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បញ្ជីថ្នាំ

(បញ្ជីឱសថដែលត្រូវបានធានារ៉ាប់រង)

California

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan

HPMS បានអនុម័តការបញ្ជូនឯកសាររូបមន្ត 00022276, កំណែ 7

បានធ្វើបច្ចុប្បន្នភាពនៅថ្ងៃទី: **10/15/2021**

សម្រាប់ព័ត៌មានថ្មីៗ ឬសំណួរផ្សេងទៀត សូមទាក់ទងមកយើងខ្ញុំតាមលេខ (855) 665-4627, TTY: 711 ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក ឬមើលនៅគេហទំព័រ Molinahealthcare.com/Duals

Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan | 2022 **បញ្ជីឱសថដែលមានការធានារ៉ាប់រង (បញ្ជីឱសថ)**

សេចក្តីផ្តើម

ឯកសារនេះត្រូវបានហៅថា **បញ្ជីឱសថដែលទទួលបានការធានា** (ដែលស្គាល់ផងដែរថាជា បញ្ជីឱសថ)។ បញ្ជីនេះប្រាប់អ្នកអំពីថា តើឱសថតាមវេជ្ជបញ្ជានិងឱសថដែលមិនមានវេជ្ជបញ្ជា និងផលិតផលប្រភេទណាខ្លះ ដែលត្រូវបានធានាដោយគម្រោង Molina Dual Options ។ បញ្ជីឱសថនេះក៏ប្រាប់អ្នកប្រសិនបើមានបទបញ្ញត្តិ ឬការរឹតត្បិតនានាដែលមានលើ ឱសថទាំងឡាយណាដែលត្រូវបានធានាដោយគម្រោង Molina Dual Options ។ វាក្យសព្ទ និងនិយមន័យរបស់វាមាននៅជំពូកចុងក្រោយនៃ **សៀវភៅណែនាំសមាជិក**។

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ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។

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A. ការប្រកាសមិនទទួលខុសត្រូវ

នេះជាបញ្ជីឱ្យដឹងសមាជិកអាចទទួលបាននៅក្នុងគម្រោង Molina Dual Options ។

- ❖ គម្រោង Molina Dual Options Cal MediConnect Plan Medicare-Medicaid Plan គឺជាគម្រោងសុខភាពមួយ ដែលចុះកិច្ចសន្យាជាមួយទាំង Medicare និង Medi-Cal ដើម្បីផ្តល់អត្ថប្រយោជន៍នៃកម្មវិធីទាំងពីរនេះដល់អ្នកចុះឈ្មោះ។
 - ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4627, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
 - ❖ ATTENTION: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4627, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 665-4627، لمستخدمي أجهزة الهواتف النصية / أجهزة اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحًا إلى 8 مساءً، بالتوقيت المحلي. هذه المكالمات مجانية.
- ❖ Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa (855) 665-4627, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m., lokal na oras. Libre ang tawag na ito.
 - ❖ Nếu quý vị nói tiếng Việt, có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Hãy gọi (855) 665-4627, TTY: 711, Thứ Hai – Thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi là miễn phí.
 - ❖ Եթե ձեր մայրենի լեզուն հայերենն է, ձեզ համար հասանելի են անվճար լեզվի օժանդակությունները: Զանգահարե՛ք (855) 665-4627, TTY՝ 711, երկուշաբթիից ուրբաթ 8:00-ից 20:00-ը տեղական ժամանակով: Զանգն անվճար է:
 - ❖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ (855) 665-4627, TTY: 711 ពីថ្ងៃចន្ទ - សុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងនៅក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះគឺឥតគិតថ្លៃ។
 - ❖ 如果您講中文，可為您提供免費的語言輔助服務。當地時間週一至週五，上午 8 點至下午 8 點，撥打 (855) 665-4627，TTY：711。此為免費電話。
- اگر فارسی زبان هستید، خدمات کمک زبانی رایگان برای شما فراهم است. از دوشنبه تا جمعه 8 صبح تا 8 شب به وقت محلی با شماره (855) 665-4627، TTY: 711 تماس بگیرید. این تماس رایگان است.
- ❖ 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 전화 (855) 665-4627번(TTY는 711번) 월~금 오전 8시~오후 8시(현지 시각) 무료 전화입니다.

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



- ❖ Если Вы говорите на русском языке, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по телефону: (855) 665-4627, TTY: 711, с понедельника по пятницу с 8:00 до 20:00 по местному времени. Звонок бесплатный.
- ❖ គម្រោង Molina Healthcare អនុលោមទៅតាមច្បាប់សិទ្ធិពលរដ្ឋសហព័ន្ធដែលអនុវត្តបាន ហើយមិនមានការរើសអើងទៅលើមូលដ្ឋានពូជសាសន៍ សញ្ជាតិ ជនជាតិ សាសនា យេនឌ័រ ភេទ ពិការភាពរាងកាយ ឬស្មារតី ស្ថានភាពសុខភាព ការទទួលបានការថែទាំសុខភាព បទពិសោធន៍នៃការប្តឹងទាមទារ ប្រវត្តិការព្យាបាល ព័ត៌មានអំពីតំណពូជ ភស្តុតាងនៃការ អាចទទួលបានការធានារ៉ាប់រង និងទីតាំងភូមិសាស្ត្រនោះឡើយ។
- ❖ អ្នកអាចទទួលបានឯកសារនេះដោយមិនគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀតដូចជាការបោះពុម្ពផ្តល់អ ក្សរព្រីលឬសំលេង។ សូមទូរសព្ទទៅលេខ (855) 665-4627, TTY: 711 ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 យប់ ម៉ោងក្នុងតំបន់។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។
- ❖ ដើម្បីធ្វើសំណើអចិន្ត្រៃយ៍ដើម្បីទទួលបានឯកសារភាសាផ្សេងទៀតដែលមិនមែនជាភាសាអង់គ្លេស ឬជាទម្រង់ផ្សេងទៀតក្នុងពេលឥឡូវ និងពេលអនាគត សូមទាក់ទងទៅផ្នែកសេវាសមាជិកតាមរយៈលេខ (855) 665-4627, TTY: 711, ថ្ងៃចន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។

B. សំណួរដែលសួរញឹកញាប់ (FAQ)

ស្វែងរកចម្លើយនៅទីនេះទៅនឹងសំណួរដែលអ្នកមានអំពី **បញ្ជីឱសថដែលទទួលបានការធានា**នេះ។ អ្នកអាចអានផ្នែកសំណួរដែលគេសួរញឹកញាប់ទាំងអស់ដើម្បីស្វែងយល់បន្ថែម ឬរកមើលសំណួរនិងចម្លើយណាមួយ។

B1. តើមានឱសថតាមវេជ្ជបញ្ជាណាខ្លះនៅក្នុង បញ្ជីឱសថដែលទទួលបានការធានា? (យើងហៅ បញ្ជីឱសថដែលទទួលបានការធានាដោយខ្លីថាជា “បញ្ជីឱសថ” ។)

ឱសថនៅលើបញ្ជីឱសថគឺជាឱសថដែលត្រូវបានធានាដោយគម្រោង Molina Dual Options ។ ឱសថអាចរកបាននៅតាមឱសថស្ថាននៅក្នុងបណ្តាញរបស់យើង។ ឱសថស្ថានមួយអាចស្ថិតនៅក្នុងបណ្តាញរបស់យើង ប្រសិនបើយើងបានចុះកិច្ចសន្យាជាមួយឱសថស្ថាននោះ ដើម្បីធ្វើការជាមួយយើង ហើយផ្តល់សេវាជូនអ្នក។ យើងហៅឱសថស្ថានទាំងនេះថាជា “ឱសថស្ថានក្នុងបណ្តាញ”។

- គម្រោង Molina Dual Options នឹងផ្តល់ការធានាទៅលើឱសថដែលចាំបាច់ផ្នែកវេជ្ជសាស្ត្រទាំងអស់នៅក្នុងបញ្ជីឱសថប្រសិនបើ៖
 - វេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតប្រាប់ថាអ្នកត្រូវការឱសថទាំងនោះដើម្បីទទួលបានភាពធូរស្រាល ឬរក្សាបានសុខភាពល្អ ហើយ
 - អ្នកបំពេញឱសថតាមវេជ្ជបញ្ជានៅឱសថស្ថានក្នុងបណ្តាញរបស់គម្រោង Molina Dual Options ។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃចន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



- ក្នុងករណីខ្លះ អ្នកត្រូវធ្វើអ្វីមួយមុននឹងអ្នកអាចទទួលបានឱសថ (សូមមើលសំណួរ B4 ខាងក្រោម)។

អ្នកអាចរកឃើញនូវបញ្ជីឱសថដែលបានធ្វើបច្ចុប្បន្នភាពចុងក្រោយដែលយើងផ្តល់ការធានានៅលើគេហទំព័រនៅ MolinaHealthcare.com/Duals ឬទូរសព្ទទៅកាន់ផ្នែកសេវាសមាជិកតាមរយៈលេខ (855) 665-4627 TTY: 711 ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។

B2. តើបញ្ជីឱសថនឹងមានការផ្លាស់ប្តូរឬទេ?

នឹងមានការផ្លាស់ប្តូរ ហើយគម្រោង Molina Dual Options ត្រូវតែអនុវត្តតាមច្បាប់របស់ Medicare និង Medicaid នៅពេលធ្វើការផ្លាស់ប្តូរ។ យើងអាចនឹងបន្ថែម ឬដកចេញនូវឱសថមួយចំនួនដែលមាននៅក្នុងបញ្ជីឱសថក្នុងអំឡុងឆ្នាំនីមួយៗ។

យើងក៏អាចនឹងផ្លាស់ប្តូរបទបញ្ញត្តិមួយចំនួនរបស់យើងស្តីអំពីឱសថផងដែរ។ ឧទាហរណ៍ យើងអាចនឹង៖

- សម្រេចថាតម្រូវឱ្យមាន ឬមិនតម្រូវឱ្យមានការអនុញ្ញាតជាមុនសម្រាប់ឱសថប្រភេទណាមួយ។ (ការអនុញ្ញាតជាមុនគឺជាការអនុញ្ញាតពិគម្រោង Molina Dual Options មុនអ្នកអាចទទួលបានឱសថនោះ)។
- ការបន្ថែម ឬការផ្លាស់ប្តូរបរិមាណឱសថដែលអ្នកអាចទទួលបាន (ត្រូវបានហៅថាបរិមាណកំណត់)។
- បន្ថែម ឬផ្លាស់ប្តូរការរឹតត្បិតលើការព្យាបាលតាមជំហានលើឱសថមួយ។ (ការព្យាបាលតាមជំហាន មានន័យថាអ្នកត្រូវតែសាកល្បងឱសថមួយមុនយើងផ្តល់ការធានាលើឱសថមួយផ្សេងទៀត។)

សម្រាប់ព័ត៌មានបន្ថែមអំពីវិធាននៃឱសថទាំងនេះ សូមមើលសំណួរ B4 ។

ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ឱសថដែលត្រូវបានផ្តល់ការធានានៅ **ខ្មែរ ឆ្នាំ** ជាទូទៅយើងនឹងមិនដកចេញ ឬផ្លាស់ប្តូរការធានាលើឱសថនោះ **នៅក្នុងឆ្នាំដែលនៅសេសសល់នោះទេ** លុះត្រាតែ៖

- មានឱសថថ្មី និងមានតម្លៃទាបជាងបានដាក់លក់លើទីផ្សារដែលមានប្រសិទ្ធភាពព្យាបាលដូចនឹងឱសថនៅក្នុងបញ្ជីឱសថ ក្នុងពេលបច្ចុប្បន្នដែរ **ឬ**
- យើងបានដឹងថាឱសថមិនមានសុវត្ថិភាព **ឬ**
- ឱសថត្រូវបានដកចេញពីលើទីផ្សារ។

សំណួរ B3 និង B6

ខាងក្រោមមានព័ត៌មានបន្ថែមអំពីអ្វីដែលនឹងកើតមាននៅពេលបញ្ជីឱសថមានការផ្លាស់ប្តូរ។

- អ្នកអាចពិនិត្យមើលបញ្ជីឱសថរបស់ Molina Dual Options ដែលបានធ្វើបច្ចុប្បន្នភាពគ្រប់ពេលលើបណ្តាញអ៊ិនធឺណិតនៅ MolinaHealthcare.com/Duals។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



- អ្នកក៏អាចទូរសព្ទទៅកាន់ផ្នែកសេវាសមាជិកដើម្បីពិនិត្យមើលបញ្ជីឱសថបច្ចុប្បន្នតាម យលេខ (855) 665-4627 TTY: 711 ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។

B3. តើមានអ្វីកើតឡើងនៅពេលមានការផ្លាស់ប្តូរលើបញ្ជីឱសថ?

ការផ្លាស់ប្តូរខ្លះលើបញ្ជីឱសថនឹងកើតមាន **ភ្លាមៗ**។ ឧទាហរណ៍៖

- **ឱសថទូទៅថ្មីមួយអាចរកបានលើទីផ្សារ។** ជួនកាល ឱសថទូទៅថ្មីមួយមានលក្ខណៈលើទីផ្សារដែលមានប្រសិទ្ធភាពព្យាបាលដូចនឹងឱសថល្បីឈ្មោះ នៅលើបញ្ជីឱសថ ក្នុងពេលឥឡូវដែរ។ នៅពេលដែលករណីនេះកើតមាន យើងអាចដកឱសថមានម៉ាកសញ្ញាចេញ ហើយដាក់បញ្ចូលឱសថទូទៅថ្មីនេះ ប៉ុន្តែការចំណាយរបស់អ្នកសម្រាប់ឱសថថ្មីនេះនឹងនៅដដែល។ នៅពេលយើងបន្ថែមឱសថទូទៅថ្មីមួយ យើងក៏អាចនឹងសម្រេចថា នៅរក្សាឱសថល្បីឈ្មោះនេះនៅក្នុង បញ្ជីឱសថដដែល ប៉ុន្តែផ្លាស់ប្តូរបទបញ្ញត្តិនៃការធានារ៉ាប់រង ឬដាក់ការកំណត់លើឱសថនេះ។
 - យើងអាចនឹងមិនជូនដំណឹងដល់អ្នកមុនពេលធ្វើការផ្លាស់ប្តូរនេះទេ ប៉ុន្តែយើងនឹងផ្ញើជូនអ្នកនូវព័ត៌មាន អំពីការផ្លាស់ប្តូរជាក់លាក់ដែលយើងបានធ្វើនៅពេលវាកើតមាន។
 - អ្នក ឬអ្នកផ្តល់សេវាថែទាំរបស់អ្នកអាចស្នើសុំការលើកលែងពីការផ្លាស់ប្តូរទាំងនេះ។ យើងនឹងផ្ញើជូនអ្នកនូវសេចក្តីជូនដំណឹងដោយមានជំហាននានាដែលអ្នកអាចអនុវត្ត បានដើម្បី ស្នើសុំការលើកលែង។ សូមមើលសំណួរ B10 សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។
- **ឱសថដែលបានដកចេញពីទីផ្សារ។** ប្រសិនបើវេជ្ជបាលចំណីអាហារ និង ឱសថ (Food and Drug Administration, FDA) ប្រាប់ថាឱសថដែលអ្នកប្រើប្រាស់មិនមានសុវត្ថិភាព ឬក្រុមហ៊ុនផលិតឱសថបានដកឱសថចេញពីទីផ្សារ យើងនឹងដកវាចេញពីបញ្ជីឱសថ។ ប្រសិនបើអ្នកកំពុងប្រើប្រាស់ឱសថនោះ យើងនឹងផ្តល់ដំណឹងដល់អ្នក។ ចូរពិភាក្សាជាមួយ នឹងវេជ្ជបណ្ឌិត ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតរបស់អ្នកដើម្បីស្វែងរកជម្រើសជំនួសមួយ ដែលមានសុវត្ថិភាពសម្រាប់អ្នក។

យើងអាចនឹងធ្វើការផ្លាស់ប្តូរផ្សេងទៀតដែលប៉ះពាល់ដល់ឱសថដែលអ្នកប្រើប្រាស់។

យើងនឹងជូនដំណឹងដល់អ្នកជាមុនអំពីការផ្លាស់ប្តូរផ្សេងទៀតទាំងនេះដែលធ្វើទៅលើបញ្ជីឱសថ។ ការផ្លាស់ប្តូរទាំងនេះអាចនឹងកើតមានប្រសិនបើ៖

- FDA ផ្តល់ជូននូវសេចក្តីណែនាំថ្មី ឬមានសេចក្តីណែនាំនៃការព្យាបាលថ្មីអំពីឱសថ។
- យើងបន្ថែមឱសថទូទៅដែល *មិនមែន* ជាឱសថថ្មីនៅក្នុងទីផ្សារនោះទេ **ហើយ**
 - ប្តូរឱសថមានម៉ាកសញ្ញាដែលស្ថិតនៅក្នុងបញ្ជីឱសថនាពេលបច្ចុប្បន្ន ឬ
 - ប្តូរច្បាប់ ឬការកំណត់លើការធានារ៉ាប់រងសម្រាប់ឱសថល្បីឈ្មោះ។

នៅពេលការផ្លាស់ប្តូរទាំងនេះកើតមាន យើងនឹង៖

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



- ប្រាប់អ្នកយ៉ាងហោចណាស់ 30 ថ្ងៃមុនពួកយើងធ្វើការផ្លាស់ប្តូរក្នុងបញ្ជីឱសថ ឬ
- ផ្តល់ដំណឹងជូនអ្នក ហើយផ្តល់ជូនអ្នកនូវការផ្គត់ផ្គង់ឱសថរយៈពេល 60 ថ្ងៃ បន្ទាប់ពីអ្នកបានស្នើសុំការបើកឱសថជាថ្មី។

ការធ្វើបែបនេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកជួបជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ ពួកគេអាចជួយអ្នកឱ្យធ្វើការសម្រេចចិត្ត៖

- ថា តើមានឱសថប្រហាក់ប្រហែលគ្នានេះនៅលើបញ្ជីឱសថដែលអ្នកអាចប្រើប្រាស់ជំនួសបាន ឬ
- ថា តើត្រូវស្នើសុំការលើកលែងសម្រាប់ការផ្លាស់ប្តូរនេះឬអត់។ ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែង សូមមើលសំណួរ B10 ។

B4. តើមានការរឹតត្បិត ឬការកំណត់ណាខ្លះលើការធានារ៉ាប់រងឱសថ ឬត្រូវមានសកម្មភាពណាមួយដែលត្រូវធ្វើ ដើម្បីទទួលបានឱសថជាក់លាក់ណាមួយឬទេ?

