

2023

ລາຍການຢາທີ່ໄດ້ຮັບຄຸ້ມຄອງ California

Molina Medicare Complete Care Plus (HMO D-SNP) ແຜນ Medicare Medi-Cal

HPMS ອະນຸມັດການອື່ນເອກະສານສູດ 00023250, ສະບັບທີ 18

ອັບເດດ ເມື່ອ: **12/01/2023**

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມວ່າສູດ ຫຼື ຄໍາຖາມອື່ນໆ, ຕິດຕໍ່ພວກເຮົາທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ – ວັນສຸກ, 8 ໂມງເຊົ້າ – 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ ຫຼື ໄປເບິ່ງທີ່ MolinaHealthcare.com/Medicare.

- ຂໍ້ຄວາມສໍາຄັນກ່ຽວກັບສິ່ງທີ່ທ່ານຈ່າຍສໍາລັບວັກຊີນ - ແຜນປະກັນຂອງພວກເຮົາກວມເອົາວັກຊີນຈາກ Part D ເປັນສ່ວນໃຫຍ່ທີ່ທ່ານບໍ່ຈ່າຍເຕືອນໃດໆ, ເຖິງແມ່ນວ່າທ່ານຍັງບໍ່ໄດ້ຈ່າຍຄ່າລົດຢ່ອນຂອງທ່ານກໍຕາມ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ.
- ຂໍ້ຄວາມສໍາຄັນກ່ຽວກັບສິ່ງທີ່ທ່ານຈ່າຍສໍາລັບຢາອື່ນໆ - ທ່ານຈະຈ່າຍບໍ່ກາຍ \$35 ສໍາລັບການສະໜອງຢາພາຍໃນໜຶ່ງເດືອນຂອງແຕ່ລະຜະລິດຕະພັນຢາອື່ນໆທີ່ໄດ້ກວມເອົາຢູ່ໃນແຜນປະກັນຂອງພວກເຮົາ, ບໍ່ວ່າຈະຢູ່ໃນຂັ້ນຂອງການຈ່າຍຄ່າຢາຮ່ວມກັນໃດກໍຕາມ, ເຖິງແມ່ນວ່າທ່ານຍັງບໍ່ໄດ້ຈ່າຍຄ່າລົດຢ່ອນຂອງທ່ານກໍຕາມ.

Molina Medicare Complete Care Plus (HMO D-SNP) | ປີ 2023 ລາຍລຸ້ນທີ່ໄດ້ຮັບການຄຸ້ມຄອງ (ສູດ)

ຄໍາແນະນຳ

ເອກະສານນີ້ເອີ້ນວ່າ ລາຍການຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງ (ຍັງຮູ້ຈັກຊື່ໜຶ່ງວ່າລາຍການຢາ).

ໂດຍຈະບອກທ່ານວ່າຢາຕາມໃບສັງແພດຊະນິດໃດທີ່ໄດ້ຮັບການຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus. ລາຍການຢາຍັງບອກທ່ານວ່າມີກົດລະບຽບພິເສດ ຫຼື ຂໍ້ຈຳກັດກ່ຽວກັບຢາໃດໆທີ່ໄດ້ຮັບການຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus.

ຂໍ້ມູນການຕິດຕໍ່ຂອງພວກເຮົາ, ຄຽງຄູ່ກັບວັນທີທີ່ພວກເຮົາໄດ້ອັບເດດສູດຄັ້ງສຸດທ້າຍ, ປະກົດຢູ່ໃນໜ້າປົກດ້ານໜ້າ ແລະ ດ້ານຫຼັງ. ຄໍາສໍາຄັນ ແລະ ຄໍານິຍາມຄວາມບາກົດຢູ່ໃນບົດສຸດທ້າຍຂອງຫຼັກການຂອງການຄຸ້ມຄອງ.

ສາລະບານ

A. ການປະຕິເສດຄວາມຮັບຜິດຊອບ	3
B. ຄໍາຖາມທີ່ຖາມເລື້ອຍໆ (FAQ)	3
B1. ຢາທີ່ຕ້ອງສັ່ງໂດຍແພດອັນໃດຢູ່ໃນລາຍລຸ້ນທີ່ໄດ້ຮັບການຄຸ້ມຄອງ? (ພວກເຮົາເອີ້ນລາຍລຸ້ນທີ່ໄດ້ຮັບການຄຸ້ມຄອງວ່າ “ລາຍລຸ້ນ” ໂດຍຫຍໍ້.)	3
B2. ລາຍການຢາບໍ່ເຄີຍປ່ຽນແປງບໍ່?	4
B3. ຈະເກີດຫຍັງຂຶ້ນ ເມື່ອມີການປ່ຽນແປງລາຍການຢາ?	5
B4. ມີຂໍ້ຈຳກັດຫຼືຂໍ້ຈຳກັດກ່ຽວກັບການຄຸ້ມຄອງຢາຫຼືການດໍາເນີນການທີ່ຈຳເປັນເພື່ອເອົາຢາບາງຊະນິດບໍ່?	6
B5. ຂ້ອຍຈະຮູ້ໄດ້ແນວໃດວ່າຢາທີ່ຂ້ອຍຕ້ອງການມີຂອບເຂດຈຳກັດ ຫຼື ຕ້ອງດໍາເນີນການໃດໆທີ່ຈຳເປັນເພື່ອໃຫ້ໄດ້ຢາ?	6
B6. ຈະເກີດຫຍັງຂຶ້ນ ຖ້າຫາກວ່າ Molina Medicare Complete Care Plus ປ່ຽນແປງກົດລະບຽບຂອງພວກເຂົາກ່ຽວກັບວິທີທີ່ພວກເຂົາກວມເອົາຢາບາງຊະນິດ (ຕົວຢ່າງ, ການອະນຸຍາດລ່ວງໜ້າ, ການຈຳກັດປະລິມານ ແລະ/ຫຼື ຂໍ້ຈຳກັດການປັບປັບຂັ້ນຕອນ)?	6
B7. ຂ້ອຍຈະຊອກຫາຢາຢູ່ໃນລາຍການຢາໄດ້ແນວໃດ?	7
B8. ຈະເປັນແນວໃດ ຖ້າຫາກວ່າຢາທີ່ຂ້ອຍຕ້ອງການກິນບໍ່ຢູ່ໃນລາຍການຢາ?	7
B9. ຈະເປັນແນວໃດ ຖ້າຫາກວ່າຂ້ອຍເປັນສະມາຊິກໃໝ່ຂອງ Molina Medicare Complete Care Plus ແລະ ບໍ່ສາມາດຊອກຫາຢາຂອງຂ້ອຍຢູ່ໃນລາຍການຢາ ຫຼື ມີບັນຫາໃນການຮັບຢາຂອງຂ້ອຍ?	7
B10. ຂ້ອຍສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ອີກເວັ້ນ ເພື່ອກວມເອົາຢາຂອງຂ້ອຍໄດ້ບໍ່?	8



ຖ້າຫາກວ່າທ່ານມີຄໍາຖາມ, ກະລຸນາໂທຫາ Molina Medicare Complete Care Plus ທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ເຂົ້າໄປເບິ່ງ MolinaHealthcare.com/Medicare.

ອັບເດດ ເມື່ອ 12/01/2023

B11. ຂ້ອຍຈະຂໍການຍົກເວັ້ນໄດ້ແນວໃດ?.....	8
B12. ຕ້ອງໃຊ້ເວລາດົນບານໃດທີ່ຈະໄດ້ຮັບຂໍ້ຍົກເວັ້ນ?.....	8
B13. ຢາທົ່ວໄປແມ່ນຫຍັງ?	9
B14. ຢາ OTC ແມ່ນຫຍັງ?	9
B15. Molina Medicare Complete Care Plus ກວມເອົາຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາບໍ?	9
B16. Molina Medicare Complete Care Plus ກວມເອົາການສະໜອງໃບສັງຢາໃນໄລຍະຍາວຫຼືບໍ?	9
B17. ຂ້ອຍສາມາດເອົາໃບສັງຢາຈາກຮ້ານຂາຍຢາທ້ອງຖິ່ນຂອງຂ້ອຍທີ່ສົ່ງໄປບ້ານຂອງຂ້ອຍໄດ້ບໍ?	9
B18. ຄ່າໃຊ້ຈ່າຍຂອງຂ້ອຍແມ່ນຫຍັງ?	10
C. ພາບລວມຂອງລາຍການຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງ	10
C1. ບັນຊີລາຍຊື່ຂອງຢາຕາມເງື່ອນໄຂທາງການແພດ	10
D. ດັດຊະນີຂອງຢາທີ່ໄດ້ຮັບຄຸ້ມຄອງ.....	85

A. ຂໍ້ຈຳກັດຄວາມຮັບຜິດຊອບ

ນີ້ແມ່ນລາຍຊື່ຢາທີ່ສະມາຊິກສາມາດໄດ້ຮັບໃນ Molina Medicare Complete Care Plus.

- ❖ ທ່ານສາມາດກວດສອບລາຍການຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງໃໝ່ຫຼ້າສຸດຂອງ Molina Medicare Complete Care Plus ອອນລາຍຢູ່ [MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare) ຫຼື ໂດຍການໂທຫາ (800) 665-3086, TTY: 711.
- ❖ ທ່ານສາມາດໄດ້ຮັບເອກະສານນີ້ຟຣີໃນຮູບແບບອື່ນໆ ເຊັ່ນ: ການພິມຂະໜາດໃຫຍ່, ຕົວອັກສອນໂນນ ຫຼື ສຽງ. ໂທຫາ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.
- ❖ ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາສົ່ງຂໍ້ມູນໃຫ້ທ່ານເປັນພາສາ ຫຼື ຮູບແບບທີ່ທ່ານຕ້ອງການ. ອັນນີ້ເອີ້ນວ່າການຢືນຮ້ອງຂໍ. ໂທຫາ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ຕົວແທນຜ່ານບໍລິການສະມາຊິກສາມາດຊ່ວຍທ່ານສ້າງ ຫຼື ປຸງແບ່ງຄໍາຢືນຮ້ອງຂໍໄດ້. ພວກເຮົາຈະຕິດຕາມການຮ້ອງຂໍຢືນຂອງທ່ານ ສະນັ້ນທ່ານບໍ່ຈຳເປັນຕ້ອງເຮັດການຮ້ອງຂໍແຍກຕ່າງຫາກໃນແຕ່ລະຄັ້ງທີ່ພວກເຮົາສົ່ງຂໍ້ມູນໃຫ້ທ່ານ.
- ❖ Molina Healthcare ປະຕິບັດຕາມກົດໝາຍສິດທິພົນລະເຮືອນຂອງລັດຖະບານກາງທີ່ນຳໃຊ້ ແລະ ບໍ່ຈຳແນກບົນພື້ນຖານຂອງເຊື້ອຊາດ, ຊົນເຜົ່າ, ຊາດກຳເນີດ, ສາດສະໜາ, ເພດ, ເພດ, ອາຍຸ, ຄວາມພິການທາງຈິດ ຫຼື ທາງດ້ານຮ່າງກາຍ, ສະຖານະພາບສຸຂະພາບ, ການໄດ້ຮັບການດູແລສຸຂະພາບ, ປະສົບການການຮຽກຮ້ອງ, ປະຫວັດການແພດ, ຂໍ້ມູນພັນທຸກຳ, ຫຼັກຖານຂອງຄວາມບໍ່ຮັບປະກັນ, ສະຖານທີ່ຕັ້ງພູມສາດ.
- ❖ <https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>

B. ຄໍາຖາມທີ່ຖາມເລື້ອຍໆ (FAQ)

ຄໍ້າຫາຄໍາຕອບຢູ່ບ່ອນນີ້ ສໍາລັບຄໍາຖາມທີ່ທ່ານມີກ່ຽວກັບລາຍຊື່ຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງນີ້.

ທ່ານສາມາດອ່ານຄໍາຖາມທີ່ຖືກຖາມເລື້ອຍໆທັງໝົດ ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມ ຫຼື ຊອກຫາຄໍາຖາມ ແລະ ຄໍາຕອບ.

B1 ຢາທີ່ຕ້ອງສັ່ງໂດຍແພດອັນໃດຢູ່ໃນລາຍຊື່ຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງ? (ພວກເຮົາເອີ້ນລາຍຊື່ຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງວ່າ “ລາຍຊື່ຢາ” ໂດຍຫຍໍ້.)

ຢາທີ່ຢູ່ໃນ ລາຍການຂອງຢາ ທີ່ໄດ້ຮັບການຄຸ້ມຄອງທີ່ເລີ່ມຕົ້ນຢູ່ຫນ້າ 12 ແມ່ນຢາທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus (HMO D-SNP). ຢາມີຈຳໜ່າຍຢູ່ໃນຮ້ານຂາຍຢາໃນເຄືອຂ່າຍຂອງພວກເຮົາ.

ຮ້ານຂາຍຢາຢູ່ໃນເຄືອຂ່າຍຂອງພວກເຮົາ ຖ້າຫາກວ່າພວກເຮົາມີຂໍ້ຕົກລົງກັບພວກເຂົາ ເພື່ອເຮັດວຽກກັບພວກເຮົາ ແລະ ໃຫ້ບໍລິການແກ່ທ່ານ. ພວກເຮົາອ້າງເຖິງຮ້ານຂາຍຢາເຫຼົ່ານີ້ເປັນ "ຮ້ານຂາຍຢາໃນເຄືອຂ່າຍ."

ຢາຕາມໃບສັ່ງທີ່ລວມຢູ່ໃນບັນຊີລາຍຊື່ຂອງຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງນີ້ແມ່ນກວມເອົາໂດຍ Molina Medicare Complete Care Plus. Medi-Cal Rx ອາດຈະຖືກຄຸ້ມຄອງໂດຍຢາອື່ນໆເຊັ່ນຢາທີ່ຂາຍຜ່ານຮ້ານຂາຍ (OTC) ແລະ



ຖ້າຫາກວ່າທ່ານມີຄໍາຖາມ, ກະລຸນາໂທຫາ Molina Medicare Complete Care Plus ທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ເຂົ້າໄປເບິ່ງ [MolinaHealthcare.com/Medicare](https://www.molinahealthcare.com/Medicare).

ອັບເດດ ເມື່ອ 12/01/2023

ວິຕາມິນບາງຊະນິດ. ກະຊວງເຂົ້າເວັບໄຊທ໌ Medi-Cal Rx (www.medi-calrx.dhcs.ca.gov) ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ. ທ່ານຍັງສາມາດໂທຫາສູນບໍລິການລູກຄ້າ Medi-Cal Rx ທີ່ເບີ 800-977-2273. ກະຊວງເອົາບັດປະຈຳຕົວຜູ້ໄດ້ຮັບຜົນປະໂຫຍດ Medi-Cal (BIC) ຂອງທ່ານມາ ເມື່ອໄດ້ຮັບໃບສັງຍາຜ່ານ Medi-Cal Rx.

- Molina Medicare Complete Care Plus
ຈະກວມເອົາຢາທີ່ຈໍາເປັນທາງການແພດທັງໝົດຢູ່ໃນບັນຊີຢາ ຖ້າຫາກວ່າ:
 - ທ່ານໝໍ ຫຼື ຜູ້ສັງຍາອື່ນໆຂອງທ່ານບອກວ່າທ່ານຕ້ອງການໃຫ້ພວກເຂົາດີຂຶ້ນ ຫຼື ມີສຸຂະພາບດີ,
 - Molina Medicare Complete Care Plus
ຕົກລົງເຫັນດີວ່າຢາແມ່ນມີຄວາມຈໍາເປັນທາງດ້ານການປິ່ນປົວສໍາລັບທ່ານ ແລະ
 - ທ່ານຕື່ມໃບສັງຍາຢູ່ຮ້ານຂາຍຢາເຄືອຂ່າຍ Molina Medicare Complete Care Plus.
- ໃນບາງກໍລະນີ, ທ່ານຕ້ອງເຮັດບາງສິ່ງບາງຢ່າງກ່ອນທີ່ທ່ານຈະສາມາດໄດ້ຮັບຢາ. ເບິ່ງຄໍາຖາມ B4 ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ.

ທ່ານຍັງສາມາດຊອກຫາລາຍຊື່ຢາທີ່ທັນສະໄໝທີ່ພວກເຮົາກວມເອົາຢູ່ໃນເວັບໄຊທ໌ຂອງພວກເຮົາທີ່ MolinaHealthcare.com/Medicare ຫຼື ໂທຫາບໍລິການສະມາຊິກຕາມຕົວເລກໃນສ່ວນທ້າຍຂອງເອກະສານນີ້.

B2. ລາຍການຢາບໍ່ເຄີຍປ່ຽນແປງບໍ?

ແມ່ນແລ້ວ ແລະ Molina Medicare Complete Care Plus ຕ້ອງປະຕິບັດຕາມກົດລະບຽບຂອງ Medicare ແລະ Medi-Cal ເມື່ອມີການປ່ຽນແປງ. ພວກເຮົາອາດຈະເພີ່ມ ຫຼື ລົບຢາເສບຕິດໃນບັນຊີລາຍການຢາໃນລະຫວ່າງປີ.

ພວກເຮົາອາດຈະປ່ຽນແປງກົດລະບຽບຂອງພວກເຮົາກ່ຽວກັບຢາ. ຕົວຢ່າງ, ພວກເຮົາສາມາດ:

- ຕັດສິນໃຈທີ່ຈະຮຽກຮ້ອງໃຫ້ ຫຼື ບໍ່ຮຽກຮ້ອງໃຫ້ມີການອະນຸຍາດລ່ວງໜ້າ ສໍາລັບຢາເສບຕິດ.
(ການອະນຸຍາດລ່ວງໜ້າແມ່ນການອະນຸຍາດຈາກ Molina Medicare Complete Care Plus ກ່ອນທີ່ທ່ານຈະສາມາດໄດ້ຮັບຢາ.)
- ເພີ່ມຫຼືປ່ຽນປະລິມານຢາທີ່ທ່ານສາມາດໄດ້ຮັບ (ເອີ້ນວ່າຈໍາກັດປະລິມານ).
- ເພີ່ມ ຫຼື ປ່ຽນຂໍ້ຈໍາກັດຂັ້ນຕອນການປິ່ນປົວໃນຢາ.
(ການປິ່ນປົວດ້ວຍຂັ້ນຕອນໝາຍຄວາມວ່າທ່ານຕ້ອງລອງຢາໜຶ່ງກ່ອນທີ່ພວກເຮົາຈະກວມເອົາຢາອື່ນ.)

