econazole nitrate 1 % cream</i>   | Tier 4               |                       |
| <i>fluconazole (10 mg/ml recon susp, 100 mg tab, 150 mg tab, 200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i>                       | Tier 2               |                       |
| <i>fluconazole in sodium chloride (200-0.9 mg/100ml-% solution, 400-0.9 mg/200ml-% solution)</i>                                   | Tier 4               |                       |
| <i>flucytosine (250 mg cap, 500 mg cap)</i>  | Tier 5               |                       |
| <i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>  | Tier 4               |                       |
| <i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>  | Tier 4               |                       |
| <i>itraconazole 100 mg cap</i>   | Tier 4               |                       |
| <i>ketokonazole (2 % cream, 2 % shampoo, 200 mg tab)</i>   | Tier 2               |                       |
| <i>klayesta 100000 unit/gm powder</i>  | Tier 2               |                       |
| <i>micafungin sodium (100 mg recon soln, 50 mg recon soln)</i>   | Tier 5               |                       |
| MICONAZOLE 3 200 MG SUPPOS   | Tier 3               |                       |
| <i>nyamyc 100000 unit/gm powder</i>  | Tier 2               |                       |
| <i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder, 100000 unit/ml suspension, 500000 unit tab)</i> | Tier 2               |                       |
| <i>nystop 100000 unit/gm powder</i>  | Tier 2               |                       |
| <i>posaconazole 100 mg tab dr</i>  | Tier 5               | PA, QL (3 PER 1 DAYS) |
| <i>posaconazole 40 mg/ml suspension</i>  | Tier 5               | PA                    |
| <i>terbinafine hcl 250 mg tab</i>  | Tier 2               | QL (1 PER 1 DAYS)     |
| <i>terconazole (0.4 % cream, 0.8 % cream)</i>  | Tier 3               |                       |
| <i>terconazole 80 mg suppos</i>  | Tier 4               |                       |

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。

## ANTIFUNGALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| <i>voriconazole (200 mg tab, 40 mg/ml recon susp, 50 mg tab)</i> | Tier 4               | PA                             |
| <i>voriconazole 200 mg recon soln</i>                            | Tier 4               | PA - PART B VS D DETERMINATION |

## ANTIGOUT AGENTS

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

## ANTIMIGRAINE AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额           |
|--|----------------------|------------------------------|
| ANTIMIGRAINE AGENTS, OTHER                         |                      |                              |
| NURTEC 75 MG TAB DISP                              | Tier 5               | PA, QL (16 PER 30 OVER TIME) |
| UBRELVY (100 MG TAB, 50 MG TAB)                    | Tier 5               | PA, QL (16 PER 30 OVER TIME) |
| ERGOT ALKALOIDS                                    |                      |                              |
| <i>dihydroergotamine mesylate 1 mg/ml solution</i> | Tier 4               | PA                           |
| <i>dihydroergotamine mesylate 4 mg/ml solution</i> | Tier 5               | PA, QL (8 PER 30 OVER TIME)  |
| MIGERGOT 2-100 MG SUPPOS                           | Tier 4               | QL (20 PER 30 OVER TIME)     |

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

## ANTIMIGRAINE AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额          |
|--|----------------------|-----------------------------|
| PROPHYLACTIC   |                      |                             |
| AIMOVIG (140 MG/ML SOLN A-INJ, 70 MG/ML SOLN A-INJ)  | Tier 3               | PA, QL (1 PER 28 OVER TIME) |
| <i>timolol maleate (10 mg tab, 20 mg tab, 5 mg tab)</i>  | Tier 2               |                             |
| SEROTONIN (5-HT) RECEPTOR AGONIST  |                      |                             |
| <i>naratriptan hcl (1 mg tab, 2.5 mg tab)</i>  | Tier 3               | QL (18 PER 30 OVER TIME)    |
| <i>rizatriptan benzoate (10 mg tab, 10 mg tab disp, 5 mg tab, 5 mg tab disp)</i>                                       | Tier 2               | QL (24 PER 30 OVER TIME)    |
| <i>sumatriptan (20 mg/act solution, 5 mg/act solution)</i>   | Tier 4               | QL (18 PER 30 OVER TIME)    |
| <i>sumatriptan succinate (100 mg tab, 25 mg tab, 50 mg tab)</i>  | Tier 2               | QL (18 PER 30 OVER TIME)    |
| <i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml soln prsy, 6 mg/0.5ml solution)</i> | Tier 4               | QL (8 PER 30 OVER TIME)     |
| <i>sumatriptan succinate refill (4 mg/0.5ml soln cart, 6 mg/0.5ml soln cart)</i>                                       | Tier 4               | QL (8 PER 30 OVER TIME)     |
| <i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>   | Tier 4               | QL (18 PER 30 OVER TIME)    |

## ANTIMYASTHENIC AGENTS

| 药物名称                                    | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| PARASYMPATHOMIMETICS                    |                      |                    |
| GUANIDINE HCL 125 MG TAB                | Tier 2               |                    |
| <i>pyridostigmine bromide 60 mg tab</i> | 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。



## ANTIMYCOBACTERIALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| ANTIMYCOBACTERIALS, OTHER                                  |                      |                    |
| <i>dapsone (100 mg tab, 25 mg tab)</i>                     | Tier 3               |                    |
| <i>rifabutin 150 mg cap</i>                                | Tier 4               |                    |
| ANTITUBERCULARS  |                      |                    |
| <i>ethambutol hcl (100 mg tab, 400 mg tab)</i>             | Tier 2               |                    |
| <i>isoniazid (100 mg tab, 300 mg tab, 50 mg/5ml syrup)</i> | Tier 2               |                    |
| ISONIAZID 100 MG/ML SOLUTION                               | Tier 4               |                    |
| PASER 4 GM PACKET  | Tier 4               |                    |
| PRIFTIN 150 MG TAB   | Tier 4               |                    |
| <i>pyrazinamide 500 mg tab</i>                             | Tier 2               |                    |
| <i>rifampin (150 mg cap, 300 mg cap)</i>                   | Tier 2               |                    |
| <i>rifampin 600 mg recon soln</i>                          | Tier 4               |                    |
| RIFATER 50-120-300 MG TAB                                  | Tier 4               |                    |
| SIRTURO (100 MG TAB, 20 MG TAB)                            | Tier 5               | PA                 |
| TRECTOR 250 MG TAB   | Tier 4               |                    |

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| ALKYLATING AGENTS   |                      |                                |
| CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) | Tier 3               | PA - PART B VS D DETERMINATION |
| GLEOSTINE (100 MG CAP, 40 MG CAP)                             | Tier 5               |                                |
| GLEOSTINE 10 MG CAP   | Tier 4               |                                |
| LEUKERAN 2 MG TAB   | Tier 4               |                                |
| MATULANE 50 MG CAP  | Tier 5               | LA                             |
| <i>thiotepa (100 mg recon soln, 15 mg recon soln)</i>         | Tier 5               | 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。

## ANTINEOPLASTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|--|----------------------|--|
| VALCHLOR 0.016 % GEL   | Tier 5               | LA, QL (60 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| ANTIANDROGENS  |                      |  |
| <i>abiraterone acetate 250 mg tab</i>  | Tier 5               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>abiraterone acetate 500 mg tab</i>  | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>bicalutamide 50 mg tab</i>  | Tier 2               |  |
| ERLEADA 240 MG TAB   | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ERLEADA 60 MG TAB  | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>flutamide 125 mg cap</i>  | Tier 3               |  |
| <i>nilutamide 150 mg tab</i>   | Tier 5               | QL (1 PER 1 DAYS)                                      |
| NUBEQA 300 MG TAB  | Tier 5               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| ORSERDU 345 MG TAB   | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ORSERDU 86 MG TAB  | Tier 5               | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| XTANDI (40 MG CAP, 40 MG TAB)  | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| XTANDI 80 MG TAB   | Tier 5               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ANTIANGIOGENIC AGENTS  |                      |  |
| <i>lenalidomide (10 mg cap, 15 mg cap, 2.5 mg cap, 20 mg cap, 25 mg cap, 5 mg cap)</i> | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)                                      | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |

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。

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                    |
|---|----------------------|---|
| REVLIMID (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       |
| THALOMID (100 MG CAP, 50 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           |
| ANTIESTROGENS/MODIFIERS   |                      |   |
| EMCYT 140 MG CAP  | Tier 4               |   |
| <i>fulvestrant 250 mg/5ml soln prsyr</i>                                    | Tier 5               |   |
| SOLTAMOX 10 MG/5ML SOLUTION   | Tier 5               | PA - FOR NEW STARTS ONLY                              |
| <i>tamoxifen citrate (10 mg tab, 20 mg tab)</i>                             | Tier 2               |   |
| <i>toremifene citrate 60 mg tab</i>   | Tier 4               |   |
| ANTIMETABOLITES   |                      |   |
| DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP)                                 | Tier 3               |   |
| <i>hydroxyurea 500 mg cap</i>   | Tier 2               |   |
| INQOVI 35-100 MG TAB  | Tier 5               | LA, QL (5 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>mercaptopurine 50 mg tab</i>   | Tier 2               |   |
| PURIXAN 2000 MG/100ML SUSPENSION  | Tier 5               | LA, 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           |
| 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       |

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。

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额   |
|---|----------------------|--|
| BESREMI 500 MCG/ML SOLN<br>PRSYR  | Tier 5               | LA, QL (2 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY  |
| BRUKINSA 80 MG CAP  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY        |
| EXKIVITY 40 MG CAP  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY        |
| FOTIVDA (0.89 MG CAP, 1.34 MG<br>CAP)                                     | Tier 5               | LA, QL (21 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| IDHIFA (100 MG TAB, 50 MG TAB)  | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY        |
| INREBIC 100 MG CAP  | Tier 5               | QL (4 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY               |
| KISQALI FEMARA (200 MG DOSE)<br>200 & 2.5 MG TAB THPK                     | Tier 5               | QL (49 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY     |
| KISQALI FEMARA (400 MG DOSE)<br>200 & 2.5 MG TAB THPK                     | Tier 5               | QL (70 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY     |
| KISQALI FEMARA (600 MG DOSE)<br>200 & 2.5 MG TAB THPK                     | Tier 5               | QL (91 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY     |
| KOSELUGO 10 MG CAP  | Tier 5               | LA, QL (8 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY        |
| KOSELUGO 25 MG CAP  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY        |
| KRAZATI 200 MG TAB  | Tier 5               | LA, QL (6 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY        |
| <i>leucovorin calcium (10 mg tab, 15<br/>mg tab, 25 mg tab, 5 mg tab)</i> | Tier 2               |  |
| <i>leucovorin calcium (100 mg recon<br/>soln, 350 mg recon soln)</i>      | 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。

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                      |
|---|----------------------|---|
| LONSURF 15-6.14 MG TAB                      | Tier 5               | LA, QL (100 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| LONSURF 20-8.19 MG TAB                      | Tier 5               | LA, QL (80 PER 28 OVER TIME), 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             |
| LYSODREN 500 MG TAB                         | Tier 5               |   |
| NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP)    | Tier 5               | QL (3 PER 21 OVER TIME), 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         |
| ONUREG (200 MG TAB, 300 MG TAB)             | Tier 5               | QL (14 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY      |
| QINLOCK 50 MG TAB                           | Tier 5               | LA, QL (3 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             |

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。

## ANTINEOPLASTICS

| 药物名称                                       | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|--|----------------------|--|
| 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           |
| 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            |
| TAZVERIK 200 MG TAB                        | Tier 5               | LA, QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| VANFLYTA 17.7 MG TAB                       | Tier 5               | QL (28 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY     |
| VANFLYTA 26.5 MG TAB                       | Tier 5               | QL (2 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        |
| XPOVIO (100 MG ONCE WEEKLY) 20 MG TAB THPK | Tier 5               | LA, QL (20 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK | Tier 5               | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY  |
| XPOVIO (40 MG ONCE WEEKLY) 20 MG TAB THPK  | Tier 5               | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY  |
| XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK  | Tier 5               | LA, QL (4 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY  |
| XPOVIO (40 MG TWICE WEEKLY) 20 MG TAB THPK | Tier 5               | LA, QL (16 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK | Tier 5               | LA, QL (8 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY  |

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

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额   |
|---|----------------------|--|
| XPOVIO (60 MG ONCE WEEKLY)<br>20 MG TAB THPK    | Tier 5               | LA, QL (12 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| XPOVIO (60 MG ONCE WEEKLY)<br>60 MG TAB THPK    | Tier 5               | LA, QL (4 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY  |
| XPOVIO (60 MG TWICE WEEKLY)<br>20 MG TAB THPK   | Tier 5               | LA, QL (24 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY)<br>20 MG TAB THPK    | Tier 5               | LA, QL (16 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| XPOVIO (80 MG ONCE WEEKLY)<br>40 MG TAB THPK    | Tier 5               | LA, QL (8 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY  |
| XPOVIO (80 MG TWICE WEEKLY)<br>20 MG TAB THPK   | Tier 5               | LA, QL (32 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| ZOLINZA 100 MG CAP                              | Tier 5               | QL (4 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY               |
| AROMATASE INHIBITORS, 3RD GENERATION            |                      |  |
| <i>anastrozole 1 mg tab</i>                     | Tier 2               |  |
| <i>exemestane 25 mg tab</i>                     | Tier 2               |  |
| <i>letrozole 2.5 mg tab</i>                     | Tier 2               |  |
| ENZYME INHIBITORS                               |                      |  |
| LAZCLUZE 240 MG TAB                             | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY        |
| LAZCLUZE 80 MG TAB                              | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY        |
| OJEMDA 100 MG TAB                               | Tier 5               | LA, QL (24 PER 28 DAYS),<br>PA - FOR NEW STARTS<br>ONLY      |
| OJEMDA 25 MG/ML RECON SUSP                      | Tier 5               | LA, QL (96 PER 28 DAYS),<br>PA - FOR NEW STARTS<br>ONLY      |
| OJJAARA (100 MG TAB, 150 MG<br>TAB, 200 MG TAB) | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY        |

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。

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|---|----------------------|--|
| TRUQAP (160 MG TAB, 160 MG TAB THPK, 200 MG TAB, 200 MG TAB THPK) | Tier 5               | LA, QL (64 PER 28 OVER TIME), 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 |
| BALVERSA 3 MG TAB   | Tier 5               | LA, QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| BALVERSA 4 MG TAB   | Tier 5               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| BALVERSA 5 MG TAB   | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| BOSULIF (400 MG TAB, 500 MG TAB)                                  | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| BOSULIF 100 MG CAP  | Tier 5               | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| BOSULIF 100 MG TAB  | Tier 5               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| BOSULIF 50 MG CAP   | Tier 5               | QL (12 PER 1 DAYS), PA - FOR NEW STARTS ONLY           |
| BRAFTOVI 75 MG CAP  | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| CABOMETYX (20 MG TAB, 40 MG TAB, 60 MG TAB)                       | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |

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



## ANTINEOPLASTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|--|----------------------|--|
| 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 OVER TIME), PA - FOR NEW STARTS ONLY |
| COTELLIC 20 MG TAB                                 | Tier 5               | LA, QL (63 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>dasatinib (100 mg tab, 140 mg tab)</i>          | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>dasatinib (70 mg tab, 80 mg tab)</i>            | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>dasatinib 20 mg tab</i>                         | Tier 5               | QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>dasatinib 50 mg tab</i>                         | Tier 5               | QL (3 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        |

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。

## ANTINEOPLASTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|--|----------------------|--|
| <i>erlotinib hcl (100 mg tab, 150 mg tab)</i>                                  | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>erlotinib hcl 25 mg tab</i>   | Tier 5               | QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>everolimus (10 mg tab, 7.5 mg tab)</i>                                      | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>everolimus (2 mg tab sol, 3 mg tab sol, 5 mg tab sol)</i>                   | Tier 5               | PA - FOR NEW STARTS ONLY                               |
| <i>everolimus (2.5 mg tab, 5 mg tab)</i>                                       | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| FRUZAQLA 1 MG CAP  | Tier 5               | LA, QL (84 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| FRUZAQLA 5 MG CAP  | Tier 5               | LA, QL (21 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| GAVRETO 100 MG CAP   | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>gefitinib 250 mg tab</i>  | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB)                                     | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| IBRANCE (100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB, 75 MG CAP, 75 MG TAB) | Tier 5               | LA, QL (21 PER 28 OVER TIME), 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        |
| <i>imatinib mesylate 100 mg tab</i>  | Tier 5               | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| <i>imatinib mesylate 400 mg tab</i>  | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| IMBRUVICA (280 MG TAB, 420 MG TAB, 560 MG TAB, 70 MG CAP)                      | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| IMBRUVICA 140 MG CAP   | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |

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

## ANTINEOPLASTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                       |
|--|----------------------|--|
| IMBRUVICA 70 MG/ML<br>SUSPENSION                                 | Tier 5               | LA, QL (8 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| INLYTA 1 MG TAB  | Tier 5               | LA, QL (6 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| INLYTA 5 MG TAB  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| JAKAFI (10 MG TAB, 15 MG TAB, 20<br>MG TAB, 25 MG TAB, 5 MG TAB) | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| JAYPIRCA 100 MG TAB  | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| JAYPIRCA 50 MG TAB   | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| KISQALI (200 MG DOSE) 200 MG<br>TAB THPK                         | Tier 5               | QL (21 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| KISQALI (400 MG DOSE) 200 MG<br>TAB THPK                         | Tier 5               | QL (42 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| KISQALI (600 MG DOSE) 200 MG<br>TAB THPK                         | Tier 5               | QL (63 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| <i>lapatinib ditosylate 250 mg tab</i>                           | Tier 5               | LA, QL (6 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| LENVIMA (10 MG DAILY DOSE) 10<br>MG CAP THPK                     | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| LENVIMA (12 MG DAILY DOSE) 3 X<br>4 MG CAP THPK                  | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| LENVIMA (14 MG DAILY DOSE) 10<br>& 4 MG CAP THPK                 | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| LENVIMA (18 MG DAILY DOSE) 10<br>MG & 2 X 4 MG CAP THPK          | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |

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。

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额  |
|---|----------------------|---|
| LENVIMA (20 MG DAILY DOSE) 2 X<br>10 MG CAP THPK        | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY         |
| LENVIMA (24 MG DAILY DOSE) 2 X<br>10 MG & 4 MG CAP THPK | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY         |
| LENVIMA (4 MG DAILY DOSE) 4<br>MG CAP THPK              | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY         |
| LENVIMA (8 MG DAILY DOSE) 2 X<br>4 MG CAP THPK          | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY         |
| LORBRENA 100 MG TAB                                     | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY         |
| LORBRENA 25 MG TAB                                      | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY         |
| LYNPARZA (100 MG TAB, 150 MG<br>TAB)                    | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY         |
| LYTGOBI (12 MG DAILY DOSE) 4<br>MG TAB THPK             | Tier 5               | LA, QL (84 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY  |
| LYTGOBI (16 MG DAILY DOSE) 4<br>MG TAB THPK             | Tier 5               | LA, QL (112 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| LYTGOBI (20 MG DAILY DOSE) 4<br>MG TAB THPK             | Tier 5               | LA, QL (140 PER 28 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| MEKINIST 0.05 MG/ML RECON<br>SOLN                       | Tier 5               | LA, QL (40 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY        |
| MEKINIST 0.5 MG TAB                                     | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY         |
| MEKINIST 2 MG TAB                                       | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY         |
| MEKTOVI 15 MG TAB                                       | Tier 5               | LA, QL (6 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY         |

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。

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|---|----------------------|--|
| NERLYNX 40 MG TAB                               | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| ODOMZO 200 MG CAP                               | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| <i>pazopanib hcl 200 mg tab</i>                 | Tier 5               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| PEMAZYRE (13.5 MG TAB, 4.5 MG TAB, 9 MG TAB)    | Tier 5               | LA, QL (30 PER 30 OVER TIME), 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            |
| REZLIDHIA 150 MG CAP                            | Tier 5               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB)    | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| RYDAPT 25 MG CAP                                | Tier 5               | QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| SCEMBLIX 100 MG TAB                             | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| SCEMBLIX 20 MG TAB                              | Tier 5               | QL (20 PER 1 DAYS), PA - FOR NEW STARTS ONLY           |
| SCEMBLIX 40 MG TAB                              | Tier 5               | QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY           |
| <i>sorafenib tosylate 200 mg tab</i>            | Tier 5               | QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| SPRYCEL (100 MG TAB, 140 MG TAB)                | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |
| SPRYCEL (70 MG TAB, 80 MG TAB)                  | Tier 5               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY            |

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

## ANTINEOPLASTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                     |
|---|----------------------|--|
| SPRYCEL 20 MG TAB   | Tier 5               | QL (6 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY         |
| SPRYCEL 50 MG TAB   | Tier 5               | QL (3 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY         |
| STIVARGA 40 MG TAB  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY  |
| <i>sunitinib malate (37.5 mg cap, 50<br/>mg cap)</i>                        | Tier 5               | QL (1 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY         |
| <i>sunitinib malate 12.5 mg cap</i>   | Tier 5               | QL (7 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY         |
| <i>sunitinib malate 25 mg cap</i>   | Tier 5               | QL (3 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY         |
| TAFINLAR (50 MG CAP, 75 MG<br>CAP)  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY  |
| TAFINLAR 10 MG TAB SOL  | Tier 5               | LA, QL (30 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY |
| TAGRISSE (40 MG TAB, 80 MG<br>TAB)  | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY  |
| TALZENNA (0.1 MG CAP, 0.35 MG<br>CAP, 0.5 MG CAP, 0.75 MG CAP, 1<br>MG CAP) | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY  |
| TALZENNA 0.25 MG CAP  | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY  |
| TASIGNA (150 MG CAP, 200 MG<br>CAP, 50 MG CAP)                              | Tier 5               | QL (4 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY         |
| TEPMETKO 225 MG TAB   | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY  |
| TIBSOVO 250 MG TAB  | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY  |
| TUKYSA (150 MG TAB, 50 MG TAB)  | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY  |

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。

## ANTINEOPLASTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                      |
|--|----------------------|---|
| TURALIO (125 MG CAP, 200 MG CAP)                                     | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| UKONIQ 200 MG TAB  | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VENCLEXTA 10 MG TAB  | Tier 3               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VENCLEXTA 100 MG TAB   | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VENCLEXTA 50 MG TAB  | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK                    | Tier 5               | LA, QL (84 PER 365 OVER TIME), PA - FOR NEW STARTS ONLY |
| VERZENIO (100 MG TAB, 150 MG TAB, 200 MG TAB, 50 MG TAB)             | Tier 5               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VITRAKVI 100 MG CAP  | Tier 5               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VITRAKVI 20 MG/ML SOLUTION   | Tier 5               | LA, QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY        |
| VITRAKVI 25 MG CAP   | Tier 5               | LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB)                           | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VORANIGO 10 MG TAB   | Tier 5               | LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| VORANIGO 40 MG TAB   | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |
| XALKORI (20 MG CAP SPRINK, 200 MG CAP, 250 MG CAP, 50 MG CAP SPRINK) | Tier 5               | LA, QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY         |

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。

## ANTINEOPLASTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                       |
|--|----------------------|--|
| XALKORI 150 MG CAP SPRINK                      | Tier 5               | LA, QL (6 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| XOSPATA 40 MG TAB                              | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| ZEJULA (100 MG TAB, 200 MG<br>TAB, 300 MG TAB) | Tier 5               | LA, QL (1 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| ZEJULA 100 MG CAP                              | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| ZELBORAF 240 MG TAB                            | Tier 5               | LA, QL (8 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| ZYDELIG (100 MG TAB, 150 MG<br>TAB)            | Tier 5               | LA, QL (2 PER 1 DAYS), PA<br>- FOR NEW STARTS<br>ONLY    |
| ZYKADIA 150 MG TAB                             | Tier 5               | LA, QL (3 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |
| RETINOIDS                                      |                      |  |
| <i>bexarotene 1 % gel</i>                      | Tier 5               | QL (60 PER 30 OVER<br>TIME), PA - FOR NEW<br>STARTS ONLY |
| <i>bexarotene 75 mg cap</i>                    | Tier 5               | QL (10 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY          |
| PANRETIN 0.1 % GEL                             | Tier 5               | PA - FOR NEW STARTS<br>ONLY                              |
| <i>tretinoin 10 mg cap</i>                     | Tier 5               |  |
| TREATMENT ADJUNCTS                             |                      |  |
| <i>mesna 100 mg/ml solution</i>                | Tier 4               |  |
| MESNEX 400 MG TAB                              | Tier 5               |  |
| VONJO 100 MG CAP                               | Tier 5               | LA, QL (4 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY    |

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。



## ANTIPARASITICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| ANTHELMINTHICS   |                      |                                |
| <i>albendazole 200 mg tab</i>                                    | Tier 4               |                                |
| <i>ivermectin 3 mg tab</i>                                       | Tier 3               | QL (16 PER 365 OVER TIME)      |
| <i>praziquantel 600 mg tab</i>                                   | Tier 3               |                                |
| ANTIPROTOZOALS   |                      |                                |
| <i>atovaquone 750 mg/5ml suspension</i>                          | Tier 4               | PA                             |
| <i>atovaquone-proguanil hcl (250-100 mg tab, 62.5-25 mg tab)</i> | Tier 3               |                                |
| BENZNIDAZOLE 100 MG TAB  | Tier 4               | QL (240 PER 365 OVER TIME)     |
| BENZNIDAZOLE 12.5 MG TAB   | Tier 4               | QL (720 PER 365 OVER TIME)     |
| <i>chloroquine phosphate 250 mg tab</i>                          | Tier 2               | QL (50 PER 30 OVER TIME)       |
| <i>chloroquine phosphate 500 mg tab</i>                          | Tier 2               | QL (25 PER 30 OVER TIME)       |
| COARTEM 20-120 MG TAB  | Tier 4               | QL (24 PER 2 OVER TIME)        |
| <i>hydroxychloroquine sulfite 100 mg tab</i>                     | Tier 2               | QL (4 PER 1 DAYS)              |
| <i>hydroxychloroquine sulfite 200 mg tab</i>                     | Tier 2               | QL (3 PER 1 DAYS)              |
| <i>hydroxychloroquine sulfite 300 mg tab</i>                     | Tier 2               | QL (2 PER 1 DAYS)              |
| <i>hydroxychloroquine sulfite 400 mg tab</i>                     | Tier 2               | QL (1 PER 1 DAYS)              |
| <i>mefloquine hcl 250 mg tab</i>                                 | Tier 2               |                                |
| <i>nitazoxanide 500 mg tab</i>                                   | Tier 5               | PA, QL (6 PER 3 OVER TIME)     |
| <i>pentamidine isethionate 300 mg recon soln</i>                 | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>primaquine phosphate 26.3 (15 base) mg tab</i>                | Tier 3               |                                |

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

## ANTIPARASITICS

| 药物名称                              | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|-----------------------------------|----------------------|-----------------------|
| <i>pyrimethamine 25 mg tab</i>    | Tier 5               | PA                    |
| <i>quinine sulfate 324 mg cap</i> | Tier 3               | PA, QL (6 PER 1 DAYS) |

## ANTIPARKINSON AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| ANTICHOLINERGICS  |                      |                    |
| <i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>  | Tier 2               |                    |
| <i>benztropine mesylate 1 mg/ml solution</i>  | Tier 4               |                    |
| <i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>   | Tier 2               |                    |
| ANTIPARKINSON AGENTS, OTHER   |                      |                    |
| <i>amantadine hcl (100 mg cap, 100 mg tab, 50 mg/5ml solution)</i>  | Tier 2               |                    |
| <i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i> | Tier 4               |                    |
| <i>entacapone 200 mg tab</i>  | Tier 3               | QL (8 PER 1 DAYS)  |
| DOPAMINE AGONISTS   |                      |                    |
| <i>apomorphine hcl 30 mg/3ml soln cart</i>  | Tier 5               | PA                 |
| <i>bromocriptine mesylate (2.5 mg tab, 5 mg cap)</i>  | Tier 2               |                    |
| <i>pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)</i>   | Tier 2               |                    |
| <i>ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)</i>   | Tier 2               |                    |

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。

## ANTIPARKINSON AGENTS

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

## ANTIPSYCHOTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| 1ST GENERATION/TYPICAL  |                      |                    |
| <i>chlorpromazine hcl (10 mg tab, 100 mg tab, 100 mg/ml conc, 200 mg tab, 25 mg tab, 25 mg/ml solution, 30 mg/ml conc, 50 mg tab, 50 mg/2ml solution)</i> | Tier 4               |                    |
| <i>fluphenazine decanoate 25 mg/ml solution</i>   | Tier 4               |                    |
| FLUPHENAZINE HCL (1 MG TAB, 10 MG TAB, 2.5 MG TAB, 2.5 MG/5ML ELIXIR, 2.5 MG/ML SOLUTION, 5 MG TAB, 5 MG/ML CONC)   | Tier 4               |                    |
| <i>haloperidol (0.5 mg tab, 1 mg tab, 10 mg tab, 2 mg tab, 20 mg tab, 5 mg tab)</i>   | Tier 2               |                    |
| <i>haloperidol decanoate (100 mg/ml solution, 50 mg/ml solution)</i>  | Tier 3               |                    |

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。

## ANTIPSYCHOTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额  |
|--|----------------------|---|
| <i>haloperidol lactate (2 mg/ml conc, 5 mg/ml solution)</i>                                | Tier 3               |   |
| <i>loxapine succinate (10 mg cap, 25 mg cap, 5 mg cap, 50 mg cap)</i>                      | Tier 2               |   |
| MOLINDONE HCL 10 MG TAB  | Tier 4               | QL (8 PER 1 DAYS)   |
| MOLINDONE HCL 25 MG TAB  | Tier 4               | QL (9 PER 1 DAYS)   |
| MOLINDONE HCL 5 MG TAB   | Tier 4               | QL (12 PER 1 DAYS)  |
| PIMOZIDE (1 MG TAB, 2 MG TAB)  | Tier 3               |   |
| <i>thioridazine hcl (10 mg tab, 100 mg tab, 25 mg tab, 50 mg tab)</i>                      | Tier 3               | PA - FOR NEW STARTS ONLY                                  |
| <i>thiothixene (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i>                               | Tier 3               |   |
| <i>trifluoperazine hcl (1 mg tab, 10 mg tab, 2 mg tab, 5 mg tab)</i>                       | Tier 2               |   |
| 2ND GENERATION/ATYPICAL  |                      |   |
| ABILIFY ASIMTUFII (720 MG/2.4ML PRSYR, 960 MG/3.2ML PRSYR)                                 | Tier 5               | PA - PART B VS D DETERMINATION                            |
| ABILIFY MAINTENA (300 MG PRSYR, 300 MG SRER, 400 MG PRSYR, 400 MG SRER)                    | Tier 5               | PA - PART B VS D DETERMINATION                            |
| <i>aripiprazole (10 mg tab disp, 15 mg tab disp)</i>                                       | Tier 4               | QL (2 PER 1 DAYS)   |
| <i>aripiprazole (10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>                           | Tier 2               | QL (1 PER 1 DAYS)   |
| <i>aripiprazole 1 mg/ml solution</i>   | Tier 4               | QL (25 PER 1 DAYS)  |
| <i>aripiprazole 2 mg tab</i>   | Tier 2               | QL (4 PER 1 DAYS)   |
| <i>aripiprazole 5 mg tab</i>   | Tier 2               | QL (2 PER 1 DAYS)   |
| ARISTADA (1064 MG/3.9ML PRSYR, 441 MG/1.6ML PRSYR, 662 MG/2.4ML PRSYR, 882 MG/3.2ML PRSYR) | Tier 5               | PA - PART B VS D DETERMINATION                            |
| ARISTADA INITIO 675 MG/2.4ML PRSYR   | Tier 5               | QL (2.4 PER 42 OVER TIME), PA - PART B VS D DETERMINATION |
| <i>asenapine maleate (10 mg sl tab, 2.5 mg sl tab, 5 mg sl tab)</i>                        | Tier 4               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY               |

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。

## ANTIPSYCHOTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额   |
|---|----------------------|--|
| CAPLYTA (10.5 MG CAP, 21 MG CAP, 42 MG CAP)       | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY                |
| 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 1 & 2 & 4 & 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 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR              | Tier 5               | QL (1 PER 28 OVER TIME), PA - PART B VS D DETERMINATION    |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR           | Tier 5               | QL (1.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION  |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR           | Tier 4               | QL (0.25 PER 28 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR            | Tier 5               | QL (0.5 PER 28 OVER TIME), PA - PART B VS D DETERMINATION  |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR            | Tier 5               | QL (0.88 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR            | Tier 5               | QL (1.32 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR            | Tier 5               | QL (1.75 PER 84 OVER TIME), PA - PART B VS D DETERMINATION |