ប្រាកដណាស់ ឱសថខ្លះមានបទបញ្ញត្តិមួយចំនួនទាក់ទងនឹងការធានារ៉ាប់រង ឬការកំណត់លើបរិមាណដែល អ្នកអាចទទួលបាន។ ក្នុងករណីខ្លះ អ្នក ឬវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែធ្វើអ្វីមួយដើម្បីអាចឱ្យអ្នក ទទួលបានឱសថនោះ។ ឧទាហរណ៍៖

- **ការអនុញ្ញាតជាមុន (ឬការផ្តល់សិទ្ធិជាមុន)៖** ចំពោះឱសថខ្លះ អ្នក ឬវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀតត្រូវតែទទួលបានការអនុញ្ញាតពិតប្រាកដ Molina Dual Options មុនអ្នកអាចបើកឱសថតាមវេជ្ជបញ្ជាបាន។ គម្រោង Molina Dual Options អាចនឹងមិនផ្តល់ការធានាលើឱសថនោះទេ ប្រសិនបើអ្នកមិនទទួលបានការអនុញ្ញាត។
- **ការដាក់កម្រិតបរិមាណ៖** ជួនកាលគម្រោង Molina Dual Options កម្រិតបរិមាណនៃឱសថដែលអ្នកអាចទទួលបាន។
- **ការព្យាបាលជាជំហាន៖** ជួនកាលគម្រោង Molina Dual Options តម្រូវឱ្យអ្នកទទួលបានការព្យាបាលជាជំហាន។ នេះមានន័យថាអ្នកនឹងត្រូវសាកល្បងប្រើប្រាស់ឱសថទៅតាមលំដាប់ជាក់លាក់សម្រាប់ការព្យាបាលស្ថានភាពជំងឺរបស់អ្នក។ អ្នកអាចនឹងត្រូវសាកល្បងឱសថមួយមុននឹងយើងផ្តល់ការធានាលើឱសថមួយផ្សេងទៀត។ ប្រសិនបើវេជ្ជបណ្ឌិតរបស់អ្នកយល់ថាឱសថដំបូងមិនមានប្រសិទ្ធភាពសម្រាប់អ្នកនោះទេ នោះយើងនឹងផ្តល់ការធានាលើឱសថទីពីរ។

អ្នកអាចដឹងថា តើឱសថរបស់អ្នកមានការទាមទារបន្ថែម ឬមានការដាក់កម្រិត ឬអត់ ដោយមើលក្នុងតារាងនៅទំព័រទី 15 - 128។ អ្នកអាចទទួលបានព័ត៌មានបន្ថែមដោយចូលទៅកាន់គេហទំព័ររបស់យើងតាមរយៈ MolinaHealthcare.com/Duals។ យើងខ្ញុំបានបង្ហាញឯកសារតាមអនឡាញ ដែលពន្យល់អំពីការអនុញ្ញាតជាមុន និងការដាក់កំហិតលើការព្យាបាលជាជំហានរបស់យើង។ អ្នកក៏អាចស្នើសុំយើងឱ្យផ្ញើជូនអ្នកនូវច្បាប់ថតចម្លងផងដែរ។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



អ្នកអាចស្នើសុំការលើកលែងពីការកំណត់ទាំងនេះ។

ការធ្វើបែបនេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកជួបជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។ គេអាចជួយសម្រេចជូនអ្នកថា តើមានឱសថប្រហាក់ប្រហែលគ្នានៅក្នុងបញ្ជីឱសថដែលអ្នកអាចប្រើប្រាស់ជំនួសបានឬអត់ ឬតើមានវិធីស្នើសុំការលើកលែងឬយ៉ាងណា។ សូមមើលសំណួរ B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

B5. តើខ្ញុំអាចដឹងដោយរបៀបណា ប្រសិនបើឱសថរបស់ខ្ញុំមានផែនកំណត់ ឬ ប្រសិនបើមានការតម្រូវឱ្យធ្វើសកម្មភាពមួយចំនួនទើបអាចទទួលបានឱសថនោះ?

តារាងឱសថនៅលើទំព័រទី 13 មានក្រឡាដែលមានឈ្មោះថា “សកម្មភាពចាំបាច់ ការរឹតត្បិត ឬផែនកំណត់លើការប្រើប្រាស់។”

B6. តើនឹងមានអ្វីកើតឡើង ប្រសិនបើ Molina Dual Options ផ្តាស់ប្តូរវិធាន អំពីឱសថខ្លះ (ឧទាហរណ៍ ការផ្តល់សិទ្ធិអនុញ្ញាតជាមុន (ការអនុញ្ញាត) ការកំណត់បរិមាណ និង/ឬ ការរឹតត្បិតការព្យាបាលជាជំហាន)?

ក្នុងករណីខ្លះ យើងនឹងជូនដំណឹងដល់អ្នកជាមុន ប្រសិនបើយើងដាក់បន្ថែម ឬផ្តាស់ប្តូរការអនុញ្ញាតជាមុន ការកំណត់បរិមាណ និង/ឬ ការរឹតត្បិតការព្យាបាលតាមជំហានលើឱសថណាមួយ។ សូមមើលសំណួរ B3 សម្រាប់ព័ត៌មានបន្ថែមអំពីសេចក្តីជូនដំណឹងជាមុននេះ ព្រមទាំងស្ថានភាពដែលយើង អាចនឹងមិនអាចជូនដំណឹងដល់អ្នកជាមុននៅពេលដែលវិធាន អំពីឱសថរបស់យើងនៅក្នុងបញ្ជីឱសថផ្តាស់ប្តូរ។

B7. តើខ្ញុំអាចរកឱសថក្នុងបញ្ជីឱសថឃើញដោយរបៀបណា?

មានវិធីពីរយ៉ាងក្នុងការស្វែងរកឱសថ៖

- អ្នកអាចស្វែងរកតាមលំដាប់អក្ខរក្រមនៃឈ្មោះរបស់ឱសថ ឬ
- អ្នកអាចស្វែងរកតាមរយៈស្ថានភាពជំងឺ។

ដើម្បីស្វែងរកតាមលំដាប់ **អក្ខរក្រម** សូមមើលនៅលិបិក្រមរបស់ឱសថដែលមានការធានារ៉ាប់រង។ អ្នកអាចរកវាឃើញនៅទំព័រទី 129 ។

ដើម្បីស្វែងរក **តាមរយៈស្ថានភាពជំងឺ** សូមស្វែងរកតាមផ្នែកដែលមានឈ្មោះថា “ក្រុមឱសថ តាមស្ថានភាពជំងឺ” នៅទំព័រទី 13។

ឱសថក្នុងផ្នែកនេះត្រូវបានដាក់ជាក្រុមអាស្រ័យទៅតាមស្ថានភាពជំងឺដែលឱសថទាំងនេះត្រូវបានប្រើប្រាស់ក្នុងការព្យាបាល។ ឧទាហរណ៍៖ ប្រសិនបើអ្នកមានបញ្ហាបេះដូង អ្នកគួរតែមើលក្នុងក្រុម Beta-blockers។ នៅទីតាំងនោះអ្នកនឹងអាចស្វែងរកឱសថដែលព្យាបាលបញ្ហាបេះដូង។

B8. ចុះប្រសិនបើឱសថដែលអ្នកចង់ប្រើប្រាស់មិនមានក្នុងបញ្ជីឱសថវិញនោះ?

ប្រសិនបើអ្នករកមិនឃើញឱសថរបស់អ្នកក្នុងបញ្ជីឱសថទេនោះ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិក តាមរយៈលេខ (855) 665-4627 TTY: 711 ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក ហើយសាកសួរអំពីវា។ ប្រសិនបើអ្នកបានដឹងថាគម្រោង Molina Dual Options

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



នឹងមិនផ្តល់ការធានាចំពោះឱសថនោះទេ
អ្នកអាចធ្វើសកម្មភាពណាមួយក្នុងចំណោមសកម្មភាពទាំងនេះ៖

- ស្នើសុំពីខាងផ្នែកសេវាសមាជិកនូវបញ្ជីឱសថដូចបញ្ជីដែលអ្នកចង់ប្រើប្រាស់។
បន្ទាប់មកបង្ហាញបញ្ជីនេះទៅដល់វេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។
គេអាចចេញវេជ្ជបញ្ជាឱសថមួយពីក្នុងបញ្ជីឱសថដែលដូចនឹងឱសថ
ដែលអ្នកចង់ប្រើប្រាស់។ ឬ
- អ្នកអាចស្នើសុំគម្រោងសុខភាពឱ្យផ្តល់ជូនការលើកលែងដើម្បីផ្តល់ការធានាចំពោះឱសថ
របស់អ្នកបាន។ សូមមើលសំណួរ B10-B12 សម្រាប់ព័ត៌មានបន្ថែមអំពីការលើកលែង។

**B9. ចុះប្រសិនបើខ្ញុំជាសមាជិកថ្មីរបស់គម្រោង Molina Dual Options ហើយរកមិនឃើញ
ឱសថរបស់ខ្ញុំក្នុង បញ្ជីឱសថ ឬមានបញ្ហាក្នុងការទទួលបានឱសថរបស់ខ្ញុំវិញ?**

យើងអាចជួយអ្នកបាន។ យើងខ្ញុំអាចនឹងធានារ៉ាប់រងលើការផ្គត់ផ្គង់ឱសថជាបណ្តោះអាសន្នរយៈពេល
60 ថ្ងៃ ក្នុងអំឡុងពេល 90 ថ្ងៃដំបូងដែលអ្នកចូលជាសមាជិករបស់ Molina Dual Options។
ការធ្វើបែបនេះនឹងផ្តល់ពេលវេលាឱ្យអ្នកជួបជាមួយវេជ្ជបណ្ឌិតរបស់អ្នក ឬអ្នកចេញវេជ្ជបញ្ជាផ្សេងទៀត។
គេអាចជួយសម្រេចជូនអ្នកថា តើមានឱសថប្រហាក់ប្រហែលគ្នានៅក្នុងបញ្ជីឱសថដែលអ្នកអាចប្រើប្រាស់
ជំនួសបានឬអត់ ឬថា តើនឹងត្រូវស្នើសុំការលើកលែងឬយ៉ាងណា។

ប្រសិនបើវេជ្ជបញ្ជារបស់អ្នកបានសរសេរចំនួនថ្ងៃតិចជាងនេះ យើងនឹងអនុញ្ញាតឱ្យ
មានការទិញច្រើនដងដើម្បីផ្តល់ឱសថឱ្យបានច្រើនបំផុតរហូតដល់ចំនួន 60 ថ្ងៃ។

យើងនឹងធានារ៉ាប់រងចំពោះការផ្គត់ផ្គង់ឱសថរបស់អ្នករហូតដល់ 60 ថ្ងៃ ប្រសិនបើ៖

- អ្នកកំពុងប្រើប្រាស់ឱសថដែលមិនស្ថិតក្នុងបញ្ជីឱសថរបស់យើង ឬ
- បទបញ្ញត្តិនានារបស់គម្រោងសុខភាពមិនអនុញ្ញាតឱ្យអ្នកទទួលបានបរិមាណដែលបញ្ជាទិ
ញដោយអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក ឬ
- ឱសថទាមទារការអនុញ្ញាតជាមុនដោយគម្រោង Molina Dual Options ឬ
- អ្នកកំពុងប្រើប្រាស់ឱសថដែលជាផ្នែកមួយនៃការរឹតត្បិតលើការព្យាបាលតាមជំហាន។

ប្រសិនបើអ្នកកំពុងស្នាក់នៅមណ្ឌលថែទាំមនុស្សចាស់ ឬអគារថែទាំយូរអង្វែងផ្សេងទៀត
ហើយត្រូវការឱសថដែល មិនស្ថិតក្នុងបញ្ជីឱសថ

ឬប្រសិនបើអ្នកមិនអាចទទួលបានឱសថដែលអ្នកត្រូវការបានដោយស្រួលទេនោះ
យើងអាចជួយដល់អ្នកបាន។ ប្រសិនបើអ្នកស្ថិតក្នុងគម្រោងលើសពី 90 ថ្ងៃ រស់នៅក្នុងអគារថែទាំ
រយៈពេលយូរអង្វែង ហើយត្រូវការការផ្គត់ផ្គង់ភ្លាមៗ៖

- យើងខ្ញុំនឹងផ្តល់ការធានាដល់ការផ្គត់ផ្គង់រយៈពេល 60 ថ្ងៃ ចំពោះឱសថដែលអ្នកត្រូវការ
(លុះត្រាតែអ្នកទទួលបានវេជ្ជបញ្ជាសម្រាប់ចំនួនថ្ងៃតិចជាងនេះ) មិនថាអ្នកជាសមាជិកថ្មី
ឬចាស់របស់គម្រោង Molina Dual Options ក៏ដោយ។
- នេះជាចំណុចបន្ថែមទៅលើការផ្គត់ផ្គង់ជាបណ្តោះអាសន្នអំឡុងពេល 90 ថ្ងៃ
ដំបូងដែលអ្នកក្លាយជាសមាជិករបស់គម្រោង Molina Dual Options ។

គោលការណ៍ក្នុងពេលអន្តរកាល

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627,
TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ
គឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



សមាជិកក្នុងគម្រោងរបស់យើងអាចនឹងប្រើប្រាស់ឱសថដែលមិនស្ថិតក្នុងបញ្ជីឱសថរបស់យើង ឬដែលស្ថិតក្រោមការរឹតត្បិតខ្លះ ដូចជាការផ្តល់សិទ្ធិអនុញ្ញាតជាមុន ឬការព្យាបាលតាមជំហាន។ សមាជិកបច្ចុប្បន្នអាចនឹងទទួលបានផលប៉ះពាល់នៃការផ្លាស់ប្តូរផងដែរក្នុងបញ្ជីឱសថរបស់យើងពីមួយឆ្នាំ ទៅមួយឆ្នាំ។

សមាជិកគួរតែជួបជាមួយវេជ្ជបណ្ឌិតរបស់ខ្លួនដើម្បីសម្រេចថាតើពួកគេគួរតែប្តូរទៅប្រើប្រាស់ឱសថផ្សេង ទៀតដែលយើងផ្តល់ការធានា

ឬត្រូវស្នើសុំការលើកលែងលើបញ្ជីឱសថដើម្បីទទួលបានការធានាលើឱសថនោះ។ សូមមើលសៀវភៅណែនាំសមាជិកដើម្បីស្វែងយល់បន្ថែមអំពីរបៀបក្នុងការស្នើសុំការលើកលែង។ សូមទាក់ទងទៅផ្នែកសេវាសមាជិកប្រសិនបើឱសថរបស់អ្នកមិនស្ថិតក្នុងបញ្ជីឱសថរបស់យើង ឬស្ថិតក្រោម ការរឹតត្បិតខ្លះ ដូចជា ការផ្តល់សិទ្ធិអនុញ្ញាតជាមុន ឬការព្យាបាលតាមជំហាន ឬដែលនឹងមិនត្រូវបានដាក់ក្នុង បញ្ជីឱសថរបស់យើងទៅទៀតនៅឆ្នាំក្រោយ ហើយអ្នកត្រូវការជំនួយក្នុងការប្តូរទៅកាន់ឱសថផ្សេងទៀត ដែលយើងផ្តល់ការធានា ឬត្រូវការស្នើសុំការលើកលែងលើបញ្ជីឱសថ។

អំឡុងពេលនៃថិរវេលាដែលសមាជិកកំពុងពិភាក្សាជាមួយវេជ្ជបណ្ឌិតរបស់ខ្លួនដើម្បីកំណត់ការសម្រេចចិត្ត មួយដែល

ត្រឹមត្រូវ យើងអាចនឹងផ្តល់ជូននូវការផ្គត់ផ្គង់ជាបណ្តោះអាសន្នចំពោះឱសថមិនស្ថិតក្នុងបញ្ជីឱសថ ប្រសិនបើ សមាជិកទាំងនោះត្រូវការការបំពេញជាថ្មីនៃឱសថទាំងនោះអំឡុងពេល 90 ថ្ងៃ ដំបូងនៃភាពជាសមាជិកក្នុង គម្រោងរបស់យើងសម្រាប់ឱសថផ្នែក D (ក្រុម 1 និង 2) និង 90 ថ្ងៃ សម្រាប់ឱសថ Medi-Cal របស់អ្នក (ក្រុម 3)។

ប្រសិនបើអ្នកជាសមាជិកបច្ចុប្បន្នដែលទទួលបានផលប៉ះពាល់ដោយសារការផ្លាស់ប្តូរបញ្ជីឱសថពីមួយឆ្នាំទៅ មួយឆ្នាំនោះ យើងនឹងផ្តល់ជូននូវការផ្គត់ផ្គង់ជាបណ្តោះអាសន្នទៅលើឱសថមិនស្ថិតក្នុងបញ្ជីឱសថ ប្រសិនបើអ្នកត្រូវការបំពេញ ជាថ្មីសម្រាប់ឱសថទាំងនោះអំឡុងពេល 90 ថ្ងៃ ដំបូងនៃឆ្នាំរបស់គម្រោងថ្មី។

នៅពេលដែលសមាជិកទៅរកសេវាឱសថស្ថានក្នុងបណ្តាញ ហើយយើងផ្តល់ជូននូវការផ្គត់ផ្គង់បណ្តោះអាសន្នចំពោះ ឱសថដែលមិនស្ថិតក្នុងបញ្ជីឱសថរបស់យើង ឬដែលមានការរឹតត្បិតលើការធានារ៉ាប់រង ឬមានដែនកំណត់នោះ (ប៉ុន្តែ បើមិនដូច្នោះទេនឹងត្រូវចាត់ចូលជា “ឱសថផ្នែក D”) យើងនឹងផ្តល់ជូនការធានាការផ្គត់ផ្គង់រយៈពេល 60- ថ្ងៃ (លុះត្រាតែវេជ្ជបណ្ឌិតដែលសរសេរសម្រាប់តែរយៈពេលពីរទៅបីថ្ងៃប៉ុណ្ណោះ)។ បន្ទាប់ពីយើងផ្តល់ជូនការធានាការផ្គត់ផ្គង់បណ្តោះអាសន្នរយៈពេល 60-ថ្ងៃ នេះហើយ ជាទូទៅយើងនឹងមិន ផ្តល់ជូនការទូទាត់ចំពោះឱសថទាំងនេះទៀតនោះទេ ដោយយោងតាមគោលការណ៍ក្នុងពេលអន្តរកាលរបស់យើង។

យើងនឹងផ្តល់ជូនអ្នកនូវសេចក្តីជូនដំណឹងជាលាយលក្ខណ៍អក្សរបន្ទាប់ពីយើងផ្តល់ជូនការធានាការ ផ្គត់ផ្គង់ជាបណ្តោះអាសន្នរបស់អ្នក។ សេចក្តីជូនដំណឹងនេះនឹងពន្យល់ពីជំហានដែលអ្នកអាចអនុវត្តក្នុងការស្នើសុំការលើកលែង និងពីរបៀបដែលអ្នកអាចធ្វើការជាមួយ វេជ្ជបណ្ឌិតរបស់អ្នកដើម្បីសម្រេចថាតើអ្នកគួរតែប្តូរទៅប្រើប្រាស់ឱសថផ្សេងដែលសមស្របដែល យើងផ្តល់ការធានាឬយ៉ាងណា។

B10. តើខ្ញុំអាចស្នើសុំការលើកលែងដើម្បីទទួលបានការធានាលើឱសថរបស់ខ្ញុំឬទេ?

