



Central Health Medicare Plan

2024 年處方集

(承保藥物清單)

**請閱讀：本文件提供資訊
說明本計畫所承保的藥物**

HPMS 核准的處方集檔案提交 ID 24239, 版本號碼 11

本處方集已於 2024 年 05 月 1 日更新。如需最新資訊或有其他疑問，請隨時聯絡 Central Health Medicare Plan 會員服務，電話號碼 (877) 657-2498 (聽障人士專線 (800) 899-2114)，每週 7 天/每天 24 小時全年無休，或造訪網站 www.centralhealthplan.com。

現有會員請注意：自去年以來，此處方集已有所變更。請審閱本文件並確保您所服用的藥物仍包含在內。

本藥物清單 (處方集) 所提及的「我們」或「我們的」字詞是指 Central Health Medicare Plan。當提及「計畫」或「我們的計畫」時，是指 Central Health Medicare Plan。

本文件涵蓋我們計畫的藥物清單 (處方集)，更新日期截至 2024 年 05 月 1 日。如需更新的處方集，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

一般而言，您必須採用網路藥房才能使用處方藥物福利。福利、處方集、藥房網路和/或共付額/共同保險可能於 2024 年 05 月 1 日以及整年期間不時進行更改。

Central Health Medicare Plan 處方集是什麼？

處方集是由 Central Health Medicare Plan

在與醫療保健提供者團隊協商之後選定的承保藥物清單，清單內容代表其認為優質治療計畫必備的

2024 Part D 模式處方集（綜合）

處方治療。只要藥物具醫療必要性、透過 Central Health Medicare Plan 網路藥房領取處方，並且遵守其他計畫規則，則 Central Health Medicare Plan 通常會承保處方集所列藥物。如需進一步資訊了解如何領取處方藥，請檢閱您的《承保證明》。

處方集（藥物清單）是否會變更？

多數藥物承保變更於 1 月 1 日生效，但 Central Health Medicare Plan 得於整年期間新增或移除藥物清單的藥物、調整藥物至不同分攤金額等級，或新增新限制。我們在進行上述變更時必須遵守 Medicare 的規定。

本年度可能影響您的變更如下：在以下情況，您將在整年期間因承保範圍變更而受到影響：

- **新非品牌藥物。**若有新非品牌藥物將出現在相同或較低分攤金額等級，且具有相同或較少限制，則我們將以該非品牌藥物取代品牌藥物，並可能立即自藥物清單移除該品牌藥物。此外，在新增新非品牌藥物時，我們可能決定將該品牌藥物保留在藥物清單，但會立即將其調整至不同分攤金額等級，或新增新限制。如您目前正在服用該品牌藥物，我們在進行變更之前可能不會事先通知您，但隨後我們會針對所做的變更向您提供具體資訊。
 - 如我們進行如上變更，您或您的開立處方者可要求我們以例外方式處理，並繼續為您承保該品牌藥物。我們向您提供的通知也會包含資訊說明如何申請例外處理，如需相關資訊，請參閱下方區段，查看標題：「我如何向 Central Health Medicare Plan 申請處方集例外處理？」

市面停售的藥物。如美國食品藥物管理局認定我們處方集的藥物不安全，或藥物製造商停售藥物，我們將立即從處方集移除該藥物，並通知正在服用該藥物的會員。

- **其他變更。**我們可能進行其他變更，並對目前正在服用藥物的會員造成影響。例如，我們可能新增新非品牌藥物來取代目前在處方集的品牌藥物，或者對該品牌藥物新增新限制，或者調整該品牌藥物至不同分攤金額等級，或者兩者兼而有之。或者，我們可能根據新臨床指導方針進行變更。若我們從處方集移除藥物，[或者]對藥物新增事先授權、數量限制和/或逐步療法限制，或者調整藥物至較高分攤金額等級，我們必須在變更生效之前提前至少 30 日通知受影響的會員，或者於會員要求藥物續方時通知，此時會員將獲得藥物的 30 日供應量。
 - 如我們進行上述其他變更，您或您的開立處方者可要求我們以例外方式處理，並繼續為您承保該品牌藥物。我們向您提供的通知也會包含資訊說明如何申請例外處理，如需相關資訊，您也可參閱下方區段，查看標題：「我如何向 Central Health Medicare Plan 申請處方集例外處理？」

若您目前正在服用該藥物，以下變更將不會影響您。一般而言，如您正在服用的藥物涵蓋在 2024 年處方集之內，且其於年初已獲承保，則除非出現如上所述情況，否則在 2024 年承保期間我們不會停止或減少對該藥物的承保。這表示在承保年度剩餘時間內，正在服用該藥物的會員將可繼續以相同分攤金額取得藥物，且不會新增任何限制。對於不會對您造成影響的變更，

2024 Part D 模式處方集（綜合）

您今年將不會直接收到通知。然而，這些變更將於次年 1 月 1 日對您造成影響，因此重要的是，您應查看新福利年度的藥物清單以便了解藥物是否有任何變更。隨附處方集是截至 2024 年 05 月 1 日的最新版本。如欲取得 Central Health Medicare Plan 所涵蓋藥物的最新資訊，請聯聯我們。我們的聯絡資訊顯示於前、後封面頁面。

如何使用處方集？

您可利用以下兩種方法在處方集找到您的藥物：

醫療病症

處方集始於第 1 頁。本處方集藥物的分類方式是依據其所用於治療的醫療病症。例如，用於治療心臟疾病的藥物會列在心血管藥物類別。如您知道藥物所治療的病症為何，請從第 1 頁開始的清單尋找類別名稱。然後透過該類別名稱尋找您的藥物。

按字母順序列出

如您不確定應透過哪個類別尋找，您可利用索引（從第 107 頁開始）來查找您的藥物。索引提供本文件所涵蓋所有藥物的清單，並按字母順序排列。索引詳列品牌藥物與非品牌藥物。請查看索引來找到您的藥物。您可於藥物旁邊看見頁碼，並於該頁找到承保資訊。翻到索引所列頁面，即可在清單第一欄找到藥物名字。

非品牌藥物是什麼？

Central Health Medicare Plan 承保範圍涵蓋品牌藥物與非品牌藥物。非品牌藥物經 FDA 批准，其活性成分與品牌藥物相同。一般而言，相較於品牌藥物，非品牌藥物的價格較低。

我的承保範圍是否有任何限制？

部分承保藥物可能具額外要求或承保限制。這些要求與限制可能包含：

- **事先授權**：Central Health Medicare Plan 要求您 [或您的醫師] 就特定藥物取得事先授權。這表示您必須先獲得 Central Health Medicare Plan 批准，才能領取處方藥物。如未獲得批准，Central Health Medicare Plan 可能不會承保該藥物。
- **數量限制**：對於特定藥物，Central Health Medicare Plan 會限制我們所承保的藥物數量。例如，對於 sumatriptan succinate，Central Health Medicare Plan 每 28 天處方可提供 18 片。這可能是針對一或三個月份標準供應量的補充。

2024 Part D 模式處方集（綜合）

- **逐步療法：**在部分情況，Central Health Medicare Plan 要求您先嘗試特定藥物來治療您的醫療病症，然後我們才會就該病症承保其他藥物。例如，如藥物 A 與藥物 B 均可治療您的醫療病症，除非您先嘗試服用藥物 A，否則 Central Health Medicare Plan 可能不會承保藥物 B。如藥物 A 對您無效，則 Central Health Medicare Plan 將承保藥物 B。

您可查閱處方集（始於第 1 頁），了解您的藥物是否有任何額外要求或限制。您也可造訪我們的網站，針對特定承保藥物的適用限制獲取進一步資訊。我們在線上提供文件說明事先授權與逐步療法限制。您也可要求我們向您寄送副本。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

您可要求 Central Health Medicare Plan

對上述限制或限量進行例外處理，或者要求我們提供清單列出可用於治療您醫療病症的其他相似藥物。請參閱第 1 頁「我如何向 Central Health Medicare Plan 申請處方集例外處理？」部分，以便獲取資訊了解如何申請例外處理。

若我的藥物不在處方集怎麼辦？

如您的藥物未納入此處方集（承保藥物清單），您首先應聯絡會員服務，詢問您的藥物是否在承保範圍內。如需進一步資訊，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

如您得知 Central Health Medicare Plan 未承保您的藥物，您有兩項選擇：

- 您可針對 Central Health Medicare Plan 承保的類似藥物要求會員服務提供清單。當您收到清單之後，請向您的醫師提供該清單，並請其開立 Central Health Medicare Plan 承保的類似藥物處方。
- 您可要求 Central Health Medicare Plan 進行例外處理並承保您的藥物。請參閱下方資訊了解如何申請例外處理。

如何向 Central Health Medicare Plan 處方集申請例外處理？

您可要求 Central Health Medicare Plan

就我們的承保規定進行例外處理。您可要求我們做出數種不同類型的例外處理。

- 即使某項藥物不在我們的處方集，您仍可要求我們加以承保。如獲批准，我們將以事先確定的分攤金額等級承保該藥物，您將無法要求我們以較低分攤金額層級來承保。

2024 Part D 模式處方集（綜合）

- 除非處方集藥物屬於專用等級，否則您可要求我們以較低分攤金額層級承保該藥物。如獲得批准，這將降低您必須支付的藥物費用。
- 您可要求我們針對您的藥物取消承保限制或限量。例如，對於特定藥物，Central Health Medicare Plan 會限制我們所承保的藥物數量。如您的藥物受到數量限制，您可要求我們取消限制並承保更多數量。

一般而言，僅當本計畫處方集所包含的替代藥物、較低分攤金額的藥物或其他使用限制對於治療您病症的效果不如您所需的藥物，和/或會導致您出現不良醫學影響時，Central Health Medicare Plan 才會批准您的例外處理申請。

您應聯絡我們，要求我們就處方集或使用限制例外做出初步承保決定。**當您就處方集或使用限制申請例外處理時，您應請開立處方者或醫師提供支持申請聲明並提交該聲明。**

一般而言，在收到開立處方者提供的支持聲明之後，我們必須在 72 小時內作出決定。如您或您的醫師認為等待多達 72

小時才做出決定可能對您的健康造成嚴重損害，您可申請加快進行（快速）例外處理。如您的加快處理請求獲准，我們必須在收到醫師或其他開立處方者的支持聲明後 24 小時內做出決定。