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。

## ANTIPSYCHOTICS

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

## ANTIPSYCHOTICS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                |
|---|----------------------|---|
| <i>risperidone 1 mg/ml solution</i>   | Tier 3               |   |
| <i>risperidone microspheres er (25 mg srer, 37.5 mg srer, 50 mg srer)</i>             | Tier 5               | PA - PART B VS D DETERMINATION                    |
| <i>risperidone microspheres er 12.5 mg srer</i>                                       | Tier 4               | PA - PART B VS D DETERMINATION                    |
| SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)      | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| VRAYLAR (1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)                                  | Tier 5               | QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY       |
| VRAYLAR 1.5 & 3 MG CAP THPK   | Tier 4               | QL (7 PER 30 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)</i>                   | Tier 2               |   |
| <i>ziprasidone mesylate 20 mg recon soln</i>  | Tier 4               |   |
| ZYPREXA RELPREVV (210 MG RECON SUSP, 300 MG RECON SUSP, 405 MG RECON SUSP)            | Tier 4               | PA - PART B VS D DETERMINATION                    |
| TREATMENT-RESISTANT   |                      |   |
| <i>clozapine (100 mg tab disp, 12.5 mg tab disp, 150 mg tab disp, 25 mg tab disp)</i> | Tier 4               |   |
| <i>clozapine (100 mg tab, 200 mg tab, 25 mg tab, 50 mg tab)</i>                       | Tier 2               |   |
| <i>clozapine 200 mg tab disp</i>  | Tier 5               |   |
| 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<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---------------------------|----------------------|--------------------|
| ANTISPASTICITY AGENTS     |                      |                    |
| <i>baclofen 10 mg tab</i> | Tier 2               | QL (8 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。

## ANTISPASTICITY AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| <i>baclofen 15 mg tab</i>                                   | Tier 2               | QL (6 PER 1 DAYS)  |
| <i>baclofen 20 mg tab</i>                                   | Tier 2               | QL (4 PER 1 DAYS)  |
| <i>baclofen 5 mg tab</i>                                    | Tier 2               | QL (16 PER 1 DAYS) |
| <i>dantrolene sodium (100 mg cap, 25 mg cap, 50 mg cap)</i> | Tier 3               |                    |
| <i>tizanidine hcl (2 mg tab, 4 mg tab)</i>                  | Tier 2               |                    |

## ANTIVIRALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额         |
|---|----------------------|----------------------------|
| ANTI-CYTOMEGALOVIRUS (CMV) AGENTS                           |                      |                            |
| PREVYMIS 240 MG TAB   | Tier 5               | QL (200 PER 365 OVER TIME) |
| PREVYMIS 480 MG TAB   | Tier 5               | QL (100 PER 365 OVER TIME) |
| <i>valganciclovir hcl 450 mg tab</i>                        | Tier 3               | QL (2 PER 1 DAYS)          |
| <i>valganciclovir hcl 50 mg/ml recon soln</i>               | Tier 5               | QL (18 PER 1 DAYS)         |
| ZIRGAN 0.15 % GEL   | Tier 4               | QL (5 PER 30 OVER TIME)    |
| ANTI-HEPATITIS B (HBV) AGENTS                               |                      |                            |
| <i>adefovir dipivoxil 10 mg tab</i>                         | Tier 4               | QL (1 PER 1 DAYS)          |
| BARACLUDGE 0.05 MG/ML SOLUTION                              | Tier 5               | QL (21 PER 1 DAYS)         |
| <i>entecavir (0.5 mg tab, 1 mg tab)</i>                     | Tier 4               | QL (1 PER 1 DAYS)          |
| EPIVIR HBV 5 MG/ML SOLUTION                                 | Tier 3               |                            |
| <i>lamivudine 100 mg tab</i>                                | Tier 3               |                            |
| VEMLIDY 25 MG TAB   | Tier 5               | QL (1 PER 1 DAYS)          |
| ANTI-HEPATITIS C (HCV) AGENTS                               |                      |                            |
| EPCLUSA (150-37.5 MG PACKET, 200-50 MG TAB, 400-100 MG TAB) | Tier 5               | PA, QL (1 PER 1 DAYS)      |
| EPCLUSA 200-50 MG PACKET                                    | Tier 5               | PA, 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。



## ANTIVIRALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|--|----------------------|-----------------------|
| HARVONI (33.75-150 MG PACKET,<br>45-200 MG TAB, 90-400 MG TAB)           | Tier 5               | PA, QL (1 PER 1 DAYS) |
| HARVONI 45-200 MG PACKET   | Tier 5               | PA, QL (2 PER 1 DAYS) |
| LEDIPASVIR-SOFOSBUVIR 90-<br>400 MG TAB                                  | Tier 5               | PA, QL (1 PER 1 DAYS) |
| 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) |
| <i>ribavirin (200 mg cap, 200 mg tab)</i>                                | Tier 2               |                       |
| SOFOSBUVIR-VELPATASVIR 400-<br>100 MG TAB                                | Tier 5               | PA, QL (1 PER 1 DAYS) |
| 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-<br>200-25 MG TAB)                        | Tier 5               | QL (1 PER 1 DAYS)     |
| DOVATO 50-300 MG TAB   | Tier 5               | QL (1 PER 1 DAYS)     |
| GENVOYA 150-150-200-10 MG<br>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<br>TAB                                       | Tier 5               | QL (1 PER 1 DAYS)     |
| TIVICAY (25 MG TAB, 50 MG TAB)   | Tier 5               | QL (2 PER 1 DAYS)     |
| TIVICAY 10 MG TAB  | Tier 4               | QL (2 PER 1 DAYS)     |
| TIVICAY PD 5 MG TAB SOL  | Tier 4               | QL (6 PER 1 DAYS)     |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) |                      |                       |
| COMPLERA 200-25-300 MG TAB   | Tier 5               | QL (1 PER 1 DAYS)     |
| DELSTRIGO 100-300-300 MG TAB   | Tier 5               | QL (1 PER 1 DAYS)     |
| EDURANT 25 MG TAB  | Tier 5               | QL (2 PER 1 DAYS)     |

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

## ANTIVIRALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| EFAVIRENZ 200 MG CAP  | Tier 4               | QL (3 PER 1 DAYS)  |
| EFAVIRENZ 50 MG CAP   | Tier 4               | QL (6 PER 1 DAYS)  |
| <i>efavirenz 600 mg tab</i>   | Tier 4               | QL (1 PER 1 DAYS)  |
| <i>efavirenz-emtricitab-tenofo df<br/>600-200-300 mg tab</i>                            | Tier 5               | QL (1 PER 1 DAYS)  |
| <i>efavirenz-lamivudine-tenofovir<br/>(400-300-300 mg tab, 600-300-<br/>300 mg tab)</i> | Tier 5               | QL (1 PER 1 DAYS)  |
| <i>etravirine 100 mg tab</i>  | Tier 5               | QL (4 PER 1 DAYS)  |
| <i>etravirine 200 mg tab</i>  | Tier 5               | QL (2 PER 1 DAYS)  |
| INTELENCE 25 MG TAB   | Tier 4               | QL (12 PER 1 DAYS) |
| <i>nevirapine 200 mg tab</i>  | Tier 2               | QL (2 PER 1 DAYS)  |
| NEVIRAPINE 50 MG/5ML<br>SUSPENSION  | Tier 4               | QL (40 PER 1 DAYS) |
| NEVIRAPINE ER 100 MG TAB ER<br>24H  | Tier 4               | QL (3 PER 1 DAYS)  |
| <i>nevirapine er 400 mg tab er 24h</i>  | Tier 4               | QL (1 PER 1 DAYS)  |
| ODEFSEY 200-25-25 MG TAB  | Tier 5               | QL (1 PER 1 DAYS)  |
| PIFELTRO 100 MG TAB   | Tier 5               | QL (2 PER 1 DAYS)  |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS<br>(NRTI)   |                      |                    |
| <i>abacavir sulfate 20 mg/ml<br/>solution</i>   | Tier 4               | QL (30 PER 1 DAYS) |
| <i>abacavir sulfate 300 mg tab</i>  | Tier 2               | QL (2 PER 1 DAYS)  |
| <i>abacavir sulfate-lamivudine 600-<br/>300 mg tab</i>                                  | Tier 4               | QL (1 PER 1 DAYS)  |
| <i>abacavir-lamivudine-zidovudine<br/>300-150-300 mg tab</i>                            | Tier 5               | QL (2 PER 1 DAYS)  |
| CIMDUO 300-300 MG TAB   | Tier 5               | QL (1 PER 1 DAYS)  |
| DESCOVY (120-15 MG TAB, 200-25<br>MG TAB)   | Tier 5               | QL (1 PER 1 DAYS)  |
| DIDANOSINE (200 MG CAP DR,<br>250 MG CAP DR, 400 MG CAP DR)                             | Tier 2               | QL (1 PER 1 DAYS)  |
| <i>emtricitabine 200 mg cap</i>   | Tier 4               | QL (1 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。

## ANTIVIRALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                      |
|--|----------------------|---|
| <i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i> | Tier 5               | QL (1 PER 1 DAYS)                                       |
| <i>emtricitabine-tenofovir df 200-300 mg tab</i>                                   | Tier 4               | QL (1 PER 1 DAYS)                                       |
| EMTRIVA 10 MG/ML SOLUTION  | Tier 4               | QL (24 PER 1 DAYS)                                      |
| <i>lamivudine 10 mg/ml solution</i>  | Tier 3               | QL (30 PER 1 DAYS)                                      |
| <i>lamivudine 150 mg tab</i>   | Tier 3               | QL (2 PER 1 DAYS)                                       |
| <i>lamivudine 300 mg tab</i>   | Tier 3               | QL (1 PER 1 DAYS)                                       |
| <i>lamivudine-zidovudine 150-300 mg tab</i>  | Tier 4               | QL (2 PER 1 DAYS)                                       |
| <i>stavudine (15 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>                      | Tier 2               | QL (2 PER 1 DAYS)                                       |
| TEMIXYS 300-300 MG TAB   | Tier 5               | QL (1 PER 1 DAYS)                                       |
| <i>tenofovir disoproxil fumarate 300 mg tab</i>                                    | Tier 4               | 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 5               | 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 OVER TIME)                               |
| <i>zidovudine 100 mg cap</i>   | Tier 2               | QL (6 PER 1 DAYS)                                       |
| <i>zidovudine 300 mg tab</i>   | Tier 2               | QL (2 PER 1 DAYS)                                       |
| <i>zidovudine 50 mg/5ml syrup</i>  | Tier 2               | QL (60 PER 1 DAYS)                                      |
| ANTI-HIV AGENTS, OTHER   |                      |   |
| CABENUVA 400 & 600 MG/2ML SUSP   | Tier 5               | QL (4 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| CABENUVA 600 & 900 MG/3ML SUSP   | Tier 5               | QL (6 PER 30 OVER TIME), 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。

## ANTIVIRALS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                       |
|--|----------------------|--|
| FUZEON 90 MG RECON SOLN                            | Tier 5               | QL (60 PER 30 OVER TIME)                                 |
| <i>maraviroc 150 mg tab</i>                        | Tier 5               | QL (2 PER 1 DAYS)  |
| <i>maraviroc 300 mg tab</i>                        | Tier 5               | QL (4 PER 1 DAYS)  |
| RUKOBIA 600 MG TAB ER 12H                          | Tier 5               | QL (2 PER 1 DAYS)  |
| SELZENTRY 20 MG/ML SOLUTION                        | Tier 5               | QL (60 PER 1 DAYS)                                       |
| SELZENTRY 25 MG TAB                                | Tier 3               | QL (8 PER 1 DAYS)  |
| SELZENTRY 75 MG TAB                                | Tier 5               | QL (8 PER 1 DAYS)  |
| SUNLENCA 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 100 MG/ML SOLUTION                         | Tier 5               | QL (10 PER 1 DAYS)                                       |
| APTIVUS 250 MG CAP                                 | Tier 5               | QL (4 PER 1 DAYS)  |
| <i>atazanavir sulfate (150 mg cap, 200 mg cap)</i> | Tier 4               | QL (2 PER 1 DAYS)  |
| <i>atazanavir sulfate 300 mg cap</i>               | Tier 4               | QL (1 PER 1 DAYS)  |
| CRIXIVAN 200 MG CAP                                | Tier 3               | QL (9 PER 1 DAYS)  |
| CRIXIVAN 400 MG CAP                                | Tier 3               | QL (6 PER 1 DAYS)  |
| <i>darunavir 600 mg tab</i>                        | Tier 5               | QL (2 PER 1 DAYS)  |
| <i>darunavir 800 mg tab</i>                        | Tier 5               | QL (1 PER 1 DAYS)  |
| EVOTAZ 300-150 MG TAB                              | Tier 5               | QL (1 PER 1 DAYS)  |
| <i>fosamprenavir calcium 700 mg tab</i>            | Tier 4               | QL (4 PER 1 DAYS)  |
| LEXIVA 50 MG/ML SUSPENSION                         | Tier 4               | QL (56 PER 1 DAYS)                                       |
| <i>lopinavir-ritonavir 100-25 mg tab</i>           | Tier 4               | QL (10 PER 1 DAYS)                                       |
| <i>lopinavir-ritonavir 200-50 mg tab</i>           | Tier 4               | QL (4 PER 1 DAYS)  |

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。

## ANTIVIRALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额          |
|---|----------------------|-----------------------------|
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i>            | Tier 4               | QL (13 PER 1 DAYS)          |
| NORVIR (100 MG CAP, 100 MG PACKET)                            | Tier 4               | QL (12 PER 1 DAYS)          |
| NORVIR 80 MG/ML SOLUTION                                      | Tier 4               | QL (15 PER 1 DAYS)          |
| PREZCOBIX 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)           |
| <i>ritonavir 100 mg tab</i>                                   | Tier 3               | QL (12 PER 1 DAYS)          |
| SYMTUZA 800-150-200-10 MG TAB                                 | Tier 5               | QL (1 PER 1 DAYS)           |
| VIRACEPT 250 MG TAB   | Tier 5               | QL (9 PER 1 DAYS)           |
| VIRACEPT 625 MG TAB   | Tier 5               | QL (4 PER 1 DAYS)           |
| ANTI-INFLUENZA AGENTS   |                      |                             |
| <i>oseltamivir phosphate 30 mg cap</i>                        | Tier 2               | QL (120 PER 180 OVER TIME)  |
| <i>oseltamivir phosphate 45 mg cap</i>                        | Tier 2               | QL (42 PER 180 OVER TIME)   |
| <i>oseltamivir phosphate 6 mg/ml recon susp</i>               | Tier 4               | QL (1080 PER 365 OVER TIME) |
| <i>oseltamivir phosphate 75 mg cap</i>                        | Tier 2               | 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 2               |                             |
| XOFLUZA (40 MG DOSE) (1 X 40 MG TAB THPK, 2 X 20 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)     |
| XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK                       | Tier 4               | QL (2 PER 30 OVER TIME)     |

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

## ANTIVIRALS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| ANTIHERPETIC AGENTS                                     |                      |                                |
| <i>acyclovir (200 mg cap, 400 mg tab, 800 mg tab)</i>   | Tier 2               |                                |
| <i>acyclovir 200 mg/5ml suspension</i>                  | Tier 4               |                                |
| <i>acyclovir sodium 50 mg/ml solution</i>               | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>famciclovir (125 mg tab, 250 mg tab, 500 mg tab)</i> | Tier 3               |                                |
| TRIFLURIDINE 1% SOLUTION                                | Tier 2               |                                |
| <i>valacyclovir hcl (1 gm tab, 500 mg tab)</i>          | Tier 2               |                                |

## ANXIOLYTICS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| ANXIOLYTICS, OTHER   |                      |                    |
| <i>bupirone hcl (10 mg tab, 15 mg tab, 30 mg tab, 5 mg tab, 7.5 mg tab)</i>          | Tier 2               |                    |
| <i>meprobamate (200 mg tab, 400 mg tab)</i>  | Tier 4               |                    |
| BENZODIAZEPINES  |                      |                    |
| <i>alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab)</i>                                | Tier 2               | QL (4 PER 1 DAYS)  |
| <i>alprazolam 2 mg tab</i>   | Tier 2               | QL (5 PER 1 DAYS)  |
| <i>clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp)</i> | Tier 2               | QL (40 PER 1 DAYS) |
| <i>clonazepam (1 mg tab, 1 mg tab disp)</i>  | Tier 2               | QL (20 PER 1 DAYS) |
| <i>clonazepam (2 mg tab, 2 mg tab disp)</i>  | Tier 2               | QL (10 PER 1 DAYS) |
| <i>clorazepate dipotassium 15 mg tab</i>   | Tier 2               | QL (6 PER 1 DAYS)  |
| <i>clorazepate dipotassium 3.75 mg tab</i>   | Tier 2               | QL (24 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。

## ANXIOLYTICS

| 药物名称                                      | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| <i>clorazepate dipotassium 7.5 mg tab</i> | Tier 2               | QL (12 PER 1 DAYS) |
| <i>diazepam (5 mg tab, 5 mg/ml conc)</i>  | Tier 2               | QL (12 PER 1 DAYS) |
| <i>diazepam 10 mg tab</i>                 | Tier 2               | QL (6 PER 1 DAYS)  |
| <i>diazepam 2 mg tab</i>                  | Tier 2               | QL (30 PER 1 DAYS) |
| <i>diazepam 5 mg/5ml solution</i>         | Tier 2               | QL (60 PER 1 DAYS) |
| <i>diazepam intensol 5 mg/ml conc</i>     | Tier 2               | QL (12 PER 1 DAYS) |
| <i>lorazepam (2 mg tab, 2 mg/ml conc)</i> | Tier 2               | QL (5 PER 1 DAYS)  |
| <i>lorazepam 0.5 mg tab</i>               | Tier 2               | QL (20 PER 1 DAYS) |
| <i>lorazepam 1 mg tab</i>                 | Tier 2               | QL (10 PER 1 DAYS) |
| <i>lorazepam intensol 2 mg/ml conc</i>    | Tier 2               | QL (5 PER 1 DAYS)  |

## BIPOLAR AGENTS

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

## BLOOD GLUCOSE REGULATORS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| ANTIDIABETIC AGENTS                                |                      |                    |
| <i>acarbose (100 mg tab, 25 mg tab, 50 mg tab)</i> | Tier 2               |                    |
| FARXIGA (10 MG TAB, 5 MG TAB)                      | Tier 3               | QL (1 PER 1 DAYS)  |

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

## BLOOD GLUCOSE REGULATORS

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



## BLOOD GLUCOSE REGULATORS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额            |
|--|----------------------|-------------------------------|
| <i>metformin hcl (1000 mg tab, 500 mg tab, 850 mg tab)</i>   | Tier 1               |                               |
| <i>metformin hcl er (500 mg tab er 24h, 750 mg tab er 24h)</i>   | Tier 1               |                               |
| <i>miglitol (100 mg tab, 25 mg tab, 50 mg tab)</i>   | Tier 4               | QL (3 PER 1 DAYS)             |
| 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 OVER TIME)   |
| <i>nateglinide (120 mg tab, 60 mg tab)</i>   | Tier 2               |                               |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN  | Tier 3               | PA, QL (1.5 PER 28 OVER TIME) |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN  | Tier 3               | PA, QL (3 PER 28 OVER TIME)   |
| OZEMPIC (1 MG/DOSE) (2 MG/1.5ML SOLN PEN, 4 MG/3ML SOLN PEN)   | Tier 3               | PA, QL (3 PER 28 OVER TIME)   |
| OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN  | Tier 3               | PA, QL (3 PER 28 OVER TIME)   |
| <i>pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)</i>  | Tier 2               |                               |
| <i>repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>  | Tier 2               |                               |
| RYBELSUS (14 MG TAB, 3 MG TAB, 7 MG TAB)   | Tier 3               | PA, QL (1 PER 1 DAYS)         |
| SYNJARDY (12.5-1000 MG TAB, 12.5-500 MG TAB, 5-1000 MG TAB, 5-500 MG TAB)  | Tier 3               | QL (2 PER 1 DAYS)             |
| SYNJARDY XR (10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)   | Tier 3               | QL (2 PER 1 DAYS)             |
| SYNJARDY XR 25-1000 MG TAB ER 24H  | Tier 3               | QL (1 PER 1 DAYS)             |
| TRADJENTA 5 MG TAB   | Tier 3               | QL (1 PER 1 DAYS)             |

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。

## BLOOD GLUCOSE REGULATORS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额          |
|---|----------------------|-----------------------------|
| 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 OVER TIME) |
| VICTOZA 18 MG/3ML SOLN PEN  | Tier 3               | PA, QL (9 PER 30 OVER TIME) |
| XIGDUO XR (10-1000 MG TAB ER 24H, 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H)                               | Tier 3               | QL (2 PER 1 DAYS)           |
| XIGDUO XR (10-500 MG TAB ER 24H, 5-500 MG TAB ER 24H)   | Tier 3               | QL (1 PER 1 DAYS)           |
| GLYCEMIC AGENTS   |                      |                             |
| BAQSIMI ONE PACK 3 MG/DOSE POWDER   | Tier 3               | QL (2 PER 30 OVER TIME)     |
| BAQSIMI TWO PACK 3 MG/DOSE POWDER   | Tier 3               | QL (2 PER 30 OVER TIME)     |
| <i>diazoxide 50 mg/ml suspension</i>  | Tier 5               |                             |
| GLUCAGEN HYPOKIT 1 MG RECON SOLN  | Tier 3               | QL (2 PER 2 OVER TIME)      |
| GLUCAGON EMERGENCY (1 MG KIT, 1 MG/ML RECON SOLN)   | Tier 3               | QL (2 PER 2 OVER TIME)      |
| INSULINS  |                      |                             |
| HUMALOG 100 UNIT/ML SOLN CART   | Tier 3               |                             |
| HUMALOG JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN   | Tier 3               |                             |
| HUMALOG KWIKPEN (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)  | Tier 3               |                             |
| HUMALOG MIX 50/50 (50-50) 100 UNIT/ML SUSPENSION  | Tier 3               |                             |
| HUMALOG MIX 50/50 KWIKPEN (50-50) 100 UNIT/ML SUSP PEN  | Tier 3               |                             |
| HUMALOG MIX 75/25 (75-25) 100 UNIT/ML SUSPENSION  | Tier 3               |                             |
| HUMALOG MIX 75/25 KWIKPEN (75-25) 100 UNIT/ML SUSP PEN  | Tier 3               |                             |

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。

## BLOOD GLUCOSE REGULATORS

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

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

## BLOOD GLUCOSE REGULATORS

| 药物名称                                     | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额       |
|--|----------------------|--------------------------|
| NOVOLIN R RELION 100 UNIT/ML SOLUTION    | Tier 3               |                          |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN | Tier 3               | QL (18 PER 28 OVER TIME) |
| TOUJEO SOLOSTAR 300 UNIT/ML SOLN PEN     | Tier 3               | QL (18 PER 28 OVER TIME) |

## BLOOD PRODUCTS AND MODIFIERS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额        |
|--|----------------------|---------------------------|
| ANTICOAGULANTS   |                      |                           |
| <i>dabigatran etexilate mesylate (110 mg cap, 150 mg cap, 75 mg cap)</i>                   | Tier 4               | QL (2 PER 1 DAYS)         |
| ELIQUIS (2.5 MG TAB, 5 MG TAB)   | Tier 3               | QL (2 PER 1 DAYS)         |
| ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK  | Tier 3               | QL (74 PER 180 OVER TIME) |
| <i>enoxaparin sodium (100 mg/ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)</i> | Tier 3               | QL (60 PER 30 OVER TIME)  |
| <i>enoxaparin sodium (120 mg/0.8ml soln prsyr, 80 mg/0.8ml soln prsyr)</i>                 | Tier 3               | QL (48 PER 30 OVER TIME)  |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsyr</i>  | Tier 3               | QL (18 PER 30 OVER TIME)  |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsyr</i>  | Tier 3               | QL (24 PER 30 OVER TIME)  |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsyr</i>  | Tier 3               | QL (36 PER 30 OVER TIME)  |
| <i>fondaparinux sodium 10 mg/0.8ml solution</i>  | Tier 5               | QL (24 PER 30 OVER TIME)  |
| <i>fondaparinux sodium 2.5 mg/0.5ml solution</i>   | Tier 4               | QL (15 PER 30 OVER TIME)  |
| <i>fondaparinux sodium 5 mg/0.4ml solution</i>   | Tier 5               | QL (12 PER 30 OVER TIME)  |
| <i>fondaparinux sodium 7.5 mg/0.6ml solution</i>   | Tier 5               | QL (18 PER 30 OVER TIME)  |

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

## BLOOD PRODUCTS AND MODIFIERS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| <i>heparin sodium (porcine) (1000 unit/ml solution, 10000 unit/ml solution, 20000 unit/ml solution, 5000 unit/ml solution)</i>   | Tier 2               | PA - PART B VS D DETERMINATION |
| <i>heparin sodium (porcine) pf 1000 unit/ml solution</i>   | Tier 2               | PA - PART B VS D DETERMINATION |
| <i>jantoven (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i>  | Tier 2               |                                |
| <i>warfarin sodium (1 mg tab, 10 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab)</i>   | Tier 2               |                                |
| 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  |                      |                                |
| <i>anagrelide hcl (0.5 mg cap, 1 mg cap)</i>   | Tier 3               |                                |
| ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 100 MCG/ML SOLUTION, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION)   | 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, 500 MCG/ML SOLN PRSYR, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION) | Tier 5               | PA                             |
| PROMACTA (12.5 MG PACKET, 12.5 MG TAB)   | Tier 5               | PA, LA, QL (1 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。

## BLOOD PRODUCTS AND MODIFIERS

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

## CARDIOVASCULAR AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| ALPHA-ADRENERGIC AGONISTS   |                      |                    |
| <i>clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)</i> | Tier 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。

## CARDIOVASCULAR AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额            |
|---|----------------------|-------------------------------|
| <i>clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)</i>               | Tier 2               |                               |
| <i>droxidopa 100 mg cap</i>   | Tier 5               | PA, QL (252 PER 90 OVER TIME) |
| <i>droxidopa 200 mg cap</i>   | Tier 5               | PA, QL (120 PER 30 OVER TIME) |
| <i>droxidopa 300 mg cap</i>   | Tier 5               | PA, QL (84 PER 90 OVER TIME)  |
| <i>guanfacine hcl (1 mg tab, 2 mg tab)</i>                              | Tier 2               |                               |
| <i>methyldopa (250 mg tab, 500 mg tab)</i>                              | Tier 2               |                               |
| <i>midodrine hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i>                  | Tier 2               |                               |
| ALPHA-ADRENERGIC BLOCKING AGENTS  |                      |                               |
| <i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>      | Tier 2               |                               |
| <i>prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)</i>                      | Tier 2               |                               |
| <i>terazosin hcl (1 mg cap, 10 mg cap, 2 mg cap, 5 mg cap)</i>          | Tier 2               |                               |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS                                     |                      |                               |
| <i>candesartan cilexetil (16 mg tab, 32 mg tab, 4 mg tab, 8 mg tab)</i> | Tier 2               |                               |
| EPROSARTAN MESYLATE 600 MG TAB  | Tier 1               | QL (1 PER 1 DAYS)             |
| <i>irbesartan (150 mg tab, 300 mg tab, 75 mg tab)</i>                   | Tier 1               |                               |
| <i>losartan potassium (100 mg tab, 25 mg tab, 50 mg tab)</i>            | Tier 1               |                               |
| <i>olmesartan medoxomil (20 mg tab, 40 mg tab, 5 mg tab)</i>            | Tier 2               |                               |
| <i>telmisartan (20 mg tab, 40 mg tab, 80 mg tab)</i>                    | Tier 1               |                               |
| <i>valsartan (160 mg tab, 320 mg tab, 40 mg tab, 80 mg tab)</i>         | Tier 1               |                               |

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。

## CARDIOVASCULAR AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS                                       |                      |                    |
| <i>benazepril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>                    | Tier 1               |                    |
| <i>captopril (100 mg tab, 12.5 mg tab, 25 mg tab, 50 mg tab)</i>                     | Tier 1               |                    |
| <i>enalapril maleate (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i>                | Tier 1               |                    |
| <i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>                           | Tier 1               |                    |
| <i>lisinopril (10 mg tab, 2.5 mg tab, 20 mg tab, 30 mg tab, 40 mg tab, 5 mg tab)</i> | Tier 1               |                    |
| <i>moexipril hcl (15 mg tab, 7.5 mg tab)</i>   | Tier 1               |                    |
| <i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>                           | Tier 1               |                    |
| <i>quinapril hcl (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>                     | Tier 1               |                    |
| <i>ramipril (1.25 mg cap, 10 mg cap, 2.5 mg cap, 5 mg cap)</i>                       | Tier 1               |                    |
| <i>trandolapril (1 mg tab, 2 mg tab, 4 mg tab)</i>                                   | Tier 1               |                    |
| ANTIARRHYTHMICS  |                      |                    |
| <i>amiodarone hcl (100 mg tab, 400 mg tab)</i>                                       | Tier 4               |                    |
| <i>amiodarone hcl 200 mg tab</i>   | Tier 2               |                    |
| <i>dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)</i>                            | Tier 4               |                    |
| <i>flecainide acetate (100 mg tab, 150 mg tab, 50 mg tab)</i>                        | Tier 2               |                    |
| <i>mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)</i>                           | Tier 2               |                    |
| MULTAQ 400 MG TAB  | Tier 4               | QL (2 PER 1 DAYS)  |
| <i>pacerone (100 mg tab, 400 mg tab)</i>   | Tier 4               |                    |
| <i>pacerone 200 mg tab</i>   | 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。



## CARDIOVASCULAR AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| <i>propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)</i>   | Tier 2               |                    |
| <i>quinidine sulfate (200 mg tab, 300 mg tab)</i>   | Tier 2               |                    |
| <i>sorine (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)</i>   | Tier 2               |                    |
| <i>sotalol hcl (120 mg tab, 160 mg tab, 240 mg tab, 80 mg tab)</i>  | Tier 2               |                    |
| <i>sotalol hcl (af) (120 mg tab, 160 mg tab, 80 mg tab)</i>   | Tier 2               |                    |
| BETA-ADRENERGIC BLOCKING AGENTS   |                      |                    |
| <i>acebutolol hcl (200 mg cap, 400 mg cap)</i>  | Tier 2               |                    |
| <i>atenolol (100 mg tab, 25 mg tab, 50 mg tab)</i>  | Tier 1               |                    |
| <i>betaxolol hcl (10 mg tab, 20 mg tab)</i>   | Tier 2               |                    |
| <i>bisoprolol fumarate (10 mg tab, 5 mg tab)</i>  | Tier 2               |                    |
| <i>carvedilol (12.5 mg tab, 25 mg tab, 3.125 mg tab, 6.25 mg tab)</i>                                     | Tier 1               |                    |
| <i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>   | Tier 2               |                    |
| <i>metoprolol succinate er (100 mg tab er 24h, 200 mg tab er 24h, 25 mg tab er 24h, 50 mg tab er 24h)</i> | Tier 2               |                    |
| <i>metoprolol tartrate (100 mg tab, 25 mg tab, 50 mg tab)</i>   | Tier 1               |                    |
| <i>nadolol (20 mg tab, 40 mg tab, 80 mg tab)</i>  | Tier 2               |                    |
| <i>nebivolol hcl (10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab)</i>   | Tier 3               |                    |
| <i>pindolol (10 mg tab, 5 mg tab)</i>   | Tier 2               |                    |
| <i>propranolol hcl (10 mg tab, 20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab)</i>                            | Tier 2               |                    |
| PROPRANOLOL HCL (20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION)  | Tier 3               |                    |