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບກົດລະບຽບຢາເຫຼົ່ານີ້, ເບິ່ງຄໍາຖາມ B4.

ຖ້າຫາກວ່າທ່ານກໍາລັງກິນຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງໃນຕົ້ນປີ, ໂດຍທົ່ວໄປແລ້ວພວກເຮົາຈະບໍ່ເອົາ ຫຼື ປ່ຽນການຄຸ້ມຄອງຂອງຢານັ້ນໃນລະຫວ່າງສ່ວນທີ່ເຫຼືອຂອງປີ ຍົກເວັ້ນແຕ່:

- ຢາໃໝ່, ລາຄາຖືກກວ່າມາຢູ່ໃນຕະຫຼາດທີ່ເຮັດວຽກເຊັ່ນດຽວກັນກັບຢາຢູ່ໃນບັນຊີລາຍຊື່ຢາໃນປັດຈຸບັນ ຫຼື
- ພວກເຮົາຮຽນຮູ້ວ່າຢາບໍ່ປອດໄພ ຫຼື
- ຢາເສບຕິດຖືກເອົາອອກຈາກຕະຫຼາດ.

ຄໍາຖາມ B3 ແລະ B6 ຂ້າງລຸ່ມນີ້ມີຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບສິ່ງທີ່ເກີດຂຶ້ນ ເມື່ອບັນຊີລາຍຊື່ຢາມີການປ່ຽນແປງ.

- ທ່ານສາມາດກວດເບິ່ງລາຍການຢາທີ່ທັນສະໄໝຂອງ Molina Medicare Complete Care Plus ອອນລາຍໄດ້ຢູ່ທີ່ MolinaHealthcare.com/Medicare.

- ທ່ານຍັງສາມາດໂທຫາບໍລິການສະມາຊິກຕາມຕົວເລກໃນສ່ວນທ້າຍຂອງເອກະສານນີ້ ເພື່ອກວດສອບເບິ່ງລາຍການຢາໃນບັດຈຸບັນ.

B3. ຈະເກີດຫຍັງຂຶ້ນ ເມື່ອມີການປ່ຽນແປງລາຍການຢາ?

ການປ່ຽນແປງບາງຢ່າງຕໍ່ກັບລາຍການຢາຈະເກີດຂຶ້ນທັນທີ. ຍົກຕົວຢ່າງ:

- **ມີຢາທົ່ວໄປຕົວໃໝ່ມາວາງຈຳໜ່າຍ.** ບາງຄັ້ງ, ຢາທົ່ວໄປໃໝ່ມາຈະອອກຕະຫຼາດທີ່ເຮັດວຽກເຊັ່ນດຽວກັນກັບຢາຊື່ອື່ນໃນລາຍການຢາໃນບັດຈຸບັນ. ເມື່ອເປັນເຊັ່ນນັ້ນ, ພວກເຮົາອາດຈະຖອນຢາຊື່ອື່ນ ແລະ ເພີ່ມຢາທົ່ວໄປໃໝ່. ເມື່ອພວກເຮົາເພີ່ມຢາທົ່ວໄປໃໝ່, ພວກເຮົາອາດຈະຕັດສິນໃຈທີ່ຈະຮັກສາຢາຊື່ອື່ນດັ່ງກ່າວໄວ້ໃນລາຍການ ແຕ່ປ່ຽນກົດລະບຽບການຄຸ້ມຄອງ ຫຼື ຂໍ້ຈຳກັດຂອງມັນ.
 - ພວກເຮົາອາດຈະບໍ່ບອກທ່ານກ່ອນທີ່ພວກເຮົາຈະເຮັດການປ່ຽນແປງນີ້, ແຕ່ພວກເຮົາຈະສົ່ງໃຫ້ທ່ານຂໍ້ມູນກ່ຽວກັບການປ່ຽນແປງສະເພາະທີ່ພວກເຮົາໄດ້ເຮັດ ເມື່ອມັນເກີດຂຶ້ນ.
 - ທ່ານ ຫຼື ຜູ້ໃຫ້ບໍລິການຂອງທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນຈາກການປ່ຽນແປງເຫຼົ່ານີ້. ພວກເຮົາຈະສົ່ງແຈ້ງການໃຫ້ທ່ານພ້ອມກັບຂໍ້ຕອນທີ່ທ່ານສາມາດເຮັດ ເພື່ອຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ. ກະລຸນາເບິ່ງຄຳຖາມ B10-B12 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບການຍົກເວັ້ນ.
- **ຢາເສບຕິດຖືກເອົາອອກຈາກຕະຫຼາດ.** ຖ້າຫາກວ່າອົງການຄຸ້ມຄອງອາຫານ ແລະ ຢາ (FDA) ບອກວ່າຢາທີ່ທ່ານກິນບໍ່ປອດໄພ ຫຼື ຜູ້ຜະລິດຢາເອົາຢາອອກຕະຫຼາດ, ພວກເຮົາຈະເອົາມັນອອກຈາກບັນຊີຢາ. ຖ້າຫາກວ່າທ່ານກຳລັງກິນຢາ, ພວກເຮົາຈະແຈ້ງໃຫ້ທ່ານຮູ້. ສິນທະນາກັບທ່ານຫມໍ້ຂອງທ່ານ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆ ເພື່ອຊອກຫາທາງເລືອກທີ່ປອດໄພ ສຳລັບທ່ານ.

ພວກເຮົາອາດຈະເຮັດການປ່ຽນແປງອື່ນໆທີ່ມີຜົນກະທົບຕໍ່ຢາທີ່ທ່ານກິນ.

ພວກເຮົາຈະບອກທ່ານລ່ວງໜ້າກ່ຽວກັບການປ່ຽນແປງອື່ນໆເຫຼົ່ານີ້ຕໍ່ກັບບັນຊີລາຍຊື່ຢາ.

ການປ່ຽນແປງເຫຼົ່ານີ້ອາດຈະເກີດຂຶ້ນ ຖ້າຫາກວ່າ:

- ຖ້າຫາກວ່າອົງການຄຸ້ມຄອງອາຫານ ແລະ ຢາ (FDA) ໃຫ້ຄຳແນະນຳໃໝ່ ຫຼື ມີຄຳແນະນຳທາງດ້ານການຊ່ວຍໃໝ່ກ່ຽວກັບຢາ.
- ພວກເຮົາເພີ່ມຢາທົ່ວໄປທີ່ບໍ່ແມ່ນຢາໃໝ່ໃນຕະຫຼາດ ແລະ
 - ແທນທີ່ຢາຊື່ອື່ນທີ່ບັດຈຸບັນຢູ່ໃນລາຍການຢາ ຫຼື
 - ປ່ຽນແປງກົດລະບຽບການຄຸ້ມຄອງ ຫຼື ຂອບເຂດຈຳກັດ ສຳລັບຊື່ອື່ນທີ່ຢາ.

ເມື່ອການປ່ຽນແປງເຫຼົ່ານີ້ເກີດຂຶ້ນ, ພວກເຮົາຈະ:

- ບອກທ່ານຢ່າງໜ້ອຍ 30 ມື້ ກ່ອນທີ່ພວກເຮົາຈະເຮັດການປ່ຽນແປງລາຍການຢາ ຫຼື
- ແຈ້ງໃຫ້ທ່ານຮູ້ ແລະ ໃຫ້ຢາໃຫ້ທ່ານ 31 ມື້ ຫຼັງຈາກທີ່ທ່ານຂໍເຕີມເງິນ.

ວິທີນີ້ຈະເຮັດໃຫ້ທ່ານມີເວລາທີ່ຈະລົມກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆ. ພວກເຂົາສາມາດຊ່ວຍໃຫ້ທ່ານຕັດສິນໃຈ:



ຖ້າຫາກວ່າທ່ານມີຄຳຖາມ, ກະລຸນາໂທຫາ Molina Medicare Complete Care Plus ທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.

ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ເຂົ້າໄປເບິ່ງ MolinaHealthcare.com/Medicare.

ອັບເດດ ເມື່ອ 12/01/2023

- ຖ້າຫາກວ່າມີຢາທີ່ຄ້າຍຄືກັນຢູ່ໃນລາຍການຢາທີ່ທ່ານສາມາດກິນແທນ ຫຼື
- ວ່າຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນຈາກການປ່ຽນແປງເຫຼົ່ານີ້ຫຼືບໍ່. ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມກ່ຽວກັບການຍົກເວັ້ນ, ເບິ່ງຄໍາຖາມ B10-B12.

B4. ມີຂໍ້ຈຳກັດຫຼືຂໍ້ຈຳກັດກ່ຽວກັບການຄຸ້ມຄອງຢາຫຼືການດຳເນີນການທີ່ຈຳເປັນເພື່ອເອົາຢາບາງຊະນິດບໍ່?

ແມ່ນແລ້ວ, ບາງຢາຊະນິດມີກົດລະບຽບການຄຸ້ມຄອງ ຫຼື ມີຂໍ້ຈຳກັດປະລິມານທີ່ທ່ານສາມາດໄດ້ຮັບ. ໃນບາງກໍລະນີ, ທ່ານ ຫຼື ທ່ານໝໍຂອງທ່ານ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆຕ້ອງເຮັດບາງສິ່ງບາງຢ່າງກ່ອນທີ່ທ່ານຈະສາມາດໄດ້ຮັບຢາ. ຍົກຕົວຢ່າງ:

- **ການອະນຸຍາດລ່ວງໜ້າ:** ສໍາລັບຢາບາງຊະນິດ, ທ່ານ ຫຼື ທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆຂອງທ່ານຕ້ອງໄດ້ຮັບການອະນຸຍາດຈາກ Molina Medicare Complete Care Plus ກ່ອນທີ່ທ່ານຈະຕື່ມໃບສັ່ງຢາຂອງທ່ານ. ການອະນຸຍາດລ່ວງໜ້າແຕກຕ່າງຈາກການສັ່ງຕໍ່. Molina Medicare Complete Care Plus ອາດຈະບໍ່ຄຸ້ມຄອງຢາ ຖ້າທ່ານບໍ່ໄດ້ຮັບອະນຸຍາດກ່ອນ.
- **ຈຳກັດປະລິມານ:** ບາງຄັ້ງ Molina Medicare Complete Care Plus ຈຳກັດປະລິມານຢາທີ່ທ່ານສາມາດໄດ້ຮັບ.
- **ການປິ່ນປົວຂັ້ນຕອນ:** ບາງຄັ້ງ Molina Medicare Complete Care Plus ຮຽກຮ້ອງໃຫ້ທ່ານເຮັດຂັ້ນຕອນການປິ່ນປົວ. ນີ້ຫມາຍຄວາມວ່າທ່ານຈະຕ້ອງພະຍາຍາມຢາໃນຄໍາສັ່ງທີ່ແນ່ນອນ ສໍາລັບສະພາບທາງການແພດຂອງທ່ານ. ທ່ານອາດຈະຕ້ອງລອງຢາອື່ນໆກ່ອນທີ່ພວກເຮົາຈະກວມເອົາຢາອື່ນ. ຖ້າຫາກວ່າທ່ານຫມໍຂອງທ່ານຄິດວ່າຢາທໍາອິດໃຊ້ບໍ່ໄດ້ ສໍາລັບທ່ານ, ພວກເຮົາຈະກວມເອົາຢາທີສອງ.

ທ່ານສາມາດຊອກຫາໄດ້ວ່າຢາຂອງທ່ານມີຄວາມຕ້ອງການເພີ່ມເຕີມ ຫຼື

ຂໍ້ຈຳກັດໃດໆໂດຍການເບິ່ງຢູ່ໃນຕາຕະລາງເລີ່ມຕົ້ນໃນໜ້າ 12.

ທ່ານຍັງສາມາດໄດ້ຮັບຂໍ້ມູນເພີ່ມເຕີມໂດຍການເຂົ້າເບິ່ງເວັບໄຊທ໌ຂອງພວກເຮົາທີ່ MolinaHealthcare.com/Medicare.

ພວກເຮົາໄດ້ປະກາດເອກະສານອອນໄລນ໌ທີ່ອະທິບາຍການອະນຸຍາດກ່ອນໜ້າຂອງພວກເຮົາ ແລະ

ຂໍ້ຈຳກັດການປິ່ນປົວຂັ້ນຕອນ. ທ່ານອາດຈະຮ້ອງຂໍໃຫ້ພວກເຮົາສົ່ງສໍາເນົາໃຫ້ທ່ານ.

ທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນຈາກຂີດຈຳກັດເຫຼົ່ານີ້ໄດ້. ວິທີນີ້ຈະເຮັດໃຫ້ທ່ານມີເວລາທີ່ຈະລົມກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆ.

ພວກເຂົາສາມາດຊ່ວຍໃຫ້ທ່ານຕັດສິນໃຈວ່າມີຢາທີ່ຄ້າຍຄືກັນຢູ່ໃນບັນຊີຢາທີ່ທ່ານສາມາດກິນໄດ້ແທນທີ່ຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ. ອ້າງເຖິງຄໍາຖາມ B10-B12 ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບການຍົກເວັ້ນ.

B5. ຂ້ອຍຈະຮູ້ໄດ້ແນວໃດວ່າຢາທີ່ຂ້ອຍຕ້ອງການມີຂອບເຂດຈຳກັດ ຫຼື ຕ້ອງດຳເນີນການໃດໆທີ່ຈຳເປັນ ເພື່ອໃຫ້ໄດ້ຢາ?

ຕາຕະລາງໃນລາຍການຢາໂດຍເງື່ອນໄຂທາງການແພດໃນໜ້າ 12 ມີຄໍາທີ່ມີບ້າຍຊື່ "ການດຳເນີນການທີ່ຈຳເປັນ, ຂໍ້ຈຳກັດ ຫຼື ຂໍ້ຈຳກັດໃນການນໍາໃຊ້."

B6. ຈະເກີດຫຍັງຂຶ້ນ ຖ້າຫາກວ່າ Molina Medicare Complete Care Plus ປ່ຽນແປງກົດລະບຽບຂອງພວກເຂົາກ່ຽວກັບວິທີທີ່ພວກເຂົາກວມເອົາຢາບາງຊະນິດ (ຕົວຢ່າງ, ການອະນຸຍາດລ່ວງໜ້າ, ການຈຳກັດປະລິມານ ແລະ/ຫຼື ຂໍ້ຈຳກັດການປິ່ນປົວຂັ້ນຕອນ)?

ໃນບາງກໍລະນີ, ພວກເຮົາຈະບອກທ່ານລ່ວງໜ້າ ຖ້າຫາກວ່າພວກເຮົາເພີ່ມ ຫຼື ປ່ຽນແປງການອະນຸຍາດລ່ວງໜ້າ, ຂໍ້ຈຳກັດປະລິມານ ແລະ/ຫຼື ຂໍ້ຈຳກັດໃນການປິ່ນປົວຂັ້ນຕອນຂອງຢາ. ອ້າງອີງໃສ່ຄໍາຖາມ B3

ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບແຈ້ງການລ່ວງໜ້ານີ້ ແລະສະຖານະການທີ່ພວກເຮົາອາດບໍ່ສາມາດບອກທ່ານລ່ວງໜ້າໄດ້ ເມື່ອກົດລະບຽບຂອງພວກເຮົາກ່ຽວກັບຢາຢູ່ໃນບັນຊີຢາມີການປ່ຽນແປງ.

B7. ຂ້ອຍຈະຊອກຫາຢາຢູ່ໃນລາຍການຢາໄດ້ແນວໃດ?

ມີສອງວິທີໃນການຊອກຫາຢາ:

- ທ່ານສາມາດຄົ້ນຫາຕາມຕົວອັກສອນ ຫຼື
- ທ່ານສາມາດຄົ້ນຫາຕາມເງື່ອນໄຂທາງການແພດ.

ເພື່ອຊອກຫາຕາມຕົວອັກສອນ, ເພື່ອຊອກຫາຕາມຕົວອັກສອນ, ໃຫ້ຊອກຫາຢາຂອງທ່ານໃນສ່ວນດັດຊະນີຂອງຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງ. ທ່ານສາມາດຊອກຫາມັນ ຢູ່ໃນໜ້າ 85.

ເພື່ອຊອກຫາຕາມເງື່ອນໄຂທາງການແພດ, ໃຫ້ຊອກຫາພາກສ່ວນທີ່ມີປ້າຍຊື່ “ລາຍການຢາຕາມເງື່ອນໄຂທາງການແພດ” ໃນໜ້າ 12.

ຢາທີ່ຢູ່ໃນສູດນີ້ໄດ້ຖືກຈັດເປັນປະເພດໂດຍອີງຕາມປະເພດຂອງເງື່ອນໄຂທາງການແພດທີ່ພວກມັນຖືກນຳໃຊ້ໃນການປິ່ນປົວ. ຕົວຢ່າງ, ຖ້າຫາກວ່າທ່ານມີສະພາບຫົວໃຈ, ທ່ານຄວນຊອກຫາຢາໃນປະເພດ Beta-blockers. ນັ້ນແມ່ນບ່ອນທີ່ທ່ານຈະຊອກຫາຢາທີ່ປິ່ນປົວພະຍາດຫົວໃຈ.

B8. ຈະເປັນແນວໃດ ຖ້າຫາກວ່າຢາທີ່ຂ້ອຍຕ້ອງການກິນບໍ່ຢູ່ໃນລາຍການຢາ?

ຖ້າຫາກວ່າທ່ານບໍ່ພົບຢາຂອງທ່ານຢູ່ໃນລາຍການຢາ,

ໃຫ້ທ່ານຟາຍໂບລິການສະມາຊິກຕາມຕົວເລກໃນສ່ວນທ້າຍຂອງເອກະສານນີ້ ແລະ ຖາມກ່ຽວກັບຢານີ້.

ຖ້າຫາກວ່າທ່ານຮຽນຮູ້ວ່າ Molina Medicare Complete Care Plus ຈະບໍ່ກວມເອົາຢາ, ທ່ານສາມາດເຮັດສິ່ງໜຶ່ງເຫຼົ່ານີ້:

- ສອບຖາມ ການບໍລິການສະມາຊິກ ສຳລັບລາຍການຢາທີ່ທ່ານຕ້ອງການກິນ. ຫຼັງຈາກນັ້ນ, ສະແດງລາຍຊື່ໃຫ້ທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆຂອງທ່ານ. ພວກເຂົາສາມາດສັ່ງຢາຢູ່ໃນລາຍການຢາທີ່ຄ້າຍຄືກັບຢາທີ່ທ່ານຕ້ອງການກິນ. ຫຼື
- ທ່ານສາມາດຂໍໃຫ້ Molina Medicare Complete Care Plus ເຮັດການຄົ້ນຄວ້າ ເພື່ອຄຸ້ມຄອງຢາຂອງທ່ານ. ອ້າງເຖິງຄຳຖາມ B10-B12 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບການຄົ້ນຄວ້າ.