在與醫師討論更換藥物或申請例外處理之前，我應該做什麼？

作為我們計畫的新會員或持續會員，您正在服用的藥物可能未納入我們的處方集。或者，您正在服用的藥物可能已納入處方集，但您獲取該藥物的能力受到限制。例如，您可能必須先獲得我們的事先授權才能取得處方藥物。您應與醫師討論，決定是否要轉換為我們承保的適當藥物，或者申請處方集例外，以便我們承保您所服用的藥物。在您成為我們計畫會員的前 90 日內，當您與醫師討論並確定適合您的做法時，我們可能在特定情況承保您的藥物。

對於每一項不在我們處方集的藥物，或者若您取得藥物的能力受到限制，我們將以暫時承保方式提供 30 日供應量。如您的處方開立時間較短，我們將允許續方並提供最多 30 日的藥物供應量。在最初 30 日的供應量之後，即使您成為本計畫會員不足 90 日，我們仍將停止為這些藥物支付費用。

如您是長期護理機構的居民，且您需要的藥物未納入我們的處方集，或者如您取得藥物的能力受到限制，但您已成為我們計畫的會員超過 90 日，我們將在您申請處方集例外處理期間，向您提供該藥物的 31 日緊急供應承保。

若會員因照護層級變更而更改治療環境，也視為處於過渡階段。上述會員將獲得適當過渡續方。

如需進一步資訊

如需進一步詳細資訊了解 Central Health Medicare Plan 處方藥物承保範圍，請審閱您的《承保證明》與其他計畫材料。

2024 Part D 模式處方集（綜合）

如您對於 Central Health Medicare Plan

有任何疑問，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

關於 Medicare 處方藥物承保範圍的一般問題，請致電 Medicare：1-800-MEDICARE (1-800-633-4227)，每週 7 天/每天 24 小時全年無休。聽障人士請致電 1-877-486-2048。或造訪 <http://www.medicare.gov>。

Central Health Medicare Plan 處方集

處方集針對 Central Health Medicare Plan

所承保的藥物提供承保範圍資訊。如您無法在清單找到您的藥物，請參閱索引（始於第 107 頁）。

圖表第一欄列出藥物名稱。品牌藥物以大寫列出（例如 HUMIRA），非品牌藥物則以小寫斜體列出（例如 *atorvastatin*）。

要求/限制欄的資訊說明 Central Health Medicare Plan 對您的藥物承保是否有任何特殊要求。



Central Health Medicare Plan

2024 年處方集

(承保藥物清單)

**請閱讀：本文件提供資訊
說明本計畫所承保的藥物**

HPMS 核准的處方集檔案提交 ID 24239, 版本號碼 11

本處方集已於 2024 年 05 月 1 日更新。如需最新資訊或有其他疑問，請隨時聯絡 Central Health Medicare Plan 會員服務，電話號碼 (877) 657-2498 (聽障人士專線 (800) 899-2114)，每週 7 天/每天 24 小時全年無休，或造訪網站 www.centralhealthplan.com。

現有會員請注意：自去年以來，此處方集已有所變更。請審閱本文件並確保您所服用的藥物仍包含在內。

本藥物清單 (處方集) 所提及的「我們」或「我們的」字詞是指 Central Health Medicare Plan。當提及「計畫」或「我們的計畫」時，是指 Central Health Medicare Plan。

本文件涵蓋我們計畫的藥物清單 (處方集)，更新日期截至 2024 年 05 月 1 日。如需更新的處方集，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

一般而言，您必須採用網路藥房才能使用處方藥物福利。福利、處方集、藥房網路和/或共付額/共同保險可能於 2024 年 1 月 1 日以及整年期間不時進行更改。

Central Health Medicare Plan 處方集是什麼？

處方集是由 Central Health Medicare Plan

在與醫療保健提供者團隊協商之後選定的承保藥物清單，清單內容代表其認為優質治療計畫必備的

2024 Part D 模式處方集（綜合）

處方治療。只要藥物具醫療必要性、透過 Central Health Medicare Plan 網路藥房領取處方，並且遵守其他計畫規則，則 Central Health Medicare Plan 通常會承保處方集所列藥物。如需進一步資訊了解如何領取處方藥，請檢閱您的《承保證明》。

處方集（藥物清單）是否會變更？

多數藥物承保變更於 1 月 1 日生效，但 Central Health Medicare Plan 得於整年期間新增或移除藥物清單的藥物、調整藥物至不同分攤金額等級，或新增新限制。我們在進行上述變更時必須遵守 Medicare 的規定。

本年度可能影響您的變更如下：在以下情況，您將在整年期間因承保範圍變更而受到影響：

- **新非品牌藥物。**若有新非品牌藥物將出現在相同或較低分攤金額等級，且具有相同或較少限制，則我們將以該非品牌藥物取代品牌藥物，並可能立即自藥物清單移除該品牌藥物。此外，在新增新非品牌藥物時，我們可能決定將該品牌藥物保留在藥物清單，但會立即將其調整至不同分攤金額等級，或新增新限制。如您目前正在服用該品牌藥物，我們在進行變更之前可能不會事先通知您，但隨後我們會針對所做的變更向您提供具體資訊。
 - 如我們進行如上變更，您或您的開立處方者可要求我們以例外方式處理，並繼續為您承保該品牌藥物。我們向您提供的通知也會包含資訊說明如何申請例外處理，如需相關資訊，請參閱下方區段，查看標題：「我如何向 Central Health Medicare Plan 申請處方集例外處理？」

市面停售的藥物。如美國食品藥物管理局認定我們處方集的藥物不安全，或藥物製造商停售藥物，我們將立即從處方集移除該藥物，並通知正在服用該藥物的會員。

- **其他變更。**我們可能進行其他變更，並對目前正在服用藥物的會員造成影響。例如，我們可能新增新非品牌藥物來取代目前在處方集的品牌藥物，或者對該品牌藥物新增新限制，或者調整該品牌藥物至不同分攤金額等級，或者兩者兼而有之。或者，我們可能根據新臨床指導方針進行變更。若我們從處方集移除藥物，[或者]對藥物新增事先授權、數量限制和/或逐步療法限制，或者調整藥物至較高分攤金額等級，我們必須在變更生效之前提前至少 30 日通知受影響的會員，或者於會員要求藥物續方時通知，此時會員將獲得藥物的 30 日供應量。
 - 如我們進行上述其他變更，您或您的開立處方者可要求我們以例外方式處理，並繼續為您承保該品牌藥物。我們向您提供的通知也會包含資訊說明如何申請例外處理，如需相關資訊，您也可參閱下方區段，查看標題：「我如何向 Central Health Medicare Plan 申請處方集例外處理？」

若您目前正在服用該藥物，以下變更將不會影響您。一般而言，如您正在服用的藥物涵蓋在 2024 年處方集之內，且其於年初已獲承保，則除非出現如上所述情況，否則在 2024 年承保期間我們不會停止或減少對該藥物的承保。這表示在承保年度剩餘時間內，正在服用該藥物的會員將可繼續以相同分攤金額取得藥物，且不會新增任何限制。對於不會對您造成影響的變更，

2024 Part D 模式處方集（綜合）

您今年將不會直接收到通知。然而，這些變更將於次年 1 月 1 日對您造成影響，因此重要的是，您應查看新福利年度的藥物清單以便了解藥物是否有任何變更。隨附處方集是截至 2024 年 05 月 1 日的最新版本。如欲取得 Central Health Medicare Plan 所涵蓋藥物的最新資訊，請聯聯我們。我們的聯絡資訊顯示於前、後封面頁面。

如何使用處方集？

您可利用以下兩種方法在處方集找到您的藥物：

醫療病症

處方集始於第 1 頁。本處方集藥物的分類方式是依據其所用於治療的醫療病症。例如，用於治療心臟疾病的藥物會列在心血管藥物類別。如您知道藥物所治療的病症為何，請從第 1 頁開始的清單尋找類別名稱。然後透過該類別名稱尋找您的藥物。

按字母順序列出

如您不確定應透過哪個類別尋找，您可利用索引（從第 107 頁開始）來查找您的藥物。索引提供本文件所涵蓋所有藥物的清單，並按字母順序排列。索引詳列品牌藥物與非品牌藥物。請查看索引來找到您的藥物。您可於藥物旁邊看見頁碼，並於該頁找到承保資訊。翻到索引所列頁面，即可在清單第一欄找到藥物名字。

非品牌藥物是什麼？

Central Health Medicare Plan 承保範圍涵蓋品牌藥物與非品牌藥物。非品牌藥物經 FDA 批准，其活性成分與品牌藥物相同。一般而言，相較於品牌藥物，非品牌藥物的價格較低。

我的承保範圍是否有任何限制？

部分承保藥物可能具額外要求或承保限制。這些要求與限制可能包含：

- **事先授權：**Central Health Medicare Plan 要求您 [或您的醫師] 就特定藥物取得事先授權。這表示您必須先獲得 Central Health Medicare Plan 批准，才能領取處方藥物。如未獲得批准，Central Health Medicare Plan 可能不會承保該藥物。
- **數量限制：**對於特定藥物，Central Health Medicare Plan 會限制我們所承保的藥物數量。例如，對於 sumatriptan succinate，Central Health Medicare Plan 每 28 天處方可提供 18 片。這可能是針對一或三個月份標準供應量的補充。

2024 Part D 模式處方集（綜合）

- **逐步療法：**在部分情況，Central Health Medicare Plan 要求您先嘗試特定藥物來治療您的醫療病症，然後我們才會就該病症承保其他藥物。例如，如藥物 A 與藥物 B 均可治療您的醫療病症，除非您先嘗試服用藥物 A，否則 Central Health Medicare Plan 可能不會承保藥物 B。如藥物 A 對您無效，則 Central Health Medicare Plan 將承保藥物 B。

您可查閱處方集（始於第 1 頁），了解您的藥物是否有任何額外要求或限制。您也可造訪我們的網站，針對特定承保藥物的適用限制獲取進一步資訊。我們在線上提供文件說明事先授權與逐步療法限制。您也可要求我們向您寄送副本。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

您可要求 Central Health Medicare Plan

對上述限制或限量進行例外處理，或者要求我們提供清單列出可用於治療您醫療病症的其他相似藥物。請參閱第 1 頁「我如何向 Central Health Medicare Plan 申請處方集例外處理？」部分，以便獲取資訊了解如何申請例外處理。

若我的藥物不在處方集怎麼辦？

如您的藥物未納入此處方集（承保藥物清單），您首先應聯絡會員服務，詢問您的藥物是否在承保範圍內。如需進一步資訊，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