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。

## CARDIOVASCULAR AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额         |
|--|----------------------|----------------------------|
| <i>propranolol hcl er (120 mg cap er 24h, 160 mg cap er 24h, 60 mg cap er 24h, 80 mg cap er 24h)</i> | Tier 2               |                            |
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES  |                      |                            |
| <i>amlodipine besylate (10 mg tab, 2.5 mg tab, 5 mg tab)</i>   | Tier 1               |                            |
| <i>felodipine er (10 mg tab er 24h, 2.5 mg tab er 24h, 5 mg tab er 24h)</i>                          | Tier 2               |                            |
| <i>nicardipine hcl (20 mg cap, 30 mg cap)</i>  | Tier 2               |                            |
| <i>nifedipine (10 mg cap, 20 mg cap)</i>   | Tier 2               |                            |
| <i>nifedipine er (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>                          | Tier 2               |                            |
| <i>nifedipine er osmotic release (30 mg tab er 24h, 60 mg tab er 24h, 90 mg tab er 24h)</i>          | Tier 2               |                            |
| <i>nimodipine 30 mg cap</i>  | Tier 4               |                            |
| NYMALIZE 6 MG/ML SOLUTION  | Tier 5               | QL (1260 PER 21 OVER TIME) |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES   |                      |                            |
| <i>cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)</i>        | Tier 2               |                            |
| <i>dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>                             | Tier 2               |                            |
| <i>diltiazem hcl (120 mg tab, 30 mg tab, 60 mg tab, 90 mg tab)</i>                                   | Tier 2               |                            |
| <i>diltiazem hcl 120 mg extended release 24hr capsule</i>  | Tier 2               |                            |
| <i>diltiazem hcl 180 mg extended release 24hr capsule</i>  | Tier 2               |                            |
| <i>diltiazem hcl 240 mg extended release 24hr capsule</i>  | Tier 2               |                            |
| <i>diltiazem hcl 300 mg extended release 24hr capsule</i>  | Tier 2               |                            |
| <i>diltiazem hcl 360 mg extended release 24hr capsule</i>  | Tier 2               |                            |

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。

## CARDIOVASCULAR AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| <i>diltiazem hcl er (120 mg cap er 12h, 120 mg tab er 24h, 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, 60 mg cap er 12h, 90 mg cap er 12h)</i> | Tier 2               |                    |
| <i>diltiazem hcl er beads 420 mg cap er 24h</i>   | Tier 2               |                    |
| <i>matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>  | Tier 2               |                    |
| <i>taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)</i>  | Tier 2               |                    |
| <i>tiadylt er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h, 420 mg cap er 24h)</i>  | Tier 2               |                    |
| <i>verapamil hcl (120 mg tab, 40 mg tab, 80 mg tab)</i>   | Tier 2               |                    |
| VERAPAMIL HCL ER (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H)   | Tier 4               |                    |
| <i>verapamil hcl er (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)</i>   | Tier 3               |                    |
| <i>verapamil hcl er (120 mg tab er, 180 mg tab er, 240 mg tab er)</i>   | Tier 2               |                    |
| CARDIOVASCULAR AGENTS, OTHER  |                      |                    |
| <i>acetazolamide (125 mg tab, 250 mg tab)</i>   | Tier 2               |                    |
| <i>aliskiren fumarate (150 mg tab, 300 mg tab)</i>  | Tier 3               | PA                 |
| <i>amiloride-hydrochlorothiazide 5-50 mg tab</i>  | 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。

## CARDIOVASCULAR AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额     |
|---|----------------------|------------------------|
| <i>amlodipine besy-benazepril hcl</i><br>(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               |                        |
| <i>amlodipine besylate-valsartan</i><br>(10-160 mg tab, 10-320 mg tab, 5-160 mg tab, 5-320 mg tab)                            | Tier 1               |                        |
| <i>amlodipine-olmesartan</i> (10-20 mg tab, 10-40 mg tab, 5-20 mg tab, 5-40 mg tab)   | Tier 2               |                        |
| <i>amlodipine-valsartan-hctz</i> (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 2               |                        |
| <i>atenolol-chlorthalidone</i> (100-25 mg tab, 50-25 mg tab)  | Tier 1               |                        |
| <i>benazepril-hydrochlorothiazide</i><br>(10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab, 5-6.25 mg tab)                        | Tier 1               |                        |
| <i>bisoprolol-hydrochlorothiazide</i><br>(10-6.25 mg tab, 2.5-6.25 mg tab, 5-6.25 mg tab)                                     | Tier 2               |                        |
| <i>candesartan cilexetil-hctz</i> (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)  | Tier 2               |                        |
| CAPTOPRIL-<br>HYDROCHLOROTHIAZIDE (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)                                    | Tier 1               |                        |
| CORLANOR 5 MG/5ML<br>SOLUTION   | Tier 4               | PA, QL (20 PER 1 DAYS) |
| <i>digitek</i> (125 mcg tab, 250 mcg tab)   | Tier 2               | QL (1 PER 1 DAYS)      |
| <i>digox</i> (125 mcg tab, 250 mcg tab)   | Tier 2               | QL (1 PER 1 DAYS)      |
| <i>digoxin</i> (125 mcg tab, 250 mcg tab)   | Tier 2               | QL (1 PER 1 DAYS)      |
| <i>enalapril-hydrochlorothiazide</i> (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)      |
| ENTRESTO (24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB)  | Tier 3               | 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。

## CARDIOVASCULAR AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|--|----------------------|-----------------------|
| <i>fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)</i>   | Tier 1               |                       |
| <i>irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)</i>   | Tier 1               |                       |
| <i>ivabradine hcl (5 mg tab, 7.5 mg tab)</i>   | Tier 4               | PA, QL (2 PER 1 DAYS) |
| <i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>                                       | Tier 1               |                       |
| <i>losartan potassium-hctz (100-12.5 mg tab, 100-25 mg tab, 50-12.5 mg tab)</i>  | Tier 1               |                       |
| <i>metoprolol-hydrochlorothiazide (100-25 mg tab, 100-50 mg tab, 50-25 mg tab)</i>   | Tier 2               |                       |
| <i>metyrosine 250 mg cap</i>   | Tier 5               |                       |
| <i>olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>  | Tier 2               |                       |
| <i>olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)</i> | Tier 2               |                       |
| <i>pentoxifylline er 400 mg tab er</i>   | Tier 2               |                       |
| PROPRANOLOL-HCTZ (40-25 MG TAB, 80-25 MG TAB)  | Tier 2               |                       |
| <i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>  | Tier 1               |                       |
| <i>ranolazine er (1000 mg tab er 12h, 500 mg tab er 12h)</i>   | Tier 3               | QL (2 PER 1 DAYS)     |
| <i>spironolactone-hctz 25-25 mg tab</i>  | Tier 2               |                       |
| <i>telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)</i>   | Tier 1               |                       |
| <i>triamterene-hctz (37.5-25 mg tab, 75-50 mg tab)</i>   | Tier 2               |                       |
| <i>triamterene-hctz 37.5-25 mg cap</i>   | Tier 1               |                       |

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。

## CARDIOVASCULAR AGENTS

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

## CARDIOVASCULAR AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>fenofibrate micronized (130 mg cap, 134 mg cap, 200 mg cap, 43 mg cap, 67 mg cap)</i> | Tier 2               |                    |
| <i>fenofibric acid (135 mg cap dr, 45 mg cap dr)</i>                                     | Tier 3               |                    |
| <i>gemfibrozil 600 mg tab</i>  | Tier 2               |                    |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS  |                      |                    |
| <i>atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>                 | Tier 1               |                    |
| <i>fluvastatin sodium (20 mg cap, 40 mg cap)</i>   | Tier 1               |                    |
| <i>fluvastatin sodium er 80 mg tab er 24h</i>  | Tier 2               |                    |
| <i>lovastatin (10 mg tab, 20 mg tab, 40 mg tab)</i>                                      | Tier 1               |                    |
| <i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>                   | Tier 1               |                    |
| <i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab)</i>                  | Tier 1               |                    |
| <i>simvastatin (10 mg tab, 20 mg tab, 40 mg tab, 5 mg tab, 80 mg tab)</i>                | Tier 1               |                    |
| DYSLIPIDEMICS, OTHER   |                      |                    |
| <i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>                                    | Tier 3               |                    |
| <i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>                              | Tier 3               |                    |
| <i>colesevelam hcl (3.75 gm packet, 625 mg tab)</i>                                      | Tier 4               |                    |
| <i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>                             | Tier 2               |                    |
| <i>ezetimibe 10 mg tab</i>   | Tier 2               |                    |
| <i>ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)</i>    | Tier 2               |                    |
| <i>icosapent ethyl 0.5 gm cap</i>  | Tier 4               | QL (8 PER 1 DAYS)  |
| <i>icosapent ethyl 1 gm cap</i>  | Tier 4               | QL (4 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。

## CARDIOVASCULAR AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额               |
|---|----------------------|----------------------------------|
| NIACIN (ANTIHYPERLIPIDEMIC)<br>500 MG TAB   | Tier 4               |                                  |
| <i>niacin er (antihyperlipidemic)</i><br><i>(1000 mg tab er, 750 mg tab er)</i>   | Tier 3               | QL (2 PER 1 DAYS)                |
| <i>niacin er (antihyperlipidemic) 500</i><br><i>mg tab er</i>   | Tier 3               | QL (4 PER 1 DAYS)                |
| NIACOR 500 MG TAB   | Tier 4               |                                  |
| <i>omega-3-acid ethyl esters 1 gm</i><br><i>cap</i>   | Tier 3               | QL (4 PER 1 DAYS)                |
| <i>prevalite (4 gm packet, 4 gm/dose</i><br><i>powder)</i>  | Tier 3               |                                  |
| REPATHA 140 MG/ML SOLN<br>PRSYR   | Tier 3               | PA, QL (2 PER 28 OVER<br>TIME)   |
| REPATHA PUSHTRONEX SYSTEM<br>420 MG/3.5ML SOLN CART   | Tier 3               | PA, QL (3.5 PER 28 OVER<br>TIME) |
| REPATHA SURECLICK 140 MG/ML<br>SOLN A-INJ   | Tier 3               | PA, QL (2 PER 28 OVER<br>TIME)   |
| VASODILATORS, DIRECT-ACTING ARTERIAL  |                      |                                  |
| <i>hydralazine hcl (10 mg tab, 100 mg</i><br><i>tab, 25 mg tab, 50 mg tab)</i>  | Tier 2               |                                  |
| <i>minoxidil (10 mg tab, 2.5 mg tab)</i>  | Tier 2               |                                  |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS   |                      |                                  |
| <i>isosorbide dinitrate (10 mg tab, 20</i><br><i>mg tab, 30 mg tab, 5 mg tab)</i>   | Tier 2               |                                  |
| <i>isosorbide mononitrate (10 mg tab,</i><br><i>20 mg tab)</i>  | Tier 2               |                                  |
| <i>isosorbide mononitrate er (120 mg</i><br><i>tab er 24h, 30 mg tab er 24h, 60</i><br><i>mg tab er 24h)</i>                                | Tier 2               |                                  |
| <i>minitran (0.1 mg/hr patch 24hr, 0.2</i><br><i>mg/hr patch 24hr, 0.4 mg/hr</i><br><i>patch 24hr, 0.6 mg/hr patch 24hr)</i>                | Tier 2               |                                  |
| NITRO-BID 2 % OINTMENT  | Tier 3               |                                  |
| <i>nitroglycerin (0.1 mg/hr patch</i><br><i>24hr, 0.2 mg/hr patch 24hr, 0.4</i><br><i>mg/hr patch 24hr, 0.6 mg/hr</i><br><i>patch 24hr)</i> | 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。



## CARDIOVASCULAR AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额       |
|--|----------------------|--------------------------|
| <i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.6 mg sl tab)</i> | Tier 3               |                          |
| <i>nitroglycerin 0.4 % ointment</i>                                | Tier 4               | QL (30 PER 30 OVER TIME) |
| NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB)            | Tier 3               |                          |

## CENTRAL NERVOUS SYSTEM AGENTS

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

## CENTRAL NERVOUS SYSTEM AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|--|----------------------|-----------------------|
| <i>dextroamphetamine sulfate er 5 mg cap er 24h</i>  | Tier 2               | QL (12 PER 1 DAYS)    |
| <i>zenzedi (10 mg tab, 5 mg tab)</i>   | Tier 2               | QL (6 PER 1 DAYS)     |
| <i>zenzedi 15 mg tab</i>   | Tier 2               | QL (4 PER 1 DAYS)     |
| <i>zenzedi 20 mg tab</i>   | Tier 2               | QL (3 PER 1 DAYS)     |
| <i>zenzedi 30 mg tab</i>   | Tier 2               | QL (2 PER 1 DAYS)     |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES  |                      |                       |
| <i>atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap)</i>   | Tier 3               | QL (4 PER 1 DAYS)     |
| <i>atomoxetine hcl (100 mg cap, 60 mg cap, 80 mg cap)</i>  | Tier 3               | QL (1 PER 1 DAYS)     |
| <i>atomoxetine hcl 40 mg cap</i>   | Tier 3               | QL (2 PER 1 DAYS)     |
| <i>clonidine hcl er 0.1 mg tab er 12h</i>  | Tier 3               |                       |
| <i>dexmethylphenidate hcl (10 mg tab, 2.5 mg tab, 5 mg tab)</i>  | Tier 2               | QL (2 PER 1 DAYS)     |
| <i>guanfacine hcl er (1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h, 4 mg tab er 24h)</i>  | Tier 3               | QL (1 PER 1 DAYS)     |
| <i>methylphenidate hcl 10 mg tab</i>   | Tier 2               | QL (6 PER 1 DAYS)     |
| <i>methylphenidate hcl 20 mg tab</i>   | Tier 2               | QL (3 PER 1 DAYS)     |
| <i>methylphenidate hcl 5 mg tab</i>  | Tier 2               | QL (12 PER 1 DAYS)    |
| <i>methylphenidate hcl er 10 mg tab er</i>   | Tier 3               | QL (6 PER 1 DAYS)     |
| <i>methylphenidate hcl er 20 mg tab er</i>   | Tier 3               | QL (3 PER 1 DAYS)     |
| CENTRAL NERVOUS SYSTEM, OTHER  |                      |                       |
| AUSTEDO (12 MG TAB, 9 MG TAB)  | Tier 5               | PA, QL (4 PER 1 DAYS) |
| AUSTEDO 6 MG TAB   | Tier 5               | PA, QL (8 PER 1 DAYS) |
| AUSTEDO XR (12 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H, 6 MG TAB ER 24H) | Tier 5               | PA, QL (1 PER 1 DAYS) |
| AUSTEDO XR 24 MG TAB ER 24H  | Tier 5               | PA, 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。

## CENTRAL NERVOUS SYSTEM AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                             |
|---|----------------------|--|
| AUSTEDO XR PATIENT TITRATION<br>12 & 18 & 24 & 30 MG TBER THPK                      | Tier 5               | PA, QL (28 PER 28 DAYS)                        |
| AUSTEDO XR PATIENT TITRATION<br>6 & 12 & 24 MG TBER THPK                            | Tier 5               | PA, QL (42 PER 30 OVER<br>TIME)                |
| <i>bac 50-325-40 mg tab</i>   | Tier 3               | PA, QL (48 PER 30 OVER<br>TIME), NDS           |
| <i>butalbital-apap-caffeine 50-325-<br/>40 mg tab</i>                               | Tier 3               | PA, QL (48 PER 30 OVER<br>TIME), NDS           |
| INGREZZA (60 MG CAP, 80 MG<br>CAP)  | Tier 5               | PA, LA, QL (1 PER 1 DAYS)                      |
| INGREZZA 40 & 80 MG CAP THPK  | Tier 5               | PA, LA, QL (28 PER 28<br>OVER TIME)            |
| INGREZZA 40 MG CAP  | Tier 5               | PA, LA, QL (2 PER 1 DAYS)                      |
| <i>riluzole 50 mg tab</i>   | Tier 3               |  |
| <i>tetrabenazine 12.5 mg tab</i>  | Tier 5               | PA, LA, QL (8 PER 1<br>DAYS)                   |
| <i>tetrabenazine 25 mg tab</i>  | Tier 5               | PA, LA, QL (4 PER 1<br>DAYS)                   |
| FIBROMYALGIA AGENTS   |                      |  |
| DRIZALMA SPRINKLE (20 MG CAP<br>DR, 30 MG CAP DR)                                   | Tier 4               | QL (3 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY |
| DRIZALMA SPRINKLE (40 MG CAP<br>DR, 60 MG CAP DR)                                   | Tier 4               | QL (2 PER 1 DAYS), PA -<br>FOR NEW STARTS ONLY |
| <i>duloxetine hcl (20 mg cp dr part,<br/>60 mg cp dr part)</i>                      | Tier 2               | QL (2 PER 1 DAYS)                              |
| <i>duloxetine hcl 30 mg cp dr part</i>  | Tier 2               | QL (3 PER 1 DAYS)                              |
| <i>pregabalin (100 mg cap, 150 mg<br/>cap, 25 mg cap, 50 mg cap, 75 mg<br/>cap)</i> | Tier 3               | QL (3 PER 1 DAYS)                              |
| <i>pregabalin (200 mg cap, 225 mg<br/>cap, 300 mg cap)</i>                          | Tier 3               | QL (2 PER 1 DAYS)                              |
| <i>pregabalin 20 mg/ml solution</i>   | Tier 3               | QL (30 PER 1 DAYS)                             |
| MULTIPLE SCLEROSIS AGENTS   |                      |  |
| AVONEX PEN 30 MCG/0.5ML<br>AUT-IJ KIT   | Tier 5               | PA, QL (4 PER 28 OVER<br>TIME)                 |

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

## CENTRAL NERVOUS SYSTEM AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额              |
|---|----------------------|---------------------------------|
| AVONEX PREFILLED 30 MCG/0.5ML PEF SY KT                           | Tier 5               | PA, QL (4 PER 28 OVER TIME)     |
| BETASERON 0.3 MG KIT  | Tier 5               | PA, QL (15 PER 30 OVER TIME)    |
| <i>dalfampridine er 10 mg tab er 12h</i>                          | Tier 3               | PA, QL (2 PER 1 DAYS)           |
| <i>dimethyl fumarate (120 mg cap dr, 240 mg cap dr)</i>           | Tier 5               | PA, QL (2 PER 1 DAYS)           |
| <i>dimethyl fumarate starter pack 120 &amp; 240 mg cpdr thpk</i>  | Tier 5               | PA, QL (2 PER 1 DAYS)           |
| EXTAVIA 0.3 MG KIT  | Tier 5               | PA, QL (15 PER 30 OVER TIME)    |
| <i>fingolimod hcl 0.5 mg cap</i>                                  | Tier 5               | PA, QL (1 PER 1 DAYS)           |
| <i>glatiramer acetate 20 mg/ml soln prsyr</i>                     | Tier 5               | PA, QL (30 PER 30 OVER TIME)    |
| PLEGRIDY (125 MCG/0.5ML SOLN A-INJ, 125 MCG/0.5ML SOLN PRSYR)     | Tier 5               | PA, LA                          |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN A-INJ                | Tier 5               | PA, LA                          |
| PLEGRIDY STARTER PACK 63 & 94 MCG/0.5ML SOLN PRSYR                | Tier 5               | PA, LA, QL (1 PER 28 OVER TIME) |
| REBIF (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)          | Tier 5               | PA, QL (6 PER 28 OVER TIME)     |
| REBIF REBIDOSE (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ) | Tier 5               | PA, QL (6 PER 28 OVER TIME)     |
| REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ         | Tier 5               | PA, QL (4.2 PER 28 OVER TIME)   |
| REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR                  | Tier 5               | PA, QL (4.2 PER 28 OVER TIME)   |
| <i>teriflunomide (14 mg tab, 7 mg tab)</i>                        | Tier 4               | PA, QL (1 PER 1 DAYS)           |
| TYSABRI 300 MG/15ML CONC  | Tier 5               | PA, LA                          |

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。

## DENTAL AND ORAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| DENTAL AND ORAL AGENTS                         |                      |                                |
| <i>chlorhexidine gluconate 0.12 % solution</i> | Tier 2               |                                |
| KEPIVANCE 6.25 MG RECON SOLN                   | Tier 5               | PA - PART B VS D DETERMINATION |
| <i>kourzeq 0.1 % paste</i>                     | Tier 3               |                                |
| <i>oralone 0.1 % paste</i>                     | Tier 3               |                                |
| <i>paroex 0.12 % solution</i>                  | Tier 2               |                                |
| <i>periogard 0.12 % solution</i>               | Tier 2               |                                |
| <i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>  | Tier 2               |                                |
| <i>triamcinolone acetonide 0.1 % paste</i>     | Tier 3               |                                |

## DERMATOLOGICAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| ACNE AND ROSACEA AGENTS  |                      |                    |
| <i>accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>     | Tier 4               |                    |
| <i>acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)</i>             | Tier 4               |                    |
| <i>adapalene 0.1 % gel</i>                                       | Tier 4               | PA                 |
| <i>amnestem (10 mg cap, 20 mg cap, 40 mg cap)</i>                | Tier 4               |                    |
| <i>avita (0.025 % cream, 0.025 % gel)</i>                        | Tier 3               | PA                 |
| <i>claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>     | Tier 4               |                    |
| <i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i> | Tier 4               |                    |
| <i>myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>     | Tier 4               |                    |
| <i>tazarotene (0.05 % cream, 0.1 % cream)</i>                    | 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。

## DERMATOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| TAZORAC 0.05 % CREAM  | Tier 4               |                    |
| <i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.1 % cream)</i>      | Tier 3               | PA                 |
| <i>zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>                              | Tier 4               |                    |
| DERMATITIS AND PRURITUS AGENTS  |                      |                    |
| <i>ala-cort (1 % cream, 2.5 % cream)</i>  | Tier 2               |                    |
| <i>alclometasone dipropionate 0.05 % ointment</i>   | Tier 2               |                    |
| <i>ammonium lactate (12 % cream, 12 % lotion)</i>   | Tier 2               |                    |
| <i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion)</i>                           | Tier 2               |                    |
| <i>betamethasone dipropionate aug (0.05 % gel, 0.05 % ointment)</i>                       | Tier 3               |                    |
| <i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment)</i>                 | Tier 2               |                    |
| <i>clobetasol prop emollient base 0.05 % cream</i>  | Tier 4               |                    |
| <i>clobetasol propionate (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i> | Tier 4               |                    |
| <i>desonide (0.05 % cream, 0.05 % ointment)</i>   | Tier 4               |                    |
| <i>desoximetasone (0.25 % cream, 0.25 % ointment)</i>                                     | Tier 4               |                    |
| <i>fluocinolone acetonide (0.01 % cream, 0.025 % cream, 0.025 % ointment)</i>             | Tier 2               |                    |
| <i>fluocinolone acetonide 0.01 % solution</i>   | Tier 4               |                    |
| <i>fluocinolone acetonide body 0.01 % oil</i>   | Tier 4               |                    |
| <i>fluocinolone acetonide scalp 0.01 % oil</i>  | Tier 4               |                    |
| <i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)</i>          | Tier 3               |                    |

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

## DERMATOLOGICAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额        |
|--|----------------------|---------------------------|
| <i>fluocinonide emulsified base 0.05 % cream</i>   | Tier 2               |                           |
| <i>fluticasone propionate (0.005 % ointment, 0.05 % cream)</i>   | Tier 2               |                           |
| <i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>  | Tier 2               | QL (200 PER 28 OVER TIME) |
| <i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>   | Tier 2               |                           |
| <i>hydrocortisone (perianal) (1 % cream, 2.5 % cream)</i>  | Tier 2               |                           |
| HYDROCORTISONE BUTYRATE 0.1 % SOLUTION   | Tier 4               | ST                        |
| <i>hydrocortisone valerate 0.2 % cream</i>   | Tier 2               | ST                        |
| <i>mometasone furoate 0.1 % solution</i>   | Tier 2               |                           |
| <i>procto-med hc 2.5 % cream</i>   | Tier 2               |                           |
| <i>procto-pak 1 % cream</i>  | Tier 2               |                           |
| <i>proctosol hc 2.5 % cream</i>  | Tier 2               |                           |
| <i>proctozone-hc 2.5 % cream</i>   | Tier 2               |                           |
| <i>selenium sulfide 2.5 % lotion</i>   | Tier 2               |                           |
| <i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>  | Tier 3               | QL (100 PER 30 OVER TIME) |
| <i>triamcinolone acetonide (0.025 % cream, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)</i> | Tier 2               |                           |
| <i>triamcinolone acetonide 0.025 % lotion</i>  | Tier 3               |                           |
| <i>triderm (0.1 % cream, 0.5 % cream)</i>  | Tier 2               |                           |
| DERMATOLOGICAL AGENTS, OTHER   |                      |                           |
| <i>calcipotriene (0.005 % cream, 0.005 % ointment)</i>   | Tier 4               |                           |
| <i>calcipotriene 0.005 % solution</i>  | Tier 3               |                           |
| <i>calcitrene 0.005 % ointment</i>   | Tier 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。

## DERMATOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| <i>clotrimazole-betamethasone 1-0.05 % cream</i>  | Tier 2               |                                |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i>   | Tier 4               |                                |
| <i>diclofenac sodium 3 % gel</i>  | Tier 4               | PA, QL (100 PER 30 OVER TIME)  |
| <i>fluorouracil (2 % solution, 5 % cream, 5 % solution)</i>                               | Tier 2               |                                |
| <i>imiquimod 5 % cream</i>  | Tier 2               | QL (24 PER 30 OVER TIME)       |
| <i>nystatin-triamcinolone (100000-0.1 unit/gm-% cream, 100000-0.1 unit/gm-% ointment)</i> | Tier 4               |                                |
| OTEZLA (20 MG TAB, 30 MG TAB)   | Tier 5               | PA, QL (2 PER 1 DAYS)          |
| <i>podofilox 0.5 % solution</i>   | Tier 2               |                                |
| REGRANEX 0.01 % GEL   | Tier 5               | PA, QL (15 PER 2 OVER TIME)    |
| SANTYL 250 UNIT/GM OINTMENT   | Tier 4               | QL (180 PER 30 OVER TIME)      |
| <i>silver sulfadiazine 1 % cream</i>  | Tier 2               |                                |
| SKYRIZI 600 MG/10ML SOLUTION  | Tier 5               | PA, QL (30 PER 365 OVER TIME)  |
| <i>ssd 1 % cream</i>  | Tier 2               |                                |
| STELARA 130 MG/26ML SOLUTION  | Tier 5               | PA, QL (104 PER 365 OVER TIME) |
| TOLAK 4 % CREAM   | Tier 3               |                                |
| PEDICULICIDES/SCABICIDES  |                      |                                |
| LINDANE 1 % SHAMPOO   | Tier 4               |                                |
| <i>malathion 0.5 % lotion</i>   | Tier 4               |                                |
| <i>permethrin 5 % cream</i>   | Tier 2               |                                |
| TOPICAL ANTI-INFECTIVES   |                      |                                |
| <i>acyclovir 5 % ointment</i>   | Tier 4               | PA, QL (30 PER 30 OVER TIME)   |
| <i>ciclodan 8 % solution</i>  | 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。



## DERMATOLOGICAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>ciclopirox 8 % solution</i>                                   | Tier 2               |                    |
| <i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution)</i> | Tier 2               |                    |
| ERY 2 % PAD  | Tier 3               |                    |
| <i>erythromycin 2 % gel</i>                                      | Tier 4               |                    |
| <i>erythromycin 2 % solution</i>                                 | Tier 2               |                    |
| <i>mupirocin 2 % ointment</i>                                    | Tier 2               |                    |
| SULFAMYLON 85 MG/GM CREAM  | Tier 4               |                    |

## ELECTROLYTES/MINERALS/METALS/VITAMINS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额              |
|--|----------------------|---------------------------------|
| ELECTROLYTE/MINERAL REPLACEMENT  |                      |                                 |
| <i>carglumic acid 200 mg tab sol</i>   | Tier 5               | PA, LA                          |
| CRYSVITA 10 MG/ML SOLUTION   | Tier 5               | PA, LA, QL (2 PER 28 OVER TIME) |
| CRYSVITA 20 MG/ML SOLUTION   | Tier 5               | PA, LA, QL (8 PER 28 OVER TIME) |
| CRYSVITA 30 MG/ML SOLUTION   | Tier 5               | PA, LA, QL (6 PER 28 OVER TIME) |
| FREAMINE III 10 % SOLUTION   | Tier 4               | PA - PART B VS D DETERMINATION  |
| HEPATAMINE 8 % SOLUTION  | Tier 4               | PA - PART B VS D DETERMINATION  |
| INTRALIPID (20 % EMULSION, 30 % EMULSION)  | Tier 4               | PA - PART B VS D DETERMINATION  |
| <i>kcl in dextrose-nacl (20-5-0.2 meq/l-%-% solution, 20-5-0.225 meq/l-%-% solution, 20-5-0.45 meq/l-%-% solution, 20-5-0.9 meq/l-%-% solution, 40-5-0.9 meq/l-%-% solution)</i> | Tier 4               |                                 |
| <i>klor-con 10 10 meq tab er</i>   | Tier 2               |                                 |
| <i>klor-con 8 meq tab er</i>   | Tier 2               |                                 |

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

**ELECTROLYTES/MINERALS/METALS/VITAMINS**

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| <i>klor-con m10 10 meq tab er</i>   | Tier 2               |                                |
| <i>klor-con m15 15 meq tab er</i>   | Tier 2               |                                |
| <i>klor-con m20 20 meq tab er</i>   | Tier 2               |                                |
| <i>klor-con sprinkle (10 meq cap er, 8 meq cap er)</i>  | Tier 2               |                                |
| <i>magnesium sulfate 50 % solution</i>  | Tier 4               |                                |
| NORMOSOL-M IN D5W SOLUTION  | Tier 4               |                                |
| NUTRILIPID 20 % EMULSION  | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>potassium chloride (10 % solution, 10 meq/100ml solution, 2 meq/ml solution, 20 meq/100ml solution, 20 meq/15ml (10%) solution, 40 meq/100ml solution, 40 meq/15ml (20%) solution)</i> | Tier 4               |                                |
| <i>potassium chloride crys er (10 meq tab er, 15 meq tab er, 20 meq tab er)</i>   | Tier 2               |                                |
| <i>potassium chloride er (10 meq cap er, 10 meq tab er, 15 meq tab er, 20 meq tab er, 8 meq cap er, 8 meq tab er)</i>   | Tier 2               |                                |
| <i>potassium chloride in nacl (20-0.9 meq/l-% solution, 40-0.9 meq/l-% solution)</i>  | Tier 4               |                                |
| <i>potassium citrate er (10 meq (1080 mg) tab er, 15 meq (1620 mg) tab er, 5 meq (540 mg) tab er)</i>   | Tier 3               |                                |
| PREMASOL 10 % SOLUTION  | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>sodium chloride (0.45 % solution, 0.9 % solution, 2.5 meq/ml solution, 3 % solution, 5 % solution)</i>   | Tier 4               |                                |
| <i>sodium chloride (pf) 0.9 % solution</i>  | Tier 4               |                                |
| TRAVASOL 10 % SOLUTION  | Tier 4               | PA - PART B VS D DETERMINATION |
| TROPHAMINE 10 % SOLUTION  | 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。

## ELECTROLYTES/MINERALS/METALS/VITAMINS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额     |
|---|----------------------|------------------------|
| ELECTROLYTE/MINERAL/METAL MODIFIERS   |                      |                        |
| <i>clovique 250 mg cap</i>  | Tier 5               | PA, QL (8 PER 1 DAYS)  |
| <i>deferasirox (180 mg tab, 250 mg tab sol, 360 mg tab, 500 mg tab sol)</i>   | Tier 5               |                        |
| <i>deferasirox 125 mg tab sol</i>   | Tier 3               |                        |
| <i>deferasirox 90 mg tab</i>  | Tier 4               |                        |
| <i>trientine hcl 250 mg cap</i>   | Tier 5               | PA, QL (8 PER 1 DAYS)  |
| TRIENTINE HCL 500 MG CAP  | Tier 5               | PA, QL (4 PER 1 DAYS)  |
| PHOSPHATE BINDERS   |                      |                        |
| AURYXIA 1 GM 210 MG(Fe) TAB   | Tier 4               | PA, QL (12 PER 1 DAYS) |
| <i>calcium acetate (phos binder) (667 mg cap, 667 mg tab)</i>                 | Tier 2               |                        |
| <i>calcium acetate 667 mg tab</i>   | Tier 2               |                        |
| <i>sevelamer carbonate 800 mg tab</i>   | Tier 3               |                        |
| POTASSIUM BINDERS   |                      |                        |
| <i>kionex 15 gm/60ml suspension</i>   | Tier 2               |                        |
| <i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>           | Tier 2               |                        |
| SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION) | Tier 2               |                        |
| VELTASSA (1 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET, 8.4 GM PACKET)         | Tier 3               |                        |
| VITAMINS  |                      |                        |
| <i>dextrose (10 % solution, 5 % solution)</i>                                 | Tier 4               |                        |
| <i>dextrose in lactated ringers 5 % solution</i>                              | 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。