បាទ។ អ្នកអាចស្នើសុំគម្រោង Molina Dual Options ឱ្យផ្តល់ការលើកលែងចំពោះការធានាលើឱសថដែលមិនស្ថិត ក្នុងបញ្ជីឱសថបាន។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



អ្នកក៏អាចស្នើឱ្យយើងធ្វើការផ្លាស់ប្តូរលើបទបញ្ញត្តិធានាស្តីអំពីឱសថរបស់អ្នកផងដែរ។

- ឧទាហរណ៍ គម្រោង Molina Dual Options អាចនឹងដាក់ការកំណត់លើបរិមាណឱសថដែលយើងផ្តល់ការធានា។ ប្រសិនបើឱសថរបស់អ្នកត្រូវបានដាក់ដែនកំណត់នោះ អ្នកអាចស្នើឱ្យយើងកែប្រែដែនកំណត់នេះហើយផ្តល់ជូនការធានាបន្ថែមបាន។
- ឧទាហរណ៍ផ្សេងទៀត៖ អ្នកអាចស្នើឱ្យយើងដកចេញនូវការរឹតត្បិតលើការព្យាបាលតាម ជំហាន ឬលក្ខខណ្ឌតម្រូវឱ្យមានការអនុញ្ញាតជាមុនបាន។

B11. តើខ្ញុំអាចស្នើសុំការលើកលែងតាមរបៀបណា?

ដើម្បីស្នើសុំការលើកលែង សូមទូរសព្ទទៅផ្នែកសេវាសមាជិក / ផ្នែកសេវាសមាជិក នឹងធ្វើការជាមួយអ្នក និងអ្នកផ្តល់សេវាថែទាំរបស់អ្នក ដើម្បីជួយអ្នកស្នើសុំការលើកលែង។ អ្នកក៏អាចអានជំពូកទី 9 នៃ *សៀវភៅណែនាំសមាជិក* ដើម្បីស្វែងយល់បន្ថែមអំពីការលើកលែងទាំងនេះ។

B12. តើវាត្រូវប្រើប្រាស់ពេលយូរប៉ុនណាដើម្បីទទួលបានការលើកលែង?

បន្ទាប់ពីយើងខ្ញុំទទួលបានរបាយការណ៍ពីអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក ដែលគាំទ្រដល់សំណើរបស់អ្នក សម្រាប់ការលើកលែងហើយនោះ យើងនឹងផ្តល់ការសម្រេចដល់អ្នកក្នុងរយៈពេល 72 ម៉ោង។ អ្នកចេញវេជ្ជបញ្ជារបស់អ្នកអាចទូរសព្ទមកគម្រោង Molina Dual Options ឬផ្ញើរបាយការណ៍គាំទ្រតាម ទូរសារទៅលេខ (866) 290-1309។

ប្រសិនបើអ្នក ឬអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគិតថាសុខភាពរបស់អ្នកអាចទទួលរងគ្រោះថ្នាក់ ប្រសិនបើអ្នកត្រូវរង់ចាំ 72 ម៉ោង ដើម្បីទទួលបានការសម្រេចនោះ អ្នកអាចស្នើសុំការលើកលែងឆាប់រហ័ស។ នេះជាការសម្រេចដែលមានភាពហ័សជាង។ ប្រសិនបើអ្នកចេញវេជ្ជបញ្ជារបស់អ្នកគាំទ្រសំណើរបស់អ្នកនោះ យើងនឹងផ្តល់ជូនអ្នកនូវការសម្រេចមួយក្នុងរយៈពេល 24 ម៉ោង ក្រោយពីទទួលបានរបាយ ការណ៍គាំទ្ររបស់អ្នកចេញវេជ្ជបញ្ជារបស់អ្នកហើយ។

B13. អ្វីទៅជាឱសថទូទៅ?

ឱសថទូទៅផលិតចេញពីសារធាតុផ្សំដូចគ្នានឹងឱសថល្បីឈ្មោះដែរ។ ជាធម្មតាឱសថទូទៅមានតម្លៃទាបជាងឱសថល្បីឈ្មោះ ហើយឈ្មោះរបស់ឱសថទូទៅទាំងនេះជាទូទៅមិនសូវ មានគេស្គាល់ទេ។ ឱសថទូទៅត្រូវបានអនុញ្ញាតឱ្យប្រើប្រាស់ដោយរដ្ឋបាលចំណីអាហារ និង ឱសថ (Food and Drug Administration, FDA)។

គម្រោង Molina Dual Options ផ្តល់ការធានាទាំងលើឱសថល្បីឈ្មោះ និងឱសថទូទៅ។

B14. អ្វីទៅជាឱសថ OTC?

OTC តំណាងឱ្យពាក្យថា “over-the-counter” (មិនតម្រូវឱ្យមានវេជ្ជបញ្ជា)។ គម្រោង Molina Dual Options ផ្តល់ការធានាលើឱសថ OTC មួយចំនួននៅពេលដែលឱសថទាំងនេះត្រូវបានសរសេរដាក់ ជាវេជ្ជបញ្ជាដោយអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ សម្រាប់ព័ត៌មានបន្ថែម សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



អ្នកអាចអានបញ្ជីឱសថរបស់គម្រោង Molina Dual Options ដើម្បីរកមើលថាតើឱសថ OTC ណាខ្លះដែលទទួលបានការធានា។

B15. តើគម្រោង Molina Dual Options ធានាលើផលិតផល OTC ដែលមិនមែនជាឱសថឬទេ?

គម្រោង Molina Dual Options ធានាលើផលិតផល OTC ដែលមិនមែនជាឱសថខ្លះនៅពេលដែលផលិតផលទាំងនោះ ត្រូវបានសរសេរជាផ្នែកបញ្ជីដោយអ្នកចេញវេជ្ជបញ្ជារបស់អ្នក។

ឧទាហរណ៍នៃផលិតផល OTC រួមមាន non-aspirin tab 325mg, cough syp 100/5ml។

អ្នកអាចអានបញ្ជីឱសថរបស់គម្រោង Molina Dual Options ដើម្បីរកមើលថាតើផលិតផល OTC ដែលមិនមែនជាឱសថប្រភេទ ណាខ្លះដែលត្រូវបានធានា។

B16. តើខ្ញុំត្រូវបង់ប្រាក់រួមចំនួនប៉ុន្មាន?

ក្នុងនាមជាសមាជិកម្នាក់របស់គម្រោង Molina Dual Options អ្នកមិនមានការចំណាយរួមសម្រាប់វេជ្ជបញ្ជា និងឱសថ OTC នោះទេដរាបណាអ្នកអនុវត្តតាមបទបញ្ញត្តិរបស់គម្រោង Molina Dual Options ។

សមាជិករបស់គម្រោង Molina Dual Options ដែលរស់នៅក្នុងមណ្ឌលថែទាំមនុស្សចាស់ ឬអគារថែទាំរយៈពេលយូរអង្វែងផ្សេងទៀតនឹងមិនមានការចំណាយរួមនោះទេ។ សមាជិកខ្លះដែលទទួលបានការថែទាំរយៈពេលយូរអង្វែងក្នុងសហគមន៍ក៏នឹងមិនមានការចំណាយរួមដែរ។

B17. អ្វីទៅជាក្រុមឱសថ?

ក្រុមគឺជាបញ្ជីនៃក្រុមឱសថនៅក្នុងបញ្ជីឱសថរបស់យើង។

- ឱសថក្រុមទី 1 គឺជាឱសថទូទៅ។ សម្រាប់ឱសថក្រុមទី 1 អ្នកមិនចាំបាច់ចំណាយអ្វីនោះឡើយ។
- ឱសថក្រុមទី 2 គឺជាឱសថល្បីឈ្មោះ។ សម្រាប់ឱសថក្រុមទី 2 អ្នកមិនចាំបាច់ចំណាយអ្វីនោះឡើយ។
- ឱសថក្រុមទី 3 គឺជាឱសថ មិនមែន Medicare Rx/មិនតម្រូវវេជ្ជបញ្ជា (OTC)។ សម្រាប់ឱសថក្រុមទី 3 អ្នកមិនចាំបាច់ចំណាយអ្វីនោះឡើយ។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



C. ទិដ្ឋភាពទូទៅនៃ បញ្ជីឱសថដែលទទួលបានការធានា

បញ្ជីនៃឱសថដែលទទួលបានការធានាដូចខាងក្រោមនេះផ្តល់ជូនអ្នកនូវព័ត៌មានអំពីឱសថដែលត្រូវបានធានាដោយគម្រោង Molina Dual Options ។

ប្រសិនបើអ្នកមានការលំបាកក្នុងការស្វែងរកឱសថរបស់អ្នកក្នុងបញ្ជីនេះ សូមទៅកាន់លិបិក្រមនៃឱសថដែលទទួលបានការធានាដែលចាប់ផ្តើមនៅលើទំព័រទី 129

លិបិក្រមបង្ហាញឱសថទាំងអស់ទៅតាមអក្ខរក្រមដែលត្រូវបានធានារ៉ាប់រងដោយគម្រោង Molina Dual Options ។

ក្រឡានដំបូងនៃតារាងបង្ហាញឈ្មោះឱសថ។ ឱសថមានម៉ាកសញ្ញាសរសេរជាអក្សរធំ (ឧ. BYSTOLIC) ហើយឱសថទូទៅត្រូវបានចុះបញ្ជីជាអក្សរតូចហើយទ្រេត (ឧ. metoprolol)។

ព័ត៌មានក្នុងក្រឡាន “សកម្មភាពចាំបាច់ ការរឹតត្បិត ឬដែនកំណត់លើការប្រើប្រាស់”

ប្រាប់អ្នកថាតើគម្រោង

Molina Dual Options មានច្បាប់ណាខ្លះឬអត់សម្រាប់ការផ្តល់ការធានាលើឱសថរបស់អ្នក។

កំណត់ចំណាំ: សញ្ញា * បន្ទាប់ពីឱសថមានន័យថា “ឱសថផ្នែក D”។ អ្នកនឹងមិនតម្រូវឱ្យបង់ប្រាក់រួមនោះទេសម្រាប់ឱសថទាំងនេះ។ ឱសថទាំងនេះក៏មានច្បាប់ខុសគ្នាផងដែរសម្រាប់បណ្តឹងឧទ្ធរណ៍។

- បណ្តឹងឧទ្ធរណ៍គឺជាវិធីសាស្ត្រផ្តល់ការមួយក្នុងការស្នើសុំយើងឱ្យធ្វើការពិនិត្យជាថ្មីលើការសម្រេចអំពីការធានារ៉ាប់រងរបស់អ្នកដើម្បីកែប្រែលើការសម្រេចនេះ
ប្រសិនបើអ្នកយល់ថាយើងធ្វើការសម្រេចមិនបានត្រឹមត្រូវ។ ឧទាហរណ៍៖
យើងអាចនឹងសម្រេចថាឱសថដែលអ្នកចង់បានមិនទទួលបានការធានា
ឬមិនទទួលបានការធានាទៅទៀតដោយ Medicare ឬ Medi-Cal ។
- ប្រសិនបើអ្នក ឬរដ្ឋបណ្ឌិតរបស់អ្នកមិនឯកភាពលើការសម្រេចរបស់យើងទេនោះ
អ្នកអាចដាក់បណ្តឹងឧទ្ធរណ៍បាន។ ប្រសិនបើអ្នកមានសំណួរណាមួយ
សូមទូរសព្ទទៅផ្នែកសេវាសមាជិកតាមរយៈលេខ (855) 665-4627 TTY: 711 ថ្ងៃច័ន្ទ ដល់
ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ អ្នកក៏អាចអានជំពូកទី 9 នៃ
សៀវភៅណែនាំសមាជិក
ដើម្បីស្វែងយល់បន្ថែមអំពីរបៀបដាក់បណ្តឹងឧទ្ធរណ៍លើការសម្រេច។

C1. ឱសថត្រូវបានដាក់ជាក្រុមទៅតាមស្ថានភាពជំងឺ

ឱសថក្នុងផ្នែកនេះត្រូវបានដាក់ជាក្រុមអាស្រ័យទៅតាមស្ថានភាពជំងឺដែលឱសថទាំងនេះត្រូវបានប្រើប្រាស់ក្នុងការព្យាបាល។ ឧទាហរណ៍៖ ប្រសិនបើអ្នកមានបញ្ហាបេះដូង អ្នកគួរតែមើលក្នុងក្រុម Beta-blockers។ នៅទីតាំងនោះអ្នកនឹងអាចស្វែងរកឱសថដែលព្យាបាលបញ្ហាបេះដូង។

ត្រង់នេះមានន័យថា លេខកូដដែលត្រូវបានប្រើក្នុងក្រឡាន “សកម្មភាពចាំបាច់ ការរឹតត្បិត ឬការដាក់កម្រិតលើការប្រើ” ៖

PA = ការផ្តល់សិទ្ធិអនុញ្ញាតជាមុន (Prior Authorization (ការអនុញ្ញាត))៖
អ្នកត្រូវតែទទួលបានការអនុញ្ញាតមុនពេលអ្នកអាចទទួលបានឱសថនេះ។

QL = ការកំណត់បរិមាណ (Quantity Limits)៖ បរិមាណឱសថដែលគម្រោងនឹងផ្តល់ការធានា។

ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះគឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។



ST = លក្ខណៈវិនិច្ឆ័យការព្យាបាលតាមជំហាន (Step Therapy Criteria)៖
អ្នកត្រូវតែសាកល្បងឱសថផ្សេងទៀតមុនអ្នកអាចទទួលបានឱសថនេះ។

NM = ការបញ្ជាទិញមិនធ្វើតាមប្រអប់សំបុត្រ (Non-Mail Order)៖
ឱសថនេះមិនអាចបំពេញតាមរយៈប្រអប់សំបុត្របានឡើយ។

B/D = ឱសថនេះអាចនឹងទទួលបានការធានាក្រោមគម្រោង Medicare ផ្នែក B ឬ D
អាស្រ័យទៅតាមកាលៈទេសៈ។

LA = ឱសថមានដែនកំណត់ក្នុងការទទួលបាន (Limited Access Drug)៖
ឱសថនេះអាចរកបានតែនៅឱសថស្ថានខ្លះៗប៉ុណ្ណោះ។

(*) = ឱសថមិនមែន-ផ្នែក D ឬ ផលិតផល OTC ដែលទទួលបានការធានាដោយ Medicaid ។

NDS = ការផ្គត់ផ្គង់តាមចំនួនថ្ងៃដែលមិនត្រូវបានពន្យារ (Non-Extended Days Supply)៖
អ្នកនឹងត្រូវបានកំណត់នូវចំនួនថ្ងៃនៃការផ្គត់ផ្គង់ដែលអ្នកអាចទទួលបាន។



ប្រសិនបើអ្នកមានសំណួរ សូមហៅទូរសព្ទទៅកាន់ Molina Dual Options តាមលេខ (855) 665-4627, TTY: 711, ថ្ងៃច័ន្ទ ដល់ ថ្ងៃសុក្រ ម៉ោង 8 ព្រឹក ដល់ 8 យប់ ម៉ោងក្នុងស្រុក។ ការហៅទូរសព្ទទៅលេខនេះ គឺឥតគិតថ្លៃ។ **សម្រាប់ព័ត៌មានបន្ថែម** សូមចូលទៅកាន់ MolinaHealthcare.com/Duals ។