如您得知 Central Health Medicare Plan 未承保您的藥物，您有兩項選擇：

- 您可針對 Central Health Medicare Plan 承保的類似藥物要求會員服務提供清單。當您收到清單之後，請向您的醫師提供該清單，並請其開立 Central Health Medicare Plan 承保的類似藥物處方。
- 您可要求 Central Health Medicare Plan 進行例外處理並承保您的藥物。請參閱下方資訊了解如何申請例外處理。

如何向 Central Health Medicare Plan 處方集申請例外處理？

您可要求 Central Health Medicare Plan

就我們的承保規定進行例外處理。您可要求我們做出數種不同類型的例外處理。

- 即使某項藥物不在我們的處方集，您仍可要求我們加以承保。如獲批准，我們將以事先確定的分攤金額等級承保該藥物，您將無法要求我們以較低分攤金額層級來承保。

2024 Part D 模式處方集（綜合）

- 除非處方集藥物屬於專用等級，否則您可要求我們以較低分攤金額層級承保該藥物。如獲得批准，這將降低您必須支付的藥物費用。
- 您可要求我們針對您的藥物取消承保限制或限量。例如，對於特定藥物，Central Health Medicare Plan 會限制我們所承保的藥物數量。如您的藥物受到數量限制，您可要求我們取消限制並承保更多數量。

一般而言，僅當本計畫處方集所包含的替代藥物、較低分攤金額的藥物或其他使用限制對於治療您病症的效果不如您所需的藥物，和/或會導致您出現不良醫學影響時，Central Health Medicare Plan 才會批准您的例外處理申請。

您應聯絡我們，要求我們就處方集或使用限制例外做出初步承保決定。**當您就處方集或使用限制申請例外處理時，您應請開立處方者或醫師提供支持申請聲明並提交該聲明。**

一般而言，在收到開立處方者提供的支持聲明之後，我們必須在 72 小時內作出決定。如您或您的醫師認為等待多達 72

小時才做出決定可能對您的健康造成嚴重損害，您可申請加快進行（快速）例外處理。如您的加快處理請求獲准，我們必須在收到醫師或其他開立處方者的支持聲明後 24 小時內做出決定。

在與醫師討論更換藥物或申請例外處理之前，我應該做什麼？

作為我們計畫的新會員或持續會員，您正在服用的藥物可能未納入我們的處方集。或者，您正在服用的藥物可能已納入處方集，但您獲取該藥物的能力受到限制。例如，您可能必須先獲得我們的事先授權才能取得處方藥物。您應與醫師討論，決定是否要轉換為我們承保的適當藥物，或者申請處方集例外，以便我們承保您所服用的藥物。在您成為我們計畫會員的前 90 日內，當您與醫師討論並確定適合您的做法時，我們可能在特定情況承保您的藥物。

對於每一項不在我們處方集的藥物，或者若您取得藥物的能力受到限制，我們將以暫時承保方式提供 30 日供應量。如您的處方開立時間較短，我們將允許續方並提供最多 30 日的藥物供應量。在最初 30 日的供應量之後，即使您成為本計畫會員不足 90 日，我們仍將停止為這些藥物支付費用。

如您是長期護理機構的居民，且您需要的藥物未納入我們的處方集，或者如您取得藥物的能力受到限制，但您已成為我們計畫的會員超過 90 日，我們將在您申請處方集例外處理期間，向您提供該藥物的 31 日緊急供應承保。

若會員因照護層級變更而更改治療環境，也視為處於過渡階段。上述會員將獲得適當過渡續方。

如需進一步資訊

如需進一步詳細資訊了解 Central Health Medicare Plan 處方藥物承保範圍，請審閱您的《承保證明》與其他計畫材料。

2024 Part D 模式處方集（綜合）

如您對於 Central Health Medicare Plan

有任何疑問，請聯絡我們。我們的聯絡資訊與處方集最近更新日期顯示於前、後封面頁面。

關於 Medicare 處方藥物承保範圍的一般問題，請致電 Medicare：1-800-MEDICARE (1-800-633-4227)，每週 7 天/每天 24 小時全年無休。聽障人士請致電 1-877-486-2048。或造訪 <http://www.medicare.gov>。

Central Health Medicare Plan 處方集

處方集針對 Central Health Medicare Plan

所承保的藥物提供承保範圍資訊。如您無法在清單找到您的藥物，請參閱索引（始於第 107 頁）。

圖表第一欄列出藥物名稱。品牌藥物以大寫列出（例如 HUMIRA），非品牌藥物則以小寫斜體列出（例如 *atorvastatin*）。

要求/限制欄的資訊說明 Central Health Medicare Plan 對您的藥物承保是否有任何特殊要求。

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D PA: 根据具体情况，该处方药可能受 Medicare B 部分或 D 部分承保。可能需要提交描述药物使用和设置的信息方可做出决定。

EX: 排除药物。这种处方药通常不受 Medicare 处方药计划的承保。您按处方配领这种药物时支付的金额不计入您的总药物费用（即，您支付的金额并不能帮助您获得重病承保资格）。此外，如果您获得额外帮助来支付处方费用，您将不会获得任何额外帮助来支付这种药物的费用。

GC:
缺口承保。我们在承保缺口中为该处方药提供承保。有关此承保的更多信息，请参阅我们的承保证明。

LA: 有限可用性。此处方药可能仅在某些药店提供。如需更多信息，请致电 Express Scripts 客户服务部。

MO:
邮购药物。可通过我们的邮购服务以及我们的零售网络药房获取该处方药。考虑为您的长期（维持）药物（如高血压药物）使用邮购。零售网络药房可能更适合短期处方药（如抗生素）。

NEDS: 非延长日供应药物。该药物仅可提供 30 天或更短的用量。

PA:
事先授权。该计划要求您或您的医师获得某些药物的事先授权。这意味着您需要在配领处方药前获得批准。

QL: 数量限制。对于某些药物，本计划限制我们将承保的药物数量。

ST:
阶梯疗法。在某些情况下，本计划要求您先尝试某些药物来治疗您的疾病，然后我们才会承保治疗该疾病的另一种药物。例如，如果药物 A 和药物 B 都能治疗您的疾病，除非您先试用药物 A，否则我们可能不承保药物 B。如果药物 A 对您不起作用，我们将承保药物 B。

V: 根据美国疾病控制与预防中心 (CDC) 预防接种咨询委员会 (ACIP) 的建议，此疫苗免费提供给成年人使用。

药物名称	药物层级	要求/限制
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA
<i>amphotericin b injection recon soln</i>	4	B/D PA; MO
<i>casprofungin intravenous recon soln</i>	4	
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA ORAL CAPSULE	5	PA; NEDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	5	MO; NEDS
<i>griseofulvin microsize oral suspension</i>	4	MO
<i>griseofulvin microsize oral tablet</i>	4	MO

药物名称	药物层级	要求/限制
<i>griseofulvin ultramicrosize oral tablet</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral tablet</i>	2	MO
<i>miconazole intravenous recon soln</i>	5	MO; NEDS
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days); NEDS
<i>terbinafine hcl oral tablet</i>	2	MO
<i>voriconazole intravenous recon soln</i>	5	PA; MO; NEDS
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO; NEDS
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	3	MO
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine oral tablet</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir oral tablet</i>	4	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	MO; NEDS
APTIVUS ORAL CAPSULE	5	MO; NEDS
<i>atazanavir oral capsule</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO; NEDS
BIKTARVY ORAL TABLET	5	MO; NEDS
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	MO; NEDS
<i>cidofovir intravenous solution</i>	5	B/D PA; MO; NEDS
CIMDUO ORAL TABLET	5	MO; NEDS
COMPLERA ORAL TABLET	5	MO; NEDS
<i>darunavir oral tablet</i>	5	MO; NEDS

药物名称	药物层级	要求/限制
DELSTRIGO ORAL TABLET	5	MO; NEDS
DESCOVY ORAL TABLET	5	MO; NEDS
DOVATO ORAL TABLET	5	MO; NEDS
EDURANT ORAL TABLET	5	MO; NEDS
<i>efavirenz oral capsule</i>	4	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	5	MO; NEDS
<i>emtricitabine oral capsule</i>	4	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir oral tablet</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days); NEDS
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days); NEDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days); NEDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>etravirine oral tablet</i>	5	MO; NEDS
EVOTAZ ORAL TABLET	5	MO; NEDS
<i>famciclovir oral tablet</i>	2	MO
<i>fosamprenavir oral tablet</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; NEDS
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA ORAL TABLET	5	MO; NEDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days); NEDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days); NEDS
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days); NEDS
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days); NEDS
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET	5	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET	5	MO; NEDS
ISENTRESS ORAL TABLET	5	MO; NEDS

药物名称	药物层级	要求/限制
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO; NEDS
LAGEVRIO (EUA) ORAL CAPSULE	6	GC; QL (40 per 180 days)
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet</i>	3	MO
<i>lamivudine-zidovudine oral tablet</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc oral tablet</i>	5	MO; NEDS
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY ORAL TABLET	5	MO; NEDS
<i>oseltamivir oral capsule</i>	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	6	GC; QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	6	GC; QL (30 per 180 days)
PIFELTRO ORAL TABLET	5	MO; NEDS
PREVYMIS INTRAVENOUS SOLUTION	5	PA; NEDS
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
PREZCOBIX ORAL TABLET	5	MO; NEDS
PREZISTA ORAL SUSPENSION	5	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; NEDS
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO

药物名称	药物层级	要求/限制
<i>rimantadine oral tablet</i>	4	MO
<i>ritonavir oral tablet</i>	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	MO; NEDS
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD ORAL TABLET	5	MO; NEDS
SUNLENCA ORAL TABLET	5	NEDS
SUNLENCA SUBCUTANEOUS SOLUTION	5	NEDS
SYMITUZA ORAL TABLET	5	MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA; NEDS
<i>tenofovir disoproxil fumarate oral tablet</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO; NEDS
TRIUMEQ ORAL TABLET	5	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	5	MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
TRIZIVIR ORAL TABLET	5	NEDS
TROGARZO INTRAVENOUS SOLUTION	5	MO; LA; NEDS
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO; NEDS
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY INTRAVENOUS RECON SOLN	5	NEDS
VEMLIDY ORAL TABLET	5	MO; NEDS
VIRACEPT ORAL TABLET	5	MO; NEDS
VIREAD ORAL POWDER	5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI ORAL TABLET	5	PA; MO; QL (28 per 28 days); NEDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	2	MO