## ELECTROLYTES/MINERALS/METALS/VITAMINS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| <i>dextrose-sodium chloride (10-0.2 % solution, 10-0.45 % solution, 2.5-0.45 % solution, 5-0.2 % solution, 5-0.225 % solution, 5-0.3 % solution, 5-0.33 % solution, 5-0.45 % solution, 5-0.9 % solution)</i> | Tier 4               |                                |
| KCL-LACTATED RINGERS-D5W 20 MEQ/L SOLUTION   | Tier 4               |                                |
| <i>lactated ringers solution</i>   | Tier 4               |                                |
| <i>levocarnitine 330 mg tab</i>  | Tier 2               |                                |
| <i>nafrinse 2.2 (1 f) mg chew tab</i>  | Tier 2               |                                |
| <i>potassium chloride in dextrose 20-5 meq/l-% solution</i>  | Tier 4               |                                |
| <i>prenatal vitamins</i>   | Tier 3               |                                |
| <i>ringers solution</i>  | Tier 4               |                                |
| <i>ringers irrigation solution</i>   | Tier 2               |                                |
| SMOFLIPID 20 % EMULSION  | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>   | Tier 2               |                                |
| <i>tis-u-sol solution</i>  | Tier 2               |                                |
| TPN ELECTROLYTES CONC  | Tier 4               | PA - PART B VS D DETERMINATION |

## GASTROINTESTINAL AGENTS

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

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

## GASTROINTESTINAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额        |
|---|----------------------|---------------------------|
| <i>lactulose (10 gm/15ml solution, 20 gm/30ml solution)</i>         | Tier 2               |                           |
| <i>lactulose encephalopathy 10 gm/15ml solution</i>                 | Tier 2               |                           |
| LINZESS (145 MCG CAP, 290 MCG CAP, 72 MCG CAP)                      | Tier 3               | QL (1 PER 1 DAYS)         |
| <i>lubiprostone (24 mcg cap, 8 mcg cap)</i>                         | Tier 3               | QL (2 PER 1 DAYS)         |
| MOVANTI <sup>K</sup> (12.5 MG TAB, 25 MG TAB)                       | Tier 3               | QL (1 PER 1 DAYS)         |
| <i>na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution</i> | Tier 3               |                           |
| NULYTELY LEMON-LIME 420 GM RECON SOLN                               | Tier 3               |                           |
| NULYTELY WITH FLAVOR PACKS 420 GM RECON SOLN                        | Tier 3               |                           |
| <i>peg 3350-kcl-na bicarb-nacl 420 gm recon soln</i>                | Tier 2               |                           |
| PLENVU 140 GM RECON SOLN  | Tier 3               |                           |
| RELISTOR (12 MG/0.6ML SOLUTION, 8 MG/0.4ML SOLUTION)                | Tier 5               | PA                        |
| <i>trilyte 420 gm recon soln</i>                                    | Tier 2               |                           |
| ANTI-DIARRHEAL AGENTS   |                      |                           |
| <i>alosetron hcl (0.5 mg tab, 1 mg tab)</i>                         | Tier 4               | PA                        |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i>                      | Tier 2               |                           |
| DIPHENOXYLATE-ATROPINE 2.5-0.025 MG/5ML LIQUID                      | Tier 4               |                           |
| <i>loperamide hcl 2 mg cap</i>                                      | Tier 2               |                           |
| XERMELO 250 MG TAB  | Tier 5               | PA, LA, QL (3 PER 1 DAYS) |
| ANTISPASMODICS, GASTROINTESTINAL                                    |                      |                           |
| <i>dicyclomine hcl (10 mg cap, 20 mg tab)</i>                       | Tier 2               | PA                        |

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

## GASTROINTESTINAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额               |
|---|----------------------|----------------------------------|
| <i>glycopyrrolate (1 mg tab, 2 mg tab)</i>                          | Tier 2               |                                  |
| GASTROINTESTINAL AGENTS, OTHER                                      |                      |                                  |
| GATTEX 5 MG KIT   | Tier 5               | PA, LA                           |
| GAVILYTE-C 240 GM RECON SOLN  | Tier 2               |                                  |
| <i>gavilyte-g 236 gm recon soln</i>                                 | Tier 2               |                                  |
| GOLYTELY 236 GM RECON SOLN  | Tier 3               |                                  |
| MYALEPT 11.3 MG RECON SOLN  | Tier 5               | PA, LA, QL (60 PER 30 OVER TIME) |
| <i>peg-3350/electrolytes 236 gm recon soln</i>                      | Tier 2               |                                  |
| 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)    |
| <i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>                | Tier 2               |                                  |
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS                                |                      |                                  |
| <i>cimetidine (200 mg tab, 300 mg tab, 400 mg tab, 800 mg tab)</i>  | Tier 2               |                                  |
| <i>cimetidine hcl (300 mg/5ml solution, 400 mg/6.67ml solution)</i> | Tier 2               |                                  |
| <i>famotidine (20 mg tab, 40 mg tab)</i>                            | Tier 2               |                                  |
| NIZATIDINE (150 MG CAP, 300 MG CAP)                                 | Tier 2               |                                  |
| PROTECTANTS   |                      |                                  |
| <i>misoprostol (100 mcg tab, 200 mcg tab)</i>                       | Tier 2               |                                  |
| <i>sucralfate 1 gm tab</i>  | Tier 2               |                                  |
| PROTON PUMP INHIBITORS  |                      |                                  |
| <i>lansoprazole 15 mg cap dr</i>                                    | Tier 2               |                                  |
| <i>lansoprazole 30 mg cap dr</i>                                    | Tier 2               | QL (2 PER 1 DAYS)                |

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

## GASTROINTESTINAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>omeprazole (10 mg cap dr, 20 mg cap dr)</i> | Tier 2               |                    |
| <i>omeprazole 40 mg cap dr</i>                 | Tier 2               | QL (2 PER 1 DAYS)  |
| <i>pantoprazole sodium 20 mg tab dr</i>        | Tier 2               |                    |
| <i>pantoprazole sodium 40 mg tab dr</i>        | Tier 2               | QL (2 PER 1 DAYS)  |
| <i>rabeprazole sodium 20 mg tab dr</i>         | Tier 3               |                    |

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

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>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 |
| <i>betaine powder</i>   | Tier 5               |                                    |
| BYLVAY (PELLETS) 200 MCG CAP SPRINK   | Tier 5               | PA, LA, QL (30 PER 1 DAYS)         |
| BYLVAY (PELLETS) 600 MCG CAP SPRINK   | Tier 5               | PA, LA, QL (10 PER 1 DAYS)         |
| BYLVAY 1200 MCG CAP   | Tier 5               | PA, LA, QL (6 PER 1 DAYS)          |
| BYLVAY 400 MCG CAP  | Tier 5               | PA, LA, QL (18 PER 1 DAYS)         |
| CERDELGA 84 MG CAP  | Tier 5               | PA, LA, QL (2 PER 1 DAYS)          |
| CEREZYME 400 UNIT RECON SOLN  | Tier 5               | PA, LA                             |
| CHOLBAM 250 MG CAP  | Tier 5               | PA, QL (5 PER 1 DAYS)              |
| CHOLBAM 50 MG CAP   | Tier 5               | PA, QL (4 PER 1 DAYS)              |
| 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               |                                    |

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

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

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                 |
|---|----------------------|------------------------------------|
| <i>cromolyn sodium 100 mg/5ml conc</i>  | Tier 4               |                                    |
| CYSTAGON (150 MG CAP, 50 MG CAP)  | Tier 4               | PA, LA                             |
| CYSTARAN 0.44 % SOLUTION  | Tier 5               | PA, LA, QL (60 PER 28 OVER TIME)   |
| <i>javygtor (100 mg packet, 100 mg tab, 500 mg packet)</i>  | Tier 5               | PA                                 |
| <i>l-glutamine 5 gm packet</i>  | Tier 5               | PA, QL (6 PER 1 DAYS)              |
| <i>miglustat 100 mg cap</i>   | Tier 5               | PA, LA, QL (3 PER 1 DAYS)          |
| NAGLAZYME 1 MG/ML SOLUTION  | Tier 5               | LA, PA - PART B VS D DETERMINATION |
| <i>nitisinone (10 mg cap, 2 mg cap, 5 mg cap)</i>   | Tier 5               | PA                                 |
| PROCYSBI (25 MG CAP DR, 75 MG CAP DR)   | Tier 5               | PA, LA                             |
| PROLASTIN-C (1000 MG RECON SOLN, 1000 MG/20ML SOLUTION)   | Tier 5               | LA, PA - PART B VS D DETERMINATION |
| <i>sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)</i>   | Tier 5               | PA                                 |
| <i>sodium phenylbutyrate (3 gm/tsp powder, 500 mg tab)</i>  | Tier 5               | PA                                 |
| STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION)   | Tier 5               | PA, LA                             |
| STRENSIQ 80 MG/0.8ML SOLUTION   | Tier 5               | PA, LA, QL (38.4 PER 28 OVER TIME) |
| <i>yargesa 100 mg cap</i>   | Tier 5               | PA, QL (3 PER 1 DAYS)              |
| 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 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。



## GENITOURINARY AGENTS

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

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) |                      |                    |
| <i>alclometasone dipropionate 0.05<br/>% cream</i>         | 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。

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)**

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                          |
|--|----------------------|---|
| <i>betamethasone dipropionate 0.05 % ointment</i>  | Tier 2               |   |
| <i>betamethasone dipropionate aug (0.05 % cream, 0.05 % lotion)</i>  | Tier 2               |   |
| <i>clobetasol prop emollient base 0.05 % cream</i>   | Tier 4               |   |
| <i>clobetasol propionate e 0.05 % cream</i>  | Tier 4               |   |
| CORTISONE ACETATE 25 MG TAB  | Tier 4               |   |
| CORTROPHIN 80 UNIT/ML GEL  | Tier 5               | PA, LA                                      |
| <i>decadron (0.5 mg tab, 0.75 mg tab, 4 mg tab, 6 mg tab)</i>  | Tier 2               |   |
| <i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i> | Tier 2               |   |
| DEXAMETHASONE SOD PHOS +RFID 4 MG/ML SOLN PRSYR  | Tier 4               |   |
| <i>dexamethasone sod phosphate pf 10 mg/ml solution</i>  | Tier 4               | PA - PART B VS D DETERMINATION              |
| <i>dexamethasone sodium phosphate (10 mg/ml solution, 100 mg/10ml solution)</i>  | Tier 4               | PA - PART B VS D DETERMINATION              |
| <i>dexamethasone sodium phosphate (120 mg/30ml solution, 20 mg/5ml solution, 4 mg/ml soln prsy, 4 mg/ml solution)</i>                      | Tier 4               |   |
| <i>fludrocortisone acetate 0.1 mg tab</i>  | Tier 2               |   |
| HEMADY 20 MG TAB   | Tier 4               | QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| <i>hydrocortisone butyrate 0.1 % ointment</i>  | Tier 4               | ST  |
| <i>hydrocortisone valerate 0.2 % ointment</i>  | Tier 2               |   |
| <i>methylprednisolone (16 mg tab, 32 mg tab, 4 mg tab, 4 mg tab thpk, 8 mg tab)</i>  | 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。

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| <i>methylprednisolone acetate (40 mg/ml suspension, 80 mg/ml suspension)</i>                                | Tier 4               |                                |
| <i>methylprednisolone sodium succ 125 mg recon soln</i>   | Tier 4               | PA - PART B VS D DETERMINATION |
| <i>methylprednisolone sodium succ 40 mg recon soln</i>  | Tier 4               |                                |
| <i>mifepristone 300 mg tab</i>  | Tier 5               | PA, QL (4 PER 1 DAYS)          |
| <i>mometasone furoate (0.1 % cream, 0.1 % ointment)</i>   | Tier 2               |                                |
| <i>prednisolone 15 mg/5ml solution</i>  | Tier 2               |                                |
| <i>prednisolone sodium phosphate (15 mg/5ml solution, 25 mg/5ml solution, 6.7 (5 base) mg/5ml solution)</i> | Tier 2               |                                |
| <i>prednisone (1 mg tab, 10 mg tab, 2.5 mg tab, 20 mg tab, 5 mg tab, 5 mg/5ml solution, 50 mg tab)</i>      | Tier 2               |                                |
| PREDNISONE INTENSOL 5 MG/ML CONC  | Tier 3               |                                |

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额               |
|--|----------------------|----------------------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) |                      |                                  |
| <i>desmopressin ace spray refrig 0.01 % solution</i>         | Tier 4               |                                  |
| <i>desmopressin acetate (0.1 mg tab, 0.2 mg tab)</i>         | Tier 2               |                                  |
| <i>desmopressin acetate 4 mcg/ml solution</i>                | Tier 4               |                                  |
| <i>desmopressin acetate pf 4 mcg/ml solution</i>             | Tier 4               |                                  |
| <i>desmopressin acetate spray 0.01 % solution</i>            | Tier 4               |                                  |
| EGRIFTA SV 2 MG RECON SOLN                                   | Tier 5               | PA, LA, QL (30 PER 30 OVER TIME) |

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

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| GENOTROPIN (12 MG CARTRIDGE,<br>5 MG CARTRIDGE)  | Tier 5               | PA                 |
| GENOTROPIN MINIQUICK (0.2 MG<br>PRSYR, 0.4 MG PRSYR, 0.6 MG<br>PRSYR, 0.8 MG PRSYR, 1 MG<br>PRSYR, 1.2 MG PRSYR, 1.4 MG<br>PRSYR, 1.6 MG PRSYR, 1.8 MG<br>PRSYR, 2 MG PRSYR) | Tier 5               | PA                 |
| INCRELEX 40 MG/4ML SOLUTION  | Tier 5               | PA, LA             |
| OMNITROPE (10 MG/1.5ML SOLN<br>CART, 5 MG/1.5ML SOLN CART, 5.8<br>MG RECON SOLN)   | Tier 5               | PA                 |

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额               |
|--|----------------------|----------------------------------|
| ANABOLIC STEROIDS  |                      |                                  |
| ANADROL-50 50 MG TAB   | Tier 5               |                                  |
| <i>oxandrolone (10 mg tab, 2.5 mg<br/>tab)</i>   | Tier 3               |                                  |
| ANDROGENS  |                      |                                  |
| <i>danazol (100 mg cap, 200 mg cap,<br/>50 mg cap)</i>                                       | Tier 4               |                                  |
| <i>depo-testosterone (100 mg/ml<br/>solution, 200 mg/ml solution)</i>                        | Tier 2               |                                  |
| <i>testosterone (12.5 mg/act (1%) gel,<br/>25 mg/2.5gm (1%) gel, 50 mg/5gm<br/>(1%) gel)</i> | Tier 3               | PA, QL (300 PER 30<br>OVER TIME) |
| <i>testosterone cypionate (100 mg/ml<br/>solution, 200 mg/ml solution)</i>                   | Tier 2               |                                  |
| TESTOSTERONE ENANTHATE 200<br>MG/ML SOLUTION   | Tier 4               | QL (5 PER 30 OVER<br>TIME)       |
| ESTROGENS  |                      |                                  |
| <i>afirmelle 0.1-20 mg-mcg tab</i>   | Tier 2               |                                  |
| <i>altavera 0.15-30 mg-mcg tab</i>   | 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>alyacen 1/35 1-35 mg-mcg tab</i>            | Tier 2               |                    |
| <i>alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>  | Tier 2               |                    |
| <i>apri 0.15-30 mg-mcg tab</i>                 | Tier 2               |                    |
| <i>aranelle 0.5/1/0.5-35 mg-mcg tab</i>        | Tier 3               |                    |
| <i>abra 0.1-20 mg-mcg tab</i>                  | Tier 2               |                    |
| <i>abra eq 0.1-20 mg-mcg tab</i>               | Tier 2               |                    |
| <i>aurovela 1.5/30 1.5-30 mg-mcg tab</i>       | Tier 2               |                    |
| <i>aurovela 1/20 1-20 mg-mcg tab</i>           | Tier 2               |                    |
| <i>aurovela fe 1.5/30 1.5-30 mg-mcg tab</i>    | Tier 2               |                    |
| <i>aurovela fe 1/20 1-20 mg-mcg tab</i>        | Tier 2               |                    |
| <i>aviane 0.1-20 mg-mcg tab</i>                | Tier 2               |                    |
| <i>ayuna 0.15-30 mg-mcg tab</i>                | Tier 2               |                    |
| <i>azurette 0.15-0.02/0.01 mg (21/5) tab</i>   | Tier 2               |                    |
| <i>balziva 0.4-35 mg-mcg tab</i>               | Tier 2               |                    |
| <i>bekyree 0.15-0.02/0.01 mg (21/5) tab</i>    | Tier 2               |                    |
| <i>blisovi fe 1.5/30 1.5-30 mg-mcg tab</i>     | Tier 2               |                    |
| <i>blisovi fe 1/20 1-20 mg-mcg tab</i>         | Tier 2               |                    |
| <i>briellyn 0.4-35 mg-mcg tab</i>              | Tier 2               |                    |
| <i>caziant 0.1/0.125/0.15 -0.025 mg tab</i>    | Tier 2               |                    |
| <i>chateal 0.15-30 mg-mcg tab</i>              | Tier 2               |                    |
| <i>chateal eq 0.15-30 mg-mcg tab</i>           | Tier 2               |                    |
| <i>cryselle-28 0.3-30 mg-mcg tab</i>           | Tier 2               |                    |
| <i>cyclafem 1/35 1-35 mg-mcg tab</i>           | Tier 2               |                    |
| <i>cyclafem 7/7/7 0.5/0.75/1-35 mg-mcg tab</i> | Tier 2               |                    |
| <i>cyred 0.15-30 mg-mcg tab</i>                | 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额       |
|--|----------------------|--------------------------|
| <i>cyred eq 0.15-30 mg-mcg tab</i>   | Tier 2               |                          |
| <i>dasetta 1/35 1-35 mg-mcg tab</i>  | Tier 2               |                          |
| <i>dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>  | Tier 2               |                          |
| <i>delyla 0.1-20 mg-mcg tab</i>  | Tier 2               |                          |
| DEPO-ESTRADIOL 5 MG/ML OIL   | Tier 4               |                          |
| <i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>  | Tier 2               |                          |
| <i>dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>                            | Tier 3               | QL (16 PER 28 OVER TIME) |
| <i>drospirenone-ethinyl estradiol 3-0.02 mg tab</i>  | Tier 3               |                          |
| <i>drospirenone-ethinyl estradiol 3-0.03 mg tab</i>  | Tier 2               |                          |
| <i>elinest 0.3-30 mg-mcg tab</i>   | Tier 2               |                          |
| <i>eluryng 0.12-0.015 mg/24hr ring</i>   | Tier 4               | QL (1 PER 28 OVER TIME)  |
| <i>emoquette 0.15-30 mg-mcg tab</i>  | Tier 2               |                          |
| <i>enilloring 0.12-0.015 mg/24hr ring</i>  | Tier 4               | QL (1 PER 28 OVER TIME)  |
| <i>enpresse-28 50-30/75-40/125-30 mcg tab</i>  | Tier 2               |                          |
| <i>enskyce 0.15-30 mg-mcg tab</i>  | Tier 2               |                          |
| <i>estarylla 0.25-35 mg-mcg tab</i>  | Tier 2               |                          |
| <i>estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i>                        | Tier 3               | QL (16 PER 28 OVER TIME) |
| <i>estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk)</i> | Tier 2               | QL (8 PER 28 OVER TIME)  |
| <i>estradiol (0.1 mg/gm cream, 0.5 mg tab, 1 mg tab, 2 mg tab)</i>   | 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。

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

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额      |
|---|----------------------|-------------------------|
| <i>estradiol 10 mcg tab</i>                                   | Tier 3               |                         |
| ESTRING (2 MG RING, 7.5 MCG/24HR RING)                        | Tier 3               | QL (1 PER 84 OVER TIME) |
| <i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>          | Tier 2               |                         |
| <i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>          | Tier 3               |                         |
| <i>etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring</i> | Tier 4               | QL (1 PER 28 OVER TIME) |
| <i>falmina 0.1-20 mg-mcg tab</i>                              | Tier 2               |                         |
| <i>femynor 0.25-35 mg-mcg tab</i>                             | Tier 2               |                         |
| <i>fyavolv (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i>           | Tier 4               |                         |
| <i>gianvi 3-0.02 mg tab</i>                                   | Tier 3               |                         |
| <i>hailey 1.5/30 1.5-30 mg-mcg tab</i>                        | Tier 2               |                         |
| <i>hailey fe 1.5/30 1.5-30 mg-mcg tab</i>                     | Tier 2               |                         |
| <i>hailey fe 1/20 1-20 mg-mcg tab</i>                         | Tier 2               |                         |
| <i>haloette 0.12-0.015 mg/24hr ring</i>                       | Tier 4               | QL (1 PER 28 OVER TIME) |
| <i>iclevia 0.15-0.03 mg tab</i>                               | Tier 2               |                         |
| <i>introvale 0.15-0.03 mg tab</i>                             | Tier 2               |                         |
| <i>isibloom 0.15-30 mg-mcg tab</i>                            | Tier 2               |                         |
| <i>jasmiel 3-0.02 mg tab</i>                                  | Tier 3               |                         |
| <i>jinteli 1-5 mg-mcg tab</i>                                 | Tier 4               |                         |
| <i>jolessa 0.15-0.03 mg tab</i>                               | Tier 2               |                         |
| <i>juleber 0.15-30 mg-mcg tab</i>                             | Tier 2               |                         |
| <i>junel 1.5/30 1.5-30 mg-mcg tab</i>                         | Tier 2               |                         |
| <i>junel 1/20 1-20 mg-mcg tab</i>                             | Tier 2               |                         |
| <i>junel fe 1.5/30 1.5-30 mg-mcg tab</i>                      | Tier 2               |                         |
| <i>junel fe 1/20 1-20 mg-mcg tab</i>                          | Tier 2               |                         |
| <i>kalliga 0.15-30 mg-mcg tab</i>                             | Tier 2               |                         |
| <i>kariva 0.15-0.02/0.01 mg (21/5) tab</i>                    | 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>kelnor 1/35 1-35 mg-mcg tab</i>   | Tier 2               |                    |
| <i>kelnor 1/50 1-50 mg-mcg tab</i>   | Tier 3               |                    |
| <i>kurvelo 0.15-30 mg-mcg tab</i>  | Tier 2               |                    |
| <i>larin 1.5/30 1.5-30 mg-mcg tab</i>  | Tier 2               |                    |
| <i>larin 1/20 1-20 mg-mcg tab</i>  | Tier 2               |                    |
| <i>larin fe 1.5/30 1.5-30 mg-mcg tab</i>                                     | Tier 2               |                    |
| <i>larin fe 1/20 1-20 mg-mcg tab</i>   | Tier 2               |                    |
| <i>larissia 0.1-20 mg-mcg tab</i>  | Tier 2               |                    |
| <i>leena 0.5/1/0.5-35 mg-mcg tab</i>   | Tier 3               |                    |
| <i>lessina 0.1-20 mg-mcg tab</i>   | Tier 2               |                    |
| <i>levonest 50-30/75-40/125-30 mcg tab</i>                                   | Tier 2               |                    |
| <i>levonorg-eth estrad triphasic 50-30/75-40/125-30 mcg tab</i>              | Tier 2               |                    |
| <i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>                        | Tier 2               |                    |
| <i>levonorgestrel-ethinyl estrad (0.1-20 mg-mcg tab, 0.15-30 mg-mcg tab)</i> | Tier 2               |                    |
| <i>levora 0.15/30 (28) 0.15-30 mg-mcg tab</i>                                | Tier 2               |                    |
| <i>lillow 0.15-30 mg-mcg tab</i>   | Tier 2               |                    |
| <i>lo-zumandimine 3-0.02 mg tab</i>  | Tier 3               |                    |
| <i>loestrin 1.5/30 (21) 1.5-30 mg-mcg tab</i>                                | Tier 2               |                    |
| <i>loestrin 1/20 (21) 1-20 mg-mcg tab</i>                                    | Tier 2               |                    |
| <i>loestrin fe 1.5/30 1.5-30 mg-mcg tab</i>                                  | Tier 2               |                    |
| <i>loestrin fe 1/20 1-20 mg-mcg tab</i>                                      | Tier 2               |                    |
| <i>loryna 3-0.02 mg tab</i>  | Tier 3               |                    |
| <i>low-ogestrel 0.3-30 mg-mcg tab</i>  | Tier 2               |                    |
| <i>lutera 0.1-20 mg-mcg tab</i>  | 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。



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

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额       |
|---|----------------------|--------------------------|
| <i>lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)</i> | Tier 3               | QL (16 PER 28 OVER TIME) |
| <i>marlissa 0.15-30 mg-mcg tab</i>  | Tier 2               |                          |
| MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)  | Tier 4               |                          |
| <i>microgestin 1.5/30 1.5-30 mg-mcg tab</i>   | Tier 2               |                          |
| <i>microgestin 1/20 1-20 mg-mcg tab</i>   | Tier 2               |                          |
| <i>microgestin fe 1.5/30 1.5-30 mg-mcg tab</i>  | Tier 2               |                          |
| <i>microgestin fe 1/20 1-20 mg-mcg tab</i>  | Tier 2               |                          |
| <i>mili 0.25-35 mg-mcg tab</i>  | Tier 2               |                          |
| <i>mono-linyah 0.25-35 mg-mcg tab</i>   | Tier 2               |                          |
| <i>necon 0.5/35 (28) 0.5-35 mg-mcg tab</i>  | Tier 3               |                          |
| <i>nikki 3-0.02 mg tab</i>  | Tier 3               |                          |
| <i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i>  | Tier 2               |                          |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>   | Tier 2               |                          |
| <i>norethindrone acet-ethinyl est (1-20 mg-mcg tab, 1.5-30 mg-mcg tab)</i>  | Tier 2               |                          |
| <i>norethindrone-eth estradiol (0.5-2.5 mg-mcg tab, 1-5 mg-mcg tab)</i>   | Tier 4               |                          |
| <i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg tab</i>   | Tier 2               |                          |
| <i>norgestimate-eth estradiol 0.25-35 mg-mcg tab</i>  | Tier 2               |                          |
| <i>nortrel 0.5/35 (28) 0.5-35 mg-mcg tab</i>  | Tier 3               |                          |
| <i>nortrel 1/35 (21) 1-35 mg-mcg tab</i>  | Tier 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>nortrel 1/35 (28) 1-35 mg-mcg tab</i>   | Tier 2               |                    |
| <i>nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>  | Tier 2               |                    |
| <i>nylia 1/35 1-35 mg-mcg tab</i>  | Tier 2               |                    |
| <i>nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>  | Tier 2               |                    |
| <i>nymyo 0.25-35 mg-mcg tab</i>  | Tier 2               |                    |
| <i>ocella 3-0.03 mg tab</i>  | Tier 2               |                    |
| <i>orsythia 0.1-20 mg-mcg tab</i>  | Tier 2               |                    |
| <i>philith 0.4-35 mg-mcg tab</i>   | Tier 2               |                    |
| <i>pimtrea 0.15-0.02/0.01 mg (21/5) tab</i>  | Tier 2               |                    |
| <i>pirmella 1/35 1-35 mg-mcg tab</i>   | Tier 2               |                    |
| <i>pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab</i>   | Tier 2               |                    |
| <i>portia-28 0.15-30 mg-mcg tab</i>  | Tier 2               |                    |
| PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.625 MG/GM CREAM, 0.9 MG TAB, 1.25 MG TAB) | Tier 3               |                    |
| PREMPHASE 0.625-5 MG TAB   | Tier 4               |                    |
| PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)                  | Tier 4               |                    |
| <i>previfem 0.25-35 mg-mcg tab</i>   | Tier 2               |                    |
| <i>reclipsen 0.15-30 mg-mcg tab</i>  | Tier 2               |                    |
| <i>setlakin 0.15-0.03 mg tab</i>   | Tier 2               |                    |
| <i>simliya 0.15-0.02/0.01 mg (21/5) tab</i>  | Tier 2               |                    |
| <i>sprintec 28 0.25-35 mg-mcg tab</i>  | Tier 2               |                    |
| <i>sronyx 0.1-20 mg-mcg tab</i>  | Tier 2               |                    |
| <i>syeda 3-0.03 mg tab</i>   | Tier 2               |                    |
| <i>tarina fe 1/20 1-20 mg-mcg tab</i>  | 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| <i>tarina fe 1/20 eq 1-20 mg-mcg tab</i>           | Tier 2               |                    |
| <i>tri femynor 0.18/0.215/0.25 mg-35 mcg tab</i>   | Tier 2               |                    |
| <i>tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab</i> | Tier 2               |                    |
| <i>tri-lynyah 0.18/0.215/0.25 mg-35 mcg tab</i>    | Tier 2               |                    |
| <i>tri-mili 0.18/0.215/0.25 mg-35 mcg tab</i>      | Tier 2               |                    |
| <i>tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab</i>     | Tier 2               |                    |
| <i>tri-previfem 0.18/0.215/0.25 mg-35 mcg tab</i>  | Tier 2               |                    |
| <i>tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab</i>  | Tier 2               |                    |
| <i>tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab</i>   | Tier 2               |                    |
| <i>trivora (28) 50-30/75-40/ 125-30 mcg tab</i>    | Tier 2               |                    |
| <i>turqoz 0.3-30 mg-mcg tab</i>                    | Tier 2               |                    |
| VELIVET 0.1/0.125/0.15 -0.025 MG TAB               | Tier 2               |                    |
| <i>vestura 3-0.02 mg tab</i>                       | Tier 3               |                    |
| <i>vienva 0.1-20 mg-mcg tab</i>                    | Tier 2               |                    |
| <i>viorele 0.15-0.02/0.01 mg (21/5) tab</i>        | Tier 2               |                    |
| <i>volnea 0.15-0.02/0.01 mg (21/5) tab</i>         | Tier 2               |                    |
| <i>vyfemla 0.4-35 mg-mcg tab</i>                   | Tier 2               |                    |
| <i>vylibra 0.25-35 mg-mcg tab</i>                  | Tier 2               |                    |
| <i>wera 0.5-35 mg-mcg tab</i>                      | Tier 3               |                    |
| <i>wymzya fe 0.4-35 mg-mcg chew tab</i>            | Tier 2               |                    |
| <i>yuvaferm 10 mcg tab</i>                         | Tier 3               |                    |
| <i>zarah 3-0.03 mg tab</i>                         | 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额          |
|--|----------------------|-----------------------------|
| <i>zovia 1/35 (28) 1-35 mg-mcg tab</i>   | Tier 2               |                             |
| <i>zovia 1/35e (28) 1-35 mg-mcg tab</i>  | Tier 2               |                             |
| <i>zumandimine 3-0.03 mg tab</i>   | Tier 2               |                             |
| PROGESTINS   |                      |                             |
| <i>camila 0.35 mg tab</i>  | Tier 2               |                             |
| <i>deblitane 0.35 mg tab</i>   | Tier 2               |                             |
| DEPO-SUBQ PROVERA 104 104<br>MG/0.65ML SUSP PRSYR  | Tier 4               |                             |
| <i>errin 0.35 mg tab</i>   | Tier 2               |                             |
| <i>heather 0.35 mg tab</i>   | Tier 2               |                             |
| HYDROXYPROGESTERONE<br>CAPROATE 1.25 GM/5ML<br>SOLUTION  | Tier 5               |                             |
| <i>incassia 0.35 mg tab</i>  | Tier 2               |                             |
| <i>jencycla 0.35 mg tab</i>  | Tier 2               |                             |
| <i>lyleq 0.35 mg tab</i>   | Tier 2               |                             |
| <i>lyza 0.35 mg tab</i>  | Tier 2               |                             |
| <i>medroxyprogesterone acetate (10<br/>mg tab, 2.5 mg tab, 5 mg tab)</i>   | Tier 2               |                             |
| <i>medroxyprogesterone acetate (150<br/>mg/ml susp prsy, 150 mg/ml<br/>suspension)</i>   | Tier 4               |                             |
| <i>megestrol acetate (20 mg tab, 40<br/>mg tab, 40 mg/ml suspension, 400<br/>mg/10ml suspension, 800<br/>mg/20ml suspension)</i> | Tier 2               | PA - FOR NEW STARTS<br>ONLY |
| <i>megestrol acetate 625 mg/5ml<br/>suspension</i>   | Tier 4               | PA                          |
| <i>nora-be 0.35 mg tab</i>   | Tier 2               |                             |
| <i>norethindrone 0.35 mg tab</i>   | Tier 2               |                             |
| <i>norethindrone acetate 5 mg tab</i>  | Tier 2               |                             |
| <i>norlyda 0.35 mg tab</i>   | Tier 2               |                             |
| <i>norlyroc 0.35 mg tab</i>  | 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。