MOLINA_CA_CY22_2T_MMP eff 01/01/2022

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	

MISCELLANEOUS

<i>acetaminophen</i> TABS 325mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
ASPIRIN SUPP 300mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin adult low strengt</i> CHEW 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>gnp adult aspirin low str</i> CHEW 81mg	\$0(3)	NM; *
<i>gnp aspirin</i> TABS 325mg; TBEC 81mg, 325mg	\$0(3)	NM; *
<i>gnp aspirin low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>goodsense aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>goodsense aspirin adult l</i> CHEW 81mg	\$0(3)	NM; *
<i>goodsense aspirin low dos</i> TBEC 81mg	\$0(3)	NM; *
<i>hm aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>hm aspirin ec low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>qc aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>qc aspirin low dose</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>qc chewable aspirin low d</i> CHEW 81mg	\$0(3)	NM; *
<i>qc enteric aspirin</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin</i> TABS 325mg	\$0(3)	NM; *
<i>sm aspirin adult low stre</i> CHEW 81mg; TBEC 81mg	\$0(3)	NM; *
<i>sm aspirin enteric coated</i> TBEC 325mg	\$0(3)	NM; *
<i>sm aspirin low dose</i> CHEW 81mg	\$0(3)	NM; *
<i>sm childrens aspirin</i> CHEW 81mg	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
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អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>gnp ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>gnp ibuprofen junior stre</i> CHEW 100mg	\$0(3)	NM; *
<i>gnp naproxen</i> TABS 220mg	\$0(3)	NM; *
<i>gnp naproxen sodium</i> CAPS 220mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>goodsense naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>hm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>hm ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>hm ibuprofen ib/junior st</i> CHEW 100mg	\$0(3)	NM; *
<i>hm ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>ibu</i> TABS 600mg, 800mg	\$0(1)	
<i>ibu-200</i> TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen infants drops</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>qc ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>qc ibuprofen ib</i> TABS 200mg	\$0(3)	NM; *
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>sm ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>sm ibuprofen ib</i> CHEW 100mg; TABS 200mg	\$0(3)	NM; *
<i>sm infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>sm naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយ
មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	\$0(1)	QL (180 tabs / 30 days)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	\$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate SOLN 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate TABS 15mg, 30mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	\$0(2)	
<i>oxycodone hcl CAPS 5mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl CONC 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN 5mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	\$0(1)	B/D
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	\$0(2)	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	\$0(1)	
<i>atovaquone SUSP 750mg/5ml</i>	\$0(1)	
<i>aztreonam SOLR 1gm, 2gm</i>	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin</i> TABS 3mg	\$0(1)	
<i>linezolid</i> SOLN 600mg/300ml	\$0(1)	
<i>linezolid</i> SUSR 100mg/5ml	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	\$0(1)	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(1)	
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln</i> 500 mg/100ml	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
<i>reeses pinworm medicine</i> SUSP 144mg/ml	\$0(3)	NM; *
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(1)	
SULFADIAZINE TABS 500mg	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
AMBISOME SUSR 50mg	\$0(2)	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	\$0(1)	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	\$0(1)	
<i>flucytosine</i> CAPS 250mg, 500mg	\$0(2)	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	\$0(1)	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	\$0(1)	
<i>itraconazole</i> CAPS 100mg	\$0(1)	PA
<i>ketoconazole</i> TABS 200mg	\$0(1)	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	\$0(2)	NDS
NOXAFIL SUSP 40mg/ml	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	\$0(1)	
<i>posaconazole</i> TBEC 100mg	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	\$0(2)	NDS, PA
<i>voriconazole</i> TABS 50mg	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	\$0(1)	QL (120 tabs / 30 days), PA
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	\$0(1)	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	\$0(1)	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl</i> TABS 250mg	\$0(1)	
<i>primaquine phosphate</i> TABS 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE TABS 26.3mg	\$0(2)	
<i>quinine sulfate</i> CAPS 324mg	\$0(1)	PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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**ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS
INFECTION**

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	\$0(1)	
APTIVUS CAPS 250mg	\$0(2)	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)	
EDURANT TABS 25mg	\$0(2)	NDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	
<i>emtricitabine</i> CAPS 200mg	\$0(1)	
EMTRIVA SOLN 10mg/ml	\$0(2)	
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS
FUZEON SOLR 90mg	\$0(2)	NDS
INTELENCE TABS 25mg	\$0(2)	
INVIRASE TABS 500mg	\$0(2)	NDS
ISENTRESS CHEW 25mg; PACK 100mg	\$0(2)	
ISENTRESS CHEW 100mg; TABS 400mg	\$0(2)	NDS
ISENTRESS HD TABS 600mg	\$0(2)	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	
LEXIVA SUSP 50mg/ml	\$0(2)	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	\$0(1)	
NORVIR PACK 100mg; SOLN 80mg/ml	\$0(2)	
PIFELTRO TABS 100mg	\$0(2)	NDS
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	\$0(2)	NDS
<i>ritonavir</i> TABS 100mg	\$0(1)	
RUKOBIA TB12 600mg	\$0(2)	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	\$0(2)	NDS
SELZENTRY TABS 25mg	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	
TIVICAY TABS 10mg	\$0(2)	
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS
TIVICAY PD TBSO 5mg	\$0(2)	
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, LA
TYBOST TABS 150mg	\$0(2)	
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	\$0(1)	
<i>abacavir sulfate-lamivudine-zidovudine tab</i> 300-150-300 mg	\$0(2)	NDS
BIKTARVY TAB	\$0(2)	NDS
CIMDUO TAB 300-300	\$0(2)	NDS
COMPLERA TAB	\$0(2)	NDS
DELSTRIGO TAB	\$0(2)	NDS
DESCOVY TAB 200/25MG	\$0(2)	NDS
DOVATO TAB 50-300MG	\$0(2)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab</i> 600-200-300 mg	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab</i> 400-300-300 mg	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg	\$0(2)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 100-150 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 133-200 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 167-250 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab</i> 200-300 mg	\$0(2)	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0(2)	NDS
GENVOYA TAB	\$0(2)	NDS
JULUCA TAB 50-25MG	\$0(2)	NDS
<i>lamivudine-zidovudine tab</i> 150-300 mg	\$0(1)	
<i>lopinavir-ritonavir soln</i> 400-100 mg/5ml (80-20 mg/ml)	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(2)	NDS
ODEFSEY TAB	\$0(2)	NDS
PREZCOBIX TAB 800-150	\$0(2)	NDS
STRIBILD TAB	\$0(2)	NDS
SYMTUZA TAB	\$0(2)	NDS
TEMIXYS TAB 300-300	\$0(2)	NDS
TRIUMEQ TAB	\$0(2)	NDS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine CAPS 250mg</i>	\$0(2)	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	\$0(1)	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	\$0(1)	
PASER PACK 4gm	\$0(2)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide TABS 500mg</i>	\$0(1)	
<i>rifabutin CAPS 150mg</i>	\$0(1)	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg</i>	\$0(1)	
<i>acyclovir sodium SOLN 50mg/ml</i>	\$0(1)	B/D
<i>adefovir dipivoxil TABS 10mg</i>	\$0(2)	NDS
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS
<i>entecavir TABS .5mg, 1mg</i>	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	\$0(1)	
<i>ganciclovir sodium SOLR 500mg</i>	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv) TABS 100mg</i>	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate CAPS 30mg</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate CAPS 45mg, 75mg</i>	\$0(1)	QL (84 caps / year)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i> TABS 100mg	\$0(1)	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	\$0(1)	
<i>valganciclovir hcl</i> SOLR 50mg/ml	\$0(2)	NDS
<i>valganciclovir hcl</i> TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, PA
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg	\$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	\$0(2)	QL (1 tab / 180 days)

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>cefepime hcl</i> SOLR 1gm, 2gm	\$0(1)	
<i>cefixime</i> SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefuroxime axetil</i> TABS 250mg, 500mg	\$0(1)	
<i>cefuroxime sodium</i> SOLR 1.5gm, 7.5gm, 750mg	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	NDS
<i>erythrocin stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>		
CIPRO SUSR 500mg/5ml	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i>		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250- 125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500- 125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875- 125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	\$0(1)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	\$0(1)	
PENICILLIN G PROCAINE SUSP 600000unit/ml	\$0(2)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>mondoxyne nl</i> CAPS 100mg	\$0(1)	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(1)	
TIGECYCLINE SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	\$0(1)	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	\$0(2)	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
LEUKERAN TABS 2mg	\$0(2)	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	\$0(1)	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	\$0(2)	NDS, B/D
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, NM, LA, PA
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS
TABLOID TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bicalutamide</i> TABS 50mg	\$0(1)	
EMCYT CAPS 140mg	\$0(2)	NDS
ERLEADA TABS 60mg	\$0(2)	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	\$0(1)	
<i>flutamide</i> CAPS 125mg	\$0(1)	
<i>fulvestrant</i> SOLN 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, PA
LYSODREN TABS 500mg	\$0(2)	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	\$0(2)	NDS, PA
XTANDI CAPS 40mg	\$0(2)	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	\$0(2)	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	\$0(1)	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	\$0(1)	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
AYVAKIT TABS 25mg, 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AYVAKIT TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB SOLR 3.5mg	\$0(2)	NDS, PA
BOSULIF TABS 100mg, 400mg, 500mg	\$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, LA, PA
BRUKINSA CAPS 80mg	\$0(2)	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 15mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, NM, LA, PA
IRESSA TABS 250mg	\$0(2)	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	\$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, NM, LA, PA
TURALIO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
UKONIQ TABS 200mg	\$0(2)	NDS, NM, LA, PA
VELCADE SOLR 3.5mg	\$0(2)	NDS, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, NM, LA, PA
VOTRIENT TABS 200mg	\$0(2)	NDS, NM, LA, PA

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	\$0(2)	NDS, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, NM, LA, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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**CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION
CONDITIONS**

**ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD
PRESSURE**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20- 25 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយ
មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	\$0(1)	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	\$0(1)	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	\$0(1)	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	\$0(1)	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	\$0(1)	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>epplerenone TABS 25mg, 50mg</i>	\$0(1)	
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	\$0(1)	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	\$0(1)	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	\$0(1)	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	\$0(2)	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	\$0(1)	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	\$0(1)	

ANTILIPEMICS, FIBRATES

<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
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អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	\$0(1)	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	\$0(2)	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
VASCEPA CAPS .5gm, 1gm	\$0(2)	

BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	\$0(1)	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>betaxolol hcl</i> TABS 10mg, 20mg	\$0(1)	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	\$0(1)	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	\$0(1)	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	\$0(1)	
<i>pindolol</i> TABS 5mg, 10mg	\$0(1)	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadyt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	\$0(2)	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<i>digitek</i> TABS .125mg, .25mg	\$0(1)	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
METHYLDOPA TABS 250mg, 500mg	\$0(2)	PA; PA if 70 years and older
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TDBP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TDBP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
<i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	\$0(2)	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
<i>phenytoin sodium</i> SOLN 50mg/ml	\$0(1)	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 250mg	\$0(1)	
<i>roweepra</i> TABS 500mg	\$0(1)	
<i>rufinamide</i> SUSP 40mg/ml	\$0(2)	NDS, QL (2300 mL / 28 days), PA
<i>rufinamide</i> TABS 200mg	\$0(2)	NDS, QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg	\$0(2)	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0(2)	NDS
VIMPAT TABS 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
PAXIL SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	\$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone</i> TABS 200mg	\$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, QL (150 films / 30 days), NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
<i>rasagiline mesylate</i> TABS 1mg	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	\$0(1)	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	\$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$0(1)	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYPREXA RELPREVV SUSR 405mg	\$0(2)	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylphenidate hcl</i> SOLN 5mg/5ml	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	\$0(1)	QL (90 tabs / 30 days), PA

HYPNOTICS - DRUGS TO TREAT INSOMNIA

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 15mg	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam</i> CAPS 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), PA
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAPS 60mg	\$0(2)	NDS, QL (30 caps / 30 days), LA, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

<i>BETASERON</i> KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	NM, PA
<i>GILENYA</i> CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
<i>methocarbamol</i> TABS 500mg, 750mg	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	\$0(1)	
<i>vanadom</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil</i> TABS 50mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>XYREM</i> SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$0(1)	QL (90 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	\$0(1)	
CHANTIX TABS .5mg, 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX CONTINUING MONTH TABS 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	\$0(2)	QL (106 tabs / year), PA
<i>disulfiram TABS 250mg, 500mg</i>	\$0(1)	
<i>gnp nicotine gum GUM 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine mini lozenge LOZG 2mg</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex m LOZG 4mg</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>goodsense nicotine LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>goodsense nicotine gum GUM 4mg</i>	\$0(3)	NM; *
<i>goodsense nicotine polacr GUM 2mg, 4mg; LOZG 4mg</i>	\$0(3)	NM; *
<i>hm nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>hm nicotine transdermal s PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml</i>	\$0(1)	
<i>naltrexone hcl TABS 50mg</i>	\$0(1)	
NARCAN LIQD 4mg/0.1ml	\$0(2)	
<i>nicotine PT24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	\$0(3)	NM; *
<i>nicotine mini lozenge LOZG 2mg, 4mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex GUM 2mg, 4mg; LOZG 2mg, 4mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>phendimetrazine tartrate</i> CP24 105mg; TABS 35mg	\$0(3)	NM, PA; *
<i>sm nicotine</i> GUM 4mg; LOZG 2mg	\$0(3)	NM; *
<i>sm nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 4mg	\$0(3)	NM; *
<i>sm nicotine transdermal s</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
VIVITROL SUSR 380mg	\$0(2)	NDS

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM PT24 2mg/24hr, 4mg/24hr	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLETOUCH SOPN 100unit/ml	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN N SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	\$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0(2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0(2)	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	\$0(2)	
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS
<i>sodium polystyrene sulfonate powder</i> sps SUSP 15gm/60ml	\$0(1) \$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>bekyree</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>camila</i> TABS .35mg	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
CONDOMS MIS LUBRICAT	\$0(3)	NM; *
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane</i> TABS .35mg	\$0(1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	\$0(1)	
DUREX MIS REALFEEL	\$0(3)	NM; *
<i>econtra ez</i> TABS 1.5mg	\$0(3)	NM; *
<i>econtra one-step</i> TABS 1.5mg	\$0(3)	NM; *
<i>elinest</i>	\$0(1)	
ELLA TABS 30mg	\$0(2)	
<i>eluryng</i>	\$0(1)	
<i>emoquette</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
FANTASY LUBR MIS COLORS	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANTASY LUBR MIS SPERMICI	\$0(3)	NM; *
FANTASY MIS LUBRICAT	\$0(3)	NM; *
<i>fayosim</i>	\$0(1)	
FC2 FEMALE MIS CONDOM	\$0(3)	NM; *
<i>femynor</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
KIMONO MICRO MIS THIN	\$0(3)	NM; *
KIMONO MICRO MIS THIN +	\$0(3)	NM; *
KIMONO MIS LUBRICAT	\$0(3)	NM; *
KIMONO MIS SENSATIO	\$0(3)	NM; *
KIMONO SENS MIS PLUS	\$0(3)	NM; *
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	
<i>larissia</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lillow</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
MAXX MIS LUBRICAT	\$0(3)	NM; *
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah</i>	\$0(1)	
<i>my choice TABS 1.5mg</i>	\$0(3)	NM; *
<i>my way TABS 1.5mg</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day TABS 1.5mg</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be TABS .35mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol- fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc TABS .35mg</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step TABS 1.5mg</i>	\$0(3)	NM; *
<i>option 2 TABS 1.5mg</i>	\$0(3)	NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	
<i>sharobel TABS .35mg</i>	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
TRUSTEX LUBR MIS ASSORTED	\$0(3)	NM; *
TRUSTEX LUBR MIS BANANA	\$0(3)	NM; *
TRUSTEX LUBR MIS CHOC	\$0(3)	NM; *
TRUSTEX LUBR MIS COLA	\$0(3)	NM; *
TRUSTEX LUBR MIS COLORS	\$0(3)	NM; *
TRUSTEX LUBR MIS EX LARGE	\$0(3)	NM; *
TRUSTEX LUBR MIS EX STR	\$0(3)	NM; *
TRUSTEX LUBR MIS GRAPE	\$0(3)	NM; *
TRUSTEX LUBR MIS RIB/STUD	\$0(3)	NM; *
TRUSTEX LUBR MIS SPERMICI	\$0(3)	NM; *
TRUSTEX LUBR MIS STRWBRY	\$0(3)	NM; *
TRUSTEX LUBR MIS VANILLA	\$0(3)	NM; *
TRUSTEX MIS BANANA	\$0(3)	NM; *
TRUSTEX MIS CHOCOLAT	\$0(3)	NM; *
TRUSTEX MIS FLAVORS	\$0(3)	NM; *
TRUSTEX MIS MINT	\$0(3)	NM; *
TRUSTEX MIS STRWBRY	\$0(3)	NM; *
TRUSTEX MIS VANILLA	\$0(3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	\$0(3)	NM; *
TRUSTEX/RIA MIS NON-LUB	\$0(3)	NM; *
TRUSTEX/RIA MIS SPERMICI	\$0(3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	\$0(3)	NM; *
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zarah</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, NM
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz</i>	\$0(2)	
DELESTROGEN OIL 10mg/ml	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvafem TABS 10mcg</i>	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	\$0(1)	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	\$0(2)	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	\$0(1)	
<i>fludrocortisone acetate TABS .1mg</i>	\$0(1)	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	\$0(1)	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	\$0(1)	B/D
<i>methylprednisolone TBPK 4mg</i>	\$0(1)	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	\$0(1)	B/D
<i>prednisolone SOLN 15mg/5ml</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	\$0(1)	B/D
<i>prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	\$0(1)	B/D
<i>prednisone TBPK 5mg, 10mg</i>	\$0(1)	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	\$0(2)	B/D
<i>SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg</i>	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>DEX4 CHW ORANGE</i>	\$0(3)	NM; *
<i>DEX4 CHW RASPBERR</i>	\$0(3)	NM; *
<i>DEX4 FAST ACTING GLUCOSE GEL 15gm/33gm; LIQD 15gm/59ml</i>	\$0(3)	NM; *
<i>DEX4 GLUCOSE CHW</i>	\$0(3)	NM; *
<i>diazoxide SUSP 50mg/ml</i>	\$0(2)	NDS
<i>gluco burst GEL 40%</i>	\$0(3)	NM; *
<i>GLUCOSE CHEW 4gm</i>	\$0(3)	NM; *
<i>GLUCOSE CHW 4-0.006</i>	\$0(3)	NM; *
<i>GLUCOSE CHW 4-.006GM</i>	\$0(3)	NM; *
<i>GLUCOSE CHW GRAPE</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLUCOSE CHW ORANGE	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
GLUCOSE CHW TROP FRT	\$0(3)	NM; *
<i>glucose 5</i> GEL 40%	\$0(3)	NM; *
GNP GLUCOSE CHEW 4gm	\$0(3)	NM; *
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
INSTA-GLUCOSE GEL 77.4%	\$0(3)	NM; *
KROG GLUCOSE CHW GRAPE	\$0(3)	NM; *
KROG GLUCOSE CHW ORANGE	\$0(3)	NM; *
RELION GLUCO CHW 4GM	\$0(3)	NM; *
SM GLUCOSE CHW ORANGE	\$0(3)	NM; *
SMART SENSE CHW 4GM	\$0(3)	NM; *
TGT GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
MISCELLANEOUS		
ACCU-CHEK MIS MLTICLIX	\$0(3)	NM; *
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
ASSURE LANCE MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS LOW FLOW	\$0(3)	NM; *
ASSURE LANCE MIS MICRO	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 25G	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 30G	\$0(3)	NM; *
<i>cabergoline</i> TABS .5mg	\$0(1)	
CARBAGLU TABS 200mg	\$0(2)	NDS, NM, LA, PA
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days)
COMFORTOUCH MIS LANCET	\$0(3)	NM; *
CYSTADANE POW	\$0(2)	NDS, NM, LA
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desmopressin acetate spray refrigerated SOLN .01%</i>	\$0(1)	
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
FASTCLIX MIS LANCETS	\$0(3)	NM; *
FINE 30 MIS	\$0(3)	NM; *
FORA MIS LANCETS	\$0(3)	NM; *
FREESTYLE MIS LANCETS	\$0(3)	NM; *
GENOTROPIN SOLR 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
GENTEEL MIS LANCETS	\$0(3)	NM; *
INCRELEX SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
IOSAT TABS 130mg	\$0(3)	NM; *
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
LANCETS ULTR MIS THIN	\$0(3)	NM; *
<i>levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg</i>	\$0(1)	B/D
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	\$0(2)	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	\$0(2)	NDS, PA
MEDLANCE MIS PLUS	\$0(3)	NM; *
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	\$0(2)	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	\$0(2)	NDS, NM, PA
ONETOUCH DEL MIS PLUS 30G	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 33G	\$0(3)	NM; *
ONETOUCH MIS 30G	\$0(3)	NM; *
ONETOUCH MIS LANCETS	\$0(3)	NM; *
POTASSIUM IODIDE SOLN 65mg/ml	\$0(3)	NM; *
PRODIGY MIS 28G	\$0(3)	NM; *
<i>raloxifene hcl</i> TABS 60mg	\$0(1)	
RIGHTTEST MIS GL300	\$0(3)	NM; *
SAFETY 28G MIS LANCETS	\$0(3)	NM; *
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
SOFTCLIX MIS LANCETS	\$0(3)	NM; *
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
SUREFLEX MIS LANCETS	\$0(3)	NM; *
TECHLITE MIS LANC 30G	\$0(3)	NM; *
TECHLITE MIS LANCETS	\$0(3)	NM; *
TRUE METRIX STRIPS	\$0(3)	NM; *
TRUPLUS LANC MIS 26G	\$0(3)	NM; *
TRUPLUS LANC MIS 28G	\$0(3)	NM; *
TRUPLUS LANC MIS 30G	\$0(3)	NM; *
TRUPLUS LANC MIS 33G	\$0(3)	NM; *
ULTILET MIS 28G	\$0(3)	NM; *
ULTILET MIS 30G	\$0(3)	NM; *
ULTILET MIS LANCETS	\$0(3)	NM; *
ULTRA THIN MIS 31G	\$0(3)	NM; *
ULTRA THIN MIS 33G	\$0(3)	NM; *
UNILET GP 28 MIS ULT THIN	\$0(3)	NM; *
UNILET LANCT MIS 28G	\$0(3)	NM; *
UNILET LANCT MIS 30G	\$0(3)	NM; *
UNILET LANCT MIS 33G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 30G	\$0(3)	NM; *
XENICAL CAPS 120mg	\$0(3)	NM, PA; *