药物名称	药物层级	要求/限制
<i>cefactor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefactor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefactor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	4	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>cefepime injection recon soln</i>	4	MO
<i>cefixime oral capsule</i>	4	MO
<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime oral suspension for reconstitution</i>	4	MO
<i>cefpodoxime oral tablet</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os intravenous piggyback</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	

药物名称	药物层级	要求/限制
<i>ceftriaxone intravenous recon soln</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection recon soln</i>	4	PA; MO
<i>tazicef intravenous recon soln</i>	4	PA
TEFLARO INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days); NEDS
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release(dr/ec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		

药物名称	药物层级	要求/限制
<i>albendazole oral tablet</i>	5	MO; NEDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; LA; NEDS
<i>atovaquone oral suspension</i>	4	MO
<i>atovaquone-proguanil oral tablet</i>	4	MO
<i>aztreonam injection recon soln</i>	4	PA; MO
<i>bacitracin intramuscular recon soln</i>	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 56 days); NEDS
<i>chloramphenicol sodium succinate intravenous recon soln</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>clindamycin phosphate injection solution</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution</i>	4	PA; MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral tablet</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO; NEDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE	5	MO; NEDS
<i>ertapenem injection recon soln</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO

药物名称	药物层级	要求/限制
<i>imipenem-cilastatin intravenous recon soln</i>	4	PA; MO
<i>isoniazid injection solution</i>	4	
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral tablet</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution</i>	4	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO; NEDS
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	4	PA
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	4	PA; MO
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	4	PA; MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin oral tablet</i>	2	MO
<i>nitazoxanide oral tablet</i>	5	MO; NEDS
<i>paromomycin oral capsule</i>	4	
<i>pentamidine inhalation recon soln</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	4	MO
<i>praziquantel oral tablet</i>	4	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	4	MO
<i>pyrazinamide oral tablet</i>	4	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO; NEDS
<i>quinine sulfate oral capsule</i>	4	MO
<i>rifabutin oral capsule</i>	4	MO
<i>rifampin intravenous recon soln</i>	4	MO
<i>rifampin oral capsule</i>	3	MO
SIRTURO ORAL TABLET	5	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	5	PA; MO; QL (60 per 30 days); NEDS
<i>tigecycline intravenous recon soln</i>	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
<i>tinidazole oral tablet</i>	3	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 56 days); NEDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; MO; QL (280 per 28 days); NEDS
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MO; QL (224 per 28 days); NEDS
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	4	PA; QL (1 per 10 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA; NEDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days); NEDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO; GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO; GC

药物名称	药物层级	要求/限制
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	1	MO; GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	4	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	4	PA

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	PA; MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA; NEDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA

药物名称	药物层级	要求/限制
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium injection recon soln</i>	4	PA; MO
<i>penicillin g sodium injection recon soln</i>	4	PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
<i>pfizerpen-g injection recon soln</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO; GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous solution</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	3	MO
<i>moxifloxacin-sod. chloride(iso) intravenous piggyback</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; GC

药物名称	药物层级	要求/限制
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	4	MO
<i>doxy-100 intravenous recon soln</i>	4	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	3	MO
<i>trimethoprim oral tablet</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>dexrazoxane hcl intravenous recon soln</i>	5	B/D PA; MO; NEDS
ELITEK INTRAVENOUS RECON SOLN	5	MO; NEDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	NEDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA; NEDS
<i>leucovorin calcium oral tablet</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO; NEDS
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; NEDS
<i>mesna intravenous solution</i>	2	B/D PA; MO

药物名称	药物层级	要求/限制
MESNEX ORAL TABLET	5	MO; NEDS
VISTOGARD ORAL GRANULES IN PACKET	5	PA; NEDS
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO; NEDS
ADCETRIS INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
ADSTILADRIN INTRAVESICAL SUSPENSION	5	PA; NEDS
AKEEGA ORAL TABLET	5	PA; LA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days); NEDS
ALIQOPA INTRAVENOUS RECON SOLN	5	B/D PA; LA; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days); NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days); NEDS
<i>anastrozole oral tablet</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA; NEDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO; NEDS
ASPARLAS INTRAVENOUS SOLUTION	5	PA; NEDS
AUGTYRO ORAL CAPSULE	5	PA; MO; QL (240 per 30 days); NEDS
AYVAKIT ORAL TABLET	5	PA; LA; QL (30 per 30 days); NEDS
<i>azacitidine injection recon soln</i>	5	B/D PA; MO; NEDS
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA; MO
BALVERSA ORAL TABLET	5	PA; LA; NEDS
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA; NEDS
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO; NEDS

药物名称	药物层级	要求/限制
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
BESPONSА INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA; NEDS
<i>bexarotene oral capsule</i>	5	PA; MO; NEDS
<i>bexarotene topical gel</i>	5	PA; MO; NEDS
<i>bicalutamide oral tablet</i>	2	MO
<i>bleomycin injection recon soln</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; NEDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE	5	PA; MO; LA; QL (180 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NEDS
<i>busulfan intravenous solution</i>	5	B/D PA; NEDS
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; LA; QL (60 per 30 days); NEDS
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NEDS
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO; NEDS
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	5	B/D PA; MO; NEDS
<i>clofarabine intravenous solution</i>	5	B/D PA; NEDS
COLUMVI INTRAVENOUS SOLUTION	5	PA; MO; NEDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days); NEDS

药物名称	药物层级	要求/限制
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days); NEDS
COPIKTRA ORAL CAPSULE	5	PA; LA; QL (60 per 30 days); NEDS
COSMEGEN INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
COTELLIC ORAL TABLET	5	PA; MO; LA; QL (63 per 28 days); NEDS
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	2	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	5	PA; NEDS
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NEDS
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days); NEDS
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO; NEDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NEDS

药物名称	药物层级	要求/限制
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO; NEDS
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO; NEDS
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ELREXFIO SUBCUTANEOUS SOLUTION	5	PA; NEDS
ELZONRIS INTRAVENOUS SOLUTION	5	PA; LA; NEDS
EMCYT ORAL CAPSULE	5	MO; NEDS
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	5	PA; NEDS
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days); NEDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS

药物名称	药物层级	要求/限制
ERWINASE INJECTION RECON SOLN	5	B/D PA; NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days); NEDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO; NEDS
<i>exemestane oral tablet</i>	4	MO
EXKIVITY ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine injection recon soln</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NEDS
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO; NEDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	PA; NEDS

药物名称	药物层级	要求/限制
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days); NEDS
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
<i>gefitinib oral tablet</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf oral capsule</i>	3	B/D PA; MO
<i>gengraf oral solution</i>	3	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
GLEOSTINE ORAL CAPSULE	5	MO; NEDS
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
<i>hydroxyurea oral capsule</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days); NEDS
ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days); NEDS
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days); NEDS
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days); NEDS

药物名称	药物层级	要求/限制
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days); NEDS
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NEDS
IMJUDO INTRAVENOUS SOLUTION	5	PA; MO; NEDS
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days); NEDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA; NEDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO; NEDS
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
IWILFIN ORAL TABLET	5	PA; LA; QL (240 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days); NEDS
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO; NEDS
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; NEDS
KIMMTRAK INTRAVENOUS SOLUTION	5	PA; NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days); NEDS

药物名称	药物层级	要求/限制
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days); NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days); NEDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days); NEDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days); NEDS
KOSELUGO ORAL CAPSULE	5	PA; NEDS
KRAZATI ORAL TABLET	5	PA; QL (180 per 30 days); NEDS
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
<i>lapatinib oral tablet</i>	5	PA; MO; QL (180 per 30 days); NEDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days); NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days); NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days); NEDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days); NEDS
<i>letrozole oral tablet</i>	2	MO
LEUKERAN ORAL TABLET	5	MO; NEDS
<i>leuprolide subcutaneous kit</i>	5	PA; MO; NEDS
LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA; NEDS
LONSURF ORAL TABLET	5	PA; MO; NEDS
LOQTORZI INTRAVENOUS SOLUTION	5	PA; NEDS
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET	5	PA; MO; NEDS
LUNSUMIO INTRAVENOUS SOLUTION	5	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET	5	NEDS
LYTGOBI ORAL TABLET	5	PA; LA; NEDS
MARGENZA INTRAVENOUS SOLUTION	5	PA; NEDS
MATULANE ORAL CAPSULE	5	NEDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days); NEDS
<i>melphalan hcl intravenous recon soln</i>	5	B/D PA; NEDS
<i>mercaptopurine oral tablet</i>	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO; NEDS
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA; NEDS

药物名称	药物层级	要求/限制
<i>nelarabine intravenous solution</i>	5	B/D PA; MO; NEDS
NERLYNX ORAL TABLET	5	PA; MO; LA; NEDS
<i>nilutamide oral tablet</i>	5	PA; MO; NEDS
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days); NEDS
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; NEDS
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days); NEDS
OJJAARA ORAL TABLET	5	PA; QL (30 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ONCASPAR INJECTION SOLUTION	5	B/D PA; NEDS
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA; NEDS
ONUREG ORAL TABLET	5	PA; MO; QL (14 per 28 days); NEDS
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO; NEDS
OPDUALAG INTRAVENOUS SOLUTION	5	PA; MO; NEDS
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NEDS
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
<i>paraplatin intravenous solution</i>	2	B/D PA
<i>pazopanib oral tablet</i>	5	PA; MO; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET	5	PA; LA; QL (28 per 28 days); NEDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO; NEDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA; NEDS
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
PIQRAY ORAL TABLET	5	PA; MO; NEDS
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
POMALYST ORAL CAPSULE	5	PA; MO; LA; NEDS
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
POTELIGEO INTRAVENOUS SOLUTION	5	PA; NEDS
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	NEDS
QINLOCK ORAL TABLET	5	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE	5	PA; QL (60 per 30 days); NEDS
REZUROCK ORAL TABLET	5	PA; LA; QL (30 per 30 days); NEDS
<i>romidepsin intravenous recon soln</i>	5	B/D PA; NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (336 per 28 days); NEDS
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days); NEDS
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
RYBREVANT INTRAVENOUS SOLUTION	5	PA; MO; NEDS
RYDAPT ORAL CAPSULE	5	PA; MO; QL (224 per 28 days); NEDS
RYLAZE INTRAMUSCULAR SOLUTION	5	PA; NEDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	PA; MO; NEDS
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA; NEDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO; NEDS
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX ORAL SOLUTION	5	MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
<i>sorafenib oral tablet</i>	5	PA; MO; QL (120 per 30 days); NEDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days); NEDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days); NEDS
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule</i>	5	PA; MO; QL (30 per 30 days); NEDS
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO; NEDS
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days); NEDS
TAGRISSO ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
TALVEY SUBCUTANEOUS SOLUTION	5	PA; NEDS
TALZENNA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>tamoxifen oral tablet</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET	5	PA; LA; NEDS
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NEDS
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA; NEDS
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO; NEDS
TEPMETKO ORAL TABLET	5	PA; LA; NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days); NEDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days); NEDS
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA; NEDS
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO; NEDS
TIBSOVO ORAL TABLET	5	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN	5	PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO; NEDS
<i>topotecan intravenous solution</i>	5	B/D PA; MO; NEDS
<i>toremifene oral tablet</i>	5	MO; NEDS
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NEDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO; NEDS
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
TRUQAP ORAL TABLET	5	PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days); NEDS
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA; NEDS
<i>valrubicin intravesical solution</i>	5	B/D PA; MO; NEDS