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

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|--|----------------------|-----------------------|
| <i>progesterone (100 mg cap, 200 mg cap)</i> | Tier 2               |                       |
| <i>sharobel 0.35 mg tab</i>                  | Tier 2               |                       |
| <i>tulana 0.35 mg tab</i>                    | Tier 2               |                       |
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS |                      |                       |
| OSPHENA 60 MG TAB                            | Tier 4               | PA, QL (1 PER 1 DAYS) |
| <i>raloxifene hcl 60 mg tab</i>              | Tier 2               | 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<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)   |                      |                    |
| <i>euthyrox (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>                          | Tier 2               |                    |
| <i>levo-t (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>               | Tier 3               |                    |
| <i>levothyroxine sodium (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 300 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i> | Tier 2               |                    |
| <i>levoxyl (100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab)</i>                           | Tier 3               |                    |
| <i>liothyronine sodium (25 mcg tab, 5 mcg tab, 50 mcg tab)</i>   | Tier 2               |                    |

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

## HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)

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

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额       |
|--|----------------------|--------------------------|
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)   |                      |                          |
| <i>cabergoline 0.5 mg tab</i>  | Tier 2               |                          |
| FIRMAGON (240 MG DOSE) 120 MG/VIAL RECON SOLN  | Tier 5               |                          |
| FIRMAGON 80 MG RECON SOLN  | Tier 4               |                          |
| LANREOTIDE ACETATE 120 MG/0.5ML SOLUTION   | Tier 5               | PA - FOR NEW STARTS ONLY |
| <i>leuprolide acetate 1 mg/0.2ml kit</i>   | Tier 5               |                          |
| LUPRON DEPOT (1-MONTH) (3.75 MG KIT, 7.5 MG KIT)   | Tier 5               |                          |
| LUPRON DEPOT (3-MONTH) (11.25 MG KIT, 22.5 MG KIT)   | Tier 5               |                          |
| LUPRON DEPOT (4-MONTH) 30 MG KIT   | Tier 5               |                          |
| LUPRON DEPOT (6-MONTH) 45 MG KIT   | Tier 5               |                          |
| <i>octreotide acetate (100 mcg/ml soln prsyr, 100 mcg/ml solution, 1000 mcg/ml solution, 200 mcg/ml solution, 50 mcg/ml soln prsyr, 50 mcg/ml solution, 500 mcg/ml solution)</i> | Tier 4               | PA                       |

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

## HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                              |
|---|----------------------|---|
| 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 |
| SANDOSTATIN LAR DEPOT (10 MG KIT, 20 MG KIT, 30 MG KIT)   | Tier 5               | PA  |
| SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION)                               | Tier 5               | PA, LA, QL (60 PER 30 OVER TIME)                |
| SOMATULINE DEPOT (60 MG/0.2ML SOLUTION, 90 MG/0.3ML SOLUTION)                                       | Tier 5               | PA - FOR NEW STARTS ONLY                        |
| 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               |   |
| TRELSTAR MIXJECT (11.25 MG RECON SUSP, 22.5 MG RECON SUSP, 3.75 MG RECON SUSP)                      | Tier 4               | PA - PART B VS D DETERMINATION                  |

## HORMONAL AGENTS, SUPPRESSANT (THYROID)

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

## IMMUNOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| ANGIOEDEMA AGENTS                                     |                      |                    |
| HAEGARDA (2000 UNIT RECON SOLN, 3000 UNIT RECON SOLN) | Tier 5               | PA, LA             |

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。

## IMMUNOLOGICAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额           |
|--|----------------------|------------------------------|
| <i>icatibant acetate 30 mg/3ml soln prsyr</i>  | Tier 5               | PA, QL (36 PER 60 OVER TIME) |
| <i>sajazir 30 mg/3ml soln prsyr</i>  | Tier 5               | PA, QL (36 PER 60 OVER TIME) |
| IMMUNOGLOBULINS  |                      |                              |
| BIVIGAM (10 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)   | Tier 5               | PA, LA                       |
| FLEBOGAMMA DIF (0.5 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 2.5 GM/50ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION) | Tier 5               | PA                           |
| GAMMAGARD (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 2.5 GM/25ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION, 5 GM/50ML SOLUTION)   | Tier 5               | PA                           |
| GAMMAGARD S/D LESS IGA (10 GM RECON SOLN, 5 GM RECON SOLN)   | Tier 5               | PA                           |
| GAMMAKED (1 GM/10ML SOLUTION, 10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 5 GM/50ML SOLUTION)  | Tier 5               | PA                           |
| GAMMAPLEX (10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 20 GM/400ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION)  | Tier 5               | PA, LA                       |
| 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                           |

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。



## IMMUNOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>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                          |
| PRIVIGEN (10 GM/100ML SOLUTION, 20 GM/200ML SOLUTION, 40 GM/400ML SOLUTION, 5 GM/50ML SOLUTION)   | Tier 5               | PA                              |
| IMMUNOLOGICAL AGENTS, OTHER   |                      |                                 |
| ARCALYST 220 MG RECON SOLN  | Tier 5               | PA, LA                          |
| BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR)   | Tier 5               | PA, LA, QL (4 PER 28 OVER TIME) |
| BEYFORTUS (100 MG/ML SOLN PRSYR, 50 MG/0.5ML SOLN PRSYR)  | Tier 4               |                                 |
| 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                              |
| ILARIS 150 MG/ML SOLUTION   | Tier 5               | PA, LA                          |
| OTEZLA (10 & 20 & 30 MG TAB THPK, 4 X 10 & 51 X20 MG TAB THPK)  | Tier 5               | PA, QL (55 PER 28 OVER TIME)    |
| 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 PEN 150 MG/ML SOLN A-INJ  | Tier 5               | PA, QL (6 PER 365 OVER TIME)    |
| STELARA (45 MG/0.5ML SOLN PRSYR, 45 MG/0.5ML SOLUTION)  | Tier 5               | PA, QL (0.5 PER 28 OVER TIME)   |
| STELARA 90 MG/ML SOLN PRSYR   | Tier 5               | PA, QL (1 PER 28 OVER TIME)     |
| TALTZ (80 MG/ML SOLN A-INJ, 80 MG/ML SOLN PRSYR)  | Tier 5               | PA, LA, QL (1 PER 28 OVER TIME) |

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

## IMMUNOLOGICAL AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额              |
|--|----------------------|---------------------------------|
| TALTZ 20 MG/0.25ML SOLN PRSYR  | Tier 5               | PA, QL (0.25 PER 28 DAYS)       |
| TALTZ 40 MG/0.5ML SOLN PRSYR   | Tier 5               | PA, QL (0.5 PER 28 DAYS)        |
| XELJANZ (10 MG TAB, 5 MG TAB)  | Tier 5               | PA, QL (2 PER 1 DAYS)           |
| XELJANZ 1 MG/ML SOLUTION   | Tier 5               | PA, QL (10 PER 1 DAYS)          |
| XOLAIR (150 MG RECON SOLN, 150 MG/ML SOLN PRSYR)   | Tier 5               | PA, LA, QL (8 PER 28 OVER TIME) |
| XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR)  | Tier 5               | PA, QL (8 PER 28 OVER TIME)     |
| XOLAIR 75 MG/0.5ML SOLN A-INJ  | Tier 5               | PA, QL (2 PER 28 OVER TIME)     |
| XOLAIR 75 MG/0.5ML SOLN PRSYR  | Tier 5               | PA, LA, QL (2 PER 28 OVER TIME) |
| IMMUNOSTIMULANTS   |                      |                                 |
| ACTIMMUNE 2000000 UNIT/0.5ML SOLUTION  | Tier 5               | LA, PA - FOR NEW STARTS ONLY    |
| INTRON A (10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN, 6000000 UNIT/ML SOLUTION) | Tier 5               | LA                              |
| PEGASYS 180 MCG/0.5ML SOLN PRSYR   | Tier 5               | PA, QL (2 PER 30 OVER TIME)     |
| PEGASYS 180 MCG/ML SOLUTION  | Tier 5               | PA, QL (4 PER 30 OVER TIME)     |
| IMMUNOSUPPRESSANTS   |                      |                                 |
| <i>azathioprine 50 mg tab</i>  | Tier 2               | PA - PART B VS D DETERMINATION  |
| AZATHIOPRINE SODIUM 100 MG RECON SOLN  | Tier 4               | PA - PART B VS D DETERMINATION  |
| <i>cyclosporine (100 mg cap, 25 mg cap)</i>  | Tier 4               | PA - PART B VS D DETERMINATION  |
| <i>cyclosporine 50 mg/ml solution</i>  | Tier 2               | 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。

## IMMUNOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|---|----------------------|--------------------------------|
| <i>cyclosporine modified (100 mg cap, 100 mg/ml solution, 25 mg cap, 50 mg cap)</i> | Tier 3               | PA - PART B VS D DETERMINATION |
| ENBREL (25 MG RECON SOLN, 50 MG/ML SOLN PRSYR)                                      | Tier 5               | PA, QL (8 PER 28 OVER TIME)    |
| ENBREL 25 MG/0.5ML SOLN PRSYR   | Tier 5               | PA, QL (4.08 PER 28 OVER TIME) |
| ENBREL 25 MG/0.5ML SOLUTION   | Tier 5               | PA, QL (4 PER 28 OVER TIME)    |
| ENBREL MINI 50 MG/ML SOLN CART  | Tier 5               | PA, QL (8 PER 28 OVER TIME)    |
| ENBREL SURECLICK 50 MG/ML SOLN A-INJ  | Tier 5               | PA, QL (8 PER 28 OVER TIME)    |
| ENVARBUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H)                  | Tier 4               | PA - FOR NEW STARTS ONLY       |
| <i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)</i>                  | Tier 5               | PA - PART B VS D DETERMINATION |
| <i>gengraf (100 mg cap, 100 mg/ml solution, 25 mg cap)</i>                          | Tier 3               | PA - PART B VS D DETERMINATION |
| HADLIMA 40 MG/0.4ML SOLN PRSYR  | Tier 5               | PA, QL (1.6 PER 28 OVER TIME)  |
| HADLIMA 40 MG/0.8ML SOLN PRSYR  | Tier 5               | PA, QL (3.2 PER 28 OVER TIME)  |
| HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ  | Tier 5               | PA, QL (1.6 PER 28 OVER TIME)  |
| HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ  | Tier 5               | PA, QL (3.2 PER 28 OVER TIME)  |
| HUMIRA (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT)                             | Tier 5               | PA, QL (2 PER 28 OVER TIME)    |
| HUMIRA (2 PEN) (40 MG/0.4ML AUT-IJ KIT, 40 MG/0.8ML AUT-IJ KIT)                     | Tier 5               | PA, QL (4 PER 28 OVER TIME)    |
| HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT   | Tier 5               | PA, QL (2 PER 28 OVER TIME)    |
| HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT   | Tier 5               | PA, QL (4 PER 28 OVER TIME)    |

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

## IMMUNOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                |
|---|----------------------|-----------------------------------|
| HUMIRA 40 MG/0.4ML PEF SY<br>KT   | Tier 5               | PA, QL (4 PER 28 OVER<br>TIME)    |
| HUMIRA-CD/UC/HS STARTER 40<br>MG/0.8ML AUT-IJ KIT   | Tier 5               | PA, QL (12 PER 365 OVER<br>TIME)  |
| HUMIRA-CD/UC/HS STARTER 80<br>MG/0.8ML AUT-IJ KIT   | Tier 5               | PA, QL (6 PER 365 OVER<br>TIME)   |
| HUMIRA-PED<40KG CROHNS<br>STARTER 80 MG/0.8ML &<br>40MG/0.4ML PEF SY KT   | Tier 5               | PA, QL (4 PER 365 OVER<br>TIME)   |
| HUMIRA-PED>/=40KG CROHNS<br>START 80 MG/0.8ML PEF SY KT   | Tier 5               | PA, QL (6 PER 365 OVER<br>TIME)   |
| HUMIRA-PED>/=40KG UC<br>STARTER 80 MG/0.8ML AUT-IJ<br>KIT   | Tier 5               | PA, QL (8 PER 365 OVER<br>TIME)   |
| HUMIRA-PS/UV/ADOL HS<br>STARTER 40 MG/0.8ML AUT-IJ<br>KIT   | Tier 5               | PA, QL (8 PER 365 OVER<br>TIME)   |
| HUMIRA-PSORIASIS/UEIT<br>STARTER 80 MG/0.8ML &<br>40MG/0.4ML AUT-IJ KIT   | Tier 5               | PA, QL (6 PER 365 OVER<br>TIME)   |
| <i>leflunomide (10 mg tab, 20 mg tab)</i>   | Tier 2               |                                   |
| METHOTREXATE SODIUM (1 GM<br>RECON SOLN, 250 MG/10ML<br>SOLUTION, 50 MG/2ML<br>SOLUTION)  | Tier 2               | PA - PART B VS D<br>DETERMINATION |
| <i>methotrexate sodium (pf) (1<br/>gm/40ml solution, 1000 mg/40ml<br/>solution, 250 mg/10ml solution, 50<br/>mg/2ml solution)</i> | Tier 2               | PA - PART B VS D<br>DETERMINATION |
| <i>methotrexate sodium 2.5 mg tab</i>   | Tier 2               |                                   |
| <i>mycophenolate mofetil (250 mg<br/>cap, 500 mg tab)</i>   | Tier 2               | PA - PART B VS D<br>DETERMINATION |
| <i>mycophenolate mofetil 200<br/>mg/ml recon susp</i>   | Tier 5               | PA - PART B VS D<br>DETERMINATION |
| <i>mycophenolate mofetil 500 mg<br/>recon soln</i>  | Tier 4               | PA - PART B VS D<br>DETERMINATION |
| <i>mycophenolate mofetil hcl 500 mg<br/>recon soln</i>  | Tier 4               | PA - PART B VS D<br>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。

## IMMUNOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                              |
|---|----------------------|---|
| <i>mycophenolate sodium (180 mg tab dr, 360 mg tab dr)</i>                    | Tier 4               | PA - PART B VS D DETERMINATION                  |
| <i>mycophenolic acid (180 mg tab dr, 360 mg tab dr)</i>                       | Tier 4               | PA - PART B VS D DETERMINATION                  |
| PROGRAF (0.2 MG PACKET, 1 MG PACKET)  | Tier 4               | PA - FOR NEW STARTS ONLY                        |
| REZUROCK 200 MG TAB   | Tier 5               | LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY |
| RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)                                   | Tier 5               | PA, QL (1 PER 1 DAYS)                           |
| RINVOQ 45 MG TAB ER 24H   | Tier 5               | PA, QL (168 PER 365 OVER TIME)                  |
| RINVOQ LQ 1 MG/ML SOLUTION  | Tier 5               | PA, QL (12 PER 1 DAYS)                          |
| SANDIMMUNE 100 MG/ML SOLUTION   | Tier 4               | PA - PART B VS D DETERMINATION                  |
| <i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>           | Tier 4               | PA - PART B VS D DETERMINATION                  |
| <i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>                            | Tier 2               | PA - PART B VS D DETERMINATION                  |
| XATMEP 2.5 MG/ML SOLUTION   | Tier 4               | PA - FOR NEW STARTS ONLY                        |
| XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H)                               | Tier 5               | PA, QL (1 PER 1 DAYS)                           |
| 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 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   |

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。

## IMMUNOLOGICAL AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                     |
|---|----------------------|--|
| DAPTACEL 23-15-5 SUSPENSION   | Tier 3               |  |
| DENGVAIXIA RECON SUSP   | Tier 3               |  |
| DIPHTHERIA-TETANUS TOXOIDS<br>DT 25-5 LFU/0.5ML SUSPENSION                            | Tier 3               |  |
| ENGERIX-B (10 MCG/0.5ML SUSP<br>PRSYR, 20 MCG/ML SUSP PRSYR,<br>20 MCG/ML SUSPENSION) | Tier 3               | PA - PART B VS D<br>DETERMINATION, VAC |
| GARDASIL 9 (SUSP PRSYR,<br>SUSPENSION)  | Tier 4               | VAC                                    |
| HAVRIX 1440 EL U/ML<br>SUSPENSION   | Tier 3               | VAC                                    |
| HAVRIX 720 EL U/0.5ML<br>SUSPENSION   | Tier 3               |  |
| HEPLISAV-B 20 MCG/0.5ML<br>SOLN PRSYR   | Tier 3               | PA - PART B VS D<br>DETERMINATION, VAC |
| HIBERIX 10 MCG RECON SOLN   | Tier 3               |  |
| IMOVAX RABIES 2.5 UNIT/ML<br>RECON SUSP   | Tier 3               | VAC                                    |
| INFANRIX 25-58-10 SUSPENSION  | Tier 3               |  |
| IPOL INJECTABLE   | Tier 3               | VAC                                    |
| IXCHIQ RECON SOLN   | Tier 4               | VAC                                    |
| IXIARO SUSPENSION   | Tier 4               | VAC                                    |
| JYNNEOS 0.5 ML SUSPENSION   | Tier 3               | VAC                                    |
| KINRIX (0.5 ML SUSP PRSYR,<br>SUSPENSION)   | Tier 3               |  |
| M-M-R II RECON SOLN   | Tier 3               | VAC                                    |
| MENACTRA SOLUTION   | Tier 3               | VAC                                    |
| MENQUADFI SOLUTION  | Tier 3               | VAC                                    |
| MENVEO (RECON SOLN,<br>SOLUTION)  | Tier 3               | VAC                                    |
| MRESVIA 50 MCG/0.5ML SUSP<br>PRSYR  | Tier 3               | VAC                                    |
| PEDIARIX SUSP PRSYR   | Tier 3               |  |
| PEDVAX HIB 7.5 MCG/0.5ML<br>SUSPENSION  | Tier 3               |  |

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

## IMMUNOLOGICAL AGENTS

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

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。

## IMMUNOLOGICAL AGENTS

| 药物名称                                 | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--------------------------------------|----------------------|--------------------|
| VARIVAX 1350 PFU/0.5ML RECON<br>SUSP | Tier 3               | VAC                |
| VAXCHORA RECON SUSP                  | Tier 4               | VAC                |
| YF-VAX INJECTABLE                    | Tier 4               | VAC                |

## INFLAMMATORY BOWEL DISEASE AGENTS

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

## METABOLIC BONE DISEASE AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额           |
|---|----------------------|------------------------------|
| METABOLIC BONE DISEASE AGENTS   |                      |                              |
| <i>alendronate sodium (10 mg tab, 35<br/>mg tab, 5 mg tab, 70 mg tab)</i> | Tier 1               |                              |
| <i>calcitonin (salmon) 200 unit/act<br/>solution</i>                      | Tier 2               | QL (3.7 PER 30 OVER<br>TIME) |

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



## METABOLIC BONE DISEASE AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                  |
|---|----------------------|---|
| <i>calcitriol (0.25 mcg cap, 0.5 mcg cap)</i>   | Tier 2               | PA - PART B VS D DETERMINATION                      |
| CALCITRIOL 1 MCG/ML SOLUTION  | Tier 4               | PA - PART B VS D DETERMINATION                      |
| <i>calcitriol 1 mcg/ml solution</i>   | Tier 3               | PA - PART B VS D DETERMINATION                      |
| <i>cinacalcet hcl (30 mg tab, 60 mg tab)</i>  | Tier 4               | PA - PART B VS D DETERMINATION                      |
| <i>cinacalcet hcl 90 mg tab</i>   | Tier 5               | PA - PART B VS D DETERMINATION                      |
| <i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap, 4 mcg/2ml solution)</i>            | Tier 4               | PA - PART B VS D DETERMINATION                      |
| FORTEO 600 MCG/2.4ML SOLN PEN   | Tier 5               | PA  |
| <i>ibandronate sodium 150 mg tab</i>  | Tier 2               |   |
| <i>ibandronate sodium 3 mg/3ml solution</i>   | Tier 4               | PA - PART B VS D DETERMINATION                      |
| NATPARA (100 MCG CARTRIDGE, 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE)           | Tier 5               | PA, LA, QL (2 PER 28 OVER TIME)                     |
| <i>paricalcitol (1 mcg cap, 2 mcg cap, 2 mcg/ml solution, 4 mcg cap, 5 mcg/ml solution)</i> | Tier 4               | PA - PART B VS D DETERMINATION                      |
| PROLIA 60 MG/ML SOLN PRSYR  | Tier 4               | PA  |
| <i>risedronate sodium (150 mg tab, 35 mg tab, 5 mg tab)</i>                                 | Tier 4               |   |
| TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN  | Tier 5               | PA  |
| TYMLOS 3120 MCG/1.56ML SOLN PEN   | Tier 5               | PA, QL (1.56 PER 28 OVER TIME)                      |
| XGEVA 120 MG/1.7ML SOLUTION   | Tier 5               | QL (1.7 PER 28 OVER TIME), PA - FOR NEW STARTS ONLY |
| <i>zoledronic acid (4 mg/100ml solution, 4 mg/5ml conc, 5 mg/100ml solution)</i>            | Tier 4               | PA - PART B VS D DETERMINATION                      |

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。

## MISCELLANEOUS THERAPEUTIC AGENTS

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

## MISCELLANEOUS THERAPEUTIC AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| BIOGUARD GAUZE SPONGES<br>2"X2" PAD  | Tier 2               |                    |
| CARETOUCH ALCOHOL PREP 70<br>% PAD   | Tier 2               |                    |
| COMFORT EZ PRO PEN NEEDLES<br>(30G X 8 MM MISC, 31G X 4 MM<br>MISC, 31G X 5 MM MISC)   | Tier 2               |                    |
| CVS ALCOHOL PREP PADS 70 %<br>PAD  | Tier 2               |                    |
| CVS ANTIBACTERIAL GAUZE 2"X2"<br>PAD   | Tier 2               |                    |
| <i>cvs isopropyl alcohol wipes 70 %<br/>misc</i>   | Tier 2               |                    |
| DROPLET MICRON 34G X 3.5 MM<br>MISC  | Tier 2               |                    |
| DROPSAFE SAFETY<br>SYRINGE/NEEDLE (29G X 1/2" 1<br>ML MISC, 31G X 15/64" 0.3 ML<br>MISC, 31G X 15/64" 0.5 ML MISC,<br>31G X 15/64" 1 ML MISC, 31G X 5/16"<br>0.3 ML MISC, 31G X 5/16" 0.5 ML<br>MISC, 31G X 5/16" 1 ML MISC) | Tier 2               |                    |
| EASY COMFORT INSULIN<br>SYRINGE (X 1/2" 0.3 ML MISC, X<br>5/16" 0.3 ML MISC)   | Tier 2               |                    |
| EASY COMFORT PEN NEEDLES<br>(31G X 5 MM MISC, 31G X 6 MM<br>MISC, 32G X 4 MM MISC)   | Tier 2               |                    |
| EMBRACE PEN NEEDLES (29G X<br>12MM MISC, 30G X 5 MM MISC,<br>30G X 8 MM MISC, 31G X 5 MM<br>MISC, 31G X 6 MM MISC, 31G X 8<br>MM MISC, 32G X 4 MM MISC)  | Tier 2               |                    |
| <i>gauze pads 2</i>  | Tier 2               |                    |
| INSULIN PEN NEEDLES  | Tier 2               |                    |
| INSULIN PEN NEEDLES  | Tier 2               |                    |
| INSULIN SYRINGE 0.3 ML   | Tier 2               |                    |
| INSULIN SYRINGE 0.5 ML   | 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。

## MISCELLANEOUS THERAPEUTIC AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                                    |
|---|----------------------|---|
| INSULIN SYRINGE 1 ML  | Tier 2               |   |
| INSULIN SYRINGE-NEEDLE U-100<br>(27G X 1/2" 0.5 ML MISC, 27G X 1/2"<br>1 ML MISC, 28G X 1/2" 0.5 ML MISC,<br>28G X 1/2" 1 ML MISC, 29G X 1/2"<br>0.5 ML MISC, 29G X 1/2" 1 ML MISC,<br>30G X 1/2" 1 ML MISC, 30G X 5/16"<br>0.5 ML MISC, 31G X 5/16" 0.5 ML<br>MISC, 31G X 5/16" 1 ML MISC) | Tier 2               |   |
| INSUPEN PEN NEEDLES (31G X 5<br>MM MISC, 31G X 8 MM MISC, 32G<br>X 4 MM MISC)   | Tier 2               |   |
| <i>isopropyl alcohol 70 % misc</i>  | Tier 2               |   |
| <i>isopropyl alcohol wipes 70 % misc</i>  | Tier 2               |   |
| IWILFIN 192 MG TAB  | Tier 5               | LA, QL (8 PER 1 DAYS),<br>PA - FOR NEW STARTS<br>ONLY |
| LAGEVRIO 200 MG CAP   | Tier 4               | QL (40 PER 30 OVER<br>TIME)                           |
| <i>medpura alcohol pads 70 % misc</i>   | Tier 2               |   |
| <i>methergine 0.2 mg tab</i>  | Tier 4               |   |
| <i>methylergonovine maleate 0.2 mg<br/>tab</i>  | Tier 4               |   |
| <i>novofine 32g x 6 mm misc</i>   | Tier 2               |   |
| <i>novotwist 32g x 5 mm misc</i>  | Tier 2               |   |
| OPVEE 2.7 MG/0.1ML SOLUTION   | Tier 4               | QL (2 PER 30 OVER<br>TIME)                            |
| PAXLOVID (150/100) 10 X 150 MG &<br>10 X 100MG TAB THPK   | Tier 3               | QL (40 PER 30 OVER<br>TIME)                           |
| PAXLOVID (300/100) 20 X 150 MG<br>& 10 X 100MG TAB THPK   | Tier 3               | QL (60 PER 30 OVER<br>TIME)                           |
| PEN NEEDLES (30G X 5 MM MISC,<br>31G X 5 MM MISC, 31G X 8 MM<br>MISC, 32G X 4 MM MISC)  | Tier 2               |   |
| PRO COMFORT INSULIN SYRINGE<br>(30G X 5/16" 0.5 ML MISC, 30G X<br>5/16" 1 ML MISC, 31G X 5/16" 0.5 ML<br>MISC, 31G X 5/16" 1 ML MISC)   | 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。

## MISCELLANEOUS THERAPEUTIC AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| PURE COMFORT SAFETY PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)   | Tier 2               |                    |
| <i>qc alcohol 70 % misc</i>  | Tier 2               |                    |
| <i>ra isopropyl alcohol wipes 70 % misc</i>  | Tier 2               |                    |
| SECURESAFE INSULIN SYRINGE (X1/2" 0.5 ML MISC, X1/2" 1 ML MISC)  | Tier 2               |                    |
| SILIGENTLE FOAM DRESSING 2"X2" PAD   | Tier 2               |                    |
| <i>sterile water for irrigation solution</i>   | Tier 2               |                    |
| SURE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)   | Tier 2               |                    |
| TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC  | Tier 2               |                    |
| TRUE COMFORT INSULIN SYRINGE (30G X 1/2" 0.5 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC, 32G X 5/16" 1 ML MISC) | Tier 2               |                    |
| TRUE COMFORT PEN NEEDLES (31G X 5 MM MISC, 31G X 6 MM MISC, 32G X 4 MM MISC)   | Tier 2               |                    |
| TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM MISC   | Tier 2               |                    |
| ULTIGUARD SAFEPACK PEN NEEDLE (32G X 4 MM MISC, 32G X 6 MM MISC)   | Tier 2               |                    |
| UNIFINE PROTECT PEN NEEDLE (30G X 5 MM MISC, 30G X 8 MM MISC, 32G X 4 MM MISC)   | Tier 2               |                    |
| UNIFINE SAFECONTROL PEN NEEDLE (31G X 5 MM MISC, 31G X 6 MM MISC, 31G X 8 MM MISC)   | 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。

## MISCELLANEOUS THERAPEUTIC AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| VERIFINE INSULIN PEN NEEDLE<br>(29G X 12MM MISC, 31G X 5 MM<br>MISC, 31G X 8 MM MISC, 32G X 4<br>MM MISC, 32G X 6 MM MISC)                                   | Tier 2               |                    |
| VERIFINE INSULIN SYRINGE (29G<br>X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML<br>MISC, 31G X 5/16" 0.3 ML MISC, 31G<br>X 5/16" 0.5 ML MISC, 31G X 5/16" 1<br>ML MISC) | Tier 2               |                    |
| VERIFINE PLUS PEN NEEDLE (31G<br>X 5 MM MISC, 31G X 8 MM MISC,<br>32G X 4 MM MISC)   | Tier 2               |                    |

## OPHTHALMIC AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|--|----------------------|--------------------|
| OPHTHALMIC AGENTS, OTHER   |                      |                    |
| <i>ak-poly-bac 500-10000 unit/gm<br/>ointment</i>  | Tier 2               |                    |
| <i>atropine sulfate 1 % solution</i>   | Tier 3               |                    |
| <i>bacitra-neomycin-polymyxin-hc 1<br/>% ointment</i>  | Tier 2               |                    |
| <i>bacitracin-polymyxin b 500-<br/>10000 unit/gm ointment</i>                                  | Tier 2               |                    |
| <i>brimonidine tartrate-timolol 0.2-<br/>0.5 % solution</i>                                    | Tier 3               |                    |
| <i>dorzolamide hcl-timolol mal 22.3-<br/>6.8 mg/ml solution</i>                                | Tier 2               |                    |
| <i>neo-polycin 3.5-400-10000<br/>ointment</i>  | Tier 2               |                    |
| <i>neo-polycin hc 1 % ointment</i>   | Tier 2               |                    |
| <i>neomycin-bacitracin zn-polymyx<br/>(3.5-400-10000 ointment, 5-400-<br/>10000 ointment)</i>  | Tier 2               |                    |
| <i>neomycin-polymyxin-dexameth<br/>(3.5-10000-0.1 ointment, 3.5-<br/>10000-0.1 suspension)</i> | Tier 2               |                    |

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

## OPHTHALMIC AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额        |
|--|----------------------|---------------------------|
| NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION | Tier 2               |                           |
| <i>polycin 500-10000 unit/gm ointment</i>              | Tier 2               |                           |
| RESTASIS 0.05 % EMULSION                               | Tier 3               | QL (60 PER 30 OVER TIME)  |
| RESTASIS MULTIDOSE 0.05 % EMULSION                     | Tier 3               | QL (5.5 PER 30 OVER TIME) |
| ROCKLATAN 0.02-0.005 % SOLUTION                        | Tier 4               | QL (2.5 PER 25 OVER TIME) |
| SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION          | Tier 2               |                           |
| <i>tobramycin-dexamethasone 0.3-0.1 % suspension</i>   | Tier 2               |                           |
| XIIDRA 5 % SOLUTION                                    | Tier 3               |                           |
| OPHTHALMIC ANTI-ALLERGY AGENTS                         |                      |                           |
| <i>azelastine hcl 0.05 % solution</i>                  | Tier 2               |                           |
| <i>cromolyn sodium 4 % solution</i>                    | Tier 2               |                           |
| <i>olopatadine hcl 0.2 % solution</i>                  | Tier 3               |                           |
| OPHTHALMIC ANTI-INFECTIVES                             |                      |                           |
| BACITRACIN 500 UNIT/GM OINTMENT                        | Tier 4               |                           |
| <i>erythromycin 5 mg/gm ointment</i>                   | Tier 2               |                           |
| GENTAK 0.3 % OINTMENT                                  | Tier 2               |                           |
| <i>gentamicin sulfate 0.3 % solution</i>               | Tier 2               |                           |
| LEVOFLOXACIN (0.5 % SOLUTION, 1.5 % SOLUTION)          | Tier 3               |                           |
| MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION               | Tier 2               |                           |
| <i>moxifloxacin hcl 0.5 % solution</i>                 | Tier 2               |                           |
| NATACYN 5 % SUSPENSION                                 | Tier 3               |                           |
| <i>ofloxacin 0.3 % solution</i>                        | Tier 2               |                           |