B9. ຈະເປັນແນວໃດ ຖ້າຫາກວ່າຂ້ອຍເປັນສະມາຊິກໃໝ່ຂອງ Molina

Medicare Complete Care Plus ແລະ

ບໍ່ສາມາດຊອກຫາຢາຂອງຂ້ອຍຢູ່ໃນລາຍການຢາ ຫຼື

ມີບັນຫາໃນການຮັບຢາຂອງຂ້ອຍ?

ພວກເຮົາສາມາດຊ່ວຍໄດ້. ພວກເຮົາອາດຈະກວມເອົາການສະໜອງຢາຂອງທ່ານຊົ່ວຄາວ 31- ມື້ໃນລະຫວ່າງ 90

ມື້ທຳອິດທີ່ທ່ານເປັນສະມາຊິກຂອງ Molina Medicare Complete Care Plus.

ວິທີນີ້ຈະເຮັດໃຫ້ທ່ານມີເວລາທີ່ຈະລົມກັບທ່ານໝໍ ຫຼື ຜູ້ສັ່ງຢາອື່ນໆ.

ພວກເຂົາສາມາດຊ່ວຍໃຫ້ທ່ານຕັດສິນໃຈວ່າມີຢາທີ່ຄ້າຍຄືກັນຢູ່ໃນບັນຊີຢາທີ່ທ່ານສາມາດກິນໄດ້ແທນທີ່ຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ.

ຖ້າຫາກວ່າໃບສັ່ງຢາຂອງທ່ານຖືກຂຽນໄວ້ເປັນເວລາສອງສາມອັນລົງ, ພວກເຮົາຈະອະນຸຍາດໃຫ້ການຕື່ມເງິນຫຼາຍຄັ້ງ ເພື່ອໃຫ້ຢາໄດ້ສູງສຸດ 31 ມື້.



ຖ້າຫາກວ່າທ່ານມີຄຳຖາມ, ກະລຸນາໂທຫາ Molina Medicare Complete Care Plus ທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.

ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ເຂົ້າໄປເບິ່ງ MolinaHealthcare.com/Medicare.

ອັບເດດ ເມື່ອ 12/01/2023

ພວກເຮົາຈະກວມເອົາການສະໜອງຢາຂອງທ່ານເປັນເວລາ 31 ວັນ ຖ້າຫາກວ່າ:

- ທ່ານກຳລັງກິນຢາທີ່ບໍ່ມີຢູ່ໃນບັນຊີລາຍການຢາຂອງພວກເຮົາ ຫຼື
- ກົດລະບຽບແຜນການຂອງພວກເຮົາບໍ່ໃຫ້ທ່ານໄດ້ຮັບຈຳນວນທີ່ສົ່ງໂດຍແພດໝໍຂອງທ່ານ ຫຼື
- ຢາຕ້ອງການການອະນຸຍາດກ່ອນໂດຍ Molina Medicare Complete Care Plus ຫຼື
- ທ່ານກຳລັງກິນຢາທີ່ເປັນສ່ວນໜຶ່ງຂອງການຈຳກັດການປິ່ນປົວຂັ້ນຕອນ

ຖ້າຫາກວ່າທ່ານກຳລັງກິນຢາທີ່ Molina Medicare Complete Care Plus ບໍ່ໄດ້ພິຈາລະນາວ່າເປັນຢາ Part D, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຢາໜຶ່ງຄັ້ງ, 72 ຊົ່ວໂມງ.

ຖ້າຫາກວ່າທ່ານຢູ່ໃນບ້ານພະຍາບານ ຫຼື ສະຖານທີ່ດູແລໄລຍະຍາວອື່ນໆ ແລະ ຕ້ອງການຢາທີ່ບໍ່ມີຢູ່ໃນບັນຊີຢາ ຫຼື ຖ້າຫາກວ່າທ່ານບໍ່ສາມາດໄດ້ຮັບຢາທີ່ທ່ານຕ້ອງການໄດ້ງ່າຍ, ພວກເຮົາສາມາດຊ່ວຍໄດ້.

ຖ້າຫາກວ່າທ່ານຢູ່ໃນແຜນການຫຼາຍກວ່າ 90 ມື້, ໃຫ້ອາໄສຢູ່ໃນສູນດູແລໄລຍະຍາວ ແລະ ຕ້ອງການການສະໜອງທັນທີ:

- ພວກເຮົາຈະກວມເອົາການສະໜອງຢາທີ່ທ່ານຕ້ອງການເປັນເວລາ 31 ມື້ (ຍົກເວັ້ນແຕ່ວ່າທ່ານມີໃບສັງຢາ ສຳລັບສອງສາມມື້), ບໍ່ວ່າທ່ານຈະເປັນສະມາຊິກໃໝ່ຂອງ Molina Medicare Complete Care Plus ຫຼືບໍ່.
- ນີ້ແມ່ນການເພີ່ມຈາກການສະໜອງຊົ່ວຄາວໃນໄລຍະ 90 ມື້ທຳອິດທີ່ທ່ານເປັນສະມາຊິກຂອງ Molina Medicare Complete Care Plus.

B10. ຂ້ອຍສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ ເພື່ອກວມເອົາຢາຂອງຂ້ອຍໄດ້ບໍ່?

ແມ່ນແລ້ວ. ທ່ານສາມາດຂໍໃຫ້ Molina Medicare Complete Care Plus ເຮັດການຍົກເວັ້ນ ເພື່ອຄຸ້ມຄອງຢາທີ່ບໍ່ມີຢູ່ໃນລາຍການຢາໄດ້.

ທ່ານຍັງສາມາດຂໍໃຫ້ພວກເຮົາປຸງນກົດລະບຽບກ່ຽວກັບຢາຂອງທ່ານ.

- ຕົວຢ່າງ, Molina Medicare Complete Care Plus ອາດຈະຈຳກັດປະລິມານຢາທີ່ພວກເຮົາຈະຄຸ້ມຄອງ. ຖ້າຫາກວ່າຢາຂອງທ່ານມີຂອບເຂດຈຳກັດ, ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາປຸງນຂອບເຂດຈຳກັດ ແລະ ກວມເອົາຕື່ມອີກ.
- ຕົວຢ່າງອື່ນໆ: ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຍົກເລີກຂໍ້ຈຳກັດການປິ່ນປົວແບບເປັນຂັ້ນຕອນ ຫຼື ຂໍ້ກຳນົດການອະນຸຍາດລ່ວງໜ້າໄດ້.

B11. ຂ້ອຍຈະຂໍການຍົກເວັ້ນໄດ້ແນວໃດ?

ເພື່ອຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ, ກະລຸນາໂທຫາບໍລິການສະມາຊິກ. ຕົວແທນບໍລິການສະມາຊິກຈະເຮັດວຽກກັບທ່ານ ແລະ ຜູ້ໃຫ້ບໍລິການຂອງທ່ານ ເພື່ອຊ່ວຍທ່ານຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນ. ທ່ານຍັງສາມາດອ່ານບົດທີ 9 ຂອງ *ຫຼັກການການຄຸ້ມຄອງ* ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມກ່ຽວກັບຂໍ້ຍົກເວັ້ນ.

B12. ຕ້ອງໃຊ້ເວລາດົນບາດໃດທີ່ຈະໄດ້ຮັບຂໍ້ຍົກເວັ້ນ?

ຫຼັງຈາກທີ່ພວກເຮົາໄດ້ຮັບຄຳຖະແຫຼງການຈາກຜູ້ສັ່ງຢາຂອງທ່ານທີ່ສະໜັບສະໜູນຄຳຮ້ອງຂໍຂອງທ່ານ ສຳລັບການຍົກເວັ້ນ, ພວກເຮົາຈະໃຫ້ທ່ານຕັດສິນໃຈພາຍໃນ 72 ຊົ່ວໂມງ. ຜູ້ສັ່ງຢາຂອງທ່ານສາມາດໂທຫາ Molina Medicare Complete Care Plus ຫຼື ສື່ແຜ່ກໃບແຈ້ງບອກການຊ່ວຍເຫຼືອໄບທີ (866) 290-1309.

ຖ້າຫາກວ່າທ່ານ ຫຼື ຜູ້ສັງຂາຂອງທ່ານຄິດວ່າສຸຂະພາບຂອງທ່ານອາດຈະໄດ້ຮັບອັນຕະລາຍ ຖ້າຫາກວ່າທ່ານຕ້ອງລໍຖ້າ 72 ຊົ່ວໂມງ ສໍາລັບການຕັດສິນໃຈ, ທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນທີ່ເລັ່ງລັດ. ນີ້ແມ່ນການຕັດສິນໃຈໄວຂຶ້ນ. ຖ້າຫາກວ່າຜູ້ສັງຂາຂອງທ່ານສະໜັບສະໜູນຄໍາຮ້ອງຂໍຂອງທ່ານ, ພວກເຮົາຈະໃຫ້ທ່ານຕັດສິນໃຈພາຍໃນ 24 ຊົ່ວໂມງ ຫຼັງຈາກໄດ້ຮັບຄໍາຖະແຫຼງການສະສະໜັບສະໜູນຈາກຜູ້ສັງຂາຂອງທ່ານ.

B13. ຢາທົ່ວໄປແມ່ນຫຍັງ?

ຢາທົ່ວໄປແມ່ນປະກອບດ້ວຍສ່ວນປະສົມອອກດຽວກັນກັບຢາຊື່ຍີ່ຫໍ້. ປົກກະຕິແລ້ວພວກມັນມີລາຄາຖືກກວ່າຢາຊື່ຍີ່ຫໍ້ ແລະ ມັກຈະບໍ່ມີຊື່ທີ່ຮູ້ຈັກກັນດີ. ຢາທົ່ວໄປໄດ້ຮັບການອະນຸມັດໂດຍອົງການອາຫານ ແລະ ຢາ (FDA).

Molina Medicare Complete Care Plus ກວມເອົາທັງຢາຊື່ຍີ່ຫໍ້ ແລະ ຢາທົ່ວໄປ.

B14. ຢາ OTC ແມ່ນຫຍັງ?

OTC ຫຍໍ້ມາຈາກ "over-the-counter". Molina Medicare Complete Care Plus ກວມເອົາຢາ OTC ບາງຊະນິດ ເມື່ອພວກມັນຖືກຂຽນເປັນໃບສັ່ງໂດຍແພດໝໍຂອງທ່ານ. ຢາ OTC ແມ່ນສະໜອງໃຫ້ໂດຍພາກສ່ວນ Medicaid ຂອງແຜນການຂອງທ່ານເຖິງແມ່ນວ່າ Medi-Cal Rx. ທ່ານຕ້ອງສະແດງບັດ Medi-Cal ຂອງທ່ານຢູ່ຮ້ານຂາຍຢາ ເພື່ອຮັບຢາເຫຼົ່ານີ້.

ທ່ານສາມາດອ່ານລາຍການຢາ Medi-Cal ເພື່ອຊອກຫາວ່າຢາ OTC ໃດຖືກຄຸ້ມຄອງ.

B15. Molina Medicare Complete Care Plus ກວມເອົາຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາບໍ?

Molina Medicare Complete Care Plus ກວມເອົາບາງຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາ ເມື່ອພວກມັນຖືກຂຽນເປັນໃບສັ່ງໂດຍຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

ທ່ານສາມາດອ່ານບັນຊີລາຍການຢາ Molina Medicare Complete Care Plus ເພື່ອຊອກຫາວ່າຜະລິດຕະພັນ OTC ທີ່ບໍ່ແມ່ນຢາໃດຖືກຄຸ້ມຄອງ.

B16. Molina Medicare Complete Care Plus ກວມເອົາການສະໜອງໃບສັ່ງຢາໃນໄລຍະຍາວຫຼືບໍ່?

- **ໂປຣແກມສັ່ງຊື້ທາງໄປສະນີ.**
ພວກເຮົາສະເໜີໂຄງການຄໍາສັ່ງທາງໄປສະນີທີ່ອະນຸຍາດໃຫ້ທ່ານໄດ້ຮັບການສະໜອງເຖິງ 90 ວັນຂອງຢາຕາມໃບສັ່ງແພດຂອງທ່ານສິ່ງໂດຍກົງເຖິງເຮືອນຂອງທ່ານ. ການສະໜອງ 90 ມື້ ມີຄ່າໃຊ້ຈ່າຍດຽວກັນກັບການສະໜອງຫຼັກເດືອນ.
- **ໂຄງການຮ້ານຂາຍຢາຂາຍຍ່ອຍ 90 ມື້.**
ຮ້ານຂາຍຢາບາງຮ້ານອາດຈະສະໜອງການສະໜອງຢາຕາມໃບສັ່ງແພດເຖິງ 90 ມື້.

B17. ຂ້ອຍສາມາດເອົາໃບສັ່ງຢາຈາກຮ້ານຂາຍຢາທ້ອງຖິ່ນຂອງຂ້ອຍທີ່ສົ່ງໄປບ້ານຂອງຂ້ອຍໄດ້ບໍ່?

ຮ້ານຂາຍຢາໃນທ້ອງຖິ່ນຂອງທ່ານອາດຈະສາມາດຈັດສົ່ງໃບສັ່ງຢາຂອງທ່ານໄປເຮືອນຂອງທ່ານໄດ້. ທ່ານສາມາດໂທຫາຮ້ານຂາຍຢາຂອງທ່ານ ເພື່ອຊອກຫາວ່າພວກເຂົາມີບໍລິການຈັດສົ່ງເຖິງເຮືອນຫຼືບໍ່.



ຖ້າຫາກວ່າທ່ານມີຄໍາຖາມ, ກະລຸນາໂທຫາ Molina Medicare Complete Care Plus ທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມ, ເຂົ້າໄປເບິ່ງ MolinaHealthcare.com/Medicare.

ອັບເດດ ເມື່ອ 12/01/2023

B18. ຄ່າໃຊ້ຈ່າຍຂອງຂ້ອຍແມ່ນຫຍັງ?

ສະມາຊິກ Molina Medicare Complete Care Plus ມີ ການຈ່າຍເງິນ ຮ່ວມທີ່ແຕກຕ່າງກັນຂຶ້ນກັບ LIS (ເງິນອຸດໜູນທີ່ມີລາຍໄດ້ຕ່ຳ) ຫຼື ຊ່ວຍ D ຂອງທ່ານ ສຳລັບຢາຕາມໃບຮັງແພດ ແລະ OTC ແລະ ຜະລິດຕະພັນທີ່ບໍ່ແມ່ນຢາຕາມໃດທີ່ສະມາຊິກປະຕິບັດຕາມກົດລະບຽບຂອງແຜນ. ເບິ່ງຄ່າຖາມ B14 ແລະ B15 ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບຢາ OTC ແລະຜະລິດຕະພັນທີ່ບໍ່ແມ່ນຢາ.

ລະດັບແມ່ນກຸ່ມຢາຢູ່ໃນລາຍການຢາຂອງພວກເຮົາ.

- ລະດັບ 1 ຢາທົ່ວໄປທີ່ຕ້ອງການມີ \$0 ຈ່າຍຮ່ວມ; ຫຼື \$1.45 ຈ່າຍຮ່ວມ; ຫຼື \$4.15 ຈ່າຍຮ່ວມ; ຫຼື 15%
- ລະດັບ 2 ຢາທົ່ວໄປທີ່ຕ້ອງການມີ \$0 ຈ່າຍຮ່ວມ; ຫຼື \$1.45 ຈ່າຍຮ່ວມ; ຫຼື \$4.15 ຈ່າຍຮ່ວມ; ຫຼື 15%
- ອັນດັບ 3 ອີ່ຫໍ້ທີ່ຕ້ອງການ ແລະ ຢາທົ່ວໄປລາຄາກາງມີ \$0 ຈ່າຍຮ່ວມ; ຫຼື \$1.45 ຈ່າຍຮ່ວມ; ຫຼື \$4.15 ຈ່າຍຮ່ວມ; ຫຼື 15%
- ລະດັບ 4 ຢາທົ່ວໄປທີ່ຕ້ອງການມີ \$0 ຈ່າຍຮ່ວມ; ຫຼື \$1.45 ຈ່າຍຮ່ວມ; ຫຼື \$4.15 ຈ່າຍຮ່ວມ; ຫຼື 15%
- ລະດັບ 5 ອີ່ຫໍ້ເຮັດລາຄາສູງ ແລະ ຢາທົ່ວໄປມີ \$0 ຈ່າຍຮ່ວມ; ຫຼື \$1.45 ຈ່າຍຮ່ວມ; ຫຼື \$4.15 ຈ່າຍຮ່ວມ; ຫຼື 15%

ຖ້າຫາກວ່າທ່ານມີຄ່າຖາມ, ໃຫ້ໂທຫາຝ່າຍບໍລິການສະມາຊິກຕາມຕົວເລກໃນສ່ວນທ້າຍຂອງເອກະສານນີ້.

C. ພາບລວມຂອງລາຍການຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງ

ລາຍການຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງໃຫ້ຂໍ້ມູນກ່ຽວກັບຢາທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus.

ຖ້າຫາກວ່າທ່ານມີບັນຫາໃນການຄົ້ນຫາຢາຂອງທ່ານໃນລາຍການ, ຫັນໄປຫາດັດຊະນີຂອງຢາທີ່ໄດ້ຮັບການຄຸ້ມຄອງທີ່ເລີ່ມຕົ້ນໃນໜ້າທີ 85.

ດັດຊະນີຈະສະແດງລາຍການຢາທັງໝົດທີ່ຄຸ້ມຄອງໂດຍ Molina Medicare Complete Care Plus.

ບັນທຶກ: ເຄື່ອງໝາຍ _ ທີ່ຢູ່ຂ້າງຂອງຢາເສບຕິດໝາຍຄວາມວ່າຢາບໍ່ແມ່ນ "ຢາໃນພາກ D." ຢາເຫຼົ່ານີ້ມີກົດລະບຽບການອຸທອນທີ່ແຕກຕ່າງກັນ.