药物名称	药物层级	要求/限制
VANFLYTA ORAL TABLET	5	PA; QL (56 per 28 days); NEDS
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; QL (42 per 180 days); NEDS
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days); NEDS
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE	5	PA; QL (120 per 30 days); NEDS
VOTRIENT ORAL TABLET	5	PA; MO; QL (120 per 30 days); NEDS
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
WELIREG ORAL TABLET	5	PA; LA; NEDS
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NEDS
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days); NEDS
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; LA; QL (84 per 28 days); NEDS
XOSPATA ORAL TABLET	5	PA; LA; QL (90 per 30 days); NEDS

药物名称	药物层级	要求/限制
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; NEDS
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days); NEDS
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA; NEDS
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days); NEDS
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days); NEDS
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA; NEDS
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO
ZOLINZA ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NEDS
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days); NEDS
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
ZYNYZ INTRAVENOUS SOLUTION	5	PA; NEDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days); NEDS
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days); NEDS

药物名称	药物层级	要求/限制
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days); NEDS
BRIVIACT INTRAVENOUS SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days); NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	5	PA; LA; NEDS
DIACOMIT ORAL POWDER IN PACKET	5	PA; LA; NEDS
<i>diazepam rectal kit</i>	4	MO
DILANTIN 30 MG ORAL CAPSULE	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
EPIDIOLEX ORAL SOLUTION	5	PA; MO; LA; NEDS
<i>epitol oral tablet</i>	2	MO
EPRONTIA ORAL SOLUTION	4	PA; MO
<i>ethosuximide oral capsule</i>	3	MO
<i>ethosuximide oral solution</i>	3	MO
<i>felbamate oral suspension</i>	5	MO; NEDS
<i>felbamate oral tablet</i>	4	MO
FINTEPLA ORAL SOLUTION	5	PA; LA; QL (360 per 30 days); NEDS
<i>fosphenytoin injection solution</i>	2	MO

药物名称	药物层级	要求/限制
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days); NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days); NEDS
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days); NEDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO; GC
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	

药物名称	药物层级	要求/限制
<i>levetiracetam intravenous solution</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methsuximide oral capsule</i>	4	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days); NEDS
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roovepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; NEDS
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO; NEDS
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>subvenite oral tablet</i>	1	MO; GC

药物名称	药物层级	要求/限制
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	4	MO
<i>subvenite starter (green) kit oral tablets, dose pack</i>	4	MO
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	MO
VALTOCO NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days); NEDS
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA; NEDS
<i>vigabatrin oral tablet</i>	5	PA; MO; LA; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>vigadrone oral powder in packet</i>	5	PA; LA; NEDS
<i>vigadrone oral tablet</i>	5	PA; LA; NEDS
<i>vigpoder oral powder in packet</i>	5	PA; LA; NEDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days); NEDS
ZONISADE ORAL SUSPENSION	5	PA; MO; NEDS
<i>zonisamide oral capsule</i>	2	PA; MO

药物名称	药物层级	要求/限制
ZTALMY ORAL SUSPENSION	5	PA; LA; QL (1080 per 30 days); NEDS
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; QL (90 per 30 days); NEDS
<i>apomorphine subcutaneous cartridge</i>	5	PA; QL (90 per 30 days); NEDS
<i>benztropine injection solution</i>	2	MO
<i>benztropine oral tablet</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>carbidopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	4	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution</i>	5	NEDS
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	QL (8 per 28 days); NEDS
<i>eletriptan oral tablet</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	3	MO
<i>naratriptan oral tablet</i>	3	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING	3	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	3	PA; MO; QL (30 per 30 days)

药物名称	药物层级	要求/限制
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral tablet</i>	4	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet, disintegrating</i>	4	MO; QL (18 per 28 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI INTRAVENOUS SOLUTION	5	PA; MO; QL (24 per 180 days); NEDS
<i>dalfampridine oral tablet extended release 12 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO; GC
<i>fingolimod oral capsule</i>	5	PA; MO; QL (30 per 30 days); NEDS
FIRDAPSE ORAL TABLET	5	PA; LA; NEDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	3	MO

药物名称	药物层级	要求/限制
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days); NEDS
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK	5	PA; LA; QL (28 per 180 days); NEDS
INGREZZA ORAL CAPSULE	5	PA; LA; QL (30 per 30 days); NEDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days); NEDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINK LE, ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO; NEDS
RADICAVA ORS ORAL SUSPENSION	5	PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MO; NEDS
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO
<i>teriflunomide oral tablet</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days); NEDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days); NEDS
ZEPOSIA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NEDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK	5	PA; MO; QL (28 per 180 days); NEDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK	5	PA; MO; QL (7 per 180 days); NEDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO

药物名称	药物层级	要求/限制
<i>dantrolene intravenous recon soln</i>	2	
<i>dantrolene oral capsule</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>revonto intravenous recon soln</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days); NEDS
BELBUCA BUCCAL FILM	3	PA; MO; QL (60 per 30 days); NEDS
<i>buprenorphine hcl injection syringe</i>	2	NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>buprenorphine transdermal patch transdermal patch weekly</i>	4	PA; MO; QL (4 per 28 days); NEDS
<i>endocet oral tablet</i>	3	MO; QL (360 per 30 days); NEDS
<i>fentanyl citrate (pf) injection solution</i>	2	NEDS
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	NEDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>hydrocodone-ibuprofen oral tablet</i>	3	MO; QL (50 per 30 days); NEDS
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	4	NEDS
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; NEDS
<i>hydromorphone injection solution 1 mg/ml</i>	4	NEDS
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; NEDS
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO; NEDS
<i>hydromorphone injection syringe 2 mg/ml</i>	4	NEDS
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days); NEDS
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days); NEDS
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days); NEDS
<i>methadone injection solution</i>	3	NEDS
<i>methadone intensol oral concentrate</i>	3	PA; MO; QL (90 per 30 days); NEDS
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days); NEDS
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days); NEDS
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days); NEDS
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days); NEDS
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days); NEDS
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	NEDS
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; NEDS
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days); NEDS
<i>morphine injection syringe 4 mg/ml</i>	4	MO; NEDS
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO; NEDS
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	NEDS
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days); NEDS
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days); NEDS
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days); NEDS
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days); NEDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days); NEDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days); NEDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days); NEDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection solution</i>	2	MO; NEDS
<i>butorphanol nasal spray, non-aerosol</i>	4	MO; QL (10 per 28 days); NEDS
<i>celecoxib oral capsule</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	4	MO
<i>diflunisal oral tablet</i>	3	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec)</i>	2	

药物名称	药物层级	要求/限制
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet</i>	1	MO; GC
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO; GC
<i>ibuprofen oral tablet 600 mg</i>	1	GC
<i>meloxicam oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution</i>	2	NEDS
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal spray, non-aerosol</i>	2	MO
<i>naltrexone oral tablet</i>	2	
<i>naproxen oral tablet</i>	1	MO; GC
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>piroxicam oral capsule</i>	3	MO
<i>salsalate oral tablet</i>	1	MO; GC
<i>sulindac oral tablet</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days); NEDS
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; NEDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days); NEDS

药物名称	药物层级	要求/限制
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days); NEDS
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; QL (1 per 28 days); NEDS
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (1 per 28 days); NEDS
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (4.8 per 365 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days); NEDS
<i>armodafinil oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; MO; QL (60 per 30 days); NEDS

药物名称	药物层级	要求/限制
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone oral tablet</i>	2	MO
CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral concentrate</i>	4	MO
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA
<i>diazepam intensol oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)

药物名称	药物层级	要求/限制
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	MO; NEDS
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>fluoxetine (padded) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; GC; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution</i>	4	MO
<i>fluphenazine hcl injection solution</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet</i>	4	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)

药物名称	药物层级	要求/限制
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml (1ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection solution</i>	4	MO
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
<i>imipramine hcl oral tablet</i>	4	MO
<i>imipramine pamoate oral capsule</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days); NEDS
<i>lithium carbonate oral capsule</i>	1	MO; GC
<i>lithium carbonate oral tablet</i>	1	MO; GC

药物名称	药物层级	要求/限制
<i>lithium carbonate oral tablet extended release</i>	1	MO; GC
<i>lithium citrate oral solution</i>	2	
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol oral concentrate</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days); NEDS
<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days); NEDS
MARPLAN ORAL TABLET	4	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>methylphenidate hcl oral tablet, chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet, disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone oral tablet</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	4	MO

药物名称	药物层级	要求/限制
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>perphenazine oral tablet</i>	4	MO
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING	5	MO; QL (1 per 30 days); NEDS
<i>phenelzine oral tablet</i>	3	MO
<i>pimozide oral tablet</i>	4	MO
<i>protriptyline oral tablet</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>ramelteon oral tablet</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days); NEDS
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; QL (2 per 28 days); NEDS
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; GC; QL (60 per 30 days)

药物名称	药物层级	要求/限制
<i>risperidone oral tablet 4 mg</i>	1	MO; GC; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	MO; QL (30 per 30 days); NEDS
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; GC; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	5	PA; LA; QL (540 per 30 days); NEDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO; NEDS
<i>thioridazine oral tablet</i>	3	MO
<i>thiothixene oral capsule</i>	2	MO
<i>tranlycypromine oral tablet</i>	4	MO
<i>trazodone oral tablet</i>	1	MO; GC
<i>trifluoperazine oral tablet</i>	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>trimipramine oral capsule</i>	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days); NEDS