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

## OPHTHALMIC AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额      |
|---|----------------------|-------------------------|
| <i>polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution</i>                                  | Tier 2               |                         |
| <i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>                                    | Tier 2               |                         |
| <i>tobramycin 0.3 % solution</i>  | Tier 2               |                         |
| OPHTHALMIC ANTI-INFLAMMATORIES  |                      |                         |
| DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION   | Tier 2               |                         |
| <i>diclofenac sodium 0.1 % solution</i>   | Tier 2               |                         |
| <i>fluorometholone 0.1 % suspension</i>   | Tier 3               |                         |
| FLURBIPROFEN SODIUM 0.03 % SOLUTION   | Tier 2               |                         |
| ILEVRO 0.3 % SUSPENSION   | Tier 3               | QL (3 PER 30 OVER TIME) |
| <i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>                                | Tier 2               |                         |
| <i>loteprednol etabonate (0.2 % suspension, 0.5 % suspension)</i>                             | Tier 3               |                         |
| <i>prednisolone acetate 1 % suspension</i>  | Tier 2               |                         |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION  | Tier 2               |                         |
| PROLENSA 0.07 % SOLUTION  | Tier 3               |                         |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS  |                      |                         |
| <i>betaxolol hcl 0.5 % solution</i>   | Tier 2               |                         |
| CARTEOLOL HCL 1 % SOLUTION  | Tier 2               |                         |
| LEVOBUNOLOL HCL 0.5 % SOLUTION  | Tier 2               |                         |
| <i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)</i> | Tier 2               |                         |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER  |                      |                         |
| <i>acetazolamide er 500 mg cap er 12h</i>   | 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。



## OPHTHALMIC AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额        |
|---|----------------------|---------------------------|
| <i>apraclonidine hcl 0.5 % solution</i>                           | Tier 3               |                           |
| <i>brimonidine tartrate 0.1 % solution</i>                        | Tier 3               |                           |
| <i>brimonidine tartrate 0.15 % solution</i>                       | Tier 4               |                           |
| <i>brimonidine tartrate 0.2 % solution</i>                        | Tier 2               |                           |
| <i>brinzolamide 1 % suspension</i>                                | Tier 3               |                           |
| <i>dorzolamide hcl 2 % solution</i>                               | Tier 2               |                           |
| <i>methazolamide (25 mg tab, 50 mg tab)</i>                       | Tier 4               |                           |
| PHOSPHOLINE IODIDE 0.125 %<br>RECON SOLN                          | Tier 4               |                           |
| <i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i> | Tier 2               |                           |
| RHOPRESSA 0.02 % SOLUTION   | Tier 3               | QL (2.5 PER 25 OVER TIME) |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS                   |                      |                           |
| <i>bimatoprost 0.03 % solution</i>                                | Tier 4               | ST, QL (5 PER 30 DAYS)    |
| <i>latanoprost 0.005 % solution</i>                               | Tier 2               |                           |
| LUMIGAN 0.01 % SOLUTION   | Tier 3               | QL (5 PER 30 DAYS)        |
| <i>travoprost (bak free) 0.004 % solution</i>                     | Tier 3               | QL (5 PER 30 DAYS)        |
| VYZULTA 0.024 % SOLUTION  | Tier 4               |                           |

## OTIC AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| OTIC AGENTS   |                      |                    |
| <i>ciprofloxacin hcl 0.2 % solution</i>                 | Tier 4               |                    |
| <i>ciprofloxacin-dexamethasone 0.3-0.1 % suspension</i> | Tier 4               |                    |
| CORTISPORIN-TC 3.3-3-10-0.5<br>MG/ML SUSPENSION         | Tier 3               |                    |

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

## OTIC AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额 |
|---|----------------------|--------------------|
| DERMOTIC 0.01 % OIL   | Tier 3               |                    |
| <i>hydrocortisone-acetic acid 1-2 % solution</i>  | Tier 3               |                    |
| <i>neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)</i> | Tier 2               |                    |
| <i>ofloxacin 0.3 % solution</i>   | Tier 2               |                    |

## RESPIRATORY TRACT/PULMONARY AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS   |                      |                                |
| <i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i> | Tier 3               | PA - PART B VS D DETERMINATION |
| <i>flunisolide 25 mcg/act (0.025%) solution</i>  | Tier 2               | QL (50 PER 30 DAYS)            |
| <i>fluticasone propionate 50 mcg/act suspension</i>                                    | Tier 2               | QL (16 PER 30 DAYS)            |
| PULMICORT FLEXHALER (180 MCG/ACT AER POW BA, 90 MCG/ACT AER POW BA)                    | Tier 4               | QL (2 PER 30 DAYS)             |
| QVAR REDIHALER (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)                                | Tier 3               | QL (21.2 PER 30 DAYS)          |
| ANTIHISTAMINES   |                      |                                |
| <i>azelastine hcl (0.1 % solution, 137 mcg/spray solution)</i>                         | Tier 2               | QL (30 PER 25 DAYS)            |
| <i>azelastine hcl 0.15 % solution</i>  | Tier 3               | QL (30 PER 25 DAYS)            |
| <i>cyproheptadine hcl 4 mg tab</i>   | Tier 2               | PA                             |
| <i>hydroxyzine hcl (10 mg tab, 25 mg tab, 50 mg tab)</i>                               | Tier 2               | PA                             |
| <i>levocetirizine dihydrochloride 5 mg tab</i>   | Tier 2               |                                |
| <i>promethazine hcl 6.25 mg/5ml solution</i>   | Tier 2               | PA                             |

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

**RESPIRATORY TRACT/PULMONARY AGENTS**

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额             |
|--|----------------------|--------------------------------|
| <b>ANTILEUKOTRIENES</b>  |                      |                                |
| <i>montelukast sodium (10 mg tab, 4 mg chew tab, 4 mg packet, 5 mg chew tab)</i>   | Tier 2               | QL (1 PER 1 DAYS)              |
| <i>zafirlukast (10 mg tab, 20 mg tab)</i>  | Tier 2               | QL (2 PER 1 DAYS)              |
| <b>BRONCHODILATORS, ANTICHOLINERGIC</b>  |                      |                                |
| ATROVENT HFA 17 MCG/ACT AERO SOLN  | Tier 3               | QL (25.8 PER 30 DAYS)          |
| <i>ipratropium bromide 0.02 % solution</i>   | Tier 2               | PA - PART B VS D DETERMINATION |
| <i>ipratropium bromide 0.03 % solution</i>   | Tier 2               | QL (30 PER 30 DAYS)            |
| <i>ipratropium bromide 0.06 % solution</i>   | Tier 2               | QL (45 PER 30 DAYS)            |
| SPIRIVA HANDIHALER 18 MCG CAP  | Tier 3               | QL (30 PER 30 DAYS)            |
| SPIRIVA RESPIMAT (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)   | Tier 3               | QL (4 PER 30 DAYS)             |
| <b>BRONCHODILATORS, SYMPATHOMIMETIC</b>  |                      |                                |
| <i>albuterol 90mcg hfa inhaler (generic proair)</i>  | Tier 2               | QL (17 PER 30 OVER TIME)       |
| <i>albuterol 90mg hfa inhaler (generic proair)</i>   | Tier 2               | QL (17 PER 30 OVER TIME)       |
| <i>albuterol 90mg hfa inhaler (generic proventil)</i>  | Tier 2               | QL (13.4 PER 30 OVER TIME)     |
| <i>albuterol 90mg hfa inhaler (generic ventolin)</i>   | Tier 2               | QL (36 PER 30 OVER TIME)       |
| <i>albuterol sulfate ((2.5 mg/3ml) 0.083% nebu soln, (5 mg/ml) 0.5% nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2.5 mg/0.5ml nebu soln)</i> | Tier 2               | PA - PART B VS D DETERMINATION |
| <i>albuterol sulfate (2 mg tab, 4 mg tab)</i>  | Tier 4               |                                |
| <i>albuterol sulfate hfa 108 (90 base) mcg/act aero soln</i>   | Tier 2               | QL (17 PER 30 OVER TIME)       |

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

## RESPIRATORY TRACT/PULMONARY AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额  |
|--|----------------------|---|
| <i>epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>                      | Tier 3               | QL (24 PER 365 OVER TIME)                                 |
| EPINEPHRINE AUTOINJECTOR (GENERIC ADRENALINE)  | Tier 3               | QL (24 PER 365 OVER TIME)                                 |
| <i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i> | Tier 4               | PA  |
| LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL   | Tier 3               | QL (30 PER 30 DAYS)                                       |
| SEREVENT DISKUS 50 MCG/ACT AER POW BA  | Tier 3               | QL (60 PER 30 DAYS)                                       |
| CYSTIC FIBROSIS AGENTS   |                      |   |
| CAYSTON 75 MG RECON SOLN   | Tier 5               | PA, LA, QL (84 PER 28 OVER TIME)                          |
| KALYDECO (13.4 MG PACKET, 150 MG TAB, 25 MG PACKET, 5.8 MG PACKET, 50 MG PACKET, 75 MG PACKET)                         | Tier 5               | PA, LA, QL (2 PER 1 DAYS)                                 |
| PULMOZYME 2.5 MG/2.5ML SOLUTION  | Tier 5               | QL (150 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| SYMDEKO (100-150 & 150 MG TAB THPK, 50-75 & 75 MG TAB THPK)  | Tier 5               | PA, LA, QL (2 PER 1 DAYS)                                 |
| TOBI PODHALER 28 MG CAP  | Tier 5               | PA, LA, QL (224 PER 28 OVER TIME)                         |
| <i>tobramycin 300 mg/4ml nebu soln</i>   | Tier 5               | PA, QL (224 PER 28 OVER TIME)                             |
| <i>tobramycin 300 mg/5ml nebu soln</i>   | Tier 5               | PA, QL (280 PER 56 OVER TIME)                             |
| TRIKAFTA (100-50-75 & 150 MG TAB THPK, 50-25-37.5 & 75 MG TAB THPK)  | Tier 5               | PA, LA, QL (3 PER 1 DAYS)                                 |
| MAST CELL STABILIZERS  |                      |   |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i>   | Tier 3               | PA - PART B VS D DETERMINATION                            |

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<br>(级别) | 使用所必要的行动、<br>规制或限额  |
|---|----------------------|---|
| <b>PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE</b>  |                      |   |
| <i>roflumilast 250 mcg tab</i>  | Tier 4               | PA, QL (28 PER 180 OVER TIME)                                 |
| <i>roflumilast 500 mcg tab</i>  | Tier 4               | PA, QL (1 PER 1 DAYS)   |
| <i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i> | Tier 3               |   |
| <b>PULMONARY ANTIHYPERTENSIVES</b>  |                      |   |
| ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)  | Tier 5               | PA, LA, QL (3 PER 1 DAYS)                                     |
| <i>alyq 20 mg tab</i>   | Tier 5               | PA, QL (2 PER 1 DAYS)   |
| <i>ambrisentan (10 mg tab, 5 mg tab)</i>  | Tier 5               | PA, LA, QL (1 PER 1 DAYS)                                     |
| <i>bosentan 125 mg tab</i>  | Tier 5               | PA, LA, QL (2 PER 1 DAYS)                                     |
| <i>bosentan 62.5 mg tab</i>   | Tier 5               | PA, LA, QL (4 PER 1 DAYS)                                     |
| OPSUMIT 10 MG TAB   | Tier 5               | PA, LA, QL (1 PER 1 DAYS)                                     |
| <i>sildenafil citrate 10 mg/ml recon susp</i>   | Tier 5               | PA, QL (6 PER 1 DAYS)   |
| <i>sildenafil citrate 20 mg tab</i>   | Tier 3               | PA, QL (3 PER 1 DAYS)   |
| <i>tadalafil (pah) 20 mg tab</i>  | Tier 5               | PA, QL (2 PER 1 DAYS)   |
| TRACLEER 32 MG TAB SOL  | Tier 5               | PA, LA, QL (4 PER 1 DAYS)                                     |
| VENTAVIS 10 MCG/ML SOLUTION   | Tier 5               | LA, QL (270 PER 30 OVER TIME), PA - PART B VS D DETERMINATION |
| VENTAVIS 20 MCG/ML SOLUTION   | Tier 5               | LA, QL (90 PER 30 OVER TIME), PA - PART B VS D DETERMINATION  |
| <b>PULMONARY FIBROSIS AGENTS</b>  |                      |   |
| OFEV (100 MG CAP, 150 MG CAP)   | Tier 5               | PA, LA, QL (2 PER 1 DAYS)                                     |
| <i>pirfenidone (267 mg cap, 267 mg tab)</i>   | Tier 5               | PA, QL (9 PER 1 DAYS)   |
| PIRFENIDONE 534 MG TAB  | Tier 5               | PA, QL (5 PER 1 DAYS)   |

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<br>(级别) | 使用所必要的行动、<br>规制或限额                |
|---|----------------------|-----------------------------------|
| <i>pirfenidone 801 mg tab</i>   | Tier 5               | PA, QL (3 PER 1 DAYS)             |
| RESPIRATORY TRACT AGENTS, OTHER   |                      |                                   |
| <i>acetylcysteine (10 % solution, 20 % solution)</i>  | Tier 2               | PA - PART B VS D DETERMINATION    |
| ADVAIR HFA (115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL, 45-21 MCG/ACT AEROSOL)                              | Tier 3               | QL (12 PER 30 DAYS)               |
| ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA  | Tier 3               | QL (60 PER 30 DAYS)               |
| BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL  | Tier 3               | QL (10.7 PER 28 DAYS)             |
| BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA, 50-25 MCG/INH AER POW BA)                   | Tier 3               | QL (60 PER 30 DAYS)               |
| <i>breyza (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i>   | Tier 3               | QL (10.3 PER 30 DAYS)             |
| BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL  | Tier 3               | QL (10.7 PER 30 DAYS)             |
| <i>budesonide-formoterol fumarate (160-4.5 mcg/act aerosol, 80-4.5 mcg/act aerosol)</i>                         | Tier 3               | QL (10.2 PER 30 DAYS)             |
| COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN   | Tier 3               | QL (4 PER 30 DAYS)                |
| <i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i> | Tier 2               | QL (60 PER 30 DAYS)               |
| FLUTICASONE-SALMETEROL (113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA, 55-14 MCG/ACT AER POW BA)         | Tier 2               | QL (1 PER 30 DAYS)                |
| <i>ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution</i>  | Tier 2               | PA - PART B VS D DETERMINATION    |
| NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)  | Tier 5               | PA, LA, QL (3 PER 30 OVER TIME)   |
| NUCALA 40 MG/0.4ML SOLN PRSYR   | Tier 5               | PA, LA, QL (0.4 PER 28 OVER TIME) |

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

## RESPIRATORY TRACT/PULMONARY AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                |
|---|----------------------|-----------------------------------|
| <i>ribavirin 6 gm recon soln</i>  | Tier 5               | PA - PART B VS D<br>DETERMINATION |
| TRELEGY ELLIPTA (100-62.5-25<br>MCG/ACT AER POW BA, 200-<br>62.5-25 MCG/ACT AER POW BA)                       | Tier 3               | QL (60 PER 30 DAYS)               |
| <i>wixela inhub (100-50 mcg/act aer<br/>pow ba, 250-50 mcg/act aer pow<br/>ba, 500-50 mcg/act aer pow ba)</i> | Tier 2               | QL (60 PER 30 DAYS)               |

## SKELETAL MUSCLE RELAXANTS

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

## SLEEP DISORDER AGENTS

| 药物名称  | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额    |
|---|----------------------|-----------------------|
| SLEEP PROMOTING AGENTS                                |                      |                       |
| <i>estazolam (1 mg tab, 2 mg tab)</i>                 | Tier 4               | QL (1 PER 1 DAYS)     |
| <i>eszopiclone (1 mg tab, 2 mg tab, 3<br/>mg tab)</i> | Tier 3               | QL (1 PER 1 DAYS)     |
| <i>ramelteon 8 mg tab</i>                             | Tier 2               | QL (1 PER 1 DAYS)     |
| <i>tasimelteon 20 mg cap</i>                          | Tier 5               | PA, QL (1 PER 1 DAYS) |
| <i>temazepam 15 mg cap</i>                            | Tier 2               | QL (2 PER 1 DAYS)     |
| <i>temazepam 30 mg cap</i>                            | Tier 2               | QL (1 PER 1 DAYS)     |
| <i>triazolam 0.125 mg tab</i>                         | Tier 4               | QL (4 PER 1 DAYS)     |
| <i>triazolam 0.25 mg tab</i>                          | Tier 4               | QL (2 PER 1 DAYS)     |

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。

## SLEEP DISORDER AGENTS

| 药物名称   | 您要为该药物支付多少费用<br>(级别) | 使用所必要的行动、<br>规制或限额                |
|--|----------------------|-----------------------------------|
| <i>zaleplon 10 mg cap</i>  | Tier 2               | QL (2 PER 1 DAYS)                 |
| <i>zaleplon 5 mg cap</i>   | Tier 2               | QL (4 PER 1 DAYS)                 |
| <i>zolpidem tartrate 10 mg tab</i>                                 | Tier 2               | QL (1 PER 1 DAYS)                 |
| <i>zolpidem tartrate 5 mg tab</i>                                  | Tier 2               | QL (2 PER 1 DAYS)                 |
| WAKEFULNESS PROMOTING AGENTS                                       |                      |                                   |
| <i>armodafinil (150 mg tab, 200 mg tab, 250 mg tab, 50 mg tab)</i> | Tier 4               | PA, QL (1 PER 1 DAYS)             |
| <i>modafinil 100 mg tab</i>  | Tier 3               | PA, QL (3 PER 1 DAYS)             |
| <i>modafinil 200 mg tab</i>  | Tier 3               | PA, QL (2 PER 1 DAYS)             |
| XYREM 500 MG/ML SOLUTION   | Tier 5               | PA, LA, QL (540 PER 30 OVER TIME) |

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



# 承保药物索引

## A

|  |       |   |       |
|--|-------|---|-------|
| abacavir sulfate                               | 52    | Albuterol 90mg HFA inhaler (Generic Ventolin) | 125   |
| abacavir sulfate-lamivudine                    | 52    | albuterol sulfate                             | 125   |
| abacavir-lamivudine-zidovudine                 | 52    | albuterol sulfate hfa                         | 125   |
| ABELCET  | 23    | alclometasone dipropionate                    | 80,91 |
| ABILIFY ASIMTUFII                              | 46    | ALCOHOL 70% PADS                              | 116   |
| ABILIFY MAINTENA                               | 46    | ALCOHOL PREP                                  | 116   |
| abiraterone acetate                            | 28    | ALCOHOL PREP PADS                             | 116   |
| ABRYSVO  | 111   | ALCOHOL SWABSTICK                             | 116   |
| acamprosate calcium                            | 5     | alcohol wipes                                 | 116   |
| acarbose                                       | 57    | ALDURAZYME                                    | 89    |
| accutane                                       | 79    | ALECENSA                                      | 34    |
| acebutolol hcl                                 | 67    | alendronate sodium                            | 114   |
| acetaminophen-codeine                          | 2     | alfuzosin hcl er                              | 91    |
| acetazolamide                                  | 69    | aliskiren fumarate                            | 69    |
| acetazolamide er                               | 122   | allopurinol                                   | 25    |
| acetic acid                                    | 6     | alose tron hcl                                | 87    |
| acetylcysteine                                 | 128   | alprazolam                                    | 56    |
| acitretin                                      | 79    | altavera                                      | 94    |
| ACTHIB   | 111   | ALUNBRIG                                      | 34    |
| ACTIMMUNE                                      | 108   | alyacen 1/35                                  | 95    |
| acyclovir                                      | 56,82 | alyacen 7/7/7                                 | 95    |
| acyclovir sodium                               | 56    | alyq  | 127   |
| ADACEL   | 111   | amantadine hcl                                | 44    |
| adapalene                                      | 79    | ambrisentan                                   | 127   |
| adefovir dipivoxil                             | 50    | amikacin sulfate                              | 6     |
| ADEMPAS  | 127   | amiloride hcl                                 | 72    |
| ADVAIR HFA                                     | 128   | amiloride-hydrochlorothiazide                 | 69    |
| ADVOCATE INSULIN PEN NEEDLE                    | 116   | amiodarone hcl                                | 66    |
| afirmelle                                      | 94    | amitriptyline hcl                             | 21    |
| AIMOVIG  | 26    | amlodipine besy-benazepril hcl                | 70    |
| ak-poly-bac                                    | 120   | amlodipine besylate                           | 68    |
| AKEEGA   | 29    | amlodipine besylate-valsartan                 | 70    |
| ala-cort                                       | 80    | amlodipine-olmesartan                         | 70    |
| albendazole                                    | 43    | amlodipine-valsartan-hctz                     | 70    |
| albuterol 90mcg hfa inhaler (generic proair)   | 125   | ammonium lactate                              | 80    |
| albuterol 90mg hfa inhaler (generic proair)    | 125   | amne steem                                    | 79    |
| albuterol 90mg hfa inhaler (generic proventil) | 125   | amoxapine                                     | 21    |
|  |       | amoxicillin                                   | 9     |
|  |       | amoxicillin-pot clavulanate                   | 10    |
|  |       | amphetamine-dextroamphet er                   | 75    |
|  |       | amphetamine-dextroamphetamine                 | 75    |
|  |       | AMPHOTERICIN B                                | 23    |

|                                    |     |   |         |
|------------------------------------|-----|---|---------|
| amphotericin b liposome.....       | 23  | aurovela 1.5/30.....                    | 95      |
| ampicillin.....                    | 10  | aurovela 1/20.....                      | 95      |
| ampicillin sodium.....             | 10  | aurovela fe 1.5/30.....                 | 95      |
| ampicillin-sulbactam sodium.....   | 10  | aurovela fe 1/20.....                   | 95      |
| ANADROL-50.....                    | 94  | AURYXIA.....                            | 85      |
| anagrelide hcl.....                | 63  | AUSTEDO.....                            | 76      |
| anastrozole.....                   | 33  | AUSTEDO XR.....                         | 76      |
| ANORO ELLIPTA.....                 | 128 | AUSTEDO XR PATIENT TITRATION.....       | 77      |
| apomorphine hcl.....               | 44  | AUVELITY.....                           | 19      |
| apraclonidine hcl.....             | 123 | aviane.....                             | 95      |
| aprepitant.....                    | 22  | avidoxy.....                            | 13      |
| apri.....                          | 95  | avita.....                              | 79      |
| APTIOM.....                        | 17  | AVONEX PEN.....                         | 77      |
| APTIVUS.....                       | 54  | AVONEX PREFILLED.....                   | 78      |
| AQ INSULIN SYRINGE.....            | 116 | ayuna.....                              | 95      |
| AQINJECT PEN NEEDLE.....           | 116 | AYVAKIT.....                            | 29      |
| ARALAST NP.....                    | 89  | azathioprine.....                       | 108     |
| aranelle.....                      | 95  | AZATHIOPRINE SODIUM.....                | 108     |
| ARANESP (ALBUMIN FREE).....        | 63  | azelastine hcl.....                     | 121,124 |
| ARCALYST.....                      | 107 | azithromycin.....                       | 11      |
| AREXVY.....                        | 111 | AZITHROMYCIN.....                       | 11      |
| argyle sterile water.....          | 116 | aztreonam.....                          | 6       |
| aripiprazole.....                  | 46  | azurette.....                           | 95      |
| ARISTADA.....                      | 46  |   |         |
| ARISTADA INITIO.....               | 46  | <b>B</b>                                |         |
| armodafinil.....                   | 130 | bac.....                                | 77      |
| asenapine maleate.....             | 46  | bacitra-neomycin-polymyxin-hc.....      | 120     |
| aspirin-dipyridamole er.....       | 64  | BACITRACIN.....                         | 121     |
| ASSURE ID DUO PRO PEN NEEDLES..... | 116 | bacitracin-polymyxin b.....             | 120     |
| ASSURE ID PRO PEN NEEDLES.....     | 116 | baclofen.....                           | 49,50   |
| atazanavir sulfate.....            | 54  | balsalazide disodium.....               | 114     |
| atenolol.....                      | 67  | BALVERSA.....                           | 34      |
| atenolol-chlorthalidone.....       | 70  | balziva.....                            | 95      |
| atomoxetine hcl.....               | 76  | BAQSIMI ONE PACK.....                   | 60      |
| atorvastatin calcium.....          | 73  | BAQSIMI TWO PACK.....                   | 60      |
| atovaquone.....                    | 43  | BARACLUDGE.....                         | 50      |
| atovaquone-proguanil hcl.....      | 43  | BCG VACCINE.....                        | 111     |
| atropine sulfate.....              | 120 | BD INSULIN SYRINGE.....                 | 116     |
| ATROVENT HFA.....                  | 125 | BD Pen Needle Mini U/F 31G X 5 MM       |         |
| aubra.....                         | 95  | MISC.....                               | 116     |
| aubra eq.....                      | 95  | BD Pen Needle Nano U/F 32G X 4 MM       |         |
| AUGTYRO.....                       | 29  | MISC.....                               | 116     |
| AUM ALCOHOL PREP PADS.....         | 116 | BD Pen Needle Original U/F 29G X 12.7MM |         |
| AUM INSULIN SAFETY PEN NEEDLE..... | 116 | MISC.....                               | 116     |
| AUM PEN NEEDLE.....                | 116 |   |         |

|                                    |        |                                |         |
|------------------------------------|--------|--------------------------------|---------|
| BD Pen Needle Short U/F 31G X 8 MM |        | BRUKINSA                       | 30      |
| MISC                               | 116    | budesonide                     | 114,124 |
| bekyree                            | 95     | budesonide er                  | 114     |
| benazepril hcl                     | 66     | budesonide-formoterol fumarate | 128     |
| benazepril-hydrochlorothiazide     | 70     | bumetanide                     | 72      |
| BENLYSTA                           | 107    | buprenorphine hcl              | 5       |
| BENZNIDAZOLE                       | 43     | buprenorphine hcl-naloxone hcl | 5       |
| benztropine mesylate               | 44     | bupropion hcl                  | 19      |
| BESIVANCE                          | 12     | bupropion hcl er (smoking det) | 5,19    |
| BESREMI                            | 30     | bupropion hcl er (sr)          | 19      |
| betaine                            | 89     | bupropion hcl er (xl)          | 19      |
| betamethasone dipropionate         | 80,92  | bupirone hcl                   | 56      |
| betamethasone dipropionate aug     | 80,92  | butalbital-apap-caff-cod       | 2       |
| betamethasone valerate             | 80     | butalbital-apap-caffeine       | 77      |
| BETASERON                          | 78     | BYLVAY                         | 89      |
| betaxolol hcl                      | 67,122 | BYLVAY (PELLETS)               | 89      |
| bethanechol chloride               | 91     |                                |         |
| BEVESPI AEROSPHERE                 | 128    | <b>C</b>                       |         |
| bexarotene                         | 42     | CABENUVA                       | 53      |
| BEXSERO                            | 111    | cabergoline                    | 104     |
| BEYFORTUS                          | 107    | CABOMETYX                      | 34      |
| bicalutamide                       | 28     | calcipotriene                  | 81      |
| BICILLIN L-A                       | 10     | calcitonin (salmon)            | 114     |
| BIKTARVY                           | 51     | calcitrene                     | 81      |
| bimatoprost                        | 123    | calcitriol                     | 115     |
| BIOGUARD GAUZE SPONGES             | 117    | CALCITRIOL                     | 115     |
| bisoprolol fumarate                | 67     | calcium acetate                | 85      |
| bisoprolol-hydrochlorothiazide     | 70     | calcium acetate (phos binder)  | 85      |
| BIVIGAM                            | 106    | CALQUENCE                      | 35      |
| blisovi fe 1.5/30                  | 95     | camila                         | 102     |
| blisovi fe 1/20                    | 95     | candesartan cilexetil          | 65      |
| BOOSTRIX                           | 111    | candesartan cilexetil-hctz     | 70      |
| bosentan                           | 127    | CAPLYTA                        | 47      |
| BOSULIF                            | 34     | CAPRELSA                       | 35      |
| BRAFTOVI                           | 34     | captopril                      | 66      |
| BREO ELLIPTA                       | 128    | CAPTOPRIL-HYDROCHLOROTHIAZIDE  | 70      |
| breyna                             | 128    | carbamazepine                  | 17      |
| BREZTRI AEROSPHERE                 | 128    | carbamazepine er               | 17      |
| briellyn                           | 95     | carbidopa                      | 45      |
| BRILINTA                           | 64     | carbidopa-levodopa             | 45      |
| brimonidine tartrate               | 123    | carbidopa-levodopa er          | 45      |
| brimonidine tartrate-timolol       | 120    | carbidopa-levodopa-entacapone  | 44      |
| brinzolamide                       | 123    | CARETOUCH ALCOHOL PREP         | 117     |
| BRIVIACT                           | 13     | carglumic acid                 | 83      |
| bromocriptine mesylate             | 44     | carisoprodol                   | 129     |

|                              |     |                                     |        |
|------------------------------|-----|-------------------------------------|--------|
| CARTEOLOL HCL.....           | 122 | ciprofloxacin hcl.....              | 12,123 |
| cartia xt.....               | 68  | CIPROFLOXACIN HCL.....              | 12     |
| carvedilol.....              | 67  | ciprofloxacin in d5w.....           | 12     |
| caspofungin acetate.....     | 23  | ciprofloxacin-dexamethasone.....    | 123    |
| cataflam.....                | 1   | cialopram hydrobromide.....         | 20     |
| CAYSTON.....                 | 126 | claravis.....                       | 79     |
| caziant.....                 | 95  | CLARITHROMYCIN.....                 | 11     |
| CEFACLOR.....                | 8   | clarithromycin.....                 | 11     |
| cefadroxil.....              | 8   | clarithromycin er.....              | 11     |
| cefazolin sodium.....        | 8   | clindacin etz.....                  | 6      |
| cefdinir.....                | 8   | clindacin-p.....                    | 6      |
| cefepime hcl.....            | 8   | clindamycin hcl.....                | 6      |
| cefixime.....                | 8   | clindamycin palmitate hcl.....      | 6      |
| CEFOTAXIME SODIUM.....       | 9   | clindamycin phosphate.....          | 7,83   |
| cefotetan disodium.....      | 9   | clindamycin phosphate in d5w.....   | 7      |
| cefoxitin sodium.....        | 9   | CLINDAMYCIN PHOSPHATE IN NAACL..... | 7      |
| cefpodoxime proxetil.....    | 9   | clobazam.....                       | 15     |
| cefprozil.....               | 9   | clobetasol prop emollient base..... | 80,92  |
| ceftazidime.....             | 9   | clobetasol propionate.....          | 80     |
| ceftriaxone sodium.....      | 9   | clobetasol propionate e.....        | 92     |
| cefuroxime axetil.....       | 9   | clomipramine hcl.....               | 21     |
| cefuroxime sodium.....       | 9   | clonazepam.....                     | 56     |
| celecoxib.....               | 1   | clonidine.....                      | 64     |
| cephalexin.....              | 9   | clonidine hcl.....                  | 65     |
| CERDELGA.....                | 89  | clonidine hcl er.....               | 76     |
| CEREZYME.....                | 89  | clopidogrel bisulfate.....          | 64     |
| chateal.....                 | 95  | clorazepate dipotassium.....        | 56,57  |
| chateal eq.....              | 95  | clotrimazole.....                   | 23     |
| chlorhexidine gluconate..... | 79  | clotrimazole-betamethasone.....     | 82     |
| chloroquine phosphate.....   | 43  | clovique.....                       | 85     |
| chlorpromazine hcl.....      | 45  | clozapine.....                      | 49     |
| chlorthalidone.....          | 72  | COARTEM.....                        | 43     |
| CHOLBAM.....                 | 89  | CODEINE SULFATE.....                | 2      |
| cholestyramine.....          | 73  | codeine sulfate.....                | 2      |
| cholestyramine light.....    | 73  | colchicine.....                     | 25     |
| ciclodan.....                | 82  | colchicine-probenecid.....          | 25     |
| ciclopirox.....              | 83  | colesevelam hcl.....                | 73     |
| ciclopirox olamine.....      | 23  | colestipol hcl.....                 | 73     |
| cilostazol.....              | 64  | colistimethate sodium (cba).....    | 7      |
| CILOXAN.....                 | 12  | COMBIVENT RESPIMAT.....             | 128    |
| CIMDUO.....                  | 52  | COMETRIQ (100 MG DAILY DOSE).....   | 35     |
| cimetidine.....              | 88  | COMETRIQ (140 MG DAILY DOSE).....   | 35     |
| cimetidine hcl.....          | 88  | COMETRIQ (60 MG DAILY DOSE).....    | 35     |
| cinacalcet hcl.....          | 115 | COMFORT EZ PRO PEN NEEDLES.....     | 117    |
| ciprofloxacin.....           | 12  | COMPLERA.....                       | 51     |