- ການອຸທອນເປັນວິທີທາງການທີ່ຈະຂໍໃຫ້ພວກເຮົາທົບທວນຄືນການຕັດສິນໃຈທີ່ພວກເຮົາໄດ້ເຮັດກ່ຽວກັບການຄຸ້ມຄອງຂອງທ່ານ ແລະ ໃຫ້ປ່ຽນແປງມັນຫາກທ່ານຄິດວ່າພວກເຮົາເຮັດຜິດພາດ.
- ຕົວຢ່າງ, ພວກເຮົາອາດຈະຕັດສິນໃຈວ່າຢາທີ່ທ່ານຕ້ອງການນັ້ນບໍ່ຖືກຄຸ້ມຄອງ ຫຼື ບໍ່ໄດ້ຮັບການຄຸ້ມຄອງຈາກ Medicare ຫຼື Medi-Cal ອີກຕໍ່ໄປ.
- ຖ້າຫາກວ່າທ່ານ ຫຼື ທ່ານໜຶ່ງຂອງທ່ານບໍ່ເຫັນດີກັບການຕັດສິນໃຈຂອງພວກເຮົາ, ທ່ານສາມາດຍື່ນອຸທອນໄດ້. ຖ້າຫາກວ່າມີຄ່າຖາມ, ໃຫ້ໂທຫາຝ່າຍບໍລິການສະມາຊິກຕາມເບີໂທໃນສ່ວນທ້າຍຂອງເອກະສານນີ້.
- ທ່ານຍັງສາມາດອ່ານບົດທີ 9 ຂອງຫຼັກການການຄຸ້ມຄອງ ເພື່ອຮຽນຮູ້ວິທີການອຸທອນການຕັດສິນໃຈ.

C1. ບັນຊີລາຍຊື່ຂອງຢາຕາມເງື່ອນໄຂທາງການແພດ

ຢາທີ່ຢູ່ໃນສູດນີ້ໄດ້ຖືກຈັດເປັນປະເພດໂດຍອີງຕາມປະເພດຂອງເງື່ອນໄຂທາງການແພດທີ່ພວກມັນຖືກນຳໃຊ້ໃນການປິ່ນປົວ. ຕົວຢ່າງ, ຖ້າຫາກວ່າທ່ານມີສະພາບຫົວໃຈ, ທ່ານຄວນຊອກຫາຢາຢູ່ໃນປະເພດ Beta-blockers. ນັ້ນແມ່ນບ່ອນທີ່ທ່ານຈະຊອກຫາຢາທີ່ປິ່ນປົວພະຍາດຫົວໃຈ.

ນີ້ແມ່ນຄວາມໝາຍຂອງລະຫັດທີ່ໃຊ້ໃນຖັນ “ການດຳເນີນການທີ່ຈຳເປັນ, ຂໍ້ຈຳກັດ ຫຼື ການຈຳກັດການນຳໃຊ້”:

PA = ການອະນຸຍາດລ່ວງໜ້າ (ການອະນຸມັດ): ທ່ານຕ້ອງໄດ້ຮັບການອະນຸມັດກ່ອນທີ່ທ່ານຈະສາມາດໄດ້ຮັບຢານີ້.

QL = ຈຳກັດປະລິມານ: ປະລິມານຢາທີ່ແຜນການຈະກວມເອົາ.

ST = ເກນການປິ່ນປົວຂັ້ນຕອນ: ທ່ານຕ້ອງລອງໃຊ້ຢາຊະນິດອື່ນກ່ອນຈິ່ງຈະໄດ້ຢານີ້.

NM = ຄຳສັ່ງທີ່ບໍ່ແມ່ນທາງໄປສະນີ: ຢານີ້ບໍ່ສາມາດຖືກຕື່ມໂດຍຜ່ານຄຳສັ່ງທາງໄປສະນີ.

B/D = ຢານີ້ອາດຈະຖືກຄຸ້ມຄອງພາຍໃຕ້ Medicare ພາກສ່ວນ B ຫຼື D ຂຶ້ນກັບສະຖານະການ.

LA = ຢາທີ່ຈຳກັດການເຂົ້າເຖິງ: ຢານີ້ອາດມີຈຳໜ່າຍຢູ່ໃນຮ້ານຂາຍຢາສະເພາະເທົ່ານັ້ນ.

(_) = ຢາທີ່ບໍ່ແມ່ນສ່ວນ D ຫຼື ລາຍການ OTC ທີ່ໄດ້ຮັບການຄຸ້ມຄອງໂດຍ Medicaid.

NDS = ການສະໜອງມື້ທີ່ບໍ່ມີການຂະຫຍາຍເວລາ: ທ່ານຈະຖືກຈຳກັດເຖິງຈຳນວນມື້ທີ່ທ່ານສາມາດໄດ້ຮັບ.

ຖັນທຳອິດຂອງຕາຕະລາງສະແດງຊື່ຢາ. ຢາທົ່ວໄປລະບຸໄວ້ໃນຕົວເໜັງຕົວນ້ອຍ (ຕົວຢ່າງ, *metformin hcl*), ຢາເສບຕິດຊື່ທີ່ແມ່ນຕົວພິມໃຫຍ່ (ຕົວຢ່າງ, JANUVIA TABS). ຂໍ້ມູນໃນຖັນ “ການກະທຳທີ່ຈຳເປັນ, ຂໍ້ຈຳກັດ ຫຼື ຂີດຈຳກັດໃນການນຳໃຊ້” ຈະບອກທ່ານວ່າ Molina Medicare Complete Care Plus ມີກົດລະບຽບການປົກຄຸມຢາຂອງທ່ານຫຼືບໍ່.



ຖ້າຫາກວ່າທ່ານມີຄຳຖາມ, ກະລຸນາໂທຫາ Molina Medicare Complete Care Plus ທີ່ (800) 665-3086, TTY: 711, ວັນທີ 1 ຕຸລາ – ວັນທີ 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ, ວັນທີ 1 ເມສາ - ວັນທີ 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ. ການໂທນີ້ແມ່ນຟຣີ.

ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ເຂົ້າໄປເບິ່ງ MolinaHealthcare.com/Medicare.

ອັບເດດ ເມື່ອ 12/01/2023

MOLINA_CY23_5T_SNP eff 12/01/2023**Drug Name****Drug Tier****Requirements/Limits****ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	4	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	3	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ໝາຍຄວາມວ່າແນວໃດໂດຍການໄປທີ່ເວກໜ້າ 11.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	3	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	3	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	3	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	4	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ໝາຍຄວາມວ່າແນວໃດໂດຍການໄປທີ່ເລກໜ້າ 11.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%</i>	3	B/D
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ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	5	NDS
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
<i>atovaquone SUSP 750mg/5ml</i>	4	
<i>aztreonam SOLR 1gm, 2gm</i>	4	
<i>CAYSTON SOLR 75mg</i>	5	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	
<i>CLINDMYC/NAC INJ 600/50ML</i>	4	
<i>CLINDMYC/NAC INJ 900/50ML</i>	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
<i>DAPTOMYCIN SOLR 350mg</i>	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
<i>EMVERM CHEW 100mg</i>	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
<i>ivermectin TABS 3mg</i>	3	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	4	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	4	QL (60 tabs / 30 days)
<i>LINEZOLID INJ 2MG/ML</i>	4	
<i>meropenem SOLR 1gm, 500mg</i>	4	
<i>methenamine hippurate TABS 1gm</i>	4	
<i>metronidazole SOLN 500mg/100ml</i>	3	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>paromomycin sulfate CAPS 250mg</i>	4	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	4	
<i>praziquantel TABS 600mg</i>	4	
<i>SIVEXTRO SOLR 200mg; TABS 200mg</i>	5	NDS
<i>streptomycin sulfate SOLR 1gm</i>	4	
<i>sulfadiazine TABS 500mg</i>	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	3	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	4	
<i>VANCOMYCIN INJ 1 GM</i>	4	
<i>VANCOMYCIN INJ 500MG</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	4	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	3	
fluconazole TABS 150mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	3	
fluconazole in nacl 0.9% inj 400 mg/200ml	3	
flucytosine CAPS 250mg, 500mg	5	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	PA
ketoconazole TABS 200mg	3	PA
miconazole sodium SOLR 50mg, 100mg	5	NDS
NOXAFIL SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
nystatin TABS 500000unit	3	
posaconazole SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (90 tabs / year)
voriconazole SOLR 200mg; SUSR 40mg/ml	5	NDS, PA
voriconazole TABS 50mg	4	QL (480 tabs / 30 days), PA
voriconazole TABS 200mg	4	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	3	
primaquine phosphate TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml	4	NM
abacavir sulfate TABS 300mg	3	NM

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Drug Name	Drug Tier	Requirements/Limits
APTIVUS CAPS 250mg	5	NDS, NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	NM
darunavir TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
darunavir TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NDS, NM
efavirenz CAPS 50mg, 200mg; TABS 600mg	4	NM
emtricitabine CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM
etravirine TABS 100mg, 200mg	5	NDS, NM
fosamprenavir calcium TABS 700mg	5	NDS, NM
FUZEON SOLR 90mg	5	NDS, NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENTRESS HD TABS 600mg	5	NDS, NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
LEXIVA SUSP 50mg/ml	4	NM
maraviroc TABS 150mg, 300mg	5	NDS, NM
nevirapine SUSP 50mg/5ml; TB24 400mg	4	NM
nevirapine TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NDS, NM
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NDS, NM
ritonavir TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NDS, NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABS 25mg, 50mg	5	NDS, NM
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml	4	NM
zidovudine TABS 300mg	3	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
COMPLERA TAB	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM

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Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	5	NDS, NM
TRIUMEQ TAB	5	NDS, NM
TRIZIVIR TAB	5	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	5	NDS, NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	4	NM
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	4	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NDS, NM, PA
HARVONI PAK 45-200MG	5	NDS, NM, PA
HARVONI TAB 45-200MG	5	NDS, NM, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine (hbm)</i> TABS 100mg	4	NM
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	3	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg	3	NM
ribavirin (hepatitis c) TABS 200mg	4	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	NDS
valganciclovir hcl TABS 450mg	3	
VEMLIDY TABS 25mg	5	NDS, NM
VOSEVI TAB	5	NDS, NM, PA
XOFLUZA TBPk 40mg, 80mg	4	QL (1 tab / 180 days)
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefaclor SUSR 250mg/5ml	4	
CEFACLO ER TB12 500mg	4	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	3	
cefuroxime sodium SOLR 1.5gm, 750mg	3	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml	4	
clarithromycin TABS 250mg, 500mg; TB24 500mg	3	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
e.e.s. 400 TABS 400mg	4	
ery-tab TBEC 250mg, 333mg, 500mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythrocin stearate TABS 250mg	4	
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate TABS 400mg	4	
erythromycin lactobionate SOLR 500mg	4	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	3	
ciprofloxacin 400 mg/200ml in d5w	3	
ciprofloxacin hcl TABS 100mg	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	3	
levofloxacin in d5w iv soln 500 mg/100ml	3	
levofloxacin in d5w iv soln 750 mg/150ml	3	
moxifloxacin hcl TABS 400mg	4	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate chew tab 200-28.5 mg	4	
amoxicillin & k clavulanate chew tab 400-57 mg	4	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	4	
<i>ampicillin CAPS 500mg</i>	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	3	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	4	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	4	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	4	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	4	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	4	

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ໝາຍຄວາມວ່າແນວໃດໂດຍການໄປທີ່ເລກໜ້າ 11.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg; TABS 150mg	5	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	PA
<i>tigecycline</i> SOLR 50mg	5	NDS
TIGECYCLINE SOLR 50mg	5	NDS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDEKA SOLN 100mg/4ml	5	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	3	B/D

ANTIBIOTICS

<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
INQOVI TAB 35-100MG	5	NDS, NM, LA, PA
LONSURF TAB 15-6.14	5	NDS, NM, LA, PA
LONSURF TAB 20-8.19	5	NDS, NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	3	B/D
ONUREG TABS 200mg, 300mg	5	NDS, NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
PURIXAN SUSP 2000mg/100ml	5	NDS, NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	NDS
ERLEADA TABS 60mg, 240mg	5	NDS, NM, LA, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, NM, LA, PA
ORGOVYX TABS 120mg	5	NDS, NM, LA, PA
ORSERDU TABS 86mg, 345mg	5	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, NM, LA, PA
bexarotene CAPS 75mg	5	NDS, NM, PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NDS, NM, LA
SYNRIBO SOLR 3.5mg	5	NDS, NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, NM, LA, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	4	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	NDS, B/D, NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS, NM, LA, PA
ALUNBRIG PAK	5	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS, NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NDS, NM, PA
bortezomib SOLR 3.5mg	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS, NM, PA
BRAFTOVI CAPS 75mg	5	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	5	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, NM, LA, PA
COTELLIC TABS 20mg	5	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	5	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NDS, NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NDS, NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NDS, NM, LA, PA
IRESSA TABS 250mg	5	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	5	NDS, NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NDS, NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPK 4mg	5	NDS, NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NDS, NM, LA, PA
MEKTOVI TABS 15mg	5	NDS, NM, LA, PA
MONJUVI SOLR 200mg	5	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
NERLYNX TABS 40mg	5	NDS, NM, LA, PA
NEXAVAR TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, NM, LA, PA
OGIVRI SOLR 150mg	5	NDS, NM, LA, PA
OGIVRI INJ 420MG	5	NDS, NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, NM, LA, PA
PHESGO SOL	5	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, NM, PA
QINLOCK TABS 50mg	5	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NDS, NM, LA, PA
REZLIDHIA CAPS 150mg	5	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NDS, NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, NM, PA
STIVARGA TABS 40mg	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS, NM, PA
TAZVERIK TABS 200mg	5	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, LA, PA
TEPMETKO TABS 225mg	5	NDS, NM, LA, PA
TIBSOVO TABS 250mg	5	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	NDS, LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NDS, NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, NM, LA, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NDS, NM, LA, PA
XOSPATA TABS 40mg	5	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ໝາຍຄວາມວ່າແນວໃດໂດຍການໄປທີ່ເລກໜ້າ 11.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	5	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	5	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	5	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	5	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, NM, LA, PA
ZYKADIA TABS 150mg	5	NDS, NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg	3	
<i>leucovorin calcium</i> TABS 25mg	4	
MESNEX TABS 400mg	5	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	2	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	3	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	3	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	3	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	3	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colestevlam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
VASCEPA CAPS .5gm, 1gm	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	3	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	3	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	2	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	2	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	3	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	3	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	3	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	4	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	3	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg	4	
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	3	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	2	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>NYMALIZE</i> SOLN 6mg/ml	5	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg	4	
<i>acetazolamide</i> TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	3	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	3	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	4	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>metirosine</i> CAPS 250mg	5	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	3	
<i>nitroglycerin</i> SOLN .4mg/spray	4	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTI-CONVULSANTS		
APTIOIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	4	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	3	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	3	

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Drug Name	Drug Tier	Requirements/Limits
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg	4	
<i>ethosuximide</i> SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml	5	NDS
<i>felbamate</i> TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	2	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	3	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	3	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	NDS
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	
<i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	3	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	NDS, QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, LA, PA

ANTIDEMENTIA

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	3	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg	1	
<i>fluoxetine hcl</i> CAPS 40mg	2	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-100mg	4	
<i>carb/levo orally disintegrating tab</i> 25-250mg	4	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	3	
<i>carbidopa & levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone</i> TABS 200mg	4	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	NDS, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	4	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	4	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
PERSERIS PRSY 90mg, 120mg	5	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	3	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	4	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg</i>	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl TBCR 10mg, 20mg</i>	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	4	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	3	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	3	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	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	4	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg	1	
<i>lithium carbonate</i> TABS 300mg; TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 10mg, 20mg	3	
<i>carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i>methocarbamol</i> TABS 500mg, 750mg	3	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<i>vanadom</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	3	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	3	QL (30 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	3	
<i>disulfiram</i> TABS 250mg, 500mg	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack	4	PA
VIVITROL SUSR 380mg	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	4	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	3	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-250 mg	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 2.5-500 mg	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab</i> 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	
FIASP INJ 100/ML	3	
FIASP PENFIL INJ U-100	3	
FIASP PMPCRT INJ U-100	3	B/D
GAUZE PADS 2" X 2"	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN SOPN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
FORTEO SOPN 600mcg/2.4ml	5	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TBEC 35mg	4	
TERIPARATIDE SOPN 620mcg/2.48ml	5	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	3	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	3	
<i>apri</i>	2	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	3	
<i>aurovela 24 fe</i>	3	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	3	
<i>camila</i> TABS .35mg	2	
<i>camrese</i>	3	
<i>camrese lo</i>	3	
<i>chateal</i>	3	
<i>cryselle-28</i>	3	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	3	
<i>deblitane</i> TABS .35mg	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	4	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	4	
<i>hailey 1.5/30</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	3	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	3	
<i>isibloom</i>	2	
<i>jasmiel</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>jolessa</i>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	4	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	3	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>layolis fe</i>	4	
<i>leena</i>	3	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	3	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	3	
<i>loestrin 1.5/30-21</i>	3	
<i>loestrin 1/20-21</i>	3	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>marlissa</i>	3	
<i>medroxyprogesterone acetate (contraceptive)</i> SUSP 150mg/ml; SUSY 150mg/ml	3	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin 24 fe</i>	3	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	3	
<i>nikki</i>	3	
<i>nora-be</i> TABS .35mg	2	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.4 mg-35 mcg	3	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> 0.8 mg-25 mcg	4	
<i>norethindrone (contraceptive)</i> TABS .35mg	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	4	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	4	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35 (21)</i>	3	
<i>nortrel 1/35 (28)</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	2	
<i>ocella</i>	3	
<i>philith</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	2	
<i>rivelsa</i>	3	
<i>setlakin</i>	3	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	3	
<i>simpesse</i>	3	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	3	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	4	
<i>tri-estarylla</i>	3	
<i>tri-legest fe</i>	4	
<i>tri-lynyah</i>	3	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	3	
<i>tri-lo-mili</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	2	
<i>tydemy</i>	4	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	2	
<i>viorele</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	2	
<i>wera</i>	3	
<i>wymzya fe</i>	3	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	3	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	4	
<i>SYNAREL SOLN 2mg/ml</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<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	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 25mg/5ml	3	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	2	B/D
<i>prednisone</i> TBPk 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	5	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, LA, PA
CERDELGA CAPS 84mg	5	NDS, NM, LA, PA
CEREZYME SOLR 400unit	5	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KORLYM TABS 300mg	5	NDS, NM, LA, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NDS, NM, PA
miglustat CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, LA, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	3	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	3	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	4	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	NDS, QL (180 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	

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Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
RAYALDEE CPCR 30mcg	5	NDS
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	3	