药物名称	药物层级	要求/限制
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days); NEDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	5	NEDS
<i>vilazodone oral tablet</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE	5	PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days); NEDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	2	
<i>adenosine intravenous syringe</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet</i>	2	MO
<i>dofetilide oral capsule</i>	4	MO
<i>flecainide oral tablet</i>	2	MO
<i>ibutilide fumarate intravenous solution</i>	2	

药物名称	药物层级	要求/限制
<i>lidocaine (pf) intravenous solution</i>	2	
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine oral capsule</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 80 mg</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	MO

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule</i>	2	MO
<i>aliskiren oral tablet</i>	4	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride- hydrochlorothiazide oral tablet</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>amlodipine oral tablet</i>	1	MO; GC
<i>amlodipine-benazepril oral capsule</i>	1	MO; GC
<i>amlodipine-olmesartan oral tablet</i>	1	MO; GC
<i>amlodipine-valsartan oral tablet</i>	6	MO; GC
<i>amlodipine-valsartan-hcthiiazid oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO; GC
<i>atenolol-chlorthalidone oral tablet</i>	1	MO; GC
<i>benazepril oral tablet</i>	6	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>betaxolol oral tablet</i>	3	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>bumetanide injection solution</i>	4	MO
<i>bumetanide oral tablet</i>	2	MO
<i>candesartan oral tablet</i>	1	MO; GC
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO

药物名称	药物层级	要求/限制
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO; GC
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO; GC
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO; GC
<i>clonidine transdermal patch weekly</i>	4	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	2	
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr oral capsule, ext. rel 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI ORAL TABLET	3	MO
EDARBYCLOR ORAL TABLET	3	MO
<i>enalapril maleate oral tablet</i>	6	MO; GC
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	6	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	MO; GC
<i>eplerenone oral tablet</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	NEDS
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril oral tablet</i>	6	MO; GC

药物名称	药物层级	要求/限制
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO; GC
<i>hydralazine injection solution</i>	2	MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO; GC
<i>hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>indapamide oral tablet</i>	1	MO; GC
<i>irbesartan oral tablet</i>	6	MO; GC
<i>irbesartan-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>isosorbide-hydralazine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	2	MO
KERENDIA ORAL TABLET	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>labetalol oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	6	MO; GC
<i>lisinopril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>losartan oral tablet</i>	6	MO; GC
<i>losartan-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>mannitol 20 % intravenous parenteral solution</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO; GC
<i>metoprolol tartrate hydrochlorothiazide oral tablet</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral tablet</i>	1	MO; GC
<i>metyrosine oral capsule</i>	5	PA; MO; NEDS
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	1	MO; GC
<i>nadolol oral tablet</i>	4	MO
<i>nebivolol oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	

药物名称	药物层级	要求/限制
<i>nicardipine oral capsule</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	4	MO
<i>olmesartan oral tablet</i>	1	MO; GC
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>osmitrol 20 % intravenous parenteral solution</i>	4	
<i>perindopril erbumine oral tablet</i>	1	MO; GC
<i>phentolamine injection recon soln</i>	2	
<i>pindolol oral tablet</i>	3	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO; GC

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>quinapril oral tablet</i>	6	GC
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	GC
<i>ramipril oral capsule</i>	6	MO; GC
<i>spironolactone oral tablet</i>	1	MO; GC
<i>spironolactone-hydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 300 mg</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 180 mg, 240 mg, 360 mg</i>	2	MO
<i>telmisartan oral tablet</i>	1	MO; GC
<i>telmisartan-amlodipine oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>tiadylt er oral capsule, extended release 24 hr</i>	2	MO
<i>timolol maleate oral tablet</i>	4	MO
<i>torse mide oral tablet</i>	2	MO

药物名称	药物层级	要求/限制
<i>trandolapril oral tablet</i>	6	MO; GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>treprostinil sodium injection solution</i>	5	PA; MO; LA; NEDS
<i>triamterene-hydrochlorothiazide oral capsule</i>	1	MO; GC
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO; GC
UPTRAVI ORAL TABLET	5	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS, DOSE PACK	5	PA; MO; LA; NEDS
<i>valsartan oral tablet</i>	6	MO; GC
<i>valsartan-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>veletri intravenous recon soln</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO; GC
<i>verapamil oral tablet extended release</i>	2	MO

COAGULATION THERAPY

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>aminocaproic acid intravenous solution</i>	2	MO
<i>aminocaproic acid oral solution</i>	5	MO; NEDS
<i>aminocaproic acid oral tablet</i>	5	MO; NEDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg</i>	4	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	4	MO
<i>dipyridamole intravenous solution</i>	2	
<i>dipyridamole oral tablet</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA; NEDS

药物名称	药物层级	要求/限制
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO; NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NAACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	

药物名称	药物层级	要求/限制
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	MO
<i>jantoven oral tablet</i>	1	MO; GC
<i>pentoxifylline oral tablet extended release</i>	2	MO
<i>prasugrel oral tablet</i>	3	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA; NEDS
PROMACTA ORAL TABLET	5	PA; MO; LA; NEDS
<i>protamine intravenous solution</i>	2	
<i>warfarin oral tablet</i>	1	MO; GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO
XARELTO ORAL TABLET	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam oral powder in packet</i>	4	MO
<i>colesevelam oral tablet</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe oral tablet</i>	2	MO
<i>ezetimibe-simvastatin oral tablet</i>	2	MO; QL (30 per 30 days)

药物名称	药物层级	要求/限制
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	4	MO
<i>fenofibric acid oral tablet</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO; GC
<i>icosapent ethyl oral capsule</i>	3	MO
JUXTAPID ORAL CAPSULE	5	PA; MO; LA; NEDS
<i>lovastatin oral tablet 10 mg</i>	6	MO; GC; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	MO; GC; QL (60 per 30 days)
NEXLETOL ORAL TABLET	3	PA; MO
NEXLIZET ORAL TABLET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
<i>pitavastatin calcium oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>pravastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>prevalite oral powder</i>	3	MO
<i>prevalite oral powder in packet</i>	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO

药物名称	药物层级	要求/限制
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO ORAL TABLET	3	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback</i>	2	B/D PA
<i>milrinone intravenous solution</i>	2	B/D PA

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>norepinephrine bitartrate intravenous solution</i>	2	
<i>ranolazine oral tablet extended release 12 hr</i>	3	MO
<i>sodium nitroprusside intravenous solution</i>	2	B/D PA
VECAMYL ORAL TABLET	5	NEDS
VERQUVO ORAL TABLET	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	5	PA; MO; NEDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO; GC
<i>nitro-bid transdermal ointment</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO

药物名称	药物层级	要求/限制
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray, non-aerosol</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	4	MO
<i>calcipotriene scalp solution</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical ointment</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days); NEDS
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (104 per 180 days); NEDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NEDS
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days); NEDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (3 per 180 days); NEDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days); NEDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days); NEDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days); NEDS
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>chloroprocaine (pf) injection solution</i>	2	
CIBINQO ORAL TABLET	5	PA; MO; QL (30 per 30 days); NEDS
<i>dermacinrx lidocaine topical adhesive patch, medicated</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)

药物名称	药物层级	要求/限制
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NEDS
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal solution</i>	3	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	5	MO; NEDS
PANRETIN TOPICAL GEL	5	PA; MO; NEDS
<i>pimecrolimus topical cream</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	

药物名称	药物层级	要求/限制
<i>polocaine-mpf injection solution</i>	2	
REGRANEX TOPICAL GEL	5	QL (15 per 30 days); NEDS
SANTYL TOPICAL OINTMENT	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; MO; NEDS
THERAPY FOR ACNE		
<i>accutane oral capsule</i>	4	
<i>amnestem oral capsule</i>	4	
<i>azelaic acid topical gel</i>	4	MO
<i>claravis oral capsule</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads topical swab</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>isotretinoin oral capsule</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 per 30 days)
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel</i>	4	MO
<i>metronidazole topical gel with pump</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane oral capsule</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	3	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin topical ointment</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO; QL (6.6 per 28 days)

药物名称	药物层级	要求/限制
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole topical cream</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta topical powder</i>	3	QL (180 per 30 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	3	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	3	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	3	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir topical cream</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone topical cream</i>	3	MO
<i>alclometasone topical ointment</i>	3	MO
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO

药物名称	药物层级	要求/限制
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp solution</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical gel</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap scalp oil</i>	4	MO
<i>fluocinolone topical cream 0.01 %</i>	4	MO
<i>fluocinolone topical cream 0.025 %</i>	4	
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO

药物名称	药物层级	要求/限制
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	
<i>malathion topical lotion</i>	4	MO
<i>permethrin topical cream</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	4	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>ringer's irrigation solution</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	4	MO
<i>acetic acid irrigation solution</i>	2	MO
<i>anagrelide oral capsule</i>	3	MO
<i>caffeine citrate intravenous solution</i>	2	
<i>caffeine citrate oral solution</i>	2	MO
<i>carglumic acid oral tablet, dispersible</i>	5	PA; NEDS
<i>cevimeline oral capsule</i>	4	MO
CHEMET ORAL CAPSULE	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	

药物名称	药物层级	要求/限制
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO; NEDS
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO; NEDS
<i>deferiprone oral tablet</i>	5	PA; MO; NEDS
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule</i>	5	PA; MO; NEDS
ENDARI ORAL POWDER IN PACKET	5	PA; MO; NEDS
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA; NEDS
<i>levocarnitine (with sugar) oral solution</i>	4	MO

药物名称	药物层级	要求/限制
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA ORAL POWDER IN PACKET	3	MO
<i>midodrine oral tablet</i>	3	MO
<i>nitisinone oral capsule</i>	5	PA; MO; NEDS
<i>pilocarpine hcl oral tablet</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NEDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NEDS
REVCIVI INTRAMUSCULAR SOLUTION	5	PA; LA; NEDS
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet intravenous solution</i>	5	NEDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation solution</i>	4	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NEDS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral suspension</i>	3	MO
<i>sps (with sorbitol) rectal enema</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO; NEDS
VELPHORO ORAL TABLET,CHEWABLE	5	MO; QL (180 per 30 days); NEDS
VELTASSA ORAL POWDER IN PACKET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	4	MO
XIAFLEX INJECTION RECON SOLN	5	PA; NEDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	
NICOTROL INHALATION CARTRIDGE	4	

药物名称	药物层级	要求/限制
NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	
<i>varenicline oral tablet</i>	4	MO
<i>varenicline oral tablets, dose pack</i>	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray, non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO; GC
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol</i>	2	MO; QL (30 per 30 days)
<i>kourzeq dental paste</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard mucous membrane mouthwash</i>	1	MO; GC