|                                    |            |  |          |
|------------------------------------|------------|--|----------|
| compro.....                        | 22         | DELSTRIGO.....                         | 51       |
| constulose.....                    | 86         | delyla.....                            | 96       |
| COPIKTRA.....                      | 35         | DENG VAXIA.....                        | 112      |
| CORLANOR.....                      | 70         | DEPO-ESTRADIOL.....                    | 96       |
| CORTISONE ACETATE.....             | 92         | DEPO-SUBQ PROVERA 104.....             | 102      |
| CORTISPORIN-TC.....                | 123        | depo-testosterone.....                 | 94       |
| CORTROPHIN.....                    | 92         | DERMOTIC.....                          | 124      |
| COTELLIC.....                      | 35         | DESCOVY.....                           | 52       |
| CREON.....                         | 89         | desipramine hcl.....                   | 21       |
| CRESEMBA.....                      | 24         | desmopressin ace spray refrig.....     | 93       |
| CRIXIVAN.....                      | 54         | desmopressin acetate.....              | 93       |
| cromolyn sodium.....               | 90,121,126 | desmopressin acetate pf.....           | 93       |
| cryselle-28.....                   | 95         | desmopressin acetate spray.....        | 93       |
| CRYSVITA.....                      | 83         | desogestrel-ethinyl estradiol.....     | 96       |
| CVS ALCOHOL PREP PADS.....         | 117        | desonide.....                          | 80       |
| CVS ANTIBACTERIAL GAUZE.....       | 117        | desoximetasone.....                    | 80       |
| cvs isopropyl alcohol wipes.....   | 117        | desvenlafaxine succinate er.....       | 20       |
| cyclafem 1/35.....                 | 95         | dexamethasone.....                     | 92       |
| cyclafem 7/7/7.....                | 95         | DEXAMETHASONE SOD PHOS +RFID.....      | 92       |
| cyclobenzaprine hcl.....           | 129        | dexamethasone sod phosphate pf.....    | 92       |
| CYCLOPHOSPHAMIDE.....              | 27         | dexamethasone sodium phosphate.....    | 92       |
| cyclosporine.....                  | 108        | DEXAMETHASONE SODIUM<br>PHOSPHATE..... | 122      |
| cyclosporine modified.....         | 109        | dexmethylphenidate hcl.....            | 76       |
| cyproheptadine hcl.....            | 124        | dextroamphetamine sulfate.....         | 75       |
| cyred.....                         | 95         | dextroamphetamine sulfate er.....      | 75,76    |
| cyred eq.....                      | 96         | dextrose.....                          | 85       |
| CYSTAGON.....                      | 90         | dextrose in lactated ringers.....      | 85       |
| CYSTARAN.....                      | 90         | dextrose-sodium chloride.....          | 86       |
| <b>D</b>                           |            |  |          |
| dabigatran etexilate mesylate..... | 62         | DIACOMIT.....                          | 13       |
| dalfampridine er.....              | 78         | diazepam.....                          | 15,16,57 |
| danazol.....                       | 94         | DIAZEPAM.....                          | 15       |
| dantrolene sodium.....             | 50         | diazepam intensol.....                 | 57       |
| dapsone.....                       | 27         | diazoxide.....                         | 60       |
| DAPTACEL.....                      | 112        | diclofenac potassium.....              | 1        |
| daptomycin.....                    | 7          | diclofenac sodium.....                 | 1,82,122 |
| darunavir.....                     | 54         | diclofenac sodium er.....              | 1        |
| dasatinib.....                     | 35         | dicloxacillin sodium.....              | 10       |
| dasetta 1/35.....                  | 96         | dicyclomine hcl.....                   | 87       |
| dasetta 7/7/7.....                 | 96         | DIDANOSINE.....                        | 52       |
| DAURISMO.....                      | 35         | DIFICID.....                           | 11       |
| deblitane.....                     | 102        | diflunisal.....                        | 1        |
| decadron.....                      | 92         | digitek.....                           | 70       |
| deferasirox.....                   | 85         | digox.....                             | 70       |
|                                    |            | digoxin.....                           | 70       |

|  |     |                                |     |
|--|-----|--------------------------------|-----|
| dihydroergotamine mesylate                         | 25  | DROPSAFE SAFETY SYRINGE/NEEDLE | 117 |
| DILANTIN   | 17  | drosiprenone-ethinyl estradiol | 96  |
| DILANTIN INFATABS                                  | 17  | DROXIA                         | 29  |
| dilt-xr  | 68  | droxidopa                      | 65  |
| diltiazem hcl                                      | 68  | duloxetine hcl                 | 77  |
| diltiazem hcl 120 mg extended release 24hr capsule | 68  | DUPIXENT                       | 107 |
| diltiazem hcl 180 mg extended release 24hr capsule | 68  | dutasteride                    | 91  |
| diltiazem hcl 240 mg extended release 24hr capsule | 68  | <b>E</b>                       |     |
| diltiazem hcl 300 mg extended release 24hr capsule | 68  | E.E.S. 400                     | 11  |
| diltiazem hcl 360 mg extended release 24hr capsule | 68  | EASY COMFORT INSULIN SYRINGE   | 117 |
| diltiazem hcl er                                   | 69  | EASY COMFORT PEN NEEDLES       | 117 |
| diltiazem hcl er beads                             | 69  | ec-naproxen                    | 1   |
| dimethyl fumarate                                  | 78  | econazole nitrate              | 24  |
| dimethyl fumarate starter pack                     | 78  | EDURANT                        | 51  |
| diphenoxylate-atropine                             | 87  | EFAVIRENZ                      | 52  |
| DIPHENOXYLATE-ATROPINE                             | 87  | efavirenz                      | 52  |
| DIPHThERIA-TETANUS TOXOIDS DT                      | 112 | efavirenz-emtricitab-tenofo df | 52  |
| dipyridamole                                       | 64  | efavirenz-lamivudine-tenofovir | 52  |
| disulfiram   | 5   | EGRIFTA SV                     | 93  |
| divalproex sodium                                  | 13  | elinest                        | 96  |
| divalproex sodium er                               | 13  | ELIQUIS                        | 62  |
| dofetilide   | 66  | ELIQUIS DVT/PE STARTER PACK    | 62  |
| donepezil hcl                                      | 18  | eluryng                        | 96  |
| donepezil hydrochloride orally                     |     | EMBRACE PEN NEEDLES            | 117 |
| disintegrating tab 10 mg                           | 18  | EMCYT                          | 29  |
| donepezil hydrochloride orally                     |     | emoquette                      | 96  |
| disintegrating tab 5 mg                            | 18  | EMSAM                          | 19  |
| dorzolamide hcl                                    | 123 | emtricitabine                  | 52  |
| dorzolamide hcl-timolol mal                        | 120 | emtricitabine-tenofovir df     | 53  |
| dotti  | 96  | EMTRIVA                        | 53  |
| DOVATO   | 51  | enalapril maleate              | 66  |
| doxazosin mesylate                                 | 65  | enalapril-hydrochlorothiazide  | 70  |
| doxepin hcl  | 21  | ENBREL                         | 109 |
| doxercalciferol                                    | 115 | ENBREL MINI                    | 109 |
| doxy 100   | 13  | ENBREL SURECLICK               | 109 |
| doxycycline hyclate                                | 13  | endocet                        | 3   |
| doxycycline monohydrate                            | 13  | ENGERIX-B                      | 112 |
| DRIZALMA SPRINKLE                                  | 77  | enilloring                     | 96  |
| dronabinol   | 22  | enoxaparin sodium              | 62  |
| DROPLET MICRON                                     | 117 | enpresse-28                    | 96  |
|  |     | enskyce                        | 96  |
|  |     | entacapone                     | 44  |
|  |     | entecavir                      | 50  |
|  |     | ENTRESTO                       | 70  |

|   |        |
|---|--------|
| enulose   | 86     |
| ENVARUSUS XR                                      | 109    |
| EPCLUSA   | 50     |
| EPIDIOLEX   | 14     |
| epinephrine                                       | 126    |
| EPINEPHRINE AUTOINJECTOR (GENERIC<br>ADRENACLICK) | 126    |
| epitol  | 17     |
| EPIVIR HBV  | 50     |
| eplerenone  | 72     |
| EPRONTIA  | 14     |
| EPROSARTAN MESYLATE                               | 65     |
| ERIVEDGE  | 35     |
| ERLEADA   | 28     |
| erlotinib hcl                                     | 36     |
| errin   | 102    |
| ertapenem sodium                                  | 11     |
| ERY   | 83     |
| erythrocin lactobionate                           | 11     |
| erythromycin                                      | 83,121 |
| erythromycin base                                 | 11     |
| ERYTHROMYCIN ETHYLSUCCINATE                       | 11     |
| erythromycin lactobionate                         | 12     |
| escitalopram oxalate                              | 20     |
| estarylla   | 96     |
| estazolam   | 129    |
| estradiol   | 96,97  |
| ESTRING   | 97     |
| eszopiclone                                       | 129    |
| ethambutol hcl                                    | 27     |
| ethosuximide                                      | 15     |
| ethynodiol diac-eth estradiol                     | 97     |
| etodolac  | 1      |
| etodolac er                                       | 1      |
| etonogestrel-ethinyl estradiol                    | 97     |
| etravirine  | 52     |
| euthyrox  | 103    |
| everolimus  | 36,109 |
| EVOTAZ  | 54     |
| exemestane  | 33     |
| EXKIVITY  | 30     |
| EXTAVIA   | 78     |
| ezetimibe   | 73     |
| ezetimibe-simvastatin                             | 73     |

## F

|                                |        |
|--------------------------------|--------|
| falmina                        | 97     |
| famciclovir                    | 56     |
| famotidine                     | 88     |
| FANAPT                         | 47     |
| FANAPT TITRATION PACK          | 47     |
| FARXIGA                        | 57     |
| felbamate                      | 14     |
| felodipine er                  | 68     |
| femynor                        | 97     |
| fenofibrate                    | 72     |
| fenofibrate micronized         | 73     |
| fenofibric acid                | 73     |
| fentanyl                       | 2      |
| fentanyl citrate               | 3      |
| FETZIMA                        | 20     |
| FETZIMA TITRATION              | 20     |
| finasteride                    | 91     |
| fingolimod hcl                 | 78     |
| FINTEPLA                       | 14     |
| FIRMAGON                       | 104    |
| FIRMAGON (240 MG DOSE)         | 104    |
| FLEBOGAMMA DIF                 | 106    |
| flecainide acetate             | 66     |
| fluconazole                    | 24     |
| fluconazole in sodium chloride | 24     |
| flucytosine                    | 24     |
| fludrocortisone acetate        | 92     |
| flunisolide                    | 124    |
| fluocinolone acetonide         | 80     |
| fluocinolone acetonide body    | 80     |
| fluocinolone acetonide scalp   | 80     |
| fluocinonide                   | 80     |
| fluocinonide emulsified base   | 81     |
| fluorometholone                | 122    |
| fluorouracil                   | 82     |
| fluoxetine hcl                 | 20     |
| FLUOXETINE HCL                 | 20     |
| fluphenazine decanoate         | 45     |
| FLUPHENAZINE HCL               | 45     |
| flurbiprofen                   | 1      |
| FLURBIPROFEN SODIUM            | 122    |
| flutamide                      | 28     |
| fluticasone propionate         | 81,124 |

|                             |       |                             |     |
|-----------------------------|-------|-----------------------------|-----|
| fluticasone-salmeterol      | 128   | GILOTRIF                    | 36  |
| FLUTICASONE-SALMETEROL      | 128   | glatiramer acetate          | 78  |
| fluvastatin sodium          | 73    | GLEOSTINE                   | 27  |
| fluvastatin sodium er       | 73    | glimepiride                 | 58  |
| flvoxamine maleate          | 20    | glipizide                   | 58  |
| fondaparinux sodium         | 62    | glipizide er                | 58  |
| FORTEO                      | 115   | glipizide xl                | 58  |
| fosamprenavir calcium       | 54    | glipizide-metformin hcl     | 58  |
| fosinopril sodium           | 66    | GLUCAGEN HYPOKIT            | 60  |
| fosinopril sodium-hctz      | 71    | GLUCAGON EMERGENCY          | 60  |
| FOTIVDA                     | 30    | glyburide                   | 58  |
| FREAMINE III                | 83    | GLYBURIDE MICRONIZED        | 58  |
| FRUZAQLA                    | 36    | glyburide-metformin         | 58  |
| fulvestrant                 | 29    | glycopyrrolate              | 88  |
| furosemide                  | 72    | GLYXAMBI                    | 58  |
| FUROSEMIDE                  | 72    | GOLYTELY                    | 88  |
| FUZEON                      | 54    | granisetron hcl             | 22  |
| fyavolv                     | 97    | griseofulvin microsize      | 24  |
| FYCOMPA                     | 14    | griseofulvin ultramicrosize | 24  |
|                             |       | guanfacine hcl              | 65  |
|                             |       | guanfacine hcl er           | 76  |
|                             |       | GUANIDINE HCL               | 26  |
| <b>G</b>                    |       |                             |     |
| gabapentin                  | 16    | <b>H</b>                    |     |
| GAMMAGARD                   | 106   | HADLIMA                     | 109 |
| GAMMAGARD S/D LESS IGA      | 106   | HADLIMA PUSH TOUCH          | 109 |
| GAMMAKED                    | 106   | HAEGARDA                    | 105 |
| GAMMAPLEX                   | 106   | hailey 1.5/30               | 97  |
| GAMUNEX-C                   | 106   | hailey fe 1.5/30            | 97  |
| GARDASIL 9                  | 112   | hailey fe 1/20              | 97  |
| GATTEX                      | 88    | halobetasol propionate      | 81  |
| gauze pads 2                | 117   | haloette                    | 97  |
| GAVILYTE-C                  | 88    | haloperidol                 | 45  |
| gavilyte-g                  | 88    | haloperidol decanoate       | 45  |
| gavilyte-n with flavor pack | 86    | haloperidol lactate         | 46  |
| GAVRETO                     | 36    | HARVONI                     | 51  |
| gefitinib                   | 36    | HAVRIX                      | 112 |
| gemfibrozil                 | 73    | heather                     | 102 |
| GEMTESA                     | 91    | HEMADY                      | 92  |
| generlac                    | 86    | heparin sodium (porcine)    | 63  |
| gengraf                     | 109   | heparin sodium (porcine) pf | 63  |
| GENOTROPIN                  | 94    | HEPATAMINE                  | 83  |
| GENOTROPIN MINIQUICK        | 94    | HEPLISAV-B                  | 112 |
| GENTAK                      | 121   | HIBERIX                     | 112 |
| gentamicin sulfate          | 6,121 | HIZENTRA                    | 107 |
| GENVOYA                     | 51    |                             |     |
| gianvi                      | 97    |                             |     |



|                                |         |                                |       |
|--------------------------------|---------|--------------------------------|-------|
| HUMALOG                        | 60      | ICLUSIG                        | 36    |
| HUMALOG JUNIOR KWIKPEN         | 60      | icosapent ethyl                | 73    |
| HUMALOG KWIKPEN                | 60      | IDHIFA                         | 30    |
| HUMALOG MIX 50/50              | 60      | ILARIS                         | 107   |
| HUMALOG MIX 50/50 KWIKPEN      | 60      | ILEVRO                         | 122   |
| HUMALOG MIX 75/25              | 60      | imatinib mesylate              | 36    |
| HUMALOG MIX 75/25 KWIKPEN      | 60      | IMBRUVICA                      | 36,37 |
| HUMIRA                         | 109,110 | imipenem-cilastatin            | 11    |
| HUMIRA (2 PEN)                 | 109     | imipramine hcl                 | 21    |
| HUMIRA (2 SYRINGE)             | 109     | imiquimod                      | 82    |
| HUMIRA-CD/UC/HS STARTER        | 110     | IMOVAX RABIES                  | 112   |
| HUMIRA-PED<40KG CROHNS STARTER | 110     | incassia                       | 102   |
| HUMIRA-PED>/=40KG CROHNS START | 110     | INCRELEX                       | 94    |
| HUMIRA-PED>/=40KG UC STARTER   | 110     | indapamide                     | 72    |
| HUMIRA-PS/UV/ADOL HS STARTER   | 110     | indomethacin                   | 1     |
| HUMIRA-PSORIASIS/UVEIT STARTER | 110     | INFANRIX                       | 112   |
| HUMULIN 70/30                  | 61      | INGREZZA                       | 77    |
| HUMULIN 70/30 KWIKPEN          | 61      | INLYTA                         | 37    |
| HUMULIN N                      | 61      | INQOVI                         | 29    |
| HUMULIN N KWIKPEN              | 61      | INREBIC                        | 30    |
| HUMULIN R                      | 61      | INSULIN LISPRO                 | 61    |
| HUMULIN R U-500 (CONCENTRATED) | 61      | INSULIN LISPRO (1 UNIT DIAL)   | 61    |
| HUMULIN R U-500 KWIKPEN        | 61      | INSULIN LISPRO JUNIOR KWIKPEN  | 61    |
| hydralazine hcl                | 74      | INSULIN LISPRO PROT & LISPRO   | 61    |
| hydrochlorothiazide            | 72      | INSULIN PEN NEEDLES            | 117   |
| hydrocodone-acetaminophen      | 3       | INSULIN PEN NEEDLES            | 117   |
| hydrocortisone                 | 81,114  | INSULIN SYRINGE 0.3 ML         | 117   |
| hydrocortisone (perianal)      | 81      | INSULIN SYRINGE 0.5 ML         | 117   |
| HYDROCORTISONE BUTYRATE        | 81      | INSULIN SYRINGE 1 ML           | 118   |
| hydrocortisone butyrate        | 92      | INSULIN SYRINGE-NEEDLE U-100   | 118   |
| hydrocortisone valerate        | 81,92   | INSUPEN PEN NEEDLES            | 118   |
| hydrocortisone-acetic acid     | 124     | INTELENCE                      | 52    |
| hydromorphone hcl              | 3       | INTRALIPID                     | 83    |
| hydroxychloroquine sulfate     | 43      | INTRON A                       | 108   |
| HYDROXYPROGESTERONE CAPROATE   | 102     | introvale                      | 97    |
| hydroxyurea                    | 29      | INVEGA HAFYERA                 | 47    |
| hydroxyzine hcl                | 124     | INVEGA SUSTENNA                | 47    |
|                                |         | INVEGA TRINZA                  | 47,48 |
|                                |         | IPOL                           | 112   |
| ibandronate sodium             | 115     | ipratropium bromide            | 125   |
| IBRANCE                        | 36      | ipratropium-albuterol          | 128   |
| ibu                            | 1       | irbesartan                     | 65    |
| ibuprofen                      | 1       | irbesartan-hydrochlorothiazide | 71    |
| icatibant acetate              | 106     | ISENTRESS                      | 51    |
| iclevia                        | 97      | ISENTRESS HD                   | 51    |

|                                |     |                                   |       |
|--------------------------------|-----|-----------------------------------|-------|
| isibloom.....                  | 97  | kelnor 1/35.....                  | 98    |
| isoniazid.....                 | 27  | kelnor 1/50.....                  | 98    |
| ISONIAZID.....                 | 27  | KEPIVANCE.....                    | 79    |
| isopropyl alcohol.....         | 118 | KERENDIA.....                     | 58    |
| isopropyl alcohol wipes.....   | 118 | ketoconazole.....                 | 24    |
| isosorbide dinitrate.....      | 74  | ketorolac tromethamine.....       | 122   |
| isosorbide mononitrate.....    | 74  | KINRIX.....                       | 112   |
| isosorbide mononitrate er..... | 74  | kionex.....                       | 85    |
| isotretinoin.....              | 79  | KISQALI (200 MG DOSE).....        | 37    |
| itraconazole.....              | 24  | KISQALI (400 MG DOSE).....        | 37    |
| ivabradine hcl.....            | 71  | KISQALI (600 MG DOSE).....        | 37    |
| ivermectin.....                | 43  | KISQALI FEMARA (200 MG DOSE)..... | 30    |
| IWILFIN.....                   | 118 | KISQALI FEMARA (400 MG DOSE)..... | 30    |
| IXCHIQ.....                    | 112 | KISQALI FEMARA (600 MG DOSE)..... | 30    |
| IXIARO.....                    | 112 | klayesta.....                     | 24    |
| <b>J</b>                       |     | klor-con.....                     | 83    |
| JAKAFI.....                    | 37  | klor-con 10.....                  | 83    |
| jantoven.....                  | 63  | klor-con m10.....                 | 84    |
| JANUMET.....                   | 58  | klor-con m15.....                 | 84    |
| JANUMET XR.....                | 58  | klor-con m20.....                 | 84    |
| JANUVIA.....                   | 58  | klor-con sprinkle.....            | 84    |
| JARDIANCE.....                 | 58  | KOSELUGO.....                     | 30    |
| jasmiel.....                   | 97  | kourzeq.....                      | 79    |
| javygtor.....                  | 90  | KRAZATI.....                      | 30    |
| JAYPIRCA.....                  | 37  | kurvelo.....                      | 98    |
| jencycla.....                  | 102 | <b>L</b>                          |       |
| JENTADUETO.....                | 58  | l-glutamine.....                  | 90    |
| JENTADUETO XR.....             | 58  | labetalol hcl.....                | 67    |
| jinteli.....                   | 97  | lacosamide.....                   | 17    |
| jolessa.....                   | 97  | lactated ringers.....             | 86    |
| juleber.....                   | 97  | lactulose.....                    | 87    |
| JULUCA.....                    | 51  | lactulose encephalopathy.....     | 87    |
| junel 1.5/30.....              | 97  | LAGEVRIO.....                     | 118   |
| junel 1/20.....                | 97  | lamivudine.....                   | 50,53 |
| junel fe 1.5/30.....           | 97  | lamivudine-zidovudine.....        | 53    |
| junel fe 1/20.....             | 97  | lamotrigine.....                  | 14    |
| JYNNEOS.....                   | 112 | LANREOTIDE ACETATE.....           | 104   |
| <b>K</b>                       |     | lansoprazole.....                 | 88    |
| kalliga.....                   | 97  | LANTUS.....                       | 61    |
| KALYDECO.....                  | 126 | LANTUS SOLOSTAR.....              | 61    |
| kariva.....                    | 97  | lapatinib ditosylate.....         | 37    |
| kcl in dextrose-nacl.....      | 83  | larin 1.5/30.....                 | 98    |
| KCL-LACTATED RINGERS-D5W.....  | 86  | larin 1/20.....                   | 98    |
|                                |     | larin fe 1.5/30.....              | 98    |

|                                |     |                                |       |
|--------------------------------|-----|--------------------------------|-------|
| larin fe 1/20                  | 98  | lidocan                        | 4     |
| larissia                       | 98  | lillow                         | 98    |
| latanoprost                    | 123 | LINDANE                        | 82    |
| LAZCLUZE                       | 33  | linezolid                      | 7     |
| LEDIPASVIR-SOFOSBUVIR          | 51  | LINEZOLID IN SODIUM CHLORIDE   | 7     |
| leena                          | 98  | LINZESS                        | 87    |
| leflunomide                    | 110 | liothyronine sodium            | 103   |
| lenalidomide                   | 28  | lisinopril                     | 66    |
| LENVIMA (10 MG DAILY DOSE)     | 37  | lisinopril-hydrochlorothiazide | 71    |
| LENVIMA (12 MG DAILY DOSE)     | 37  | lithium                        | 57    |
| LENVIMA (14 MG DAILY DOSE)     | 37  | lithium carbonate              | 57    |
| LENVIMA (18 MG DAILY DOSE)     | 37  | lithium carbonate er           | 57    |
| LENVIMA (20 MG DAILY DOSE)     | 38  | lo-zumandimine                 | 98    |
| LENVIMA (24 MG DAILY DOSE)     | 38  | loestrin 1.5/30 (21)           | 98    |
| LENVIMA (4 MG DAILY DOSE)      | 38  | loestrin 1/20 (21)             | 98    |
| LENVIMA (8 MG DAILY DOSE)      | 38  | loestrin fe 1.5/30             | 98    |
| lessina                        | 98  | loestrin fe 1/20               | 98    |
| letrozole                      | 33  | LONSURF                        | 31    |
| leucovorin calcium             | 30  | loperamide hcl                 | 87    |
| LEUKERAN                       | 27  | lopinavir-ritonavir            | 54,55 |
| leuprolide acetate             | 104 | lorazepam                      | 57    |
| levabuterol hcl                | 126 | lorazepam intensol             | 57    |
| LEVALBUTEROL TARTRATE          | 126 | LORBRENA                       | 38    |
| levetiracetam                  | 14  | loryna                         | 98    |
| levetiracetam er               | 14  | losartan potassium             | 65    |
| levo-t                         | 103 | losartan potassium-hctz        | 71    |
| LEVOBUNOLOL HCL                | 122 | loteprednol etabonate          | 122   |
| levocarnitine                  | 86  | lovastatin                     | 73    |
| levocetirizine dihydrochloride | 124 | low-ogestrel                   | 98    |
| levofloxacin                   | 12  | loxapine succinate             | 46    |
| LEVOFLOXACIN                   | 121 | lubiprostone                   | 87    |
| levofloxacin in d5w            | 12  | LUMAKRAS                       | 31    |
| levonest                       | 98  | LUMIGAN                        | 123   |
| levonorg-eth estrad triphasic  | 98  | LUPRON DEPOT (1-MONTH)         | 104   |
| levonorgest-eth estrad 91-day  | 98  | LUPRON DEPOT (3-MONTH)         | 104   |
| levonorgestrel-ethinyl estrad  | 98  | LUPRON DEPOT (4-MONTH)         | 104   |
| levora 0.15/30 (28)            | 98  | LUPRON DEPOT (6-MONTH)         | 104   |
| levothyroxine sodium           | 103 | lurasidone hcl                 | 48    |
| levoxyl                        | 103 | lutra                          | 98    |
| LEXIVA                         | 54  | LYBALVI                        | 19    |
| LIBERVANT                      | 16  | lyleq                          | 102   |
| lidocaine                      | 4   | lyllana                        | 99    |
| lidocaine hcl                  | 4   | LYNPARZA                       | 38    |
| lidocaine viscous hcl          | 4   | LYSODREN                       | 31    |
| lidocaine-prilocaine           | 4   | LYTGOBI (12 MG DAILY DOSE)     | 38    |

|                                  |     |                                     |       |
|----------------------------------|-----|-------------------------------------|-------|
| LYTGOBI (16 MG DAILY DOSE).....  | 38  | methotrexate sodium.....            | 110   |
| LYTGOBI (20 MG DAILY DOSE).....  | 38  | methotrexate sodium (pf).....       | 110   |
| lyza.....                        | 102 | methsuximide.....                   | 15    |
| <b>M</b>                         |     |                                     |       |
| M-M-R II.....                    | 112 | methyldopa.....                     | 65    |
| magnesium sulfate.....           | 84  | methylergonovine maleate.....       | 118   |
| malathion.....                   | 82  | methylphenidate hcl.....            | 76    |
| MAPROTILINE HCL.....             | 19  | methylphenidate hcl er.....         | 76    |
| maraviroc.....                   | 54  | methylprednisolone.....             | 92    |
| marlissa.....                    | 99  | methylprednisolone acetate.....     | 93    |
| MARPLAN.....                     | 19  | methylprednisolone sodium succ..... | 93    |
| MATULANE.....                    | 27  | metoclopramide hcl.....             | 22    |
| matzim la.....                   | 69  | metolazone.....                     | 72    |
| MAVYRET.....                     | 51  | metoprolol succinate er.....        | 67    |
| meclizine hcl.....               | 22  | metoprolol tartrate.....            | 67    |
| medpura alcohol pads.....        | 118 | metoprolol-hydrochlorothiazide..... | 71    |
| medroxyprogesterone acetate..... | 102 | metronidazole.....                  | 7     |
| mefloquine hcl.....              | 43  | metyrosine.....                     | 71    |
| megestrol acetate.....           | 102 | mexiletine hcl.....                 | 66    |
| MEKINIST.....                    | 38  | micafungin sodium.....              | 24    |
| MEKTOVI.....                     | 38  | MICONAZOLE 3.....                   | 24    |
| meloxicam.....                   | 1   | microgestin 1.5/30.....             | 99    |
| memantine hcl.....               | 18  | microgestin 1/20.....               | 99    |
| memantine hcl er.....            | 18  | microgestin fe 1.5/30.....          | 99    |
| MENACTRA.....                    | 112 | microgestin fe 1/20.....            | 99    |
| MENEST.....                      | 99  | midodrine hcl.....                  | 65    |
| MENQUADFI.....                   | 112 | mifepristone.....                   | 93    |
| MENVEO.....                      | 112 | MIGERGOT.....                       | 25    |
| meprobamate.....                 | 56  | miglitol.....                       | 59    |
| mercaptopurine.....              | 29  | miglustat.....                      | 90    |
| meropenem.....                   | 11  | mili.....                           | 99    |
| mesalamine.....                  | 114 | minitran.....                       | 74    |
| mesalamine er.....               | 114 | minocycline hcl.....                | 13    |
| mesna.....                       | 42  | minoxidil.....                      | 74    |
| MESNEX.....                      | 42  | mirtazapine.....                    | 19    |
| metformin hcl.....               | 59  | misoprostol.....                    | 88    |
| metformin hcl er.....            | 59  | modafinil.....                      | 130   |
| methadone hcl.....               | 2   | moexipril hcl.....                  | 66    |
| methazolamide.....               | 123 | MOLINDONE HCL.....                  | 46    |
| methenamine hippurate.....       | 7   | mometasone furoate.....             | 81,93 |
| methergine.....                  | 118 | mondoxyne nl.....                   | 13    |
| methimazole.....                 | 105 | mono-linyah.....                    | 99    |
| methocarbamol.....               | 129 | montelukast sodium.....             | 125   |
| METHOTREXATE SODIUM.....         | 110 | morgidox.....                       | 13    |
|                                  |     | morphine sulfate.....               | 3     |
|                                  |     | morphine sulfate (concentrate)..... | 3     |

|                                |        |                                |       |
|--------------------------------|--------|--------------------------------|-------|
| morphine sulfate er            | 2      | nevirapine                     | 52    |
| MOUNJARO                       | 59     | NEVIRAPINE                     | 52    |
| MOVANTIK                       | 87     | NEVIRAPINE ER                  | 52    |
| moxifloxacin hcl               | 12,121 | nevirapine er                  | 52    |
| MOXIFLOXACIN HCL               | 12     | NIACIN (ANTIHYPERLIPIDEMIC)    | 74    |
| MOXIFLOXACIN HCL (2X DAY)      | 121    | niacin er (antihyperlipidemic) | 74    |
| MOXIFLOXACIN HCL IN NAACL      | 12     | NIACOR                         | 74    |
| MRESVIA                        | 112    | nicardipine hcl                | 68    |
| MULTAQ                         | 66     | NICOTROL                       | 5     |
| mupirocin                      | 83     | NICOTROL NS                    | 5     |
| MYALEPT                        | 88     | nifedipine                     | 68    |
| mycophenolate mofetil          | 110    | nifedipine er                  | 68    |
| mycophenolate mofetil hcl      | 110    | nifedipine er osmotic release  | 68    |
| mycophenolate sodium           | 111    | nikki                          | 99    |
| mycophenolic acid              | 111    | nilutamide                     | 28    |
| myorisan                       | 79     | nimodipine                     | 68    |
| MYRBETRIQ                      | 91     | NINLARO                        | 31    |
| <b>N</b>                       |        | nitazoxanide                   | 43    |
| na sulfate-k sulfate-mg sulf   | 87     | nitisinone                     | 90    |
| nabumetone                     | 1      | NITRO-BID                      | 74    |
| nadolol                        | 67     | nitrofurantoin macrocrystal    | 7     |
| nafcillin sodium               | 10     | nitrofurantoin monohyd macro   | 7     |
| nafrinse                       | 86     | nitroglycerin                  | 74,75 |
| NAGLAZYME                      | 90     | NITROSTAT                      | 75    |
| naloxone hcl                   | 5      | NIZATIDINE                     | 88    |
| naltrexone hcl                 | 5      | nora-be                        | 102   |
| naproxen                       | 1      | norethin ace-eth estrad-fe     | 99    |
| naproxen dr                    | 1      | norethin-eth estradiol-fe      | 99    |
| naratriptan hcl                | 26     | norethindrone                  | 102   |
| NATACYN                        | 121    | norethindrone acet-ethinyl est | 99    |
| nateglinide                    | 59     | norethindrone acetate          | 102   |
| NATPARA                        | 115    | norethindrone-eth estradiol    | 99    |
| NAYZILAM                       | 4      | norgestim-eth estrad triphasic | 99    |
| nebivolol hcl                  | 67     | norgestimate-eth estradiol     | 99    |
| necon 0.5/35 (28)              | 99     | norlyda                        | 102   |
| NEFAZODONE HCL                 | 20     | norlyroc                       | 102   |
| neo-polycin                    | 120    | NORMOSOL-M IN D5W              | 84    |
| neo-polycin hc                 | 120    | nortrel 0.5/35 (28)            | 99    |
| neomycin sulfate               | 6      | nortrel 1/35 (21)              | 99    |
| neomycin-bacitracin zn-polymyx | 120    | nortrel 1/35 (28)              | 100   |
| neomycin-polymyxin-dexameth    | 120    | nortrel 7/7/7                  | 100   |
| NEOMYCIN-POLYMYXIN-GRAMICIDIN  | 121    | nortriptyline hcl              | 21    |
| neomycin-polymyxin-hc          | 124    | NORVIR                         | 55    |
| NERLYNX                        | 39     | NovoFine 32G X 6 MM MISC       | 118   |
|                                |        | NOVOLIN 70/30                  | 61    |