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	4	
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	
GOLYTELY SOL	3	
<i>lactulose</i> SOLN 10gm/15ml	3	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	4	
SUPREP BOWEL SOL PREP KIT	4	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	5	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
GATTEX KIT 5mg	5	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	3	
<i>misoprostol TABS 100mcg, 200mcg</i>	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, PA
<i>sucralfate TABS 1gm</i>	3	
<i>ursodiol CAPS 300mg</i>	3	
<i>ursodiol TABS 250mg, 500mg</i>	4	
XERMELO TABS 250mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	4	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	3	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium SOLR 40mg</i>	4	
<i>pantoprazole sodium TBEC 20mg, 40mg</i>	1	
<i>rabeprazole sodium TBEC 20mg</i>	3	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl TB24 10mg</i>	2	QL (30 tabs / 30 days)
<i>dutasteride CAPS .5mg</i>	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	
<i>tamsulosin hcl CAPS .4mg</i>	2	

MISCELLANEOUS

<i>acetic acid SOLN .25%</i>	2	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	3	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	4	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate TB24 4mg, 8mg</i>	4	QL (30 tabs / 30 days)
<i>GEMTESA TABS 75mg</i>	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ SRER 8mg/ml</i>	4	QL (300 mL / 28 days)
<i>MYRBETRIQ TB24 25mg, 50mg</i>	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride SOLN 5mg/5ml; TABS 5mg</i>	3	
<i>oxybutynin chloride TB24 5mg</i>	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	3	QL (60 tabs / 30 days)
<i>solifenacin succinate TABS 5mg, 10mg</i>	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate CP24 2mg, 4mg</i>	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate TABS 1mg, 2mg</i>	4	QL (60 tabs / 30 days)
<i>trospium chloride TABS 20mg</i>	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal CREA 2%</i>	3	
<i>metronidazole vaginal GEL .75%</i>	3	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	4	QL (60 caps / 30 days)
<i>ELIQUIS TABS 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	3	QL (74 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NDS, NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTelet TABS 20mg	5	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, NM, PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NDS, NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	

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Drug Name	Drug Tier	Requirements/Limits
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	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	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NDS, NM, LA, PA
ARCALYST SOLR 220mg	5	NDS, NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	NDS, B/D, NM, LA
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, LA, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	4	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	NDS, B/D, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM

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Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	4	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAIXA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.2%	3	
dextrose 5% w/ sodium chloride 0.3%	3	
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
dextrose 10% w/ sodium chloride 0.45%	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml</i>	3	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride SOLN 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	3	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 20meq	2	
<i>potassium chloride microencapsulated crystals</i> TBCR 15meq	3	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%, 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	4	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentak OINT .3%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	4	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
ILEVRO SUSP .3%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
<i>olopatadine hcl</i> SOLN .1%	3	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>brimonidine tartrate</i> SOLN .1%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	4	
<i>brinzolamide</i> SUSP 1%	4	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	4	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, LA, PA
CYSTARAN SOLN .44%	5	NDS, NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	

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Drug Name	Drug Tier	Requirements/Limits
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac OIL .01%</i>	3	
<i>fluocinolone acetonide (otic) OIL .01%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic) SOLN .3%</i>	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	
ANTI HISTAMINES		
<i>azelastine hcl SOLN .1%, .15%</i>	3	
<i>cetirizine hcl SOLN 1mg/ml</i>	2	
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	3	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA if 70 years and older

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	
<i>levocetirizine dihydrochloride</i> TABS 5mg	3	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	3	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg, 500mcg	3	
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NDS, NM, LA, PA

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Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	4	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days)
TOPICAL DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	4	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%	4	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
<i>SULFAMYLON</i> CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	3	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	3	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	3	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	4	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	3	QL (60 gm / 30 days), PA
<i>TAZORAC</i> CREA .05%	4	QL (60 gm / 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-cort</i> CREA 2.5%	2	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%	3	QL (60 gm / 30 days)
<i>clobetasol propionate</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	3	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .1%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	2	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	4	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	3	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	3	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	3	
<i>hydrocortisone (rectal)</i> CREA 2.5%	2	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%	2	
<i>lactic acid (ammonium lactate)</i> LOTN 12%	3	
<i>metronidazole (topical)</i> CREA .75%	4	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ໝາຍຄວາມວ່າແນວໃດໂດຍການໄປທີ່ເລກໜ້າ 11.

Drug Name	Drug Tier	Requirements/Limits
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	5	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	4	QL (150 lozenges / 30 days)
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	3	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTYLE KIT SENSOR	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

ທ່ານສາມາດຊອກຫາຂໍ້ມູນກ່ຽວກັບສັນຍາລັກ ແລະ ຕົວຫຍໍ້ໃນຕາຕະລາງນີ້ໝາຍຄວາມວ່າແນວໃດໂດຍການໄປທີ່ເລກໜ້າ 11.

D. ດັດຊະນີຂອງຢາທີ່ໄດ້ຮັບຄຸ້ມຄອງ

ໃນພາກນີ້, ທ່ານສາມາດຊອກຫາຢາໄດ້ໂດຍການຊອກຫາຊື່ຢາຕາມຕົວອັກສອນ.

ຂໍ້ມູນນີ້ຈະບອກທ່ານກ່ຽວກັບເລກໜ້າທີ່ທ່ານສາມາດຊອກຫາຂໍ້ມູນການຄຸ້ມຄອງເພີ່ມເຕີມ ສໍາລັບຢາຂອງທ່ານໄດ້.

A		
<i>abacavir sulfate</i>	16	ADRENALIN..... 36
<i>abacavir sulfate-</i>		ADVAIR DISKU AER
<i>lamivudine tab 600-</i>		100/50 80
<i>300 mg</i> 18		ADVAIR DISKU AER
ABELCET 16		250/50 80
ABILIFY MAINTENA. 44		ADVAIR DISKU AER
<i>abiraterone acetate</i> . 24		500/50 80
ABRYSVO 71		ADVAIR HFA AER
<i>acamprosate calcium</i>		115/21 80
..... 50		ADVAIR HFA AER
<i>acarbose</i> 51		230/21 80
<i>accutane</i> 80		ADVAIR HFA AER
<i>acebutolol hcl</i> 34		45/21 80
<i>acetaminophen w/</i>		<i>afirmelle</i> 55
<i>codeine soln 120-12</i>		AIMOVIG 48
<i>mg/5ml</i> 13		<i>ala-cort</i> 82
<i>acetaminophen w/</i>		<i>albendazole</i> 14
<i>codeine tab 300-15</i>		<i>albuterol sulfate</i> 78
<i>mg</i> 13		<i>alclometasone</i>
<i>acetaminophen w/</i>		<i>dipropionate</i> 82
<i>codeine tab 300-30</i>		ALDURAZYME 61
<i>mg</i> 13		ALECENSA 25
<i>acetaminophen w/</i>		<i>alendronate sodium</i> 54
<i>codeine tab 300-60</i>		<i>alfuzosin hcl</i> 66
<i>mg</i> 13		<i>aliskiren fumarate</i> .. 36
<i>acetazolamide</i> 35		<i>allopurinol</i> 12
<i>acetic acid</i> 66		<i>alosectron hcl</i> 65
<i>acetic acid (otic)</i> 77		ALPHAGAN P 76
<i>acetylcysteine</i> 78		<i>alprazolam</i> 37
<i>acitretin</i> 81		ALREX 75
ACTHIB INJ..... 71		<i>altavera</i> 55
ACTIMMUNE..... 70		ALUNBRIG..... 25
<i>acyclovir</i> 19		ALUNBRIG PAK 25
<i>acyclovir sodium</i> 19		<i>alyacen 1/35</i> 55
ADACEL INJ 71		<i>alyacen 7/7/7</i> 55
<i>adefovir dipivoxil</i> 19		<i>amabelz</i> 60
ADEMPAS 37		<i>amantadine hcl</i> 43
		<i>ambrisentan</i> 37
		<i>amethia</i> 55
		<i>amikacin sulfate</i> 14
		<i>amiloride &</i>
		<i>hydrochlorothiazide</i>
		<i>tab 5-50 mg</i> 35
		<i>amiloride hcl</i> 35
		<i>amiodarone hcl</i> 33
		<i>amitriptyline hcl</i> 42
		<i>amlodipine besylate</i> 35
		<i>amlodipine besylate-</i>
		<i>benazepril hcl cap</i>
		<i>10-20 mg</i> 30
		<i>amlodipine besylate-</i>
		<i>benazepril hcl cap</i>
		<i>10-40 mg</i> 30
		<i>amlodipine besylate-</i>
		<i>benazepril hcl cap</i>
		<i>2.5-10 mg</i> 30
		<i>amlodipine besylate-</i>
		<i>benazepril hcl cap 5-</i>
		<i>10 mg</i> 30
		<i>amlodipine besylate-</i>
		<i>benazepril hcl cap 5-</i>
		<i>20 mg</i> 30
		<i>amlodipine besylate-</i>
		<i>benazepril hcl cap 5-</i>
		<i>40 mg</i> 30
		<i>amlodipine besylate-</i>
		<i>olmesartan</i>
		<i>medoxomil tab 10-</i>
		<i>20 mg</i> 31
		<i>amlodipine besylate-</i>
		<i>olmesartan</i>
		<i>medoxomil tab 10-</i>
		<i>40 mg</i> 32
		<i>amlodipine besylate-</i>
		<i>olmesartan</i>

<i>medoxomil tab 5-20 mg</i>31	<i>amoxicillin & k clavulanate tab 875-125 mg</i> 22	<i>amphetamine-dextroamphetamine tab 5 mg</i> 47
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>31	<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> 22	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> 47
<i>amlodipine besylate-valsartan tab 10-160 mg</i>32	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> 46	<i>amphotericin b</i> 16
<i>amlodipine besylate-valsartan tab 10-320 mg</i>32	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> 46	<i>amphotericin b liposome</i> 16
<i>amlodipine besylate-valsartan tab 5-160 mg</i>32	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> 46	<i>ampicillin</i> 22
<i>amlodipine besylate-valsartan tab 5-320 mg</i>32	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> 46	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> 22
<i>amnestem</i>80	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> 47	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> 22
<i>amoxapine</i>42	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> 46	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> 22
<i>amoxicillin</i>21	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> 47	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> 22
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> 21	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> 46	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> 22
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i> 21	<i>amphetamine-dextroamphetamine tab 10 mg</i> 47	<i>ampicillin sodium</i> ... 22
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> 21	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> 47	<i>anagrelide hcl</i> 67
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> 21	<i>amphetamine-dextroamphetamine tab 15 mg</i> 47	<i>anastrozole</i> 24
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> ... 21	<i>amphetamine-dextroamphetamine tab 20 mg</i> 47	ANORO ELLIPT AER 62.5-25..... 77
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> 21	<i>amphetamine-dextroamphetamine tab 30 mg</i> 47	<i>aprepitant</i> 63
<i>amoxicillin & k clavulanate tab 250-125 mg</i> 21		<i>aprepitant capsule therapy pack 80 & 125 mg</i> 63
<i>amoxicillin & k clavulanate tab 500-125 mg</i> 22		<i>apri</i> 55
		APTIOM..... 37
		APTIVUS 17
		ARALAST NP 78
		<i>aranelle</i> 55
		ARCALYST 70
		AREXVY..... 71
		<i>aripiprazole</i> 44
		ARISTADA 44
		ARISTADA INITIO... 44
		<i>armodafinil</i> 50
		ARNUITY ELLIPTA... 80

asenapine maleate.. 44
ashlyna 55
aspirin-dipyridamole
cap er 12hr 25-200
mg..... 68
atazanavir sulfate ... 17
atenolol..... 34
atenolol &
chlorthalidone tab
100-25 mg..... 34
atenolol &
chlorthalidone tab
50-25 mg 34
atomoxetine hcl 47
atorvastatin calcium 33
atovaquone..... 14
atovaquone-proguanil
hcl tab 250-100 mg
..... 16
atovaquone-proguanil
hcl tab 62.5-25 mg
..... 16
ATROPINE SULFATE 76
atropine sulfate
(ophthalmic) 76
ATROVENT HFA 77
aubra eq 55
aurovela 1/20 55
aurovela 24 fe..... 55
aurovela fe 1.5/30.. 55
aurovela fe 1/20..... 55
AUSTEDO 49
AUSTEDO XR 49
AUSTEDO XR TAB
TITR KIT..... 49
AUVELITY TAB 45-
105MG 42
aviane..... 55
ayuna 55
AYVAKIT..... 25
azacitidine 23
azathioprine..... 70
azelastine hcl 77
azelastine hcl (ophth)
..... 76
azithromycin 21

aztreonam 14
azurette..... 55

B

bacitracin
(ophthalmic)..... 75
bacitracin-polymyxin b
ophth oint 75
bacitracin-polymyxin-
neomycin-hc ophth
oint 1% 74
baclofen..... 50
BAFIERTAM 49
balsalazide disodium
..... 64
BALVERSA..... 25
balziva..... 55
BARACLUDE 19
BASAGLAR KWIKPEN
..... 53
BCG VACCINE..... 71
BD ALCOHOL SWABS
..... 53
BELSOMRA..... 47
benazepril &
hydrochlorothiazide
tab 10-12.5 mg .. 30
benazepril &
hydrochlorothiazide
tab 20-12.5 mg .. 30
benazepril &
hydrochlorothiazide
tab 20-25 mg 30
benazepril &
hydrochlorothiazide
tab 5-6.25mg 30
benazepril hcl 31
BENDEKA..... 23
BENLYSTA..... 70
benzoyl peroxide-
erythromycin gel 5-
3%..... 81
benztropine mesylate
..... 43
BERINERT 67
BESIVANCE 75

BESREMI 25
betaine powder for
oral solution..... 61
betamethasone
dipropionate
(topical) 82
betamethasone
dipropionate
augmented 82
betamethasone
valerate..... 82
BETASERON..... 49
betaxolol hcl 34
betaxolol hcl (ophth)
..... 76
bethanechol chloride
..... 66
BETOPTIC-S 76
BEVESPI AER 9-
4.8MCG 77
bexarotene 25
bexarotene (topical) 83
BEXSERO INJ..... 71
bicalutamide 24
BICILLIN L-A 22
BIKTARVY TAB 30-
120-15 MG 18
BIKTARVY TAB 50-
200-25 MG 18
bisoprolol &
hydrochlorothiazide
tab 10-6.25 mg ... 34
bisoprolol &
hydrochlorothiazide
tab 2.5-6.25 mg .. 34
bisoprolol &
hydrochlorothiazide
tab 5-6.25 mg..... 34
bisoprolol fumarate. 34
BIVIGAM 70
blisovi 24 fe..... 55
blisovi fe 1.5/30 55
BOOSTRIX INJ 71
bortezomib 25
BORTEZOMIB..... 25
bosentan 37

<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg 43	<i>chloroquine phosphate</i> 16	CLINDMYC/NAC INJ 300/50ML 14
<i>carbidopa-levodopa-entacapone tabs</i> 50- 200-200 mg 43	<i>chlorpromazine hcl</i> . 44	CLINDMYC/NAC INJ 600/50ML 14
<i>carboplatin</i> 23	<i>chlorthalidone</i> 36	CLINDMYC/NAC INJ 900/50ML 14
<i>carglumic acid</i> 61	<i>cholestyramine</i> 34	CLINIMIX INJ 4.25/D10 74
<i>carisoprodol</i> 50	<i>cholestyramine light</i> 34	CLINIMIX INJ 4.25/D5W 74
<i>carteolol hcl (ophth)</i> 76	<i>ciclopirox olamine</i> .. 81	CLINIMIX INJ 5%/D15W 74
<i>cartia xt</i> 35	<i>cilostazol</i> 67	CLINIMIX INJ 5%/D20W 74
<i>carvedilol</i> 34	CILOXAN 75	CLINIMIX INJ 6/5 ... 74
<i>caspofungin acetate</i> 16	CIMDUO TAB 300-300 18	CLINIMIX INJ 8/10 . 74
CAYSTON 14	<i>cinacalcet hcl</i> 61	CLINIMIX INJ 8/14 . 74
<i>cefaclor</i> 20	CIPRO 21	<i>clinisol sf 15%</i> 74
CEFACTOR ER 20	<i>ciprofloxacin 200</i> mg/100ml in d5w 21	CLINOLIPID EMU 20% 74
<i>cefadroxil</i> 20	<i>ciprofloxacin 400</i> mg/200ml in d5w 21	<i>clobazam</i> 38
CEFAZOLIN 20	<i>ciprofloxacin hcl</i> 21	<i>clobetasol propionate</i> 82
CEFAZOLIN INJ 1GM/50ML 20	<i>ciprofloxacin hcl</i> (ophth) 75	<i>clobetasol propionate</i> e 82
<i>cefazolin sodium</i> 20	<i>ciprofloxacin-</i> <i>dexamethasone otic</i> <i>susp 0.3-0.1%</i> 77	<i>clomipramine hcl</i> 42
CEFAZOLIN SOLN 2GM/100ML-4% .. 20	<i>cisplatin</i> 23	<i>clonazepam</i> 38
<i>cefdinir</i> 20	<i>citalopram</i> <i>hydrobromide</i> 42	<i>clonidine</i> 36
<i>cefepime hcl</i> 20	<i>claravis</i> 81	<i>clonidine hcl</i> 36
<i>cefixime</i> 20	<i>clarithromycin</i> 21	<i>clopidogrel bisulfate</i> 68
<i>cefoxitin sodium</i> 20	<i>clindamycin hcl</i> 14	<i>clorazepate</i> <i>dipotassium</i> 38
<i>cefpodoxime proxetil</i> 20	<i>clindamycin palmitate</i> <i>hydrochloride</i> 14	<i>clotrimazole</i> 84
<i>cefprozil</i> 20	<i>clindamycin phosphate</i> 14	<i>clotrimazole (topical)</i> 81
<i>ceftazidime</i> 20	<i>clindamycin phosphate</i> (topical) 81	<i>clotrimazole w/</i> <i>betamethasone</i> <i>cream 1-0.05%</i> ... 81
<i>ceftriaxone sodium</i> . 20	<i>clindamycin phosphate</i> <i>in d5w iv soln 300</i> mg/50ml 14	<i>clozapine</i> 44
<i>cefuroxime axetil</i> 20	<i>clindamycin phosphate</i> <i>in d5w iv soln 600</i> mg/50ml 14	COARTEM TAB 20- 120MG 16
<i>cefuroxime sodium</i> . 20	<i>clindamycin phosphate</i> <i>in d5w iv soln 900</i> mg/50ml 14	<i>colchicine</i> 12
<i>celecoxib</i> 12	<i>clindamycin phosphate</i> <i>vaginal</i> 66	<i>colchicine w/</i> <i>probenecid tab 0.5-</i> <i>500 mg</i> 12
CELONTIN 38		<i>colesevelam hcl</i> 34
<i>cephalexin</i> 20		
CERDELGA 61		
CEREZYME 61		
<i>cetirizine hcl</i> 77		
<i>cevimeline hcl</i> 84		
<i>chateal</i> 56		
CHEMET 55		
<i>chlorhexidine</i> <i>gluconate (mouth-</i> <i>throat)</i> 84		