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPR 30mcg	\$0(2)	NDS

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone</i>	\$0(3)	NM; *
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALKA SELTZER TAB HEARTBRN	\$0(3)	NM; *
ALKA-SELTZER CHW 750-80MG	\$0(3)	NM; *
ALKA-SELTZER TAB GOLD	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	\$0(3)	NM; *
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	\$0(3)	NM; *
<i>alumina/magnesia/simethic</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>antacid anti-gas maximum</i>	\$0(3)	NM; *
<i>antacid calcium regular s CHEW 500mg</i>	\$0(3)	NM; *
<i>antacid calcium rich CHEW 500mg</i>	\$0(3)	NM; *
<i>antacid extra strength CHEW 750mg</i>	\$0(3)	NM; *
<i>antacid fast relief</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid plus anti-gas fas</i>	\$0(3)	NM; *
<i>antacid plus anti-gas rel</i>	\$0(3)	NM; *
<i>antacid regular strength</i>	\$0(3)	NM; *
<i>antacid ultra strength CHEW 1000mg</i>	\$0(3)	NM; *
<i>antacid/antigas liquid</i>	\$0(3)	NM; *
<i>cal-gest antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>calcium antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>calcium antacid extra str CHEW 750mg</i>	\$0(3)	NM; *
CALCIUM CARBONATE TABS 648mg	\$0(3)	NM; *
<i>calcium carbonate (antacid) CHEW 500mg</i>	\$0(3)	NM; *
<i>gnp antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas ma</i>	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt CHEW 750mg</i>	\$0(3)	NM; *
<i>gnp antacid ultra strengt CHEW 1000mg</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>goodsense antacid/extra s CHEW 750mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense antacid/regular</i> CHEW 500mg	\$0(3)	NM; *
<i>hm advanced antacid maxim</i>	\$0(3)	NM; *
<i>hm antacid</i>	\$0(3)	NM; *
<i>hm antacid anti-gas extra</i>	\$0(3)	NM; *
<i>hm antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>hm antacid regular streng</i> CHEW 500mg	\$0(3)	NM; *
<i>hm antacid/antigas</i>	\$0(3)	NM; *
<i>hm calcium antacid extra</i> CHEW 750mg	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 250mg, 400mg, 420mg	\$0(3)	NM; *
<i>mi-acid</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>qc antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas maxim</i>	\$0(3)	NM; *
<i>qc heartburn antacid</i>	\$0(3)	NM; *
<i>rolaids</i>	\$0(3)	NM; *
<i>sm antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>sm antacid advanced</i>	\$0(3)	NM; *
<i>sm antacid advanced maxi</i>	\$0(3)	NM; *
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	NM; *
<i>tums smoothies</i> CHEW 750mg	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal</i> CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>bismatrol</i> CHEW 262mg	\$0(3)	NM; *
<i>gnp anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>gnp loperamide hydrochlor</i> LIQD 1mg/7.5ml	\$0(3)	NM; *
<i>gnp pink bismuth</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>gnp stomach relief</i> SUSP 262mg/15ml	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense anti-diarrheal</i> LIQD 1mg/7.5ml	\$0(3)	NM; *
<i>goodsense anti-diarrheal/</i>	\$0(3)	NM; *
<i>goodsense stomach relief</i> CHEW 262mg; SUSP 525mg/30ml	\$0(3)	NM; *
<i>hm anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>hm stomach relief</i> CHEW 262mg	\$0(3)	NM; *
<i>loperamide hcl</i> LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	\$0(3)	NM; *
LOPERAMIDE HYDROCHLORIDE SOLN 1mg/7.5ml, 2mg/15ml	\$0(3)	NM; *
<i>peptic relief</i> CHEW 262mg	\$0(3)	NM; *
<i>qc anti-diarrheal</i> CAPS 2mg; TABS 2mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>sm stomach relief</i> CHEW 262mg; TABS 262mg	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>gnp motion sickness relie</i> TABS 25mg, 50mg	\$0(3)	NM; *
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>hm motion sickness</i> TABS 50mg	\$0(3)	NM; *
<i>hm motion sickness relief</i> TABS 25mg	\$0(3)	NM; *
<i>meclizine hcl</i> CHEW 25mg; TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>motion-time</i> CHEW 25mg	\$0(3)	NM; *
<i>ondansetron</i> TBP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm motion sickness</i> TABS 25mg, 50mg	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg, 2mg	\$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine maximum streng</i> TABS 20mg	\$0(3)	NM; *
<i>gnp acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>gnp acid reducer maximum</i> TABS 20mg	\$0(3)	NM; *
<i>gnp heartburn relief</i> TABS 200mg	\$0(3)	NM; *
<i>heartburn relief</i> TABS 10mg, 200mg	\$0(3)	NM; *
<i>heartburn relief maximum</i> TABS 20mg	\$0(3)	NM; *

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm famotidine</i> TABS 10mg, 20mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	
<i>qc acid controller</i> TABS 10mg	\$0(3)	NM; *
<i>qc acid controller maximu</i> TABS 20mg	\$0(3)	NM; *
<i>sm acid reducer</i> TABS 10mg, 200mg	\$0(3)	NM; *
<i>sm acid reducer maximum s</i> TABS 20mg	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	\$0(1)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *
<i>calcium polycarbophil</i> TABS 625mg CEO-TWO SUP	\$0(3)	NM; *
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>COLACE CLEAR</i> CAPS 50mg	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
<i>docu</i> LIQD 50mg/5ml	\$0(3)	NM; *
<i>docusate calcium</i> CAPS 240mg	\$0(3)	NM; *
<i>docusate mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>docusate sodium</i> CAPS 100mg, 250mg; LIQD 50mg/5ml	\$0(3)	NM; *
<i>DOCUSOL KIDS</i> ENEM 100mg/5ml	\$0(3)	NM; *
<i>docusol mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>DOCUSOL PLUS</i> ENE 20-283	\$0(3)	NM; *
<i>dok</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>dulcolax liquid</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>enema ready-to-use</i>	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
<i>ENEMEEZ PLUS</i> ENE 20-283	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EQUALACTIN CHEW 625mg	\$0(3)	NM; *
evac-u-gen TABS 8.6mg	\$0(3)	NM; *
fiber laxative TABS 625mg	\$0(3)	NM; *
fiber therapy POWD 25%, 43%	\$0(3)	NM; *
fiber-lax TABS 625mg	\$0(3)	NM; *
FLEET BISACODYL ENEM 10mg/30ml	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP ENEM 5.4gm/dose	\$0(3)	NM; *
gavilax POWD 17gm/scoop	\$0(3)	NM; *
gavilyte-c	\$0(1)	
gavilyte-g	\$0(1)	
gavilyte-n/flavor pack	\$0(1)	
generlac SOLN 10gm/15ml	\$0(1)	
gentle laxative SUPP 10mg; TBEC 5mg	\$0(3)	NM; *
geri-kot TABS 8.6mg	\$0(3)	NM; *
geri-mucil POWD 68%	\$0(3)	NM; *
glycerin (laxative) SUPP 1gm, 2gm	\$0(3)	NM; *
glycolax POWD 17gm/scoop	\$0(3)	NM; *
gnp clearlax PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
gnp enema	\$0(3)	NM; *
gnp epsom salt	\$0(3)	NM; *
gnp fiber therapy TABS 500mg	\$0(3)	NM; *
gnp fiber-caps TABS 625mg	\$0(3)	NM; *
gnp gentle laxative TBEC 5mg	\$0(3)	NM; *
gnp glycerin adult SUPP 2.1gm	\$0(3)	NM; *
gnp glycerin child SUPP 1.2gm	\$0(3)	NM; *
gnp magnesium citrate SOLN 1.745gm/30ml	\$0(3)	NM; *
gnp milk of magnesia SUSP 1200mg/15ml	\$0(3)	NM; *
gnp mineral oil	\$0(3)	NM; *
gnp natural fiber POWD 28.3%, 48.57%	\$0(3)	NM; *
gnp senna lax TABS 8.6mg	\$0(3)	NM; *
gnp stool softener CAPS 100mg, 250mg	\$0(3)	NM; *
gnp womens gentle laxativ TBEC 5mg	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
goodsense bisacodyl ec TBEC 5mg	\$0(3)	NM; *
goodsense clearlax POWD 17gm/scoop	\$0(3)	NM; *

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>goodsense magnesium citra</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>goodsense mineral oil lub</i> OIL 99.9%	\$0(3)	NM; *
<i>goodsense senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>healthylax</i> PACK 17gm	\$0(3)	NM; *
<i>hm clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>hm enema mineral oil</i> ENEM 100%	\$0(3)	NM; *
<i>hm enema saline laxative</i>	\$0(3)	NM; *
<i>hm fiber</i> TABS 500mg	\$0(3)	NM; *
<i>hm laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>hm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>hm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>hm senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>hm stool softener</i> CAPS 100mg	\$0(3)	NM; *
HYDROCIL INSTANT PACK 95%	\$0(3)	NM; *
KONSYL DAILY FIBER PACK 28.3%; POWD 60.3%	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
KONSYL-D POWD 52.3%	\$0(3)	NM; *
<i>kp senna</i> TABS 8.6mg	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>laxative regular strength</i> TABS 15mg	\$0(3)	NM; *
<i>magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
METAMUCIL PACK 28%	\$0(3)	NM; *
<i>metamucil</i> POWD 28.3%	\$0(3)	NM; *
METAMUCIL FIBER PACK 51.7%	\$0(3)	NM; *
METAMUCIL MULTIHEALTH FIB PACK 58.12%	\$0(3)	NM; *
<i>metamucil smooth texture</i> POWD 28.3%, 58.6%	\$0(3)	NM; *
METAMUCIL WAF	\$0(3)	NM; *
<i>milk of magnesia</i> SUSP 7.75%, 400mg/5ml, 1200mg/15ml, 2400mg/30ml	\$0(3)	NM; *
<i>milk of magnesia concentr</i> SUSP 2400mg/10ml	\$0(3)	NM; *
<i>mineral oil</i> OIL 100%	\$0(3)	NM; *
<i>mineral oil enema</i>	\$0(3)	NM; *
<i>natural senna laxative</i> TABS 8.6mg	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NULYTELY SOL LMN/LIME	\$0(2)	
PEDIA-LAX CHEW 400mg; LIQD 50mg/15ml; SUPP 2.8gm	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
PHILLIPS TABS 500mg	\$0(3)	NM; *
<i>phillips milk of magnesia SUSP 1200mg/15ml</i>	\$0(3)	NM; *
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350 PACK 17gm; POWD 17gm/scoop</i>	\$0(3)	NM; *
<i>psyllium POWD 28.3%</i>	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative SUPP 10mg</i>	\$0(3)	NM; *
<i>qc laxative TABS 25mg</i>	\$0(3)	NM; *
<i>qc magnesium citrate SOLN 1.745gm/30ml</i>	\$0(3)	NM; *
<i>qc milk of magnesia SUSP 400mg/5ml</i>	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natura-lax POWD 17gm/scoop</i>	\$0(3)	NM; *
<i>qc natural vegetable POWD 95%</i>	\$0(3)	NM; *
<i>qc natural vegetable laxa TABS 8.6mg</i>	\$0(3)	NM; *
<i>qc stool softener CAPS 100mg</i>	\$0(3)	NM; *
<i>reguloid POWD 28.3%, 43%, 48.57%, 51.7%, 58.6%</i>	\$0(3)	NM; *
REGULOID POWD 57.6%	\$0(3)	NM; *
<i>senna laxative TABS 8.6mg</i>	\$0(3)	NM; *
SENNAPLUS CAP 8.6-50MG	\$0(3)	NM; *
<i>senna regular strength TABS 8.6mg</i>	\$0(3)	NM; *
<i>senna-lax TABS 8.6mg</i>	\$0(3)	NM; *
<i>senna-tabs TABS 8.6mg</i>	\$0(3)	NM; *
<i>senna-time TABS 8.6mg</i>	\$0(3)	NM; *
<i>sennosides CAPS 8.6mg; LIQD 8.8mg/5ml; SYRP 8.8mg/5ml; TABS 8.6mg</i>	\$0(3)	NM; *
<i>senokot extra strength TABS 17.2mg</i>	\$0(3)	NM; *
<i>silace LIQD 150mg/15ml; SYRP 60mg/15ml</i>	\$0(3)	NM; *
<i>sm clearlax POWD 17gm/scoop</i>	\$0(3)	NM; *
<i>sm enema</i>	\$0(3)	NM; *
<i>sm fiber POWD 58.6%; TABS 625mg</i>	\$0(3)	NM; *
<i>sm fiber laxative TABS 500mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm gentle laxative</i> TBEC 5mg	\$0(3)	NM; *
<i>sm magnesium citrate</i> SOLN 1.745gm/30ml	\$0(3)	NM; *
<i>sm milk of magnesia</i> SUSP 1200mg/15ml	\$0(3)	NM; *
<i>sm senna laxative</i> TABS 8.6mg	\$0(3)	NM; *
<i>sm stool softener</i> CAPS 100mg; TABS 100mg	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
STL SOFT/LAX CAP 8.5-50MG	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener laxative</i> CAPS 100mg	\$0(3)	NM; *
<i>stool softener laxative e</i> CAPS 250mg	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>womens laxative</i> TBEC 5mg	\$0(3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5- 0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5- 0.025 mg	\$0(2)	
<i>gas relief</i> CHEW 80mg; SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>gas relief drops infants</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>gas relief extra strength</i> CAPS 125mg; CHEW 125mg	\$0(3)	NM; *
<i>gas relief ultra strength</i> CAPS 180mg	\$0(3)	NM; *
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
<i>gnp anti-gas</i> CAPS 180mg	\$0(3)	NM; *
<i>gnp gas relief</i> CHEW 80mg	\$0(3)	NM; *
<i>gnp gas relief extra stre</i> CAPS 125mg; CHEW 125mg	\$0(3)	NM; *
<i>gnp infant gas relief</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>hm gas relief</i> CHEW 80mg, 125mg	\$0(3)	NM; *
<i>hm gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm gas relief infants</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>infants gas relief</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>infants simethicone</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>mi-acid gas relief</i> CHEW 80mg	\$0(3)	NM; *
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
PHAZYME MAXIMUM STRENGTH CAPS 250mg	\$0(3)	NM; *
<i>qc gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, PA
<i>sm gas relief</i> CHEW 80mg, 125mg	\$0(3)	NM; *
<i>sm gas relief drops infan</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>sm gas relief extra stren</i> CAPS 125mg	\$0(3)	NM; *
<i>sucralfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XERMELO TABS 250mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> CPDR 20.6mg	\$0(3)	NM; *
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>gnp lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>gnp omeprazole odt</i> TBDD 20mg	\$0(3)	NM; *
<i>goodsense esomeprazole ma</i> CPDR 20mg	\$0(3)	NM; *
<i>goodsense lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>hm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>hm omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBDD 20mg; TBEC 20mg	\$0(3)	NM; *
<i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>qc esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>qc lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>qc omeprazole magnesium</i> CPDR 20.6mg	\$0(3)	NM; *
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>sm esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>sm lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>sm omeprazole</i> TBEC 20mg	\$0(3)	NM; *