|                            |            |                               |        |
|----------------------------|------------|-------------------------------|--------|
| NOVOLIN 70/30 RELION       | 61         | OPSUMIT                       | 127    |
| NOVOLIN N                  | 61         | OPVEE                         | 118    |
| NOVOLIN N RELION           | 61         | oralone                       | 79     |
| NOVOLIN R                  | 61         | ORGOVYX                       | 105    |
| NOVOLIN R RELION           | 62         | ORSERDU                       | 28     |
| NovoTwist 32G X 5 MM MISC  | 118        | orsythia                      | 100    |
| NUBEQA                     | 28         | oseltamivir phosphate         | 55     |
| NUCALA                     | 128        | OSPHENA                       | 103    |
| NULYTELY LEMON-LIME        | 87         | OTEZLA                        | 82,107 |
| NULYTELY WITH FLAVOR PACKS | 87         | oxandrolone                   | 94     |
| NUPLAZID                   | 48         | oxcarbazepine                 | 17     |
| NURTEC                     | 25         | oxybutynin chloride           | 91     |
| NUTRILIPID                 | 84         | oxybutynin chloride er        | 91     |
| nyamyc                     | 24         | oxycodone hcl                 | 3,4    |
| nylia 1/35                 | 100        | oxycodone-acetaminophen       | 4      |
| nylia 7/7/7                | 100        | OZEMPIC (0.25 OR 0.5 MG/DOSE) | 59     |
| NYMALIZE                   | 68         | OZEMPIC (1 MG/DOSE)           | 59     |
| nymyo                      | 100        | OZEMPIC (2 MG/DOSE)           | 59     |
| nystatin                   | 24         |                               |        |
| nystatin-triamcinolone     | 82         | <b>P</b>                      |        |
| nystop                     | 24         | pacerone                      | 66     |
| <b>O</b>                   |            | paliperidone er               | 48     |
| ocella                     | 100        | PANRETIN                      | 42     |
| octreotide acetate         | 104        | pantoprazole sodium           | 89     |
| OCTREOTIDE ACETATE         | 105        | paricalcitol                  | 115    |
| ODEFSEY                    | 52         | paroex                        | 79     |
| ODOMZO                     | 39         | paromomycin sulfate           | 6      |
| OFEV                       | 127        | paroxetine hcl                | 20     |
| ofloxacin                  | 12,121,124 | PASER                         | 27     |
| OGSIVEO                    | 31         | PAXLOVID (150/100)            | 118    |
| OJEMDA                     | 33         | PAXLOVID (300/100)            | 118    |
| OJJAARA                    | 33         | pazopanib hcl                 | 39     |
| olanzapine                 | 48         | PEDIARIX                      | 112    |
| olmesartan medoxomil       | 65         | PEDVAX HIB                    | 112    |
| olmesartan medoxomil-hctz  | 71         | peg 3350-kcl-na bicarb-nacl   | 87     |
| olmesartan-amlodipine-hctz | 71         | peg-3350/electrolytes         | 88     |
| olopatadine hcl            | 121        | PEGASYS                       | 108    |
| omega-3-acid ethyl esters  | 74         | PEMAZYRE                      | 39     |
| omeprazole                 | 89         | PEN NEEDLES                   | 118    |
| OMNITROPE                  | 94         | PENBRAYA                      | 113    |
| ondansetron                | 23         | penicillamine                 | 91     |
| ONDANSETRON HCL            | 23         | penicillin g potassium        | 10     |
| ondansetron hcl            | 23         | PENICILLIN G SODIUM           | 10     |
| ONUREG                     | 31         | penicillin v potassium        | 10     |
|                            |            | PENTACEL                      | 113    |

|                                     |         |                                    |       |
|-------------------------------------|---------|------------------------------------|-------|
| pentamidine isethionate.....        | 43      | potassium citrate er.....          | 84    |
| pentoxifylline er.....              | 71      | pramipexole dihydrochloride.....   | 44    |
| perindopril erbumine.....           | 66      | prasugrel hcl.....                 | 64    |
| periogard.....                      | 79      | pravastatin sodium.....            | 73    |
| permethrin.....                     | 82      | praziquantel.....                  | 43    |
| perphenazine.....                   | 22      | prazosin hcl.....                  | 65    |
| PERSERIS.....                       | 48      | prednisolone.....                  | 93    |
| PFIZERPEN.....                      | 10      | prednisolone acetate.....          | 122   |
| phenelzine sulfate.....             | 20      | prednisolone sodium phosphate..... | 93    |
| phenobarbital.....                  | 16      | PREDNISOLONE SODIUM PHOSPHATE..... | 122   |
| phenytek.....                       | 17      | prednisone.....                    | 93    |
| phenytoin.....                      | 17      | PREDNISONE INTENSOL.....           | 93    |
| phenytoin infatabs.....             | 18      | pregabalin.....                    | 77    |
| phenytoin sodium extended.....      | 18      | PREHEVBRIO.....                    | 113   |
| philith.....                        | 100     | PREMARIN.....                      | 100   |
| PHOSPHOLINE IODIDE.....             | 123     | PREMASOL.....                      | 84    |
| PIFELTRO.....                       | 52      | premium lidocaine.....             | 4     |
| pilocarpine hcl.....                | 79,123  | PREMPHASE.....                     | 100   |
| PIMOZIDE.....                       | 46      | PREMPRO.....                       | 100   |
| pimtrea.....                        | 100     | prenatal vitamins.....             | 86    |
| pindolol.....                       | 67      | prevalite.....                     | 74    |
| pioglitazone hcl.....               | 59      | previfem.....                      | 100   |
| piperacillin sod-tazobactam so..... | 11      | PREVYMIS.....                      | 50    |
| PIQRAY (200 MG DAILY DOSE).....     | 39      | PREZCOBIX.....                     | 55    |
| PIQRAY (250 MG DAILY DOSE).....     | 39      | PREZISTA.....                      | 55    |
| PIQRAY (300 MG DAILY DOSE).....     | 39      | PRIFTIN.....                       | 27    |
| pirfenidone.....                    | 127,128 | primaquine phosphate.....          | 43    |
| PIRFENIDONE.....                    | 127     | primidone.....                     | 16    |
| pirmella 1/35.....                  | 100     | PRIORIX.....                       | 113   |
| pirmella 7/7/7.....                 | 100     | PRIVIGEN.....                      | 107   |
| piroxicam.....                      | 1       | PRO COMFORT INSULIN SYRINGE.....   | 118   |
| PLEGRIDY.....                       | 78      | probenecid.....                    | 25    |
| PLEGRIDY STARTER PACK.....          | 78      | prochlorperazine.....              | 22    |
| PLENVU.....                         | 87      | prochlorperazine maleate.....      | 22    |
| podofilox.....                      | 82      | procto-med hc.....                 | 81    |
| polycin.....                        | 121     | procto-pak.....                    | 81    |
| polymyxin b-trimethoprim.....       | 122     | proctosol hc.....                  | 81    |
| POMALYST.....                       | 28      | proctozone-hc.....                 | 81    |
| portia-28.....                      | 100     | PROCYSBI.....                      | 90    |
| posaconazole.....                   | 24      | progesterone.....                  | 103   |
| potassium chloride.....             | 84      | PROGRAF.....                       | 111   |
| potassium chloride crys er.....     | 84      | PROLASTIN-C.....                   | 90    |
| potassium chloride er.....          | 84      | PROLENSA.....                      | 122   |
| potassium chloride in dextrose..... | 86      | PROLIA.....                        | 115   |
| potassium chloride in nacl.....     | 84      | PROMACTA.....                      | 63,64 |

|                                     |        |                                  |        |
|-------------------------------------|--------|----------------------------------|--------|
| promethazine hcl.....               | 22,124 | relafen.....                     | 1      |
| propafenone hcl.....                | 67     | RELENZA DISKHALER.....           | 55     |
| propranolol hcl.....                | 67     | RELISTOR.....                    | 87     |
| PROPRANOLOL HCL.....                | 67     | repaglinide.....                 | 59     |
| propranolol hcl er.....             | 68     | REPATHA.....                     | 74     |
| PROPRANOLOL-HCTZ.....               | 71     | REPATHA PUSHTRONEX SYSTEM.....   | 74     |
| propylthiouracil.....               | 105    | REPATHA SURECLICK.....           | 74     |
| PROQUAD.....                        | 113    | RESTASIS.....                    | 121    |
| protriptyline hcl.....              | 21     | RESTASIS MULTIDOSE.....          | 121    |
| PULMICORT FLEXHALER.....            | 124    | RETACRIT.....                    | 64     |
| PULMOZYME.....                      | 126    | RETEVMO.....                     | 31     |
| PURE COMFORT SAFETY PEN NEEDLE..... | 119    | REVLIMID.....                    | 29     |
| PURIXAN.....                        | 29     | REXULTI.....                     | 48     |
| pyrazinamide.....                   | 27     | REYATAZ.....                     | 55     |
| pyridostigmine bromide.....         | 26     | REZLIDHIA.....                   | 39     |
| pyrimethamine.....                  | 44     | REZUROCK.....                    | 111    |
|                                     |        | RHOPRESSA.....                   | 123    |
| <b>Q</b>                            |        | ribavirin.....                   | 51,129 |
| qc alcohol.....                     | 119    | rifabutin.....                   | 27     |
| QINLOCK.....                        | 31     | rifampin.....                    | 27     |
| QUADRACEL.....                      | 113    | RIFATER.....                     | 27     |
| quetiapine fumarate.....            | 48     | riluzole.....                    | 77     |
| quetiapine fumarate er.....         | 48     | RIMANTADINE HCL.....             | 55     |
| quinapril hcl.....                  | 66     | ringers.....                     | 86     |
| quinapril-hydrochlorothiazide.....  | 71     | ringers irrigation.....          | 86     |
| quinidine sulfate.....              | 67     | RINVOQ.....                      | 111    |
| quinine sulfate.....                | 44     | RINVOQ LQ.....                   | 111    |
| QVAR REDHALER.....                  | 124    | risedronate sodium.....          | 115    |
|                                     |        | risperidone.....                 | 48,49  |
| <b>R</b>                            |        | risperidone microspheres er..... | 49     |
| ra isopropyl alcohol wipes.....     | 119    | ritonavir.....                   | 55     |
| RABAVERT.....                       | 113    | rivastigmine.....                | 18     |
| rabeprazole sodium.....             | 89     | rivastigmine tartrate.....       | 18     |
| raloxifene hcl.....                 | 103    | rizatriptan benzoate.....        | 26     |
| ramelteon.....                      | 129    | ROCKLATAN.....                   | 121    |
| ramipril.....                       | 66     | roflumilast.....                 | 127    |
| ranolazine er.....                  | 71     | ropinirole hcl.....              | 44     |
| rasagiline mesylate.....            | 45     | rosadan.....                     | 7,8    |
| REBIF.....                          | 78     | rosuvastatin calcium.....        | 73     |
| REBIF REBIDOSE.....                 | 78     | ROTARIX.....                     | 113    |
| REBIF REBIDOSE TITRATION PACK.....  | 78     | ROTATEQ.....                     | 113    |
| REBIF TITRATION PACK.....           | 78     | roweepra.....                    | 14     |
| reclipsen.....                      | 100    | roweepra xr.....                 | 14     |
| RECOMBIVAX HB.....                  | 113    | ROZLYTREK.....                   | 32     |
| REGRANEX.....                       | 82     | RUBRACA.....                     | 39     |



|                              |           |                               |        |
|------------------------------|-----------|-------------------------------|--------|
| rufinamide                   | 18        | SOMATULINE DEPOT              | 105    |
| RUKOBIA                      | 54        | SOMAVERT                      | 105    |
| RYBELSUS                     | 59        | sorafenib tosylate            | 39     |
| RYDAPT                       | 39        | sorine                        | 67     |
| <b>S</b>                     |           | sotalol hcl                   | 67     |
| sajazir                      | 106       | sotalol hcl (af)              | 67     |
| SANDIMMUNE                   | 111       | SPIRIVA HANDIHALER            | 125    |
| SANDOSTATIN LAR DEPOT        | 105       | SPIRIVA RESPIMAT              | 125    |
| SANTYL                       | 82        | spironolactone                | 72     |
| sapropterin dihydrochloride  | 90        | spironolactone-hctz           | 71     |
| SCEMBLIX                     | 39        | sprintec 28                   | 100    |
| scopolamine                  | 22        | SPRITAM                       | 14     |
| SECUADO                      | 49        | SPRYCEL                       | 39,40  |
| SECURESAFE INSULIN SYRINGE   | 119       | SPS (SODIUM POLYSTYRENE SULF) | 85     |
| selegiline hcl               | 45        | sronyx                        | 100    |
| selenium sulfide             | 81        | ssd                           | 82     |
| SELZENTRY                    | 54        | stavudine                     | 53     |
| SEREVENT DISKUS              | 126       | STELARA                       | 82,107 |
| sertraline hcl               | 20,21     | sterile water for irrigation  | 119    |
| setlakin                     | 100       | STIVARGA                      | 40     |
| sevelamer carbonate          | 85        | STRENSIQ                      | 90     |
| sharobel                     | 103       | STREPTOMYCIN SULFATE          | 6      |
| SHINGRIX                     | 113       | STRIBILD                      | 51     |
| SIGNIFOR                     | 105       | subvenite                     | 14     |
| sildenafil citrate           | 127       | sucrafate                     | 88     |
| SILIGENTLE FOAM DRESSING     | 119       | sulfacetamide sodium          | 122    |
| silodosin                    | 91        | sulfacetamide sodium (acne)   | 12     |
| silver sulfadiazine          | 82        | SULFACETAMIDE-PREDNISOLONE    | 121    |
| simliya                      | 100       | sulfadiazine                  | 12     |
| simvastatin                  | 73        | sulfamethoxazole-trimethoprim | 12     |
| sirolimus                    | 111       | SULFAMYLON                    | 83     |
| SIRTURO                      | 27        | sulfasalazine                 | 114    |
| SKYRIZI                      | 82,88,107 | sulindac                      | 2      |
| SKYRIZI (150 MG DOSE)        | 107       | sumatriptan                   | 26     |
| SKYRIZI PEN                  | 107       | sumatriptan succinate         | 26     |
| SMOFLIPID                    | 86        | sumatriptan succinate refill  | 26     |
| sodium chloride              | 84        | sunitinib malate              | 40     |
| sodium chloride (pf)         | 84        | SUNLENCA                      | 54     |
| sodium fluoride              | 86        | SURE COMFORT PEN NEEDLES      | 119    |
| sodium phenylbutyrate        | 90        | syeda                         | 100    |
| sodium polystyrene sulfonate | 85        | SYMDEKO                       | 126    |
| SOFOSBUVIR-VELPATASVIR       | 51        | SYMPAZAN                      | 16     |
| solifenacin succinate        | 91        | SYMTUZA                       | 55     |
| SOLTAMOX                     | 29        | SYNAREL                       | 105    |
|                              |           | SYNERCID                      | 8      |

|                               |         |                            |         |
|-------------------------------|---------|----------------------------|---------|
| SYNJARDY                      | 59      | THALOMID                   | 29      |
| SYNJARDY XR                   | 59      | theophylline er            | 127     |
| SYNRIBO                       | 32      | thioridazine hcl           | 46      |
| SYNTHROID                     | 104     | thiotepa                   | 27      |
| <b>T</b>                      |         |                            |         |
| TABLOID                       | 29      | thiothixene                | 46      |
| TABRECTA                      | 32      | tiadylt er                 | 69      |
| tacrolimus                    | 81,111  | tiagabine hcl              | 16      |
| tadalafil (pah)               | 127     | TIBSOVO                    | 40      |
| TAFINLAR                      | 40      | TICOVAC                    | 113     |
| TAGRISSE                      | 40      | tigecycline                | 8       |
| TALTZ                         | 107,108 | timolol maleate            | 26,122  |
| TALZENNA                      | 40      | tis-u-sol                  | 86      |
| tamoxifen citrate             | 29      | TIVICAY                    | 51      |
| tamsulosin hcl                | 91      | TIVICAY PD                 | 51      |
| tarina fe 1/20                | 100     | tizanidine hcl             | 50      |
| tarina fe 1/20 eq             | 101     | TOBI PODHALER              | 126     |
| TASIGNA                       | 40      | tobramycin                 | 122,126 |
| tasimelteon                   | 129     | tobramycin sulfate         | 6       |
| tazarotene                    | 79      | tobramycin-dexamethasone   | 121     |
| TAZICEF                       | 9       | TOLAK                      | 82      |
| TAZORAC                       | 80      | tolterodine tartrate       | 91      |
| taztia xt                     | 69      | tolterodine tartrate er    | 91      |
| TAZVERIK                      | 32      | topiramate                 | 14      |
| TDVAX                         | 113     | toremifene citrate         | 29      |
| TECHLITE PLUS PEN NEEDLES     | 119     | torsemide                  | 72      |
| TEFLARO                       | 9       | TOUJEO MAX SOLOSTAR        | 62      |
| telmisartan                   | 65      | TOUJEO SOLOSTAR            | 62      |
| telmisartan-hctz              | 71      | TPN ELECTROLYTES           | 86      |
| temazepam                     | 129     | TRACLEER                   | 127     |
| TEMIXYS                       | 53      | TRADJENTA                  | 59      |
| TENIVAC                       | 113     | tramadol hcl               | 4       |
| tenofovir disoproxil fumarate | 53      | tramadol-acetaminophen     | 4       |
| TEPMETKO                      | 40      | trandolapril               | 66      |
| terazosin hcl                 | 65      | tranexamic acid            | 64      |
| terbinafine hcl               | 24      | tranylcypropramine sulfate | 20      |
| terconazole                   | 24      | TRAVASOL                   | 84      |
| teriflunomide                 | 78      | travoprost (bak free)      | 123     |
| TERIPARATIDE (RECOMBINANT)    | 115     | trazodone hcl              | 21      |
| testosterone                  | 94      | TRECATOR                   | 27      |
| testosterone cypionate        | 94      | TRELEGY ELLIPTA            | 129     |
| TESTOSTERONE ENANTHATE        | 94      | TRELSTAR MIXJECT           | 105     |
| tetrabenazine                 | 77      | tretinoin                  | 42,80   |
| tetracycline hcl              | 13      | tri femynor                | 101     |
|                               |         | tri-estarylla              | 101     |
|                               |         | tri-linyah                 | 101     |

|                              |       |
|------------------------------|-------|
| tri-mili                     | 101   |
| tri-nymyo                    | 101   |
| tri-previfem                 | 101   |
| tri-sprintec                 | 101   |
| tri-vylibra                  | 101   |
| triamcinolone acetonide      | 79,81 |
| triamterene-hctz             | 71    |
| triazolam                    | 129   |
| triderm                      | 81    |
| trientine hcl                | 85    |
| TRIENTINE HCL                | 85    |
| trifluoperazine hcl          | 46    |
| TRIFLURIDINE                 | 56    |
| trihexyphenidyl hcl          | 44    |
| TRIKAFTA                     | 126   |
| trilyte                      | 87    |
| trimethoprim                 | 8     |
| trimipramine maleate         | 22    |
| TRINTELLIX                   | 21    |
| TRIUMEQ                      | 53    |
| TRIUMEQ PD                   | 53    |
| trivora (28)                 | 101   |
| TRIZIVIR                     | 53    |
| TROPHAMINE                   | 84    |
| tropium chloride             | 91    |
| TRUE COMFORT INSULIN SYRINGE | 119   |
| TRUE COMFORT PEN NEEDLES     | 119   |
| TRUE COMFORT PRO PEN NEEDLES | 119   |
| TRULICITY                    | 60    |
| TRUMENBA                     | 113   |
| TRUQAP                       | 34    |
| TUKYSA                       | 40    |
| tulana                       | 103   |
| TURALIO                      | 41    |
| turqoz                       | 101   |
| TWINRIX                      | 113   |
| TYBOST                       | 54    |
| TYMLOS                       | 115   |
| TYPHIM VI                    | 113   |
| TYSABRI                      | 78    |

## U

|                               |     |
|-------------------------------|-----|
| UBRELVY                       | 25  |
| UKONIQ                        | 41  |
| ULTIGUARD SAFEPACK PEN NEEDLE | 119 |

|                                |     |
|--------------------------------|-----|
| UNIFINE PROTECT PEN NEEDLE     | 119 |
| UNIFINE SAFECONTROL PEN NEEDLE | 119 |
| unithroid                      | 104 |
| ursodiol                       | 88  |

## V

|                                |     |
|--------------------------------|-----|
| valacyclovir hcl               | 56  |
| VALCHLOR                       | 28  |
| valganciclovir hcl             | 50  |
| valproate sodium               | 15  |
| valproic acid                  | 15  |
| valsartan                      | 65  |
| valsartan-hydrochlorothiazide  | 72  |
| VALTOCO 10 MG DOSE             | 16  |
| VALTOCO 15 MG DOSE             | 16  |
| VALTOCO 20 MG DOSE             | 16  |
| VALTOCO 5 MG DOSE              | 16  |
| vanadom                        | 129 |
| vancomycin hcl                 | 8   |
| VANDAZOLE                      | 8   |
| VANFLYTA                       | 32  |
| VAQTA                          | 113 |
| varenicline tartrate           | 6   |
| varenicline tartrate (starter) | 6   |
| varenicline tartrate(continue) | 6   |
| VARIVAX                        | 114 |
| VAXCHORA                       | 114 |
| VELIVET                        | 101 |
| VELTASSA                       | 85  |
| VEMLIDY                        | 50  |
| VENCLEXTA                      | 41  |
| VENCLEXTA STARTING PACK        | 41  |
| venlafaxine hcl                | 21  |
| venlafaxine hcl er             | 21  |
| VENTAVIS                       | 127 |
| verapamil hcl                  | 69  |
| VERAPAMIL HCL ER               | 69  |
| verapamil hcl er               | 69  |
| VERIFINE INSULIN PEN NEEDLE    | 120 |
| VERIFINE INSULIN SYRINGE       | 120 |
| VERIFINE PLUS PEN NEEDLE       | 120 |
| VERQUVO                        | 72  |
| VERSACLOZ                      | 49  |
| VERZENIO                       | 41  |
| vestura                        | 101 |

|                            |       |                             |     |
|----------------------------|-------|-----------------------------|-----|
| VICTOZA                    | 60    | XOFLUZA (40 MG DOSE)        | 55  |
| vienna                     | 101   | XOFLUZA (80 MG DOSE)        | 55  |
| vigabatrin                 | 16    | XOLAIR                      | 108 |
| vigadrone                  | 16    | XOSPATA                     | 42  |
| VIGAFYDE                   | 17    | XPOVIO (100 MG ONCE WEEKLY) | 32  |
| vigpoder                   | 17    | XPOVIO (40 MG ONCE WEEKLY)  | 32  |
| VIIBRYD STARTER PACK       | 21    | XPOVIO (40 MG TWICE WEEKLY) | 32  |
| vilazodone hcl             | 21    | XPOVIO (60 MG ONCE WEEKLY)  | 33  |
| viorele                    | 101   | XPOVIO (60 MG TWICE WEEKLY) | 33  |
| VIRACEPT                   | 55    | XPOVIO (80 MG ONCE WEEKLY)  | 33  |
| VIREAD                     | 53    | XPOVIO (80 MG TWICE WEEKLY) | 33  |
| VITRAKVI                   | 41    | XTANDI                      | 28  |
| VIZIMPRO                   | 41    | XYREM                       | 130 |
| volnea                     | 101   |                             |     |
| VONJO                      | 42    | <b>Y</b>                    |     |
| VORANIGO                   | 41    | yargesa                     | 90  |
| voriconazole               | 25    | YF-VAX                      | 114 |
| VOSEVI                     | 51    | yuvafem                     | 101 |
| VRAYLAR                    | 49    |                             |     |
| vyfemla                    | 101   | <b>Z</b>                    |     |
| vylibra                    | 101   | zafirlukast                 | 125 |
| VYZULTA                    | 123   | zaleplon                    | 130 |
|                            |       | zarah                       | 101 |
| <b>W</b>                   |       | ZARXIO                      | 64  |
| warfarin sodium            | 63    | ZEJULA                      | 42  |
| WELIREG                    | 32    | ZELBORAF                    | 42  |
| wera                       | 101   | zenatane                    | 80  |
| wixela inhub               | 129   | ZENPEP                      | 90  |
| wymzya fe                  | 101   | zenzedi                     | 76  |
|                            |       | zidovudine                  | 53  |
| <b>X</b>                   |       | ziprasidone hcl             | 49  |
| XALKORI                    | 41,42 | ziprasidone mesylate        | 49  |
| XARELTO                    | 63    | ZIRGAN                      | 50  |
| XARELTO STARTER PACK       | 63    | zoledronic acid             | 115 |
| XATMEP                     | 111   | ZOLINZA                     | 33  |
| XCOPRI                     | 15    | zolmitriptan                | 26  |
| XCOPRI (250 MG DAILY DOSE) | 15    | zolpidem tartrate           | 130 |
| XCOPRI (350 MG DAILY DOSE) | 15    | ZONISADE                    | 18  |
| XELJANZ                    | 108   | zonisamide                  | 18  |
| XELJANZ XR                 | 111   | zovia 1/35 (28)             | 102 |
| XERMELO                    | 87    | zovia 1/35e (28)            | 102 |
| XGEVA                      | 115   | ZTALMY                      | 15  |
| XIFAXAN                    | 8     | ZUBSOLV                     | 5   |
| XIGDUO XR                  | 60    | zumandimine                 | 102 |
| XIIDRA                     | 121   | ZURZUVAE                    | 19  |

|                       |    |
|-----------------------|----|
| ZYDELIG.....          | 42 |
| ZYKADIA.....          | 42 |
| ZYPREXA RELPREVV..... | 49 |

## 按医疗病况排序的药物清单

|   |     |
|---|-----|
| ANALGESICS  | 1   |
| ANESTHETICS   | 4   |
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS                           | 5   |
| ANTIBACTERIALS  | 6   |
| ANTICONVULSANTS   | 13  |
| ANTIDEMENTIA AGENTS   | 18  |
| ANTIDEPRESSANTS   | 19  |
| ANTIEMETICS   | 22  |
| ANTIFUNGALS   | 23  |
| ANTIGOUT AGENTS   | 25  |
| ANTIMIGRAINE AGENTS   | 25  |
| ANTIMYASTHENIC AGENTS   | 26  |
| ANTIMYCOBACTERIALS  | 27  |
| ANTINEOPLASTICS   | 27  |
| ANTIPARASITICS  | 43  |
| ANTIPARKINSON AGENTS  | 44  |
| ANTIPSYCHOTICS  | 45  |
| ANTISPASTICITY AGENTS   | 49  |
| ANTIVIRALS  | 50  |
| ANXIOLYTICS   | 56  |
| BIPOLAR AGENTS  | 57  |
| BLOOD GLUCOSE REGULATORS  | 57  |
| BLOOD PRODUCTS AND MODIFIERS  | 62  |
| CARDIOVASCULAR AGENTS   | 64  |
| CENTRAL NERVOUS SYSTEM AGENTS   | 75  |
| DENTAL AND ORAL AGENTS  | 79  |
| DERMATOLOGICAL AGENTS   | 79  |
| ELECTROLYTES/MINERALS/METALS/VITAMINS                                     | 83  |
| GASTROINTESTINAL AGENTS   | 86  |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT  | 89  |
| GENITOURINARY AGENTS  | 91  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)                | 91  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)              | 93  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | 94  |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)                | 103 |
| HORMONAL AGENTS, SUPPRESSANT (PITUITARY)                                  | 104 |
| HORMONAL AGENTS, SUPPRESSANT (THYROID)                                    | 105 |
| IMMUNOLOGICAL AGENTS  | 105 |

|  |     |
|--|-----|
| INFLAMMATORY BOWEL DISEASE AGENTS .....  | 114 |
| METABOLIC BONE DISEASE AGENTS .....      | 114 |
| MISCELLANEOUS THERAPEUTIC AGENTS .....   | 116 |
| OPHTHALMIC AGENTS .....                  | 120 |
| OTIC AGENTS .....                        | 123 |
| RESPIRATORY TRACT/PULMONARY AGENTS ..... | 124 |
| SKELETAL MUSCLE RELAXANTS .....          | 129 |
| SLEEP DISORDER AGENTS .....              | 129 |



## 非歧视通知

歧视属于违法行为。Blue Shield of California 遵守适用的州法律和联邦民权法律，并且不会因种族、肤色、原国籍、血统、宗教、性别、婚姻状况、性别表达、性别认同、性取向、年龄或残障而歧视任何人。Blue Shield of California 不因种族、肤色、原国籍、血统、宗教、性别、婚姻状况、性别表达、性别认同、性取向、年龄或残障而将其排除在外或另眼相待。

Blue Shield of California 提供：

- 免费为残障人士提供协助与服务，以便其有效地与我们进行沟通，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

如果您需要这些服务，请联系 Blue Shield of California 民权协调员。

如果您认为 Blue Shield of California 未能提供这些服务，或以任何其他方式基于种族、肤色、原国籍、血统、宗教、性别、婚姻状况、性别表达、性别认同、性取向、年龄或残障进行歧视，您可向以下机构提出申诉：

Blue Shield of California  
Civil Rights Coordinator  
P.O. Box 629007  
El Dorado Hills, CA 95762-9007  
电话：(844) 831-4133 (TTY: 711)  
传真：(844) 696-6070  
电子邮件：BlueShieldCivilRightsCoordinator@blueshieldca.com

您可亲自到访或通过邮件、传真或电子邮件提出申诉。如果您需要帮助提出申诉，民权协调员可为您提供帮助。

您还可以通过民权办公室的投诉门户网站，以电子方式向 U.S. Department of Health and Human Services（美国卫生和公共服务部）的民权办公室提交民权投诉，网址为 <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或通过邮件或电话提交投诉，联系方式如下：

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

投诉表格可于以下网站获取：<http://www.hhs.gov/ocr/office/file/index.html>。



## Multi-Language Insert Multi-Language Interpreter Services

**English** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-452-4413. Someone who speaks English can help you. This is a free service.

**Spanish** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-452-4413. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-452-4413。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-452-4413。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-452-4413. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-452-4413. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-452-4413 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-452-4413. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-452-4413 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-452-4413. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-452-4413. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

**Hindi** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-452-4413 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian** E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-452-4413. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-452-4413. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-452-4413. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-452-4413. Ta usługa jest bezpłatna.

**Japanese** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-452-4413にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Hmong** Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-452-4413. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** D77 ats'77s baa lhly3 47 doodago azeé' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរសព្ទទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کفایت با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



## LANGUAGE ASSISTANCE NOTICE

**English ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

**中文 Chinese** 请注意：如果您说中文，可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线：711)，每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

**한국어 Korean** 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

**Русский Russian** ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

### فارسی Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-800-452-4413- 4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

**भाषा Hindi** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

**Lus Hmoob Hmong** LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntu, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

**Español Spanish** ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

**Tiếng Việt Vietnamese** LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

**Tagalog** PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na lib्रेng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

## العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمات مجانية.

**ພາສາລາວ Laotian** ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-800-452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

**日本語 Japanese** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-452-4413 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

## ภาษาไทย Thai

เรียน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

**ਪੰਜਾਬੀ Punjabi** ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

**ខ្មែរ Khmer** ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-800-452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ គឺឥតគិតថ្លៃទេ។

**Հայերեն Armenian** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Ձանգահարեք 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

**Українська Ukrainian** ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

**Mienh Mien** TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungh ndorm mingh taux 8:00 ziangh hoc lungh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

该处方药一览表于 11/19/2024 更新。关于疫苗费用的重要信息—有些疫苗被认为具有医疗益处。其他疫苗被视为 D 部份药物。我们的计划涵盖大多数 D 部分疫苗，您无需支付任何费用。

如需更多最新信息或有其他问题，请通过以下方式联系我们：(800) 452-4413（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点；或访问 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。



---

如果您有疑问，请致电 Blue Shield TotalDual Plan，电话：(800) 452-4413（听障和语障专线 711），每周七天办公，每天早上 8 点至晚上 8 点。此电话为免付费专线。如需更多信息，请浏览网站 [blueshieldca.com/medformulary2024](https://blueshieldca.com/medformulary2024)。