<i>colestipol hcl</i> 34	<i>cyproheptadine hcl</i> . 77	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> 56
<i>colistimethate sodium</i> 14	<i>cyred eq</i> 56	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> 56
COMBIGAN SOL 0.2/0.5%..... 76	CYSTADROPS 76	<i>desvenlafaxine succinate</i> 42
COMBIVENT AER 20-100..... 77	CYSTAGON..... 61	<i>dexamethasone</i> 60
COMETRIQ (60MG DOSE)..... 26	CYSTARAN 76	DEXAMETHASONE INTENSOL 60
COMETRIQ KIT 100MG 26	<i>cytarabine</i> 23	<i>dexamethasone sodium phosphate</i> 60
COMETRIQ KIT 140MG 26	D	<i>dexamethasone sodium phosphate (ophth)</i> 75
COMPLERA TAB 18	D10W/NACL INJ 0.2% 72	DEXCOM G6 MIS RECEIVER..... 84
<i>compro</i> 63	D2.5W/NACL INJ 0.45% 72	DEXCOM G6 MIS SENSOR 84
<i>constulose</i> 64	D5W/LYTES INJ #48 72	DEXCOM G6 MIS TRANSMIT 84
COPIKTRA 26	<i>dabigatran etexilate mesylate</i> 66	<i>dexmethylphenidate hcl</i> 47
CORLANOR 36	<i>dalfampridine</i> 49	<i>dextrose</i> 74
COTELLIC 26	<i>danazol</i> 59	<i>dextrose 10% w/ sodium chloride 0.45%</i> 72
CREON CAP 12000UNT 65	<i>dantrolene sodium</i> . 50	<i>dextrose 2.5% w/ sodium chloride 0.45%</i> 72
CREON CAP 24000UNT 65	<i>dapsone</i> 14	<i>dextrose 5% in lactated ringers</i> ... 72
CREON CAP 3000UNIT 65	DAPTACEL INJ 71	<i>dextrose 5% w/ sodium chloride 0.2%</i> 72
CREON CAP 36000UNT 65	<i>daptomycin</i> 14	<i>dextrose 5% w/ sodium chloride 0.225%</i> 72
CREON CAP 6000UNIT 65	DAPTOMYCIN 14	<i>dextrose 5% w/ sodium chloride 0.3%</i> 72
<i>cromolyn sodium</i> 78	<i>darunavir</i> 17	<i>dextrose 5% w/ sodium chloride 0.45%</i> 72
<i>cromolyn sodium (mastocytosis)</i> 65	<i>dasetta 1/35</i> 56	
<i>cromolyn sodium (ophth)</i> 76	<i>dasetta 7/7/7</i> 56	
<i>cryselle-28</i> 56	DAURISMO..... 26	
<i>cyclobenzaprine hcl</i> . 50	<i>daysee</i> 56	
<i>cyclophosphamide</i> .. 23	DAYVIGO 47	
CYCLOPHOSPHAMIDE 23	<i>deblitane</i> 56	
CYCLOPHOSPHAMIDE MONOHYDR 23	<i>deferasirox</i> 55	
<i>cycloserine</i> 19	DELESTROGEN 60	
<i>cyclosporine</i> 70	DELSTRIGO TAB 18	
<i>cyclosporine modified (for microemulsion)</i> 70	DENG VAXIA SUS.... 71	
	<i>depo-testosterone</i> .. 51	
	DESCOVY TAB 120-15MG 18	
	DESCOVY TAB 200/25MG 18	
	<i>desipramine hcl</i> 42	
	<i>desmopressin acetate</i> 61	
	<i>desmopressin acetate spray</i> 61	
	<i>desmopressin acetate spray refrigerated</i> 61	

dextrose 5% w/ sodium chloride 0.9%.....	72	disopyramide phosphate	33	dutasteride-tamsulosin hcl cap 0.5-0.4 mg	66
DIACOMIT	38	disulfiram	51	E	
diazepam	38	divalproex sodium ..	38	e.e.s. 400.....	21
diazepam (anticonvulsant) ..	38	docetaxel	25	ec-naproxen	12
diazepam inj	38	DOCETAXEL	25	EDURANT	17
diazoxide.....	61	dofetilide	33	efavirenz	17
diclofenac potassium	12	donepezil hydrochloride	41	efavirenz- emtricitabine- tenofovir df tab 600- 200-300 mg.....	18
diclofenac sodium ...	12	DOPTLET	67	efavirenz-lamivudine- tenofovir df tab 400- 300-300 mg.....	18
diclofenac sodium (ophth).....	75	dorzolamide hcl	76	efavirenz-lamivudine- tenofovir df tab 600- 300-300 mg.....	18
diclofenac sodium (topical)	83	dorzolamide hcl- timolol maleate ophth soln 2-0.5%	76	ELIGARD	24
dicloxacillin sodium ..	22	dotti	60	elinest.....	56
dicyclomine hcl.....	64	DOVATO TAB 50- 300MG.....	18	ELIQUIS	66
DIFICID.....	21	doxazosin mesylate	31	ELIQUIS STARTER PACK	66
diflunisal	12	doxepin hcl	42	ELLENCE	23
difluprednate	75	doxepin hcl (sleep).	47	eluryng	56
digoxin	36	doxorubicin hcl	23	EMCYT	24
dihydroergotamine mesylate	48	doxorubicin hcl liposomal	23	emoquette.....	56
DILANTIN	38	doxy 100	22	EMSAM	42
DILANTIN INFATABS	38	doxycycline (monohydrate) ...	23	emtricitabine	17
DILANTIN-125	38	doxycycline hyclate	23	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg ..	18
diltiazem hcl	35	DRIZALMA SPRINKLE	42	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg ..	18
diltiazem hcl coated beads.....	35	dronabinol.....	63	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg ..	18
diltiazem hcl extended release beads.....	35	drospirenone-ethinyl estradiol tab 3-0.02 mg	56	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg ..	18
dilt-xr	35	drospirenone-ethinyl estradiol tab 3-0.03 mg	56	EMTRIVA	17
DIP/TET PED INJ 25- 5LFU	71	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	56	EMVERM.....	14
diphenhydramine hcl	77	DROXIA	67	enalapril maleate....	31
diphenoxylate w/ atropine liq 2.5- 0.025 mg/5ml	65	droxidopa	36		
diphenoxylate w/ atropine tab 2.5- 0.025 mg.....	65	duloxetine hcl.....	42		
dipyridamole	68	DUPIXENT	68		
		dutasteride	66		

<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> 31	<i>eplerenone</i> 31	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> 56
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> 31	EPRONTIA..... 39	<i>etodolac</i> 12
ENBREL..... 68	<i>ergotamine w/ caffeine tab 1-100 mg</i> 48	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> 56
ENBREL MINI 68	ERIVEDGE..... 26	<i>etoposide</i> 25
ENBREL SURECLICK 68	ERLEADA 24	<i>etravirine</i> 17
ENDARI..... 67	<i>erlotinib hcl</i> 26	EULEXIN 24
<i>endocet tab 10-325mg</i> 13	<i>errin</i> 56	<i>euthyrox</i> 63
<i>endocet tab 2.5-325mg</i> 13	<i>ertapenem sodium</i> . 14	<i>everolimus</i> 26
<i>endocet tab 5-325mg</i> 13	<i>ery</i> 81	<i>everolimus (immunosuppressant)</i> 70
<i>endocet tab 7.5-325mg</i> 13	<i>ery-tab</i> 21	EVOTAZ TAB 300-150 18
ENGERIX-B 71	ERYTHROCIN LACTOBIONATE .. 21	<i>exemestane</i> 24
<i>enilloring</i> 56	<i>erythrocin stearate</i> . 21	EXKIVITY 26
<i>enoxaparin sodium</i> . 67	<i>erythromycin (acne aid)</i> 81	EYSUVIS 75
<i>enpresse-28</i> 56	<i>erythromycin (ophth)</i> 75	<i>ezetimibe</i> 34
<i>enskyce</i> 56	<i>erythromycin base</i> . 21	<i>ezetimibe-simvastatin tab 10-10 mg</i> 34
ENSTILAR AER 82	<i>erythromycin ethylsuccinate</i> 21	<i>ezetimibe-simvastatin tab 10-20 mg</i> 34
<i>entacapone</i> 44	<i>erythromycin lactobionate</i> 21	<i>ezetimibe-simvastatin tab 10-40 mg</i> 34
<i>entecavir</i> 19	<i>escitalopram oxalate</i> 42	<i>ezetimibe-simvastatin tab 10-80 mg</i> 34
ENTRESTO TAB 24-26MG 32	<i>esomeprazole magnesium</i> 65	
ENTRESTO TAB 49-51MG 32	<i>estarylla</i> 56	
ENTRESTO TAB 97-103MG 32	<i>estradiol</i> 60	
<i>enulose</i> 64	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> 60	
EPCLUSA PAK 150-37.5..... 19	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> 60	
EPCLUSA PAK 200-50MG 19	<i>estradiol vaginal</i> 60	
EPCLUSA TAB 200-50MG 19	<i>estradiol valerate</i> ... 60	
EPCLUSA TAB 400-100 19	<i>eszopiclone</i> 48	
EPIDIOLEX..... 38	<i>ethambutol hcl</i> 19	
<i>epinephrine (anaphylaxis)</i> 36, 78	<i>ethosuximide</i> 39	
<i>epitol</i> 38	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> 56	
EPIVIR HBV 19		

F

FABRAZYME..... 61
<i>falmina</i> 56
<i>famciclovir</i> 19
<i>famotidine</i> 64
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> 64
FANAPT..... 44
FANAPT PAK 44
FARXIGA 51
FASENRA..... 78
FASENRA PEN 78
<i>felbamate</i> 39
<i>felodipine</i> 35

femynor 56
fenofibrate 33
fenofibrate micronized
 33
fentanyl 12
fentanyl citrate 13
fesoterodine fumarate
 66
 FETZIMA 42
 FETZIMA CAP
 TITRATIO 42
 FIASP FLEX INJ
 TOUCH 53
 FIASP INJ 100/ML... 53
 FIASP PENFIL INJ U-
 100 53
 FIASP PMPCRT INJ U-
 100 53
finasteride 66
 fingolimod hcl 49
 FINTEPLA 39
finzala 56
flac 77
 FLAREX 75
 FLEBOGAMMA DIF .. 70
flecainide acetate ... 33
 FLOVENT DISKUS ... 80
 FLOVENT HFA 80
fluconazole 16
fluconazole in nacl
0.9% inj 200
mg/100ml 16
fluconazole in nacl
0.9% inj 400
mg/200ml 16
flucytosine 16
fludrocortisone acetate
 60
flunisolide (nasal) ... 80
fluocinolone acetonide
 82
fluocinolone acetonide
(otic) 77
fluocinonide 82
fluocinonide emulsified
base 82

fluorometholone
(ophth) 75
fluorouracil 23
fluorouracil (topical) 83
fluoxetine hcl 42
fluphenazine
decanoate 45
fluphenazine hcl 45
flurbiprofen 12
flurbiprofen sodium 75
fluticasone propionate
 82
fluticasone propionate
(nasal) 80
fluvoxamine maleate
 37
fondaparinux sodium
 67
 FORTEO 54
fosamprenavir calcium
 17
fosinopril sodium ... 31
fosinopril sodium &
hydrochlorothiazide
tab 10-12.5 mg .. 31
fosinopril sodium &
hydrochlorothiazide
tab 20-12.5 mg .. 31
 FOTIVDA 26
 FREESTY LIBR KIT 2
 SENSOR 84
 FREESTY LIBR MIS 2
 READER 84
 FREESTYLE KIT
 SENSOR 84
 FREESTYLE MIS
 READER 84
fulvestrant 24
furosemide 36
furosemide inj 36
 FUZEON 17
fyavolv tab 0.5mg-
2.5mcg 60
fyavolv tab 1mg-5mcg
 60
 FYCOMPA 39

G

gabapentin 39
galantamine
hydrobromide 41
 GAMASTAN INJ 70
 GAMMAGARD LIQUID
 70
 GAMMAGARD S/D IGA
 LESS TH 70
 GAMMAKED 70
 GAMMAPLEX 70
 GAMUNEX-C 70
ganciclovir sodium .. 19
 GARDASIL 9 INJ 71
gatifloxacin (ophth) 75
 GATTEX 65
 GAUZE PADS 2 53
gavilyte-c 64
gavilyte-g 64
 GAVRETO 26
gefitinib 26
gemcitabine hcl 23
gemfibrozil 33
 GEMTESA 66
generlac 64
gengraf 70
 GENOTROPIN 61
 GENOTROPIN
 MINISQUICK 61
gentak 75
gentamicin in saline
inj 0.8 mg/ml 14
gentamicin in saline
inj 1 mg/ml 14
gentamicin in saline
inj 1.2 mg/ml 14
gentamicin in saline
inj 1.6 mg/ml 14
gentamicin in saline
inj 2 mg/ml 14
gentamicin sulfate .. 14
gentamicin sulfate
(ophth) 75
gentamicin sulfate
(topical) 81
 GENVOYA TAB 18

GILOTRIF 26
glatiramer acetate .. 49
glatopa..... 50
GLEOSTINE..... 23
glimepiride 51
glipizide 51
glipizide xl 51
glipizide-metformin hcl
tab 2.5-250 mg ... 51
glipizide-metformin hcl
tab 2.5-500 mg ... 51
glipizide-metformin hcl
tab 5-500 mg 51
glycopyrrolate 64
glydo 83
GLYXAMBI TAB 10-5
MG..... 51
GLYXAMBI TAB 25-5
MG..... 51
GOLYTELY SOL 64
granisetron hcl 63
griseofulvin microsize
..... 16
griseofulvin
ultramicrosize 16
guanfacine hcl..... 36
guanfacine hcl (adhd)
..... 47
GVOKE HYPOPEN 2-
PACK..... 61
GVOKE KIT 61
GVOKE PFS 61

H

HAEGARDA 67
hailey 1.5/30 56
hailey 24 fe 56
halobetasol propionate
..... 82
haloette 56
haloperidol 45
haloperidol decanoate
..... 45
haloperidol lactate .. 45
HARVONI PAK 33.75-
150MG 19

HARVONI PAK 45-
200MG..... 19
HARVONI TAB 45-
200MG..... 19
HARVONI TAB 90-
400MG..... 19
HAVRIX 71
heather 56
HEP SOD/D5W INJ
20000UNT 67
HEP SOD/D5W INJ
25000UNT 67
HEP SOD/NACL INJ
12500UNT 67
HEP SOD/NACL INJ
25000UNT 67
heparin sodium
(porcine)..... 67
HEPARIN/NACL INJ
25000UNT 67
HEPLISAV-B 71
HERCEP HYLEC SOL
60-10000 26
HERCEPTIN 26
HERZUMA 26
HIBERIX 71
HUMIRA 68
HUMIRA PEDIA INJ
CROHNS 68
HUMIRA PEDIATRIC
CROHNS D 68
HUMIRA PEN 68
HUMIRA PEN KIT
PS/UV..... 68
HUMIRA PEN-
CD/UC/HS START 69
HUMIRA PEN-
PEDIATRIC UC S . 69
HUMIRA PEN-PS/UV
STARTER..... 69
HUMULIN R U-500
(CONCENTR..... 53
HUMULIN R U-500
KWIKPEN 53
hydralazine hcl 36
hydrochlorothiazide 36

hydrocodone bitartrate
..... 12
hydrocodone-
acetaminophen soln
7.5-325 mg/15ml 13
hydrocodone-
acetaminophen tab
10-325 mg 13
hydrocodone-
acetaminophen tab
5-325 mg 13
hydrocodone-
acetaminophen tab
7.5-325 mg 13
hydrocodone-
ibuprofen tab 7.5-
200 mg 13
hydrocortisone 60
hydrocortisone
(intrarectal) 64
hydrocortisone (rectal)
..... 83
hydrocortisone
(topical) 82
hydromorphone hcl 13
hydroxychloroquine
sulfate..... 69
hydroxyurea 25
hydroxyzine hcl..... 77
hydroxyzine pamoate
..... 78
HYSINGLA ER 12

I

ibandronate sodium 54
IBRANCE 26
ibu 12
ibuprofen 12
icatibant acetate 67
iclevia 56
ICLUSIG..... 26
IDHIFA..... 26
ILEVRO 75
imatinib mesylate... 27
IMBRUVICA 27

imipenem-cilastatin intravenous for soln 250 mg15
imipenem-cilastatin intravenous for soln 500 mg15
imipramine hcl42
imiquimod83
 IMOVAX RABIES (H.D.C.V.)71
 INBRIJA44
incassia56
 INCRELEX.....61
 INCRUSE ELLIPTA...77
indapamide36
 INFANRIX INJ.....71
 INFLIXIMAB69
 INGREZZA49
 INGREZZA CAP 40-80MG49
 INLYTA.....27
 INQOVI TAB 35-100MG24
 INREBIC.....27
 INSULIN PEN NEEDLES: BD/NOVO53
 INSULIN SAFETY NEEDLES53
 INSULIN SYRINGES: BD53
 INTELENCE17
 INTRALIPID74
 INTRON A.....70
introvale.....56
 INVEGA HAFYERA...45
 INVEGA SUSTENNA.45
 INVEGA TRINZA45
 IPOL INJ INACTIVE .71
*ipratropium bromide*77
ipratropium bromide (nasal)77
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml77
irbesartan.....33

irbesartan-hydrochlorothiazide tab 150-12.5 mg. 32
irbesartan-hydrochlorothiazide tab 300-12.5 mg. 32
 IRESSA.....27
irinotecan hcl.....25
 ISENTRESS17
 ISENTRESS HD17
isibloom56
 ISOLYTE-P INJ /D5W72
 ISOLYTE-S INJ.....72
 ISOLYTE-S INJ PH 7.472
isoniazid19
isosorbide dinitrate 37
isosorbide mononitrate37
isotretinoin.....81
isradipine35
itraconazole16
ivermectin.....15
 IXIARO INJ71