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY

INCONTINENCE

MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	\$0(3)	NM; *
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole</i> 3 CREA 2%	\$0(3)	NM; *
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>3 day vaginal</i> CREA 2%	\$0(3)	NM; *
<i>gnp clotrimazole</i> 3 CREA 2%	\$0(3)	NM; *
<i>gnp miconazole</i> 3	\$0(3)	NM; *
<i>gnp miconazole</i> 7 CREA 2%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole</i> 1	\$0(3)	NM; *
<i>miconazole</i> 3 CREA 4%	\$0(3)	NM; *
<i>miconazole</i> 3 combination	\$0(3)	NM; *
<i>miconazole</i> 3 combo pack	\$0(3)	NM; *
<i>miconazole</i> 7 CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
MONISTAT 7 KIT COMBO PK	\$0(3)	NM; *
<i>qc</i> 3 day vaginal cream CREA 4%	\$0(3)	NM; *
<i>qc miconazole</i> 7 CREA 2%	\$0(3)	NM; *
<i>sm</i> 3-day vaginal CREA 2%	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>sm miconazole</i> 3	\$0(3)	NM; *
<i>sm miconazole</i> 7 CREA 2%; SUPP 100mg	\$0(3)	NM; *
<i>sm tioconazole-1</i> OINT 6.5%	\$0(3)	NM; *
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
<i>tioconazole</i> 1 OINT 6.5%	\$0(3)	NM; *
<i>vandazole</i> GEL .75%	\$0(1)	
VAGINAL CONTRACEPTIVE		
OPTIONS GYNOL II VAGINAL GEL 3%	\$0(3)	NM; *
VCF VAGINAL CONTRACEPTIVE FOAM 12.5%; GEL 4%	\$0(3)	NM; *
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
<i>heparin sodium (porcine)</i> 100 unit/ml in d5w	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol</i> 20000 unit/500ml-5%	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol</i> 25000 unit/500ml-5%	\$0(1)	
HEPARIN/NAACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, PA
IRON		
<i>chromagen</i>	\$0(3)	NM; *
<i>eqi carbonyl iron</i> TABS 45mg	\$0(3)	NM; *
FERAHEME SOLN 510mg/17ml	\$0(3)	NM; *
<i>ferate</i> TABS 27mg	\$0(3)	NM; *
<i>fergon</i> TABS 240mg	\$0(3)	NM; *
<i>ferosul</i> TABS 325mg	\$0(3)	NM; *
FERRETTIS TABS 325mg	\$0(3)	NM; *
<i>ferrex 150</i> CAPS 150mg	\$0(3)	NM; *
<i>ferric x-150</i> CAPS 150mg	\$0(3)	NM; *
FERRIMIN 150 TABS 150mg	\$0(3)	NM; *
FERROUS FUMARATE TABS 29mg	\$0(3)	NM; *
<i>ferrous fumarate</i> TABS 324mg	\$0(3)	NM; *
<i>ferrous gluconate</i> TABS 27mg, 324mg	\$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	\$0(3)	NM; *
<i>ferrous sulfite</i> ELIX 220mg/5ml; SOLN 15mg/ml; SYRP 300mg/5ml; TABS 65mg, 325mg; TBEC 325mg	\$0(3)	NM; *
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	\$0(3)	NM; *
<i>gnp iron</i> TABS 200mg; TBCR 45mg	\$0(3)	NM; *
HEMATEX LIQD 100mg/5ml	\$0(3)	NM; *
HEMATEX POLYSACCHARIDE IR TABS 150mg	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INJECTAFER SOLN 750mg/15ml	\$0(3)	NM; *
IRON CHEWS PEDIATRIC CHEW 15mg	\$0(3)	NM; *
<i>iron supplement</i> ELIX 220mg/5ml	\$0(3)	NM; *
IRON UP LIQD 15mg/0.5ml	\$0(3)	NM; *
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	NM; *
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
MONOFERRIC SOLN 1000mg/10ml	\$0(3)	NM; *
<i>myferon 150</i> CAPS 150mg	\$0(3)	NM; *
NIFEREX TAB	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	NM; *
NUFERA TAB	\$0(3)	NM; *
<i>pc pediatric iron drops</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	NM; *
PROFERRIN ES TABS 12mg	\$0(3)	NM; *
<i>slow iron</i> TBCR 160mg	\$0(3)	NM; *
<i>sm iron</i> TABS 325mg	\$0(3)	NM; *
<i>sm iron slow release</i> TBCR 160mg	\$0(3)	NM; *
<i>sodium ferric gluconate complex in sucrose</i> SOLN 12.5mg/ml	\$0(3)	NM; *
TRIFERIC PACK 272mg	\$0(3)	NM; *
VENOFER SOLN 20mg/ml	\$0(3)	NM; *
<i>wee care</i> SUSP 15mg/1.25ml	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

AUTOIMMUNE AGENTS

ENBREL SOLN 25mg/0.5ml; SOLR 25mg	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLIXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SKYRIZI PSKT 75mg/0.83ml	\$0(2)	NDS, QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
<i>leflunomide</i> TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml	\$0(2)	NDS, NM, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	\$0(2)	NDS, B/D, NM
INTRON A SOLR 10mu, 18mu	\$0(2)	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	\$0(2)	NDS, B/D
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	\$0(1)	B/D
mycophenolate mofetil SUSR 200mg/ml	\$0(2)	NDS, B/D
mycophenolate sodium TBEC 180mg, 360mg	\$0(1)	B/D
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D
REZUROCK TABS 200mg	\$0(2)	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sirolimus</i> SOLN 1mg/ml	\$0(2)	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D
ZORTRESS TABS 1mg	\$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)	
HIBERIX SOLR 10mcg	\$0(2)	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/0.5ml	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TYPHIM VI SOLN 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	\$0(1)	
D5W/LYTES INJ #48	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	\$0(2)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	\$0(2)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
<i>IV NUTRITION</i>		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
MINERALS		
CAL CIT MAL/ TAB VITAMIND	\$0(3)	NM; *
CAL-CITRATE TAB PLUS D	\$0(3)	NM; *
CAL-MINT CHEW 260mg	\$0(3)	NM; *
CAL-QUICK LIQ 500-400	\$0(3)	NM; *
CALC CITRATE LIQ VIT D3	\$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0(3)	NM; *
<i>calcitrate TABS 950mg</i>	\$0(3)	NM; *
<i>calcium 500 +d3</i>	\$0(3)	NM; *
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium 600 with vitamin</i>	\$0(3)	NM; *
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium 600+d3</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d3</i>	\$0(3)	NM; *
CALCIUM 1000 TAB + D	\$0(3)	NM; *
CALCIUM ACETATE TABS 668mg	\$0(3)	NM; *
CALCIUM CARBONATE CHEW 260mg, 500mg; POWD 800mg/2gm	\$0(3)	NM; *
<i>calcium carbonate TABS 600mg, 1250mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium carbonate (antacid) SUSP 1250mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0(3)	NM; *
CALCIUM CHW 500MG	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
CALCIUM CITRATE GRAN 760mg/3.5gm; TABS 250mg	\$0(3)	NM; *
<i>calcium citrate + d3 maxi</i>	\$0(3)	NM; *
<i>calcium citrate+d3 petite</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg- 200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg- 250 unit (elemental ca)</i>	\$0(3)	NM; *
CALCIUM GLUCONATE TABS 50mg	\$0(3)	NM; *
<i>calcium high potency TABS 1500mg</i>	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
CALCIUM LACTATE TABS 100mg	\$0(3)	NM; *
<i>calcium plus vitamin d</i>	\$0(3)	NM; *
<i>calcium+d3</i>	\$0(3)	NM; *
CALCIUM/C/D CHW 500MG	\$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	\$0(3)	NM; *
<i>calcium/vitamin d3</i>	\$0(3)	NM; *
<i>calphron TABS 667mg</i>	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
CHELATED CALCIUM TABS 200mg	\$0(3)	NM; *
CITRACAL+D3 CHW 250-500	\$0(3)	NM; *
GALZIN CAPS 25mg, 50mg	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp calcium</i> TABS 600mg	\$0(3)	NM; *
<i>gnp calcium 500 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate+d3 ma</i>	\$0(3)	NM; *
GUMMY BITES CHW	\$0(3)	NM; *
<i>kp calcium citrate+d</i>	\$0(3)	NM; *
<i>kp mag-oxide magnesium</i> TABS 200mg	\$0(3)	NM; *
<i>liquid calcium/d3</i>	\$0(3)	NM; *
<i>liquid calcium/vitamin d</i>	\$0(3)	NM; *
MAG-G TABS 500mg	\$0(3)	NM; *
<i>mag-oxide</i> TABS 200mg	\$0(3)	NM; *
<i>magdelay</i> TBEC 64mg	\$0(3)	NM; *
<i>magnesium chloride</i> TBEC 64mg	\$0(3)	NM; *
MAGNESIUM CITRATE TABS 100mg	\$0(3)	NM; *
<i>magnesium gluconate</i> TABS 27.5mg	\$0(3)	NM; *
<i>magnesium lactate</i> TBCR 7meq	\$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	\$0(3)	NM; *
MAGNESIUM OXIDE 400 PACK 240mg	\$0(3)	NM; *
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 250mg, 400mg, 500mg	\$0(3)	NM; *
<i>magnesium-oxide</i> TABS 400mg	\$0(3)	NM; *
MAGONATE LIQ 1000/5ML	\$0(3)	NM; *
<i>mgo</i> TABS 400mg	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>os-cal calcium + d3</i>	\$0(3)	NM; *
<i>os-cal extra d3</i>	\$0(3)	NM; *
OYS SHL CALC PAK VIT D	\$0(3)	NM; *
<i>oysco 500+d</i>	\$0(3)	NM; *
<i>oyster shell</i> TABS 500mg	\$0(3)	NM; *
<i>oyster shell calcium 250+</i>	\$0(3)	NM; *
<i>oyster shell calcium 500</i>	\$0(3)	NM; *
<i>oyster shell calcium 500+</i>	\$0(3)	NM; *
<i>oyster shell calcium + d</i>	\$0(3)	NM; *
<i>oyster shell calcium + d3</i>	\$0(3)	NM; *
<i>oyster shell calcium + vi</i>	\$0(3)	NM; *
<i>oyster shell calcium plus</i>	\$0(3)	NM; *
<i>oyster shell calcium+d</i>	\$0(3)	NM; *
<i>oyster shell calcium/vita</i>	\$0(3)	NM; *
<i>oystercal-d</i>	\$0(3)	NM; *
<i>phospha 250 neutral</i>	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 134

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RISACAL-D TAB	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
UPCAL D POW	\$0(3)	NM; *
<i>virt-phos 250 neutral</i>	\$0(3)	NM; *
VITAMIN D3 TAB CAL/PHOS	\$0(3)	NM; *
MISCELLANEOUS		
COMPLETE CAP OMEGA	\$0(3)	NM; *
OMEGA DHA CHW	\$0(3)	NM; *
<i>*omega-3 fatty acids cap 1000 mg**</i>	\$0(3)	NM; *
PRELIEF TAB 340MG	\$0(3)	NM; *
<i>super omega-3</i>	\$0(3)	NM; *
SUPER TWIN CAP EPA/DHA	\$0(3)	NM; *
VITAMINS		
<i>aqueous vitamin d infants</i> LIQD 10mcg/ml	\$0(3)	NM; *
<i>aqueous vitamin e</i> SOLN 15mg/0.67ml	\$0(3)	NM; *
ASCOR SOLN 25000mg/50ml	\$0(3)	NM; *
<i>ascorbic acid</i> LIQD 500mg/5ml; SOLN 500mg/ml; TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *
B12-ACTIVE CHEW 1mg	\$0(3)	NM; *
B-12 DOTS TBDP 500mcg	\$0(3)	NM; *
B-12 DUAL SPECTRUM TBCR 5000mcg	\$0(3)	NM; *
<i>b-12 fast dissolve</i> SUBL 5000mcg	\$0(3)	NM; *
B-12 METHYLCOBALAMIN TBDP 1000mcg	\$0(3)	NM; *
B-12 SUPER STRENGTH LIQD 5000mcg/ml	\$0(3)	NM; *
<i>baby vitamin d3 drops</i> LIQD 400ut/0.028ml	\$0(3)	NM; *
BIO-D-MULSION LIQD 400unt/0.04ml	\$0(3)	NM; *
BIO-D-MULSION FORTE LIQD 2000unt/0.04ml	\$0(3)	NM; *
<i>c-250</i> TABS 250mg	\$0(3)	NM; *
<i>c-500</i> TABS 500mg	\$0(3)	NM; *
<i>c-500/rose hips</i>	\$0(3)	NM; *
<i>c-1000</i> TABS 1000mg	\$0(3)	NM; *
<i>c-1000/rose hips</i>	\$0(3)	NM; *
<i>calcium ascorbate</i> TABS 500mg	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cholecalciferol</i> CAPS 1.25mg, 25mcg, 50mcg, 125mcg, 250mcg, 1000unit, 2000unit, 5000unit, 10000unit, 50000unit; LIQD 400unit/ml; TABS 25mcg, 50mcg, 400unit, 1000unit, 2000unit, 5000unit	\$0(3)	NM; *
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0(3)	NM; *
CL PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>cyanocobalamin</i> SOLN 1000mcg/ml; SUBL 500mcg, 2500mcg; TABS 100mcg, 250mcg, 500mcg, 1000mcg	\$0(3)	NM; *
CYTO B2 POWD 343mg/gm	\$0(3)	NM; *
<i>d3 high potency</i> CAPS 1000unit, 2000unit; TABS 400unit	\$0(3)	NM; *
<i>d3 maximum strength</i> CAPS 5000unit; LIQD 5000unit/ml	\$0(3)	NM; *
<i>d3 super strength</i> CAPS 2000unit	\$0(3)	NM; *
<i>d3-50</i> CAPS 50000unit	\$0(3)	NM; *
<i>d3-1000</i> CAPS 1000unit; TABS 1000unit	\$0(3)	NM; *
<i>d-3-5</i> CAPS 5000unit	\$0(3)	NM; *
DDROPS LIQD 2000ut/0.028ml	\$0(3)	NM; *
DECARA CAPS 25000unit	\$0(3)	NM; *
<i>decara</i> CAPS 50000unit	\$0(3)	NM; *
<i>delta d3</i> TABS 400unit	\$0(3)	NM; *
<i>dialyvite vitamin d3 max</i> TABS 50000unit	\$0(3)	NM; *
<i>dialyvite vitamin d 5000</i> CAPS 5000unit	\$0(3)	NM; *
<i>e-200</i> CAPS 200unit	\$0(3)	NM; *
<i>e-400</i> CAPS 400unit	\$0(3)	NM; *
<i>endur-acin</i> TBCR 250mg, 500mg	\$0(3)	NM; *
<i>endur-amide</i> TBCR 500mg	\$0(3)	NM; *
ERGOCAL CAPS 2500unit	\$0(3)	NM; *
<i>ergocalciferol</i> CAPS 1.25mg, 50000unit; SOLN 8000unit/ml	\$0(3)	NM; *
<i>fa-8</i> CAPS .8mg	\$0(3)	NM; *
<i>folate</i> TABS 400mcg	\$0(3)	NM; *
FOLIC ACID CAPS 20mg	\$0(3)	NM; *
<i>folic acid</i> CAPS 800mcg; SOLN 5mg/ml; TABS 1mg, 400mcg, 800mcg	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FOLITE TAB	\$0(3)	NM; *
<i>gnp d 1000</i> CAPS 1000unit	\$0(3)	NM; *
<i>gnp folic acid</i> TABS 400mcg	\$0(3)	NM; *
<i>gnp niacin flush free</i>	\$0(3)	NM; *
GNP PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>gnp vitamin c</i> TABS 250mg, 500mg, 1000mg	\$0(3)	NM; *
<i>gnp vitamin c w/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin c/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin d-400</i> TABS 400unit	\$0(3)	NM; *
<i>hydroxocobalamin acetate</i> SOLN 1000mcg/ml	\$0(3)	NM; *
<i>kp folic acid</i> TABS 1mg, 800mcg	\$0(3)	NM; *
<i>kp niacin</i> TABS 500mg	\$0(3)	NM; *
KP PRENATAL TAB MULTIVIT	\$0(3)	NM; *
<i>kp vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>kp vitamin b-12</i> TABS 1000mcg	\$0(3)	NM; *
<i>kp vitamin e</i> CAPS 100unit	\$0(3)	NM; *
<i>meijer c</i> TABS 500mg	\$0(3)	NM; *
<i>methylcobalamin</i> SUBL 1000mcg	\$0(3)	NM; *
NASCOBAL SOLN 500mcg/0.1ml	\$0(3)	NM; *
<i>natural vitamin d-3</i> TABS 5000unit	\$0(3)	NM; *
<i>niacin</i> CPCR 250mg, 500mg; TABS 50mg, 100mg, 250mg, 500mg; TBCR 250mg, 500mg, 750mg	\$0(3)	NM; *
<i>niacin flush free</i> CAPS 500mg	\$0(3)	NM; *
<i>niacinamide</i> TABS 500mg; TBCR 500mg	\$0(3)	NM; *
<i>no flush niacin</i>	\$0(3)	NM; *
<i>optimal-d</i> CAPS 50000unit	\$0(3)	NM; *
<i>optimal-d pack</i> CAPS 50000unit	\$0(3)	NM; *
<i>pharmacist choice d-vitam</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>phytonadione</i> SOLN 1mg/0.5ml, 10mg/ml; TABS 5mg, 100mcg	\$0(3)	NM; *
PRENATAL ONE TAB DAILY	\$0(3)	NM; *
PRENATAL TAB	\$0(3)	NM; *
PRENATAL TAB 27-0.8MG	\$0(3)	NM; *
PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
PRENATAL VIT TAB 28-0.8MG	\$0(3)	NM; *
PRENATAL VIT TAB MINERALS	\$0(3)	NM; *
<i>pyridoxine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 134