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	4	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	2	MO
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution</i>	2	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	4	MO
<i>flac otic oil otic (ear) drops</i>	4	
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
<i>ofloxacin otic (ear) drops</i>	3	MO

OTIC STEROID / ANTIBIOTIC

药物名称	药物层级	要求/限制
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone oral tablet</i>	2	
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
<i>methylprednisolone acetate injection suspension</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol oral concentrate</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO; GC
<i>prednisone oral tablets,dose pack</i>	1	MO; GC
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO; GC

药物名称	药物层级	要求/限制
<i>propylthiouracil oral tablet</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	3	
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide oral suspension</i>	4	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>glimepiride oral tablet 1 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; GC; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	

药物名称	药物层级	要求/限制
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE SUBCUTANEOUS SOLUTION	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	MO

药物名称	药物层级	要求/限制
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
INPEFA ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	3	PA; MO; QL (30 per 30 days)
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
JENTADUETO ORAL TABLET	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR-ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR-ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; GC; QL (90 per 30 days)

药物名称	药物层级	要求/限制
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; GC; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	6	MO; GC; QL (30 per 30 days)
QTERN ORAL TABLET	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET	3	MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10.8 per 30 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (6 per 30 days); NEDS
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO

药物名称	药物层级	要求/限制
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
TRADJENTA ORAL TABLET	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	MO

MISCELLANEOUS HORMONES

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO; NEDS
<i>cabergoline oral tablet</i>	3	MO
<i>calcitonin (salmon) injection solution</i>	5	MO; NEDS
<i>calcitonin (salmon) nasal spray,non- aerosol</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet</i>	4	PA; MO
<i>clomid oral tablet</i>	2	PA; MO
<i>clomiphene citrate oral tablet</i>	2	PA
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO; LA; NEDS
<i>danazol oral capsule</i>	4	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet</i>	3	MO
<i>doxercalciferol intravenous solution</i>	2	

药物名称	药物层级	要求/限制
<i>doxercalciferol oral capsule</i>	4	MO
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO; NEDS
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
KANUMA INTRAVENOUS SOLUTION	5	PA; MO; NEDS
KORLYM ORAL TABLET	5	PA; NEDS
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO; NEDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; NEDS
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; NEDS
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA; NEDS
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	4	MO
<i>sapropterin oral powder in packet</i>	5	PA; MO; NEDS
<i>sapropterin oral tablet,soluble</i>	5	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA; NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate intramuscular oil</i>	3	PA
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)

药物名称	药物层级	要求/限制
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet</i>	5	PA; MO; NEDS
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA; NEDS
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid- mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox oral tablet</i>	1	MO; GC
<i>levo-t oral tablet</i>	1	GC
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO; GC
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO; GC

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
<i>unithroid oral tablet</i>	1	MO; GC

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular solution</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO

药物名称	药物层级	要求/限制
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture oral tincture</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO; NEDS
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA; MO
<i>balsalazide oral capsule</i>	3	MO
<i>betaine oral powder</i>	5	MO; NEDS
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO; NEDS
CHENODAL ORAL TABLET	5	PA; LA; NEDS
CHOLBAM ORAL CAPSULE 250 MG	5	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days); NEDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; MO; QL (2 per 28 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (3 per 180 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days); NEDS
CINVANTI INTRAVENOUS EMULSION	3	MO
<i>compro rectal suppository</i>	4	MO
<i>constulose oral solution</i>	2	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	MO
<i>cromolyn oral concentrate</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	B/D PA
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MO; QL (2 per 28 days); NEDS
<i>enulose oral solution</i>	2	MO
<i>fosaprepitant intravenous recon soln</i>	2	MO

药物名称	药物层级	要求/限制
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO; NEDS
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution</i>	2	MO
<i>granisetron hcl oral tablet</i>	3	B/D PA; MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>lubiprostone oral capsule</i>	4	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	NEDS
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO; GC
MOVANTIK ORAL TABLET	3	MO; QL (30 per 30 days)
<i>nitroglycerin rectal ointment</i>	3	MO
OICALIVA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NEDS
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	

药物名称	药物层级	要求/限制
<i>ondansetron hcl intravenous solution</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	4	MO
<i>peg-electrolyte oral recon soln</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	2	MO
<i>prochlorperazine rectal suppository</i>	4	MO
<i>procto-med hc topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>proctozone-hc topical cream with perineal applicator</i>	2	
RECTIV RECTAL OINTMENT	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days); NEDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days); NEDS
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days); NEDS
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO; NEDS
<i>scopolamine base transdermal patch 3 day</i>	4	MO
SKYRIZI INTRAVENOUS SOLUTION	5	PA; MO; QL (30 per 180 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days); NEDS

药物名称	药物层级	要求/限制
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID ORAL SOLUTION	5	PA; NEDS
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	MO
TRULANCE ORAL TABLET	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI ORAL TABLET	3	B/D PA
VIBERZI ORAL TABLET	5	MO; QL (60 per 30 days); NEDS
VIOKACE ORAL TABLET	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	5	MO; NEDS
ULCER THERAPY		
<i>cimetidine oral tablet</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<i>famotidine (pf) intravenous solution</i>	2	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	2	MO

药物名称	药物层级	要求/限制
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; GC
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol oral tablet</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>pantoprazole intravenous recon soln</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; NEDS
AVONEX INTRAMUSCULA R PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULA R SYRINGE KIT	5	PA; MO; QL (1 per 28 days); NEDS
BESREMI SUBCUTANEOUS SYRINGE	5	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days); NEDS
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days); NEDS
LEUKINE INJECTION RECON SOLN	5	PA; MO; NEDS
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS
NIVESTYM INJECTION SOLUTION	5	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days); NEDS
PLEGRIDY INTRAMUSCULA R SYRINGE	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NEDS
<i>plerixafor subcutaneous solution</i>	5	B/D PA; MO; NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; NEDS
ZARXIO INJECTION SYRINGE	5	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN	6	GC; V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULAR SUSPENSION	6	GC; V
ADACEL(TDAP ADOLESN/ADULT (PF) INTRAMUSCULAR SYRINGE	6	GC; V

药物名称	药物层级	要求/限制
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	GC; V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
BEXSERO INTRAMUSCULAR SYRINGE	6	GC; V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	6	GC; V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	6	GC; V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; GC; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; GC; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; GC; V
<i>fomepizole intravenous solution</i>	2	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	6	GC; V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	6	GC; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	GC; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; GC; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NEDS
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO; NEDS
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	6	GC; V

药物名称	药物层级	要求/限制
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOLE INJECTION SUSPENSION	6	GC; V
IXCHIQ INTRAMUSCULAR RECON SOLN	6	GC; V
IXIARO (PF) INTRAMUSCULAR SYRINGE	6	GC; V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	6	B/D PA; GC; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	GC; V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	6	GC; V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	6	GC; V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	GC; V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	6	GC; V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
PENBRAYA (PF) INTRAMUSCULAR KIT	6	GC; V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; GC; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	GC; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; GC; V

药物名称	药物层级	要求/限制
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; GC; V
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	GC; V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	6	GC; V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	6	GC; V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	6	GC; V
TETANUS,DIPHTE RIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE	6	GC; V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	6	GC; V
TYPHIM VI INTRAMUSCULAR SOLUTION	6	GC; V
TYPHIM VI INTRAMUSCULAR SYRINGE	6	GC; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	GC; V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	GC; V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
VARIZIG INTRAMUSCULAR SOLUTION	3	

药物名称	药物层级	要求/限制
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	GC; V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
BD PEN NEEDLE	3	
CEQR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	
V-GO 20 DEVICE	3	MO
V-GO 30 DEVICE	3	MO
V-GO 40 DEVICE	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

药物名称	药物层级	要求/限制
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO; GC
<i>allopurinol sodium intravenous recon soln</i>	2	
<i>aloprim intravenous recon soln</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat oral tablet</i>	3	MO
<i>probenecid oral tablet</i>	3	MO
<i>probenecid-colchicine oral tablet</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; GC; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days); NEDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days); NEDS
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days); NEDS
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days); NEDS
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days); NEDS
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1.6 per 28 days); NEDS
ADALIMUMAB-ADB M SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days); NEDS

药物名称	药物层级	要求/限制
ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days); NEDS
ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
ADALIMUMAB-ADB M(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (6 per 180 days); NEDS
ADALIMUMAB-ADB M(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (4 per 180 days); NEDS
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (6 per 180 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (4 per 180 days); NEDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days); NEDS
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS

药物名称	药物层级	要求/限制
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA PEN PSOR-UEVETS- ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	5	PA; QL (4 per 180 days); NEDS
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2 per 180 days); NEDS
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days); NEDS
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 180 days); NEDS

药物名称	药物层级	要求/限制
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days); NEDS
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2.4 per 180 days); NEDS
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 180 days); NEDS
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days); NEDS
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days); NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days); NEDS
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days); NEDS
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days); NEDS
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days); NEDS
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; MO; QL (12 per 28 days); NEDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days); NEDS

药物名称	药物层级	要求/限制
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days); NEDS
OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days); NEDS
<i>penicillamine oral tablet</i>	5	PA; MO; NEDS
RIDAURA ORAL CAPSULE	5	MO; NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days); NEDS
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days); NEDS
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days); NEDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz oral tablet</i>	3	PA
<i>camila oral tablet</i>	2	MO
<i>deblitane oral tablet</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>dotti transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate intramuscular oil</i>	4	MO

药物名称	药物层级	要求/限制
<i>estradiol-norethindrone acet oral tablet</i>	3	PA; MO
<i>fyavolv oral tablet</i>	4	PA; MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	NEDS
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	MO
<i>incassia oral tablet</i>	2	MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	PA; MO
<i>lyleq oral tablet</i>	2	MO
<i>lyllana transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone intramuscular syringe</i>	2	MO
<i>medroxyprogesterone oral tablet</i>	2	MO
MENEST ORAL TABLET	3	PA; MO
<i>mimvey oral tablet</i>	3	PA; MO
<i>nora-be oral tablet</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
PREMARIN ORAL TABLET	3	MO
PREMARIN VAGINAL CREAM	3	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	3	MO
<i>progesterone intramuscular oil</i>	2	MO
<i>progesterone micronized oral capsule</i>	2	MO
<i>sharobel oral tablet</i>	2	MO
<i>yuvafem vaginal tablet</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream</i>	3	MO
<i>eluryng vaginal ring</i>	4	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	4	
<i>metronidazole vaginal gel</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE ORAL TABLET	5	PA; MO; NEDS