J

JAKAFI27
jantoven67
 JANUMET TAB 50-100052
 JANUMET TAB 50-500MG.....51
 JANUMET XR TAB 100-100052
 JANUMET XR TAB 50-100052
 JANUMET XR TAB 50-500MG.....52
 JANUVIA52
 JARDIANCE52
jasmiel56
javygtor.....61
 JAYPIRCA.....27
 JENTADUETO TAB 2.5-100052

JENTADUETO TAB 2.5-500.....52
 JENTADUETO TAB 2.5-850.....52
 JENTADUETO TAB XR 2.5-1000MG.....52
 JENTADUETO TAB XR 5-1000MG52
jinteli60
jolessa57
juleber57
 JULUCA TAB 50-25MG18
junel 1.5/3057
junel 1/2057
junel fe 1.5/3057
junel fe 1/20.....57
junel fe 24.....57

K

KADCYLA.....27
kaitlib fe.....57
 KALYDECO.....79
 KANJINTI27
kariva57
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj.....72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj.....72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj72
kcl 20 meq/l (0.15%) in nacl 0.45% inj.73
kcl 20 meq/l (0.15%) in nacl 0.9% inj...72
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj.....73

kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj73
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj73
kcl 40 meq/l (0.3%) in nacl 0.9% inj73
 KCL/D5W/NACL INJ 0.3/0.9%73
kelnor 1/35.....57
kelnor 1/50.....57
 KERENDIA31
 KESIMPTA50
ketoconazole.....16
ketoconazole (topical)81, 82
ketorolac tromethamine (ophth).....75
 KEVZARA.....69
 KEYTRUDA.....27
 KINRIX INJ71
 KISQALI 200 DOSE.27
 KISQALI 200 PAK FEMARA.....25
 KISQALI 400 DOSE.27
 KISQALI 400 PAK FEMARA.....25
 KISQALI 600 DOSE.27
 KISQALI 600 PAK FEMARA.....25
klor-con73
klor-con 1073
klor-con 8.....73
klor-con m1073
klor-con m1573
klor-con m2073
 KORLYM62
 KRAZATI27
kurvelo.....57

L

labetalol hcl34
lacosamide39
lacosamide oral39

lactated ringer's solution..... 73
lactic acid (ammonium lactate)..... 83
lactulose 64
lactulose (encephalopathy) 64
lamivudine 17
lamivudine (hmv) ... 19
lamivudine-zidovudine tab 150-300 mg.. 18
lamotrigine 39
lansoprazole..... 65
 LANTUS 53
 LANTUS SOLOSTAR 53
lapatinib ditosylate. 27
larin 1.5/30..... 57
larin 1/20..... 57
larin 24 fe 57
larin fe 1.5/30 57
larin fe 1/20 57
latanoprost 76
 LATUDA 45
layolis fe 57
leena 57
leflunomide 69
lenalidomide..... 24
 LENVIMA 10 MG DAILY DOSE 27
 LENVIMA 12MG DAILY DOSE 27
 LENVIMA 20 MG DAILY DOSE 27
 LENVIMA 4 MG DAILY DOSE 27
 LENVIMA 8 MG DAILY DOSE 27
 LENVIMA CAP 14 MG 28
 LENVIMA CAP 18 MG 28
 LENVIMA CAP 24 MG 28
lessina 57
letrozole 24
leucovorin calcium . 30

LEUKERAN..... 23
leuprolide acetate... 24
levalbuterol hcl 78
levalbuterol tartrate 78
 LEVEMIR 53
 LEVEMIR FLEXPEN .. 53
 LEVEMIR FLEXTOUCH53
levetiracetam..... 39
levetiracetam in sodium chloride iv soln 1000 mg/100ml 39
levetiracetam in sodium chloride iv soln 1500 mg/100ml 39
levetiracetam in sodium chloride iv soln 500 mg/100ml 39
levobunolol hcl..... 76
levocarnitine (metabolic modifiers)..... 62
levocetirizine dihydrochloride ... 78
levofloxacin21
*levofloxacin in d5w iv soln 250 mg/50ml*21
levofloxacin in d5w iv soln 500 mg/100ml 21
levofloxacin in d5w iv soln 750 mg/150ml21
levonest..... 57
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg 57
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 57

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ... 57
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg .. 57
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 57
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 57
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 57
levora 0.15/30-28 .. 57
levo-t..... 63
levothyroxine sodium 63
levoxyl 63
LEXIVA..... 17
lidocaine..... 83
lidocaine hcl..... 83
lidocaine hcl (local anesth.) 14
lidocaine hcl (mouth-throat) 84
lidocaine-prilocaine cream 2.5-2.5% .. 83
linezolid..... 15
LINEZOLID INJ 2MG/ML..... 15
LINZESS..... 65
liothyronine sodium 63
lisinopril 31
lisinopril & hydrochlorothiazide tab 10-12.5 mg ... 31
lisinopril & hydrochlorothiazide tab 20-12.5 mg ... 31

lisinopril & hydrochlorothiazide tab 20-25 mg 31
LITHIUM 49
lithium carbonate... 49
loestrin 1.5/30-21 .. 57
loestrin 1/20-21..... 57
loestrin fe 1.5/30 ... 57
loestrin fe 1/20..... 57
LOKELMA 55
LONSURF TAB 15-6.14 24
LONSURF TAB 20-8.19 24
loperamide hcl..... 65
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) ... 18
lopinavir-ritonavir tab 100-25 mg 18
lopinavir-ritonavir tab 200-50 mg 18
lorazepam..... 37
lorazepam intensol. 37
LORBRENA 28
loryna..... 57
losartan potassium. 33
losartan potassium & hydrochlorothiazide tab 100-12.5 mg. 32
losartan potassium & hydrochlorothiazide tab 100-25 mg ... 32
losartan potassium & hydrochlorothiazide tab 50-12.5 mg .. 32
LOTEMAX..... 75
lovastatin..... 33
low-ogestrel 57
loxapine succinate.. 45
LUMAKRAS..... 28
LUMIGAN 76
LUMIZYME 62
LUPRON DEPOT (1-MONTH)..... 24

LUPRON DEPOT (3-MONTH) 24
LUPRON DEPOT-PED (1-MONTH 62
LUPRON DEPOT-PED (3-MONTH 62
LUPRON DEPOT-PED (6-MONTH 62
lurasidone hcl 45
lutra..... 57
lyleq 57
lyllana..... 60
LYNPARZA 28
LYSODREN 24
LYTGOBI 28
lyza 57

M

magnesium sulfate . 73
MAGNESIUM SULFATE 73
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml..... 73
malathion..... 83
maraviroc..... 17
marlissa 58
MARPLAN 42
MATULANE 25
MAVYRET PAK 50-20MG..... 19
MAVYRET TAB 100-40MG..... 19
meclizine hcl..... 63
medroxyprogesterone acetate..... 62
medroxyprogesterone acetate (contraceptive).... 58
mefloquine hcl 16
megestrol acetate . 24, 62
megestrol acetate (appetite) 62
MEKINIST..... 28
MEKTOVI..... 28

meloxicam 12
memantine hcl 41
memantine hcl tab 28
x 5 mg & 21 x 10
mg titration pack . 41
 MENACTRA INJ 71
 MENQUADFI INJ 71
 MENVEO INJ 71
 MENVEO SOL 71
mercaptopurine 24
meropenem 15
mesalamine 64
mesalamine w/
cleanser 64
 MESNEX 30
metadate er 47
metformin hcl 52
methadone hcl . 12, 13
methadone
hydrochloride i 13
methazolamide 36
methenamine
hippurate 15
methimazole 63
methocarbamol 50
methotrexate sodium
 24, 69
methsuximide 39
methylphenidate hcl 47
methylprednisolone 60
methylprednisolone
acetate 60
methylprednisolone
sod succ 60
metoclopramide hcl 63
metolazone 36
metoprolol &
hydrochlorothiazide
tab 100-25 mg 34
metoprolol &
hydrochlorothiazide
tab 100-50 mg 34
metoprolol &
hydrochlorothiazide
tab 50-25 mg 34

metoprolol succinate
 34
metoprolol tartrate 34,
 35
metronidazole 15
metronidazole
(topical) 83
metronidazole vaginal
 66
metyrosine 36
 MG SO4/D5W INJ
 10MG/ML 73
mibelas 24 fe 58
micafungin sodium . 16
microgestin 1.5/30 . 58
microgestin 1/20 ... 58
microgestin 24 fe ... 58
microgestin fe 1.5/30
 58
microgestin fe 1/20 58
midodrine hcl 36
miglustat 62
mili 58
mimvey 60
minocycline hcl 23
minoxidil 36
mirtazapine 42
misoprostol 65
 MITIGARE 12
 M-M-R II INJ 71
 M-NATAL PLUS TAB 73
moexipril hcl 31
molindone hcl 45
mometasone furoate
 83
 MONJUVI 28
mono-lynyah 58
montelukast sodium 78
morphine sulfate 13
 MORPHINE SULFATE 13
 MORPHINE
 SULFATE/SODIUM C
 13
 MOVANTIK 65
moxifloxacin hcl 21

moxifloxacin hcl
(ophth) 75
 MULTAQ 33
multiple electrolytes
ph 5.5 73
multiple electrolytes
ph 7.4 73
mupirocin 81
 MVASI 28
mycophenolate mofetil
 71
mycophenolate
sodium 71
 MYRBETRIQ 66

N

nabumetone 12
nadolol 35
nafcillin sodium 22
 NAGLAZYME 62
nalbuphine hcl 13
naloxone hcl 51
naltrexone hcl 51
 NAMZARIC CAP 14-
 10MG 41
 NAMZARIC CAP 21-
 10MG 41
 NAMZARIC CAP 28-
 10MG 41
 NAMZARIC CAP 7-
 10MG 41
 NAMZARIC CAP PACK
 41
naproxen 12
naproxen sodium 12
naratriptan hcl 48
 NATACYN 75
nateglinide 52
 NATPARA 55
 NAYZILAM 39
nebivolol hcl 35
necon 0.5/35-28 58
nefazodone hcl 42
neomycin sulfate 15
neomycin-bacitrac zn-
polymyx 5(3.5)mg-

400unt-10000unt op
oin 75
neomycin-polymy-
gramicid op sol
1.75-10000-
0.025mg-unt-mg/ml
..... 75
neomycin-polymyxin-
dexamethasone
ophth oint 0.1% .. 74
neomycin-polymyxin-
dexamethasone
ophth susp 0.1% . 74
neomycin-polymyxin-
hc ophth susp..... 74
neomycin-polymyxin-
hc otic soln 1%.... 77
neomycin-polymyxin-
hc otic susp 3.5
mg/ml-10000
unit/ml-1% 77
neo-polycin 5(3.5)mg-
400unt-10000unt op
oin 75
neo-polycin hc ophth
oint 1% 74
NERLYNX 28
NEUPRO 44
nevirapine 17
NEXAVAR 28
niacin
(antihyperlipidemic)
..... 34
nicardipine hcl..... 35
NICOTROL INHALER 51
NICOTROL NS 51
nifedipine 35
nikki 58
nilutamide 24
nimodipine..... 35
NINLARO 28
nitazoxanide 15
nitisinone 62
NITRO-BID 37
nitrofurantoin
macrocrystal 15

nitrofurantoin
monohyd macro .. 15
nitroglycerin 37
nizatidine 64
nora-be 58
norethindrone &
ethinyl estradiol-fe
chew tab 0.4 mg-35
mcg..... 58
norethindrone &
ethinyl estradiol-fe
chew tab 0.8 mg-25
mcg..... 58
norethindrone
(contraceptive) ... 58
norethindrone ace &
ethinyl estradiol tab
1 mg-20 mcg..... 58
norethindrone ace &
ethinyl estradiol tab
1.5 mg-30 mcg... 58
norethindrone ace &
ethinyl estradiol-fe
tab 1 mg-20 mcg 58
norethindrone ace-eth
estradiol-fe chew tab
1 mg-20 mcg (24) 58
norethindrone acetate
..... 62
norethindrone acetate-
ethinyl estradiol tab
0.5 mg-2.5 mcg .. 60
norethindrone acetate-
ethinyl estradiol tab
1 mg-5 mcg 60
norethindrone ac-
ethinyl estrad-fe tab
1-20/1-30/1-35 mg-
mcg..... 58
norgestimate & ethinyl
estradiol tab 0.25
mg-35 mcg 58
norgestimate-eth
estradiol tab 0.18-
25/0.215-25/0.25-
25 mg-mcg 58

norgestimate-eth
estradiol tab 0.18-
35/0.215-35/0.25-
35 mg-mcg 58
norlyroc 58
NORPACE CR 33
nortrel 0.5/35 (28) . 58
nortrel 1/35 (21).... 58
nortrel 1/35 (28).... 58
nortrel 7/7/7..... 58
nortriptyline hcl..... 42
NORVIR 17
NOVOLIN INJ 70/30 53
NOVOLIN INJ 70/30 FP
..... 53
NOVOLIN N 53
NOVOLIN N FLEXPEN
..... 53
NOVOLIN R..... 53
NOVOLIN R FLEXPEN
..... 53
NOVOLOG 53
NOVOLOG FLEXPEN 53
NOVOLOG MIX INJ
70/30..... 54
NOVOLOG MIX INJ
FLEXPEN..... 54
NOVOLOG PENFILL . 54
NOXAFIL 16
NUBEQA..... 24
NUDEXTA CAP 20-
10MG..... 49
NULOJIX 71
NUPLAZID 45
NURTEC 48
NUTRILIPID 74
NUZYRA 23
nyamyc..... 81
nylia 1/35..... 58
nylia 7/7/7 58
NYMALIZE 35
nymyo 58
nystatin 16
nystatin (mouth-
throat) 84
nystatin (topical) 81

nystop 81

O

ocella 58

OCTAGAM 70

octreotide acetate... 62

ODEFSEY TAB 18

ODOMZO 28

OFEV 79

ofloxacin (ophth) 75

ofloxacin (otic) 77

OGIVRI 28

OGIVRI INJ 420MG .28

olanzapine 45

olmesartan medoxomil

..... 33

olmesartan

medoxomil-

hydrochlorothiazide

tab 20-12.5 mg ... 32

olmesartan

medoxomil-

hydrochlorothiazide

tab 40-12.5 mg ... 32

olmesartan

medoxomil-

hydrochlorothiazide

tab 40-25 mg 32

olmesartan-

amlodipine-

hydrochlorothiazide

tab 20-5-12.5 mg 32

olmesartan-

amlodipine-

hydrochlorothiazide

tab 40-10-12.5 mg

..... 32

olmesartan-

amlodipine-

hydrochlorothiazide

tab 40-10-25 mg .32

olmesartan-

amlodipine-

hydrochlorothiazide

tab 40-5-12.5 mg 32

olmesartan-

amlodipine-

hydrochlorothiazide

tab 40-5-25 mg .. 32

olopatadine hcl 76

omeprazole 65

OMNIPOD 5 G6 KIT

INTRO 54

OMNIPOD 5 G6 MIS

PODS..... 54

OMNIPOD DASH KIT

INTRO 54

OMNIPOD DASH MIS

PODS..... 54

OMNIPOD GO KIT

10UNT/DY 54

OMNIPOD GO KIT

15UNT/DY 54

OMNIPOD GO KIT

20UNT/DY 54

OMNIPOD GO KIT

25UNT/DY 54

OMNIPOD GO KIT

30UNT/DY 54

OMNIPOD GO KIT

35UNT/DY 54

OMNIPOD GO KIT

40UNT/DY 54

OMNIPOD MIS

CLASSIC 54

OMNIPOD PDM KIT

CLASSIC 54

ondansetron 63

ondansetron hcl 63

ONTRUZANT 28

ONUREG 24

OPSUMIT 37

ORGOVYX 24

ORKAMBI GRA 100-

125 79

ORKAMBI GRA 150-

188 79

ORKAMBI GRA 75-

94MG 79

ORKAMBI TAB 100-

125 79

ORKAMBI TAB 200-

125..... 79

ORSERDU 24

oseltamivir phosphate

..... 19

OTEZLA 69

OTEZLA TAB 10/20/30

..... 69

oxacillin sodium 22

oxaliplatin 23

oxcarbazepine 39

oxybutynin chloride 66

oxycodone hcl 13

oxycodone w/

acetaminophen tab

10-325 mg 14

oxycodone w/

acetaminophen tab

2.5-325 mg 13

oxycodone w/

acetaminophen tab

5-325 mg 14

oxycodone w/

acetaminophen tab

7.5-325 mg 14

OXYCONTIN 13

OZEMPIC (0.25 OR

0.5MG/DOSE) 52

OZEMPIC (1MG/DOSE)

..... 52

OZEMPIC (2MG/DOSE)