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>riboflavin</i> TABS 25mg, 50mg, 100mg	\$0(3)	NM; *
SUPERIORSOURCE K1 TBDP 500mcg	\$0(3)	NM; *
<i>thiamine hcl</i> SOLN 100mg/ml; TABS 50mg, 100mg, 250mg	\$0(3)	NM; *
<i>thiamine mononitrate</i> TABS 100mg	\$0(3)	NM; *
<i>vitamin a</i> CAPS 10000unit; TABS 10000unit	\$0(3)	NM; *
VITAMIN A PALMITATE TABS 15000unit	\$0(3)	NM; *
VITAMIN B12 LIQD 3000mcg/ml	\$0(3)	NM; *
VITAMIN B-12 LIQD 3000mcg/ml	\$0(3)	NM; *
VITAMIN C TABS 100mg	\$0(3)	NM; *
VITAMIN C SOL	\$0(3)	NM; *
VITAMIN D CAPS 2000unit	\$0(3)	NM; *
VITAMIN D2 TABS 400unit, 2000unit	\$0(3)	NM; *
VITAMIN D3 TABS 3000unit	\$0(3)	NM; *
<i>vitamin d high potency</i> CAPS 1000unit	\$0(3)	NM; *
<i>vitamin d infant</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>vitamin e</i> CAPS 45mg, 180mg, 400unit, 450mg; SOLN 15unit/0.3ml	\$0(3)	NM; *
VITAMIN E TABS 100unit	\$0(3)	NM; *
<i>vitamin e high potency</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e-200</i> CAPS 200unit	\$0(3)	NM; *
VITAMIN K2 TABS 40mcg	\$0(3)	NM; *
<i>weekly-d</i> CAPS 1.25mg	\$0(3)	NM; *

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

**ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT
INFECTIONS AND INFLAMMATION**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0(1)	
BLEPHAMIDE OIN S.O.P.	\$0(2)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0(1)	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0(1)	
TOBRADEX OIN 0.3-0.1%	\$0(2)	
TOBRADEX ST SUS 0.3-0.05	\$0(2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0(1)	
ZYLET SUS 0.5-0.3%	\$0(2)	

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយ
មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin (ophthalmic) OINT</i> 500unit/gm	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	
<i>gentak OINT .3%</i>	\$0(1)	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)	
NATACYN SUSP 5%	\$0(2)	
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin	\$0(1)	
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml	\$0(1)	
<i>ofloxacin (ophth) SOLN .3%</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	\$0(1)	
<i>sulfacetamide sodium (ophth) OINT</i> 10%; SOLN 10%	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
<i>trifluridine SOLN 1%</i>	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	

ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION

ALREX SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth) SOLN</i> .09%	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate</i> (ophth) SOLN .1%	\$0(1)	
<i>diclofenac sodium (ophth) SOLN .1%</i>	\$0(1)	
DUREZOL EMUL .05%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth) SUSP .1%</i>	\$0(1)	
<i>flurbiprofen sodium SOLN .03%</i>	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
<i>ketorolac tromethamine (ophth) SOLN</i> .4%, .5%	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>prednisolone acetate (ophth) SUSP</i> 1%	\$0(1)	

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway</i> SOLN .025%	\$0(3)	NM; *
<i>alaway childrens allergy</i> SOLN .025%	\$0(3)	NM; *
<i>azelastine hcl (ophth)</i> SOLN .05%	\$0(1)	
<i>bepotastine besilate</i> SOLN 1.5%	\$0(1)	
BEPREVE SOLN 1.5%	\$0(2)	
<i>cromolyn sodium (ophth)</i> SOLN 4%	\$0(1)	
<i>eye itch relief</i> SOLN .025%	\$0(3)	NM; *
<i>ketotifen fumarate (ophth)</i> SOLN .025%	\$0(3)	NM; *
LASTACRAFT SOLN .25%	\$0(2)	
NAPHCON-A SOL OP	\$0(3)	NM; *
<i>olopatadine hcl</i> SOLN .1%	\$0(1)	
<i>olopatadine hcl</i> SOLN .1%, .2%	\$0(3)	NM; *
OPCON-A SOL OP	\$0(3)	NM; *
<i>sm eye itch relief</i> SOLN .025%	\$0(3)	NM; *
ZERVIATE SOLN .24%	\$0(2)	
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	\$0(2)	
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
<i>altachlore</i> OINT 5%; SOLN 5%	\$0(3)	NM; *
<i>artificial tears</i> SOLN 1.4%	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
<i>bion tears</i>	\$0(3)	NM; *
<i>carboxymethylcellulose sodium (ophth)</i> SOLN .5%	\$0(3)	NM; *
<i>clear eyes natural tears</i>	\$0(3)	NM; *
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
<i>dry eye relief drops</i>	\$0(3)	NM; *
FRESHKOTE PF SOL 2.7-2%	\$0(3)	NM; *
<i>genteal tears liquid drop</i>	\$0(3)	NM; *
<i>genteal tears mild</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricating plus eye</i> SOLN .5%	\$0(3)	NM; *
<i>goodsense lubricating plu</i> SOLN .5%	\$0(3)	NM; *
<i>hm dry eye relief</i>	\$0(3)	NM; *
<i>hm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>hm lubricating tears</i>	\$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	\$0(2)	
<i>lubricant eye drops</i>	\$0(3)	NM; *
<i>lubricating eye drops</i>	\$0(3)	NM; *
<i>lubricating plus eye drop</i> SOLN .5%	\$0(3)	NM; *
MURO 128 SOLN 2%	\$0(3)	NM; *
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
<i>qc artificial tears</i>	\$0(3)	NM; *
<i>refresh celluvisc</i> GEL 1%	\$0(3)	NM; *
REFRESH DRO CONTACTS	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
REFRESH DRO RELIEVA	\$0(3)	NM; *
REFRESH GEL OPTIVE	\$0(3)	NM; *
REFRESH LIQUIGEL GEL 1%	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$0(3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$0(3)	NM; *
REFRESH SOL DIGITAL	\$0(3)	NM; *
REFRESH SOL OPTIVE	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	
RETAINÉ HPMC SOLN .3%	\$0(3)	NM; *
<i>sm lubricant eye drops</i>	\$0(3)	NM; *
<i>sm lubricating plus</i> SOLN .5%	\$0(3)	NM; *
<i>sm lubricating tears</i>	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 134

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium chloride hypertonic OINT 5%; SOLN 5%</i>	\$0(3)	NM; *
<i>soothe xp/xtra protection</i>	\$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	NM; *
THERATEARS SOLN .25%	\$0(3)	NM; *
<i>ultra fresh pm</i>	\$0(3)	NM; *
<i>ultra lubricating eye dro</i>	\$0(3)	NM; *

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS

<i>acetic acid (otic) SOLN 2%</i>	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac OIL .01%</i>	\$0(1)	
<i>fluocinolone acetonide (otic) OIL .01%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0(1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0(1)	
<i>ofloxacin (otic) SOLN .3%</i>	\$0(1)	

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	

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មើលនៅទំព័រ 134

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
AHIST TABS 25mg	\$0(3)	NM; *
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>all-day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>aller-chlor</i> TABS 4mg	\$0(3)	NM; *
<i>aller-ease</i> TABS 60mg	\$0(3)	NM; *
<i>allergy</i> TABS 4mg	\$0(3)	NM; *
<i>allergy 24-hr</i> TABS 180mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 10mg, 25mg; TABS 4mg, 10mg, 25mg, 180mg	\$0(3)	NM; *
<i>allergy relief 24hr</i> TABS 5mg, 180mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>allergy relief/indoor/out</i> TABS 10mg	\$0(3)	NM; *
<i>allergy-time</i> TABS 4mg	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%, .15%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg; TABS 25mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 1mg/ml	\$0(1)	
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> CHEW 5mg, 10mg; SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml, 25mg/10ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>diphenhydramine hydrochlo</i> LIQD 6.25mg/ml	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp all day allergy child</i> SOLN 1mg/ml, 5mg/5ml	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS 25mg; CHEW 12.5mg	\$0(3)	NM; *
<i>gnp childrens allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>gnp loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>gnp loratadine childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>goodsense all day allergy</i> SOLN 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>goodsense aller-ease</i> TABS 180mg	\$0(3)	NM; *
<i>goodsense allergy relief</i> TABS 4mg, 10mg	\$0(3)	NM; *
<i>hm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>hm allergy relief</i> CAPS 25mg; TABS 4mg, 25mg	\$0(3)	NM; *
<i>hm allergy relief childre</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>hm cetirizine hydrochlori</i> TABS 10mg	\$0(3)	NM; *
<i>hm fexofenadine hydrochlo</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>hm loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>hm loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	
<i>liquid allergy relief</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> CHEW 5mg; SYRP 5mg/5ml	\$0(3)	NM; *
<i>m-dryl</i> LIQD 12.5mg/5ml	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MICLARA LQ LIQD 1.25mg/5ml	\$0(3)	NM; *
PEDIACLEAR 8 CHILDRENS LIQD 12.5mg/15ml	\$0(3)	NM; *
<i>pediaclear pd childrens</i> LIQD .625mg/ml	\$0(3)	NM; *
PEDIAVENT CHEW 1mg; SYRP 2mg/5ml	\$0(3)	NM; *
<i>pharbechlor</i> TABS 4mg	\$0(3)	NM; *
<i>pharbedryl</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>qc all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>qc childrens allergy</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>qc chlor-pheniramine</i> TABS 4mg	\$0(3)	NM; *
<i>qc fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>qc loratadine allergy rel</i> TABS 10mg	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>sm all day allergy childr</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>sm allergy 4 hour</i> TABS 4mg	\$0(3)	NM; *
<i>sm allergy childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>sm fexofenadine hydrochlo</i> TABS 180mg	\$0(3)	NM; *
<i>sm loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .625mg/ml, .938mg/ml	\$0(3)	NM; *
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml, 2.5mg/5ml	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ALAHIST D TAB	\$0(3)	NM; *
ALAHIST DM LIQ 7.5-2-15	\$0(3)	NM; *
ALAHIST PE TAB 2-7.5MG	\$0(3)	NM; *
<i>allergy multi-symptom</i>	\$0(3)	NM; *
<i>aprodine</i>	\$0(3)	NM; *
AQUANAZ PSE TAB	\$0(3)	NM; *
AQUANAZ TAB	\$0(3)	NM; *
ATUSS DA LIQ	\$0(3)	NM; *
<i>benzonatate</i> CAPS 100mg, 150mg, 200mg	\$0(3)	NM; *
CAPCOF SYP 5-2-10MG	\$0(3)	NM; *
CAPMIST DM TAB	\$0(3)	NM; *
<i>chest congestion relief</i> SYRP 100mg/5ml	\$0(3)	NM; *
<i>chest congestion relief d</i>	\$0(3)	NM; *
<i>childrens cold & allergy</i>	\$0(3)	NM; *
<i>childrens mucus relief co</i>	\$0(3)	NM; *
CHLO HIST SOL	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
<i>cold & cough childrens</i>	\$0(3)	NM; *
<i>cold/cough childrens</i>	\$0(3)	NM; *
CONEX SOL CLD/ALRG	\$0(3)	NM; *
CONEX TAB 2-60MG	\$0(3)	NM; *
CORICIDN HBP TAB COLD/FLU	\$0(3)	NM; *
<i>cough & chest congestion</i>	\$0(3)	NM; *
DAY CLEAR CHW ALGY/CGH	\$0(3)	NM; *
DAYCLEAR TAB 25-50MG	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>delsym cough + chest cong</i>	\$0(3)	NM; *
<i>delsym cough + cold night</i>	\$0(3)	NM; *
<i>dexbrompheniramine-phenylephrine tab 2-10 mg</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>dimaphen dm cold & cough</i>	\$0(3)	NM; *
DOLOGESIC TAB 1-500MG	\$0(3)	NM; *
DOLOGESIC-DF TAB 1-500MG	\$0(3)	NM; *
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	\$0(3)	NM; *
<i>ed a-hist</i>	\$0(3)	NM; *
<i>ed a-hist dm</i>	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
<i>endacof-dm</i>	\$0(3)	NM; *
<i>gnp allergy relief multi-</i>	\$0(3)	NM; *
<i>gnp cold & cough children</i>	\$0(3)	NM; *
<i>gnp nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>gnp nasal decongestant/ma TABS 30mg</i>	\$0(3)	NM; *
<i>gnp sinus & allergy relie</i>	\$0(3)	NM; *
<i>gnp tussin cf cough & col</i>	\$0(3)	NM; *
<i>gnp tussin dm</i>	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>goodsense mucus relief ch</i>	\$0(3)	NM; *
<i>goodsense tussin cf</i>	\$0(3)	NM; *
<i>guaiatussin ac</i>	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	NM; *
<i>hm adult tussin cough & c</i>	\$0(3)	NM; *
<i>hm childrens mucus relief</i>	\$0(3)	NM; *
<i>hm cold & allergy childre</i>	\$0(3)	NM; *
<i>hm cold & cough childrens</i>	\$0(3)	NM; *
<i>hm cold & sinus relief</i>	\$0(3)	NM; *
<i>hm mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>hm nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>hm tussin adult LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>hm tussin adult cough & c</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine syrup 5- 1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet</i>	\$0(3)	NM; *
LODRANE D CAP 4-60MG	\$0(3)	NM; *
LOHIST-D LIQ	\$0(3)	NM; *
LOHIST-DM SYP 5-2-10MG	\$0(3)	NM; *
LORTUSS LQ LIQ	\$0(3)	NM; *
M-CLEAR WC LIQ 100-6.3	\$0(3)	NM; *
M-END DMX LIQ	\$0(3)	NM; *
M-END PE LIQ	\$0(3)	NM; *
MAR-COF CG LIQ 225-7.5	\$0(3)	NM; *
<i>maxi-tuss ac</i>	\$0(3)	NM; *
<i>maxi-tuss g</i>	\$0(3)	NM; *
<i>maxi-tuss gmx</i>	\$0(3)	NM; *
MAXI-TUSS JR LIQ	\$0(3)	NM; *
MAXI-TUSS LIQ CD	\$0(3)	NM; *
MAXI-TUSS PE LIQ	\$0(3)	NM; *
MAXI-TUSS PE LIQ JR	\$0(3)	NM; *
MAXI-TUSS PE LIQ MAX	\$0(3)	NM; *
MAXI-TUSS TR LIQ 1.25-30	\$0(3)	NM; *
MAXIFED TR TAB 1.25-30	\$0(3)	NM; *
MUCINEX CHIL LIQ	\$0(3)	NM; *
<i>mucinex childrens freefor</i>	\$0(3)	NM; *
<i>mucinex cough childrens</i>	\$0(3)	NM; *
MUCINEX FAST LIQ DAY/NITE	\$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0(3)	NM; *
<i>mucinex fast-max dm max</i>	\$0(3)	NM; *
<i>mucinex fast-max night ti</i>	\$0(3)	NM; *
MUCINEX FREE LIQ DAY/NIGH	\$0(3)	NM; *
MUCINEX JUNI TAB COUGH	\$0(3)	NM; *
MUCINEX LIQ CLR/COOL	\$0(3)	NM; *
MUCINEX LIQ DAY/NITE	\$0(3)	NM; *
<i>mucinex multi-symptom col</i>	\$0(3)	NM; *
MUCINEX NIGH SOL COLD/FLU	\$0(3)	NM; *
<i>mucinex sinus-max night t</i>	\$0(3)	NM; *
<i>mucus & cough relief chil</i>	\$0(3)	NM; *
<i>mucus relief childrens</i>	\$0(3)	NM; *
<i>mucus relief cough childr</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nasal decongestant maximu</i> TABS 30mg	\$0(3)	NM; *
NASOPEN PE LIQ	\$0(3)	NM; *
NINJACOF LIQ	\$0(3)	NM; *
NINJACOF-D LIQ	\$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0(3)	NM; *
<i>nohist-dm</i>	\$0(3)	NM; *
<i>nohist-lq</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18- 200 mg/15ml</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg tab 10-17.5- 385 mg</i>	\$0(3)	NM; *
POLY HIST FO TAB 10.5-10	\$0(3)	NM; *
POLY-TUSSIN LIQ 10-4-10	\$0(3)	NM; *
POLY-VENT DM TAB	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25- 10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30- 2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl</i> TABS 30mg, 60mg	\$0(3)	NM; *
<i>qc allergy relief multi-s</i>	\$0(3)	NM; *
<i>qc tussin cf</i>	\$0(3)	NM; *
<i>qc tussin dm cough & ches</i>	\$0(3)	NM; *
<i>qc tussin mucus + chest c</i> LIQD 100mg/5ml	\$0(3)	NM; *
RESCON TAB 2-60MG	\$0(3)	NM; *
<i>robafen cf multi-symptom</i>	\$0(3)	NM; *
<i>robafen dm cough</i>	\$0(3)	NM; *
<i>robafen dm cough/chest co</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge</i> LIQD 200mg/10ml	\$0(3)	NM; *
RU-HIST D TAB 4-10MG	\$0(3)	NM; *
RYMED TAB 2-10MG	\$0(3)	NM; *
<i>rynex dm</i>	\$0(3)	NM; *
<i>rynex pe</i>	\$0(3)	NM; *
<i>rynex pse</i>	\$0(3)	NM; *
<i>siltussin dm das</i>	\$0(3)	NM; *
<i>siltussin sa</i> SYRP 100mg/5ml	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *

អ្នកអាចស្វែងរកព័ត៌មានបន្ថែមអំពីអត្ថន័យរបស់សញ្ញាសម្គាល់និងអក្សរកាត់ក្នុងតារាងនេះដោយមើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm cold & allergy childre</i>	\$0(3)	NM; *
<i>sm cold & cough dm childr</i>	\$0(3)	NM; *
<i>sm mucus relief cough chi</i>	\$0(3)	NM; *
<i>sm nasal decongestant max TABS 30mg</i>	\$0(3)	NM; *
<i>sm tussin cf</i>	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sm tussin dm max/cough +</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c LIQD 100mg/5ml</i>	\$0(3)	NM; *
STAHIST AD TAB 25-60MG	\$0(3)	NM; *
STAHIST LIQ	\$0(3)	NM; *
STAHIST TP TAB 2.5-10MG	\$0(3)	NM; *
<i>sudogest TABS 30mg, 60mg</i>	\$0(3)	NM; *
<i>sudogest maximum strength TABS 30mg</i>	\$0(3)	NM; *
<i>sudogest sinus & allergy</i>	\$0(3)	NM; *
<i>triaacting nighttime cold&</i>	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
TUSNEL DM LIQ	\$0(3)	NM; *
<i>tusnel dm pediatric</i>	\$0(3)	NM; *
TUSNEL LIQ	\$0(3)	NM; *
TUSNEL PED DRO 7.5-50	\$0(3)	NM; *
TUSNEL PEDI LIQ 15-5-50	\$0(3)	NM; *
TUSNEL PEDIA LIQ	\$0(3)	NM; *
TUSNEL TAB	\$0(3)	NM; *
TUSNEL-DM DRO PEDIATRC	\$0(3)	NM; *
TUSNEL-DM LIQ	\$0(3)	NM; *
<i>tusnel-ex LIQD 100mg/5ml</i>	\$0(3)	NM; *
TUSSICAPS CAP 10-8MG	\$0(3)	NM; *
<i>tussin cf</i>	\$0(3)	NM; *
<i>tussin cf multi-symptom c</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin dm maximum strengt</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong LIQD 100mg/5ml</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong LIQD 100mg/5ml; SYRP 100mg/5ml</i>	\$0(3)	NM; *
VANACOF DMX LIQ	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
<i>virtussin a/c</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>virtussin ac/alc</i>	\$0(3)	NM; *
VIRTUSSIN SOL DAC	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
ACE AERO CLD MIS ENHANCER	\$0(3)	NM; *
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
AERCHMBR PLS MIS FLOW-VU	\$0(3)	NM; *
AERCHMBR PLS MIS LRG MASK	\$0(3)	NM; *
AERCHMBR PLS MIS MED MASK	\$0(3)	NM; *
AERCHMBR PLS MIS SM MASK	\$0(3)	NM; *
AERCHMBR Z- MIS STAT PLS	\$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	\$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	\$0(3)	NM; *
AEROCHAMBER MIS MV	\$0(3)	NM; *
AEROCHAMBER MIS PLUS	\$0(3)	NM; *
AEROTRC PLUS MIS	\$0(3)	NM; *
AEROVENT MIS PLUS	\$0(3)	NM; *
AIRZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
ASTHMA CHECK MIS SYSTEM	\$0(3)	NM; *
<i>ayr</i> SOLN .65%	\$0(3)	NM; *
AYR NASAL DROPS SOLN .65%	\$0(3)	NM; *
AYR NASAL MIST ALLERGY & SOLN 2.65%	\$0(3)	NM; *
<i>baby ayr saline</i> SOLN .65%	\$0(3)	NM; *
BREATHERITE MIS MDI CHMB	\$0(3)	NM; *
COMPACT SPAC MIS CHAMBER	\$0(3)	NM; *
COMPACT SPAC MIS LG MASK	\$0(3)	NM; *
COMPACT SPAC MIS MD MASK	\$0(3)	NM; *
COMPACT SPAC MIS SM MASK	\$0(3)	NM; *
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	\$0(2)	
<i>deep sea nasal spray</i> SOLN .65%	\$0(3)	NM; *
EASIVENT MIS	\$0(3)	NM; *
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
FLEXICHAMBER MIS	\$0(3)	NM; *
HOLD CHAMBER MIS ADLT LG	\$0(3)	NM; *
HOLD CHAMBER MIS MEDIUM	\$0(3)	NM; *
HOLD CHAMBER MIS SMALL	\$0(3)	NM; *
IN-CHK FLOW MIS METER	\$0(3)	NM; *
INSPIRACHAMB MIS LARGE	\$0(3)	NM; *
INSPIRACHAMB MIS MEDIUM	\$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPE	\$0(3)	NM; *
INSPIRACHAMB MIS SMALL	\$0(3)	NM; *
KALYDECO PACK 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
<i>little noses stuffy nose</i> SOLN .65%	\$0(3)	NM; *
MICROCHAMBER MIS	\$0(3)	NM; *
MINI WRIGHT MIS PFM	\$0(3)	NM; *
MINI WRIGHT MIS PFM LOW	\$0(3)	NM; *
<i>nasal moisturizing spray</i> SOLN .65%	\$0(3)	NM; *
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIA MD	\$0(3)	NM; *
OPTICHAMBER MIS DIA SM	\$0(3)	NM; *
OPTICHAMBER MIS DIAMOND	\$0(3)	NM; *
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
PEAK AIR FLO MIS ADLT/PED	\$0(3)	NM; *
PEAK FLOW MIS METER	\$0(3)	NM; *
PEAK FLW MTR MIS ADULT	\$0(3)	NM; *
PEAK FLW MTR MIS CHILD	\$0(3)	NM; *
PERSONAL BES MIS FULL RNG	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PERSONAL BES MIS LOW RANG	\$0(3)	NM; *
PIKO 1 MIS ELECTRON	\$0(3)	NM; *
POCKET CHAMB MIS	\$0(3)	NM; *
POCKET PEAK MIS METER	\$0(3)	NM; *
PROCARE MIS ADULT	\$0(3)	NM; *
PROCARE MIS CHILD	\$0(3)	NM; *
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
RITEFLO MIS	\$0(3)	NM; *
saline SOLN .65%	\$0(3)	NM; *
saline mist SOLN .65%	\$0(3)	NM; *
SPACE CHAMBR MIS ANTI-STA	\$0(3)	NM; *
SPACE CHAMBR MIS LARGE	\$0(3)	NM; *
SPACE CHAMBR MIS MEDIUM	\$0(3)	NM; *
SPACE CHAMBR MIS SMALL	\$0(3)	NM; *
SPACER CHAMB MIS ADULT	\$0(3)	NM; *
SPACER CHAMB MIS CHILD	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRUZONE PEAK MIS FLOW MTR	\$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
VORTEX/MASK MIS CHILDS	\$0(3)	NM; *
VORTEX/MASK MIS TODDLER	\$0(3)	NM; *
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relief SUSP 50mcg/act	\$0(3)	NM; *
budesonide (nasal) SUSP 32mcg/act	\$0(3)	NM; *
flunisolide (nasal) SOLN .025%	\$0(1)	QL (3 bottles / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluticasone propionate (nasal) SUSP</i> 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal) SUSP</i> 50mcg/act	\$0(3)	NM; *
<i>gnp 24 hour nasal allerg AERO</i> 55mcg/act	\$0(3)	NM; *
<i>gnp budesonide nasal spra SUSP</i> 32mcg/act	\$0(3)	NM; *
<i>gnp fluticasone propionat SUSP</i> 50mcg/act	\$0(3)	NM; *
<i>goodsense nasal allergy s AERO</i> 55mcg/act	\$0(3)	NM; *
<i>hm allergy relief nasal s SUSP</i> 50mcg/act	\$0(3)	NM; *
<i>nasal allergy 24 hour mul AERO</i> 55mcg/act	\$0(3)	NM; *
<i>qc allergy relief SUSP</i> 50mcg/act	\$0(3)	NM; *
<i>sm allergy relief nasal s SUSP</i> 50mcg/act	\$0(3)	NM; *
<i>triamcinolone acetonide (nasal) AERO</i> 55mcg/act	\$0(3)	NM; *
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP</i> .25mg/2ml, .5mg/2ml	\$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$0(2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0(2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0(2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0(2)	QL (1 inhaler / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 2.5</i> GEL 2.5%	\$0(3)	NM; *
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
ACNEFREE KIT SEVERE	\$0(3)	NM; *
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>avita</i> CREA .025%; GEL .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>benzefoam</i> FOAM 5.3%	\$0(3)	NM; *
<i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%	\$0(3)	NM; *
BENZOYL PEROXIDE CLEANSER LIQD 6%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>bpo foaming cloths</i> MISC 6%	\$0(3)	NM; *
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>double antibiotic</i>	\$0(3)	NM; *
<i>first aid antibiotic</i>	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>gnp bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>hm bacitracin</i> OINT 500unit/gm	\$0(3)	NM; *
<i>hm double antibiotic</i>	\$0(3)	NM; *
<i>hm triple antibiotic</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	NM; *
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>sm antibiotic</i> OINT 500unit/gm	\$0(3)	NM; *
<i>sm antibiotic plus pain r</i>	\$0(3)	NM; *
<i>sm double antibiotic</i>	\$0(3)	NM; *
<i>sm triple antibiotic orig</i>	\$0(3)	NM; *
<i>ssd</i> CREA 1%	\$0(1)	
SULFAMYLON CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OINT 1%	\$0(3)	NM; *
<i>anti-fungal powder</i> POWD 1%	\$0(3)	NM; *
<i>antifungal</i> CREA 1%, 2%	\$0(3)	NM; *
<i>antifungal powder</i> POWD 2%	\$0(3)	NM; *
<i>athletes foot</i> CREA 1%	\$0(3)	NM; *
<i>athletes foot powder spra</i> AERP 2%	\$0(3)	NM; *
<i>athletes foot spray</i> AERO 1%	\$0(3)	NM; *
<i>butenafine hcl</i> CREA 1%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole athletes foo</i> CREA 1%	\$0(3)	NM; *

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មើលនៅទំព័រ 134

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	QL (45 gm / 30 days)
<i>FUNGOID TINCTURE SOLN 2%</i>	\$0(3)	NM; *
<i>gnp athletes foot CREA 1%</i>	\$0(3)	NM; *
<i>gnp terbinafine hydrochlo CREA 1%</i>	\$0(3)	NM; *
<i>gnp tolnaftate CREA 1%</i>	\$0(3)	NM; *
<i>ketoconazole (topical) CREA 2%</i>	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical) CREA 2%</i>	\$0(3)	NM; *
<i>mycozyl ap POWD 2%</i>	\$0(3)	NM; *
<i>nyamyc POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	\$0(1)	QL (60 gm / 30 days)
<i>qc tolnaftate CREA 1%</i>	\$0(3)	NM; *
<i>sm antifungal clotrimazol CREA 1%</i>	\$0(3)	NM; *
<i>sm antifungal miconazole CREA 2%</i>	\$0(3)	NM; *
<i>sm antifungal tolnaftate CREA 1%</i>	\$0(3)	NM; *
<i>sm athletes foot CREA 1%</i>	\$0(3)	NM; *
<i>terbinafine hcl (topical) CREA 1%</i>	\$0(3)	NM; *
<i>tolnaftate CREA 1%; POWD 1%</i>	\$0(3)	NM; *
<i>tolnaftate antifungal CREA 1%</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	\$0(1)	PA
<i>calcipotriene OINT .005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene CREA .1%</i>	\$0(1)	QL (60 gm / 30 days), PA
<i>TAZORAC CREA .05%</i>	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) SHAM 2%</i>	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort CREA 1%, 2.5%</i>	\$0(1)	
<i>alclometasone dipropionate CREA .05%; OINT .05%</i>	\$0(1)	QL (60 gm / 30 days)
<i>anti-itch maximum strengt CREA 1%</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>gnp hydrocortisone</i> CREA .5%	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i> OINT 1%	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i> CREA 1%	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hm hydrocortisone plus</i>	\$0(3)	NM; *
<i>hm hydrocortisone/aloe ma</i>	\$0(3)	NM; *
HYDROCORTISONE OINT 1%	\$0(3)	NM; *
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA 1%; OINT 1%	\$0(3)	NM; *

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មើលនៅទំព័រ 13។

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocortisone maximum st</i> CREA 1%	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>scalpicin maximum strengt</i> SOLN 1%	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i> OINT 1%	\$0(3)	NM; *
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
CALAMINE LOT	\$0(3)	NM; *
CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(3)	NM; *
<i>docosanol</i> CREA 10%	\$0(3)	NM; *
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
<i>gnp arthritis pain</i> GEL 1%	\$0(3)	NM; *
GNP CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>goodsense arthritis pain</i> GEL 1%	\$0(3)	NM; *
HM CALAMINE LOT 8-8%	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metronidazole (topical) CREA .75%; GEL .75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical) LOTN .75%</i>	\$0(1)	QL (59 mL / 30 days)
<i>PANRETIN GEL .1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>podofilox SOLN .5%</i>	\$0(1)	QL (7 mL / 28 days)
<i>procto-med hc CREA 2.5%</i>	\$0(1)	
<i>procto-pak CREA 1%</i>	\$0(1)	
<i>proctozone-hc CREA 2.5%</i>	\$0(1)	
<i>qc diclofenac sodiium GEL 1%</i>	\$0(3)	NM; *
<i>RECTIV OINT .4%</i>	\$0(2)	QL (30 gm / 30 days)
<i>rosadan CREA .75%</i>	\$0(1)	QL (45 gm / 30 days)
<i>SM CALAMINE LOT</i>	\$0(3)	NM; *
<i>tacrolimus (topical) OINT .03%, .1%</i>	\$0(1)	QL (100 gm / 30 days)
<i>TARGRETIN GEL 1%</i>	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
<i>VALCHLOR GEL .016%</i>	\$0(2)	NDS, QL (60 gm / 30 days), LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>gnp lice treatment LIQD 1%</i>	\$0(3)	NM; *
<i>hm lice killing maximum s</i>	\$0(3)	NM; *
<i>hm lice treatment LIQD 1%</i>	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment LOTN 1%</i>	\$0(3)	NM; *
<i>LYCELLE GEL</i>	\$0(3)	NM; *
<i>malathion LOTN .5%</i>	\$0(1)	QL (59 mL / 30 days)
<i>NIX COMPLETE KIT LICE 1%</i>	\$0(3)	NM; *
<i>permethrin CREA 5%</i>	\$0(1)	QL (60 gm / 30 days)
<i>rid lice killing shampoo</i>	\$0(3)	NM; *
<i>RID LIQ</i>	\$0(3)	NM; *
<i>sm lice killing maximum s</i>	\$0(3)	NM; *
<i>sm lice solution kit</i>	\$0(3)	NM; *
<i>sm lice treatment LOTN 1%</i>	\$0(3)	NM; *
<i>VANALICE GEL 0.3-3.5%</i>	\$0(3)	NM; *

DERMATOLOGY, WOUND CARE AGENTS

<i>REGRANEX GEL .01%</i>	\$0(2)	NDS, QL (30 gm / 30 days), PA
<i>SANTYL OINT 250unit/gm</i>	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	\$0(1)	
<i>clotrimazole</i> TROC 10mg	\$0(1)	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	\$0(1)	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	\$0(1)	
<i>periogard</i> SOLN .12%	\$0(1)	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	\$0(1)	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	\$0(1)	

_PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

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D. លិបិក្រមនៃឱសថដែលទទួលបានការធានា

*		<i>acitretin</i>	124
<i>*omega-3 fatty acids cap 1000 mg**</i>	102	<i>acne medication 10</i>	122
<i>*sodium phosphates - enema***</i>	86	ACNE MEDICATION 10	122
2		<i>acne medication 2.5</i>	122
<i>24hr allergy relief</i>	111	<i>acne medication 5</i>	122
3		ACNE MEDICATION 5	122
<i>3 day vaginal</i>	89	ACNEFREE KIT SEVERE	122
A		ACTHIB INJ	96
<i>abacavir sulfata</i>	23	ACTIMMUNE	95
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	24	<i>acyclovir</i>	25
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	24	<i>acyclovir sodium</i>	25
ABELCET	21	ADACEL INJ	96
ABILIFY MAINTENA	54	<i>adefovir dipivoxil</i>	25
<i>abiraterone acetate</i>	30	ADEMPAS	46
ABRAXANE INJ 100MG	32	ADRENALIN	45
<i>acamprosate calcium</i>	60	<i>adriamycin</i>	30
<i>acarbose</i>	62	<i>adult aspirin regimen</i>	15
ACCU-CHEK MIS MLTICLIX	74	ADVAIR DISKU AER 100/50	121
<i>accutane</i>	122	ADVAIR DISKU AER 250/50	121
ACE AERO CLD MIS ENHANCER .	118	ADVAIR DISKU AER 500/50	121
<i>acebutolol hcl</i>	43	ADVAIR HFA AER 115/21	122
<i>acetaminophen</i>	15	ADVAIR HFA AER 230/21	122
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	18	ADVAIR HFA AER 45/21	122
<i>acetaminophen w/ codeine tab 300-15 mg</i>	18	AERCHMBR PLS MIS FLOW-VU ..	118
<i>acetaminophen w/ codeine tab 300-30 mg</i>	18	AERCHMBR PLS MIS LRG MASK.	118
<i>acetaminophen w/ codeine tab 300-60 mg</i>	18	AERCHMBR PLS MIS MED MASK	118
<i>acetazolamide</i>	45	AERCHMBR PLS MIS SM MASK ..	118
<i>acetic acid</i>	89	AERCHMBR Z- MIS STAT PLS	118
<i>acetic acid (otic)</i>	109	AEROCHAMBER MIS CHAMBER..	118
<i>acetylcysteine</i>	118	AEROCHAMBER MIS FLOSIGNA .	118
<i>acid gone</i>	77	AEROCHAMBER MIS MV	118
<i>acid reducer</i>	81, 87	AEROCHAMBER MIS PLUS	118
<i>acid reducer maximum stre</i>	81	AEROTRC PLUS MIS	118
<i>acid reducer original str</i>	81	AEROVENT MIS PLUS	118
		AFINITOR	32
		AFINITOR DISPERZ	32
		<i>afirmelle</i>	66
		AHIST	110
		AIMOVIG	58
		AIRZONE PEAK MIS FLOW MTR .	118
		<i>ala-cort</i>	124
		ALAHIST D TAB	113

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 ALA-HIST IR 110
 ALAHIST PE TAB 2-7.5MG 113
alaway 107
alaway childrens allergy 107
albendazole 19
albuterol sulfate 112, 113
alclometasone dipropionate 124
 ALDURAZYME 74
 ALECENSA 32
alendronate sodium 65
 ALEVAZOL 123
alfuzosin hcl 88
 ALIMTA 30
aliskiren fumarate 45
 ALKA SELTZER TAB HEARTBRN ... 78
 ALKA-SELTZER CHW 750-80MG... 78
 ALKA-SELTZER TAB GOLD 78
all day allergy 110
all day allergy childrens 110
all day pain relief 15
all day relief 16
all-day allergy childrens 110
aller-chlor 110
aller-ease 110
allergy 110
allergy 24-hr 110
allergy childrens 110
allergy multi-symptom 113
allergy relief 110, 120
allergy relief 24hr 110
allergy relief childrens 110
allergy relief/indoor/out 110
allergy-time 110
allopurinol 15
almacone double strength 78
alosetron hcl 86
 ALPHAGAN P 107
alprazolam 47
 ALREX 106
altachlore 108
altavera 66
*alum & mag hydroxide-simethicone
 susp 200-200-20 mg/5ml* 78
*alum & mag hydroxide-simethicone
 susp 400-400-40 mg/5ml* 78
alumina/magnesia/simethic 78

ALUMINUM HYDROXIDE 78
 ALUNBRIG 32
 ALUNBRIG PAK 32
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