SOPN 8MG/3ML... 52

P

pacerone 33

paclitaxel 25

paclitaxel protein-

bound particles for

iv susp 100 mg ... 25

paliperidone 45

pamidronate disodium

..... 55

PAMIDRONATE

DISODIUM 55

PANRETIN 83

<i>pantoprazole sodium</i>66	<i>phenelzine sulfate</i> .. 43	<i>pirmella 1/35</i> 59
PANZYGA.....70	<i>phenobarbital</i> 39	<i>piroxicam</i> 12
<i>paraplatin</i>23	<i>phenobarbital sodium</i> 39	PLASMA-LYTE INJ -148 73
<i>paricalcitol</i>63	<i>phenytek</i> 40	PLASMA-LYTE INJ -A 73
<i>paromomycin sulfate</i> 15	<i>phenytoin</i> 40	<i>plenamine</i> 74
<i>paroxetine hcl</i> .. 42, 43	<i>phenytoin sodium</i> .. 40	PLENVU SOL 65
PEDIARIX INJ 0.5ML71	<i>phenytoin sodium</i> extended..... 40	<i>podofilox</i> 83
PEDVAX HIB 71	PHESGO SOL..... 28	<i>polycin ophth oint</i> ... 75
<i>peg 3350-kcl-na</i> <i>bicarb-nacl-na</i> <i>sulfate for soln</i> 236 <i>gm</i>65	<i>philith</i> 58	<i>polymyxin b-</i> <i>trimethoprim ophth</i> <i>soln 10000 unit/ml-</i> <i>0.1%</i> 75
<i>peg 3350-kcl-sod</i> <i>bicarb-nacl for soln</i> <i>420 gm</i>65	PIFELTRO..... 17	POMALYST 24
PEGASYS.....19	<i>pilocarpine hcl</i> 76	<i>portia-28</i> 59
PEMAZYRE.....28	<i>pilocarpine hcl (oral)</i> 84	<i>posaconazole</i> 16
<i>pemetrexed disodium</i>24	<i>pimozide</i> 45	POT CHL 20MEQ/L IN NACL 0.45% INJ.. 73
PEN GK/DEXTR INJ 40000/ML 22	<i>pimtrea</i> 59	POT CHL 20MEQ/L IN NACL 0.9% INJ ... 73
PEN GK/DEXTR INJ 60000/ML 22	<i>pindolol</i> 35	POT CHL 40MEQ/L IN NACL 0.9% INJ ... 73
<i>penicillamine</i>55	<i>pioglitazone hcl</i> 52	<i>potassium chloride</i> 73, 74
<i>penicillin g potassium</i>22	<i>piperacillin sod-</i> <i>tazobactam na for</i> <i>inj 3.375 gm (3-</i> <i>0.375 gm)</i> 22	POTASSIUM CHLORIDE 73
PENICILLIN G PROCAINE22	<i>piperacillin sod-</i> <i>tazobactam sod for</i> <i>inj 13.5 gm (12-1.5</i> <i>gm)</i> 22	<i>potassium chloride 20</i> <i>meq/l (0.15%) in</i> <i>dextrose 5% inj</i> ... 73
<i>penicillin g sodium</i> ..22	<i>piperacillin sod-</i> <i>tazobactam sod for</i> <i>inj 2.25 gm (2-0.25</i> <i>gm)</i> 22	<i>potassium chloride</i> <i>microencapsulated</i> <i>crystals er</i> 74
<i>penicillin v potassium</i>22	<i>piperacillin sod-</i> <i>tazobactam sod for</i> <i>inj 4.5 gm (4-0.5</i> <i>gm)</i> 22	<i>potassium citrate</i> <i>(alkalinizer)</i> 66
PENTACEL INJ 71	<i>piperacillin sod-</i> <i>tazobactam sod for</i> <i>inj 40.5 gm (36-4.5</i> <i>gm)</i> 22	PRADAXA 67
<i>pentamidine</i> <i>isethionate inh</i>15	PIQRAY 200MG DAILY DOSE 28	PRALUENT 34
<i>pentamidine</i> <i>isethionate inj</i>15	PIQRAY 250MG TAB DOSE 28	<i>pramipexole</i> <i>dihydrochloride</i> ... 44
<i>pentoxifylline</i>67	PIQRAY 300MG DAILY DOSE 28	<i>prasugrel hcl</i> 68
<i>perindopril erbumine</i>31	<i>pirfenidone</i> 79	<i>pravastatin sodium</i> .33
<i>periogard</i>84		<i>praziquantel</i> 15
<i>permethrin</i>84		<i>prazosin hcl</i> 31
<i>perphenazine</i>45		<i>prednisolone</i> 61
PERSERIS.....45		<i>prednisolone acetate</i> <i>(ophth)</i> 76
<i>pfizerpen</i>22		

PREDNISOLONE
 SODIUM PHOSP... 76
prednisolone sodium phosphate..... 61
prednisone 61
 PREDNISON
 INTENSOL..... 61
pregabalin 40
 PREHEVBRIO..... 71
 PREMASOL SOL 10%
 74
 PRENATAL TAB 27-
 1MG 74
 PRENATAL TAB PLUS
 74
prevalite..... 34
 PREVYMIS 20
 PREZCOBIX TAB 800-
 150..... 18
 PREZISTA..... 17
 PRIFTIN..... 19
primaquine phosphate
 16
 PRIMAQUINE
 PHOSPHATE 16
primidone 40
 PRIORIX INJ 71
 PRIVIGEN 70
probenecid..... 12
prochlorperazine..... 64
prochlorperazine edisylate..... 64
prochlorperazine maleate 64
 PROCRIT 67
procto-med hc 83
proctosol hc 83
proctozone-hc 83
 PROGRAF 71
 PROLASTIN-C..... 79
 PROLENSA..... 76
 PROLIA 55
 PROMACTA 68
promethazine hcl.... 64
propafenone hcl 33
proparacaine hcl.... 76

propranolol hcl 35
propylthiouracil..... 63
 PROQUAD INJ..... 71
 PROSOL INJ 20%... 74
protriptyline hcl 43
 PULMICORT
 FLEXHALER 80
 PULMOZYME..... 79
 PURIXAN..... 24
pyrazinamide..... 19
pyridostigmine bromide 49

Q

QINLOCK 28
 QUADRACEL INJ 72
 QUADRACEL INJ 0.5ML
 72
quetiapine fumarate 45
quinapril hcl 31
quinapril-hydrochlorothiazide
 tab 10-12.5 mg .. 31
quinapril-hydrochlorothiazide
 tab 20-12.5 mg .. 31
quinapril-hydrochlorothiazide
 tab 20-25 mg 31
quinidine sulfate 33
quinine sulfate..... 16

R

RABAVERT INJ 72
rabeprazole sodium 66
raloxifene hcl..... 62
ramipril 31
ranolazine 36
rasagiline mesylate 44
 RAYALDEE..... 63
reclipsen 59
 RECOMBIVAX HB ... 72
 RECTIV..... 83
 REGRANEX..... 84
 RELENZA DISKHALER
 20

RELISTOR..... 65
 REMICADE..... 69
 RENFLEXIS 69
repaglinide 52
 RESTASIS 76
 RESTASIS MULTIDOSE
 76
 RETEVMO 28
 REVLIMID..... 24, 25
 REXULTI..... 46
 REYATAZ 17
 REZLIDHIA 28
 REZUROCK 71
 RHOPRESSA 76
ribavirin (hepatitis c)
 20
rifabutin 19
rifampin 19
riluzole..... 49
rimantadine hydrochloride 20
 RINVOQ 69
risedronate sodium . 55
 RISPERDAL CONSTA 46
risperidone 46
ritonavir 17
rivastigmine 41
rivastigmine tartrate
 41
rivelsa..... 59
rizatriptan benzoate 48
 ROCKLATAN DRO ... 76
roflumilast 79
ropinirole hydrochloride 44
rosuvastatin calcium 34
 ROTARIX SUS 72
 ROTATEQ SOL..... 72
roweepra..... 40
 ROZLYTREK 28
 RUBRACA 28
rufinamide..... 40
 RUKOBIA..... 17
 RYBELSUS 52
 RYDAPT..... 28

S

<i>sajazir</i>	68	<i>sodium phenylbutyrate</i>	62	<i>sulfamethoxazole-</i> <i>trimethoprim susp</i> 200-40 mg/5ml...	15
SANDIMMUNE	71	<i>sodium polystyrene</i> <i>sulfonate powder</i>	55	<i>sulfamethoxazole-</i> <i>trimethoprim tab</i> 400-80 mg	15
SANTYL	84	<i>solifenacin succinate</i>	66	<i>sulfamethoxazole-</i> <i>trimethoprim tab</i> 800-160 mg	15
<i>sapropterin</i> <i>dihydrochloride</i>	62	SOLQUA INJ 100/33	54	SULFAMYLON	81
SCSEMBLIX	28	SOLTAMOX.....	24	<i>sulfasalazine</i>	64
<i>scopolamine</i>	64	SOLU-CORTEF	61	<i>sulindac</i>	12
SECUADO	46	SOMATULINE DEPOT	62	<i>sumatriptan</i>	48
<i>selegiline hcl</i>	44	SOMAVERT.....	62	<i>sumatriptan succinate</i>	48, 49
<i>selenium sulfide</i>	82	<i>sorafenib tosylate</i> ..	28	<i>sunitinib malate</i>	29
SELZENTRY.....	17	<i>sorine</i>	33	SUNLENCA	17
SEREVENT DISKUS .	78	<i>sotalol hcl</i>	33	SUPREP BOWEL SOL PREP KIT	65
<i>sertraline hcl</i>	43	<i>sotalol hcl (afib/afl)</i>	33	<i>syeda</i>	59
<i>setlakin</i>	59	<i>spironolactone</i>	31	SYMBICORT AER 160- 4.5	80
<i>sevelamer carbonate</i>	62	<i>spironolactone &</i> <i>hydrochlorothiazide</i> <i>tab 25-25 mg</i>	36	SYMBICORT AER 80- 4.5	80
<i>sharobel</i>	59	<i>sprintec</i> 28.....	59	SYMDEKO TAB 100- 150.....	79
SHINGRIX	72	SPRITAM.....	40	SYMDEKO TAB 50- 75MG.....	79
SIGNIFOR.....	62	SPRYCEL.....	28	SYMJEPI	79
<i>sildenafil citrate</i> (<i>pulmonary</i> <i>hypertension</i>)	37	<i>sps</i>	55	SYMPAZAN	40
<i>silver sulfadiazine</i> ...	81	<i>sronyx</i>	59	SYMTUZA TAB.....	19
SIMBRINZA SUS 1- 0.2%.....	76	<i>ssd</i>	81	SYNAREL.....	59
<i>simliya</i>	59	STELARA.....	69	SYNJARDY TAB 12.5- 1000MG	52
<i>simpesse</i>	59	STIVARGA.....	28	SYNJARDY TAB 12.5- 500.....	52
<i>simvastatin</i>	34	<i>streptomycin sulfate</i>	15	SYNJARDY TAB 5- 1000MG	52
<i>sirolimus</i>	71	STRIBILD TAB	19	SYNJARDY TAB 5- 500MG	52
SIRTURO	19	<i>subvenite</i>	40	SYNJARDY XR TAB 10- 1000.....	52
SIVEXTRO	15	<i>sucrafate</i>	65	SYNJARDY XR TAB 12.5-1000MG.....	52
SKYRIZI	69	<i>sulfacetamide sodium</i> (<i>acne</i>)	81	SYNJARDY XR TAB 25- 1000.....	52
SKYRIZI PEN.....	69	<i>sulfacetamide sodium</i> (<i>ophth</i>)	75		
<i>sod sulfate-pot sulf-</i> <i>mg sulf oral sol</i> 17.5-3.13-1.6 <i>gm/177ml</i>	65	<i>sulfacetamide sodium-</i> <i>prednisolone ophth</i> <i>soln 10-</i> 0.23(0.25)%	74		
<i>sodium chloride</i>	73	<i>sulfadiazine</i>	15		
<i>sodium chloride (gu</i> <i>irrigant)</i>	84	<i>sulfamethoxazole-</i> <i>trimethoprim iv soln</i> 400-80 mg/5ml ..	15		
<i>sodium fluoride chew;</i> <i>tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	74				
SODIUM OXYBATE ..	50				

SYNJARDY XR TAB 5-
1000MG.....52
SYNRIBO25
SYNTHROID63

T

TABLOID24
TABRECTA29
tacrolimus71
tacrolimus (topical)..83
TAFINLAR29
TAGRISSO29
TALTZ69
TALZENNA29
tamoxifen citrate24
tamsulosin hcl.....66
tarina 24 fe.....59
tarina fe 1/20 eq59
TASIGNA29
tasimelteon.....48
tazarotene81
tazicef.....20
TAZORAC81
taztia xt35
TAZVERIK.....29
TDVAX INJ 2-2 LF...72
TECENTRIQ.....29
TEFLARO20
telmisartan33
*telmisartan-
amlodipine tab 40-
10 mg*32
*telmisartan-
amlodipine tab 40-5
mg*.....32
*telmisartan-
amlodipine tab 80-
10 mg*32
*telmisartan-
amlodipine tab 80-5
mg*.....32
*telmisartan-
hydrochlorothiazide
tab 40-12.5 mg* ...32

*telmisartan-
hydrochlorothiazide
tab 80-12.5 mg* .. 32
*telmisartan-
hydrochlorothiazide
tab 80-25 mg* 32
temazepam 48
TENIVAC INJ 5-2LF 72
*tenofovir disoproxil
fumarate*..... 17
TEPMETKO 29
terazosin hcl..... 31
terbinafine hcl 16
terbutaline sulfate.. 78
terconazole vaginal 66
TERIPARATIDE 55
testosterone..... 51
testosterone cypionate
..... 51
*testosterone
enantate* 51
tetrabenazine 49
tetracycline hcl 23
THALOMID 25
THEO-24..... 79
theophylline 79
thioridazine hcl 46
thiothixene..... 46
tiadylt er..... 35
tiagabine hcl 40
TIBSOVO 29
TICOVAC 72
tigecycline..... 23
TIGECYCLINE 23
tilia fe..... 59
timolol maleate..... 35
*timolol maleate
(ophth)* 76
TIVICAY 17, 18
TIVICAY PD 18
tizanidine hcl 50
TOBRADEX OIN 0.3-
0.1% 74
TOBRADEX ST SUS
0.3-0.05 74
tobramycin..... 15

tobramycin (ophth) 75
tobramycin sulfate.. 15
*tobramycin-
dexamethasone
ophth susp 0.3-
0.1%* 75
tolterodine tartrate .66
topiramate 40
toremifene citrate... 24
torsemide..... 36
TOUJEO MAX
SOLOSTAR..... 54
TOUJEO SOLOSTAR 54
TPN ELECTROL INJ .73
TRADJENTA 52
tramadol hcl 14
*tramadol-
acetaminophen tab
37.5-325 mg*..... 14
trandolapril..... 31
tranexamic acid 68
*tranylcypromine
sulfate*..... 43
TRAVASOL INJ 10% 74
TRAZIMERA 29
trazodone hcl..... 43
TRECATOR..... 19
TRELEGY AER ELLIPTA
100-62.5-25 MCG 77
TRELEGY AER ELLIPTA
200-62.5-25 MCG 77
treprostinil..... 37
TRESIBA 54
TRESIBA FLEXTOUCH
..... 54
tretinoin 81
*tretinoin
(chemotherapy)* .. 25
*triamcinolone
acetone (mouth)*84
*triamcinolone
acetone (topical)*
..... 83
*triamterene &
hydrochlorothiazide
cap 37.5-25 mg*... 36

venlafaxine hcl 43
 VENTAVIS..... 37
 VENTOLIN HFA..... 78
 VENTOLIN HFA
 (INSTITUTIONAL
 PACK) 78
verapamil hcl 35
 VERQUVO 36
 VERSACLOZ 46
 VERZENIO 29
vestura 59
 V-GO 20 KIT 54
 V-GO 30 KIT 54
 V-GO 40 KIT 54
 VICTOZA 53
vienva 59
vigabatrin 40
vigadrone 40, 41
 VIIBRYD KIT STARTER
 43
vilazodone hcl 43
 VIMPAT 41
vincristine sulfate ... 25
vinorelbine tartrate . 25
violele 59
 VIRACEPT 18
 VIREAD 18
 VITRAKVI 29
 VIVITROL 51
 VIZIMPRO..... 29
 VONJO 29
voriconazole 16
 VOSEVI TAB..... 20
 VOTRIENT 29
 VRAYLAR 46
 VRAYLAR CAP 1.5-
 3MG 46
vyfemla 59
vylibra 59
 VYZULTA 76

W

warfarin sodium 67
*water for irrigation,
 sterile irrigation soln*
 84

WELIREG 25
wera 59
wymzya fe 59

X

XALKORI..... 29
 XARELTO 67
 XARELTO STAR TAB
 15/20MG..... 67
 XATMEP 70
 XCOPRI 41
 XCOPRI PAK 100-150
 41
 XCOPRI PAK 12.5-25
 41
 XCOPRI PAK 150-
 200MG
 (MAINTENANCE) . 41
 XCOPRI PAK 150-
 200MG (TITRATION)
 41
 XCOPRI PAK 50-
 100MG..... 41
 XELJANZ 69
 XELJANZ XR 69
 XERMELO 65
 XGEVA..... 55
 XHANCE..... 80
 XIFAXAN..... 65
 XIGDUO XR TAB 10-
 1000 53
 XIGDUO XR TAB 10-
 500MG..... 53
 XIGDUO XR TAB 2.5-
 1000 53
 XIGDUO XR TAB 5-
 1000MG 53
 XIGDUO XR TAB 5-
 500MG..... 53
 XIIDRA 76
 XOFLUZA 20
 XOLAIR..... 79
 XOSPATA 29
 XPOVIO 100 MG ONCE
 WEEKLY 30

XPOVIO 40 MG ONCE
 WEEKLY 29
 XPOVIO 40 MG TWICE
 WEEKLY 29
 XPOVIO 60 MG ONCE
 WEEKLY 30
 XPOVIO 60 MG TWICE
 WEEKLY 30
 XPOVIO 80 MG ONCE
 WEEKLY 30
 XPOVIO 80 MG TWICE
 WEEKLY 30
 XTANDI..... 24
xulane 59
 XULTOPHY INJ
 100/3.6..... 54
 XYREM 50

Y

YF-VAX INJ 72
yuvaferm..... 60

Z

zafemy..... 59
zafirlukast 78
zaleplon 48
 ZARXIO..... 67
 ZEJULA 30
 ZELBORAF 30
 ZEMAIRA..... 80
zenatane 81
 ZENPEP CAP
 10000UNT 65
 ZENPEP CAP
 15000UNT 65
 ZENPEP CAP
 20000UNT 65
 ZENPEP CAP
 25000UNT 65
 ZENPEP CAP
 3000UNIT 65
 ZENPEP CAP
 40000UNT 65
 ZENPEP CAP
 5000UNIT 65
 ZERViate..... 76

<i>zidovudine</i>	18	<i>zoledronic acid</i>	55	ZTALMY.....	41
ZIEXTENZO	67	ZOLINZA.....	30	<i>zumandimine</i>	59
<i>ziprasidone hcl</i>	46	<i>zolmitriptan</i>	49	ZYDELIG	30
<i>ziprasidone mesylate</i>	46	<i>zolpidem tartrate</i> ...	48	ZYKADIA	30
ZIRABEV	30	ZONISADE	41	ZYLET SUS 0.5-0.3%	75
ZIRGAN.....	75	<i>zonisamide</i>	41	ZYPREXA RELPREVV	46
		<i>zovia 1/35</i>	59		



Molina Medicare Complete Care Plus (HMO D-SNP) ແຜນ Medicare Medi-Cal

HPMS ອະນຸມັດການຍື່ນເອກະສານສູດ 00023250, ເວີຊັນ 18

ອັບເດດ ເມື່ອ: **12/01/2023**

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມລ່າສຸດ ຫຼື ຄໍາຖາມອື່ນໆ, ຕິດຕໍ່ພວກເຮົາທີ່ (800) 665-3086, TTY: 711.

711, ວັນທີ 1 ຕຸລາ – 31 ມີນາ: 7 ມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ,
ວັນທີ 1 ເມສາ – 30 ກັນຍາ: ວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າ - 8 ໂມງແລງ, ຕາມເວລາທ້ອງຖິ່ນ ຫຼື ໄປຢ້ຽມຢາມ.

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