药物名称	药物层级	要求/限制
NEXPLANON SUBDERMAL IMPLANT	4	
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	3	MO
<i>vandazole vaginal gel</i>	3	MO
<i>xulane transdermal patch weekly</i>	4	MO
<i>zafemy transdermal patch weekly</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethyst (28) oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>aubra eq oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyred eq oral tablet</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>falmina (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	
<i>isibloom oral tablet</i>	2	MO
<i>jasmiel (28) oral tablet</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO

药物名称	药物层级	要求/限制
<i>juleber oral tablet</i>	2	MO
<i>kalliga oral tablet</i>	2	
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kelnor 1-50 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21) oral tablet</i>	2	MO
<i>larin 1/20 (21) oral tablet</i>	2	MO
<i>larin 24 fe oral tablet</i>	2	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>larin fe 1/20 (28) oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lo-zumandimine (28) oral tablet</i>	2	MO
<i>luter (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mili oral tablet</i>	2	MO
<i>mono-lynyah oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO

药物名称	药物层级	要求/限制
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtrea (28) oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>setlakin oral tablets,dose pack,3 month</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>tri-lo-estarylla oral tablet</i>	2	MO
<i>tri-lo-marzia oral tablet</i>	2	MO
<i>tri-lo-sprintec oral tablet</i>	2	
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>turqoz (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	MO
<i>vienva oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>zovia 1-35 (28) oral tablet</i>	2	MO
<i>zumandimine (28) oral tablet</i>	2	MO
OXYTOCICS		
<i>methylergonovine oral tablet</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		

药物名称	药物层级	要求/限制
AZASITE OPHTHALMIC (EYE) DROPS	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	3	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	3	
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	MO
<i>tobramycin ophthalmic (eye) drops</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	3	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	3	MO

药物名称	药物层级	要求/限制
<i>carteolol ophthalmic (eye) drops</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; GC
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>balanced salt intraocular solution</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops</i>	3	MO
<i>bss intraocular solution</i>	2	
CIMERLI INTRAVITREAL SOLUTION	5	PA; MO; NEDS
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	3	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA; NEDS
<i>epinastine ophthalmic (eye) drops</i>	3	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
EYLEA INTRAVITREAL SOLUTION	5	PA; MO; NEDS
EYLEA INTRAVITREAL SYRINGE	5	PA; MO; NEDS
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO; NEDS
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulfacetamide- prednisolone ophthalmic (eye) drops</i>	2	
XDEMZY OPHTHALMIC (EYE) DROPS	5	PA; QL (10 per 42 days); NEDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI- INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	3	MO

药物名称	药物层级	要求/限制
BROMSITE OPHTHALMIC (EYE) DROPS	3	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	3	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops</i>	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO; GC

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat intraocular solution</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>travoprost ophthalmic (eye) drops</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin- bacitracin-poly-hc ophthalmic (eye) ointment</i>	3	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	MO
<i>neomycin- polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	MO

药物名称	药物层级	要求/限制
<i>neo-polycin hc ophthalmic (eye) ointment</i>	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin- dexamethasone ophthalmic (eye) drops,suspension</i>	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSIO N	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	3	MO
OZURDEX INTRAVITREAL IMPLANT	5	MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA

药物名称	药物层级	要求/限制
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral syrup</i>	4	PA; MO
<i>promethazine oral tablet</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	3	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA; NEDS
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic proair hfa)</i>	2	MO; QL (17 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm (generic proventil hfa)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq oral tablet</i>	5	PA; QL (60 per 30 days); NEDS
<i>ambrisentan oral tablet</i>	5	PA; MO; LA; NEDS
<i>arformoterol inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days)

药物名称	药物层级	要求/限制
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	3	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30)	3	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ACTUATION (14)	3	QL (2 per 28 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>breynga inhalation hfa aerosol inhaler</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)

药物名称	药物层级	要求/限制
<i>budesonide- formoterol inhalation hfa aerosol inhaler</i>	3	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	4	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	4	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days); NEDS
<i>flunisolide nasal spray, non-aerosol</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant subcutaneous syringe</i>	5	PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET	5	PA; MO; QL (56 per 28 days); NEDS
<i>levalbuterol hcl inhalation solution for nebulization</i>	4	B/D PA; MO
<i>mometasone nasal spray, non-aerosol</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO; GC
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days); NEDS
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NEDS

药物名称	药物层级	要求/限制
OPSUMIT ORAL TABLET	5	PA; MO; LA; NEDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days); NEDS
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days); NEDS
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days); NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO; NEDS
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>roflumilast oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe</i>	5	PA; MO; NEDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NEDS
<i>tadalafil (pulm. hypertension) oral tablet</i>	5	PA; QL (60 per 30 days); NEDS
<i>terbutaline oral tablet</i>	4	MO

药物名称	药物层级	要求/限制
<i>terbutaline subcutaneous solution</i>	2	MO
THEO-24 ORAL CAPSULE,EXTEN DED RELEASE 24HR	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NEDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days); NEDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; NEDS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; NEDS
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; NEDS
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; NEDS
<i>wixela inhub inhalation blister with device</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NEDS
<i>zafirlukast oral tablet</i>	4	MO

UROLOGICALS

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
ANTICHOLINERGICS / ANTISPASMODICS		
<i>fesoterodine oral tablet extended release 24 hr</i>	3	MO
<i>flavoxate oral tablet</i>	2	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin oral tablet</i>	2	MO
<i>tolterodine oral capsule, extended release 24hr</i>	3	MO
<i>tolterodine oral tablet</i>	3	MO
<i>tropium oral tablet</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO

药物名称	药物层级	要求/限制
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO; GC
<i>silodosin oral capsule</i>	4	MO
<i>tamsulosin oral capsule</i>	1	MO; GC
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	4	PA; LA
ELMIRON ORAL CAPSULE	3	MO
<i>glycine urologic irrigation solution</i>	2	
<i>glycine urologic irrigation solution</i>	2	
K-PHOS NO 2 ORAL TABLET	3	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN IRRIGATION SOLUTION	3	MO
<i>sildenafil oral tablet</i>	6	MO; GC; EX; QL (6 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

药物名称	药物层级	要求/限制
<i>albumin, human 25 % intravenous parenteral solution</i>	4	
<i>alburx (human) 25 % intravenous parenteral solution</i>	4	
<i>alburx (human) 5 % intravenous parenteral solution</i>	4	
<i>albutein 25 % intravenous parenteral solution</i>	4	
<i>albutein 5 % intravenous parenteral solution</i>	4	
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	3	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	2	
<i>calcium chloride intravenous syringe</i>	2	
<i>calcium gluconate intravenous solution</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet 20 oral packet</i>	4	MO
<i>klor-con/ef oral tablet, effervescent</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	4	MO
<i>magnesium chloride injection solution</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate intravenous solution</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	

药物名称	药物层级	要求/限制
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous solution</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous parenteral solution</i>	4	
<i>sodium acetate intravenous solution</i>	4	
<i>sodium bicarbonate intravenous solution</i>	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	4	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	4	MO
<i>sodium chloride intravenous solution</i>	4	
<i>sodium phosphate intravenous solution</i>	4	MO

药物名称	药物层级	要求/限制
MISCELLANEOUS NUTRITION PRODUCTS		
<i>CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION</i>	4	B/D PA
<i>CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION</i>	4	B/D PA
<i>CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION</i>	4	B/D PA
<i>CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION</i>	4	B/D PA
<i>CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION</i>	4	B/D PA
<i>CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION</i>	4	B/D PA
<i>electrolyte-148 intravenous parenteral solution</i>	3	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

药物名称	药物层级	要求/限制
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
<i>electrolyte-a intravenous parenteral solution</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	

药物名称	药物层级	要求/限制
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	
<i>wescap-pn dha oral capsule</i>	2	MO

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

Index

A		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	2	
ABELCET.....	2	
ABILIFY ASIMTUFII.....	40	
ABILIFY MAINTENA.....	40	
<i>abiraterone</i>	14	
ABRAXANE.....	14	
ABRYSVO.....	80	
<i>acamprosate</i>	63	
<i>acarbose</i>	67	
<i>accutane</i>	59	
<i>acebutolol</i>	48	
<i>acetaminophen-codeine</i>	36	
<i>acetazolamide</i>	95	
<i>acetazolamide sodium</i>	95	
<i>acetic acid</i>	63, 66	
<i>acetylcysteine</i>	62, 97	
<i>acitretin</i>	57	
ACTEMRA.....	85	
ACTEMRA ACTPEN.....	85	
ACTHIB (PF).....	80	
ACTIMMUNE.....	79	
<i>acyclovir</i>	2, 3, 61	
<i>acyclovir sodium</i>	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	80	
ADALIMUMAB-ADAZ.....	85	
ADALIMUMAB-ADBM.....	85	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	85	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	85	
ADBRY.....	58	
ADCETRIS.....	14	
<i>adefovir</i>	3	
ADEMPAS.....	97	
<i>adenosine</i>	48	
<i>adrenalin</i>	97	
ADSTILADRIN.....	14	
ADVAIR HFA.....	97	
AIMOVIG AUTOINJECTOR	34	
AKEEGA.....	14	
<i>ala-cort</i>	61	
<i>albendazole</i>	8	
<i>albumin, human 25 %</i>	103	
<i>alburx (human) 25 %</i>	103	
<i>alburx (human) 5 %</i>	103	
<i>albutein 25 %</i>	103	
<i>albutein 5 %</i>	103	
<i>albuterol sulfate</i>	97, 98	
<i>alclometasone</i>	61	
<i>alcohol pads</i>	67	
ALDURAZYME.....	72	
ALECENSA.....	14	
<i>alendronate</i>	84	
<i>alfuzosin</i>	102	
ALIQOPA.....	14	
<i>aliskiren</i>	48	
<i>allopurinol</i>	84	
<i>allopurinol sodium</i>	84	
<i>aloprim</i>	84	
<i>alosetron</i>	74	
ALREX.....	96	
<i>altavera (28)</i>	90	
ALUNBRIG.....	14, 15	
ALVESCO.....	98	
<i>alyacen 1/35 (28)</i>	90	
<i>alyacen 7/7/7 (28)</i>	90	
<i>alyq</i>	98	
<i>amabelz</i>	89	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	98	
<i>amethyst (28)</i>	90	
<i>amikacin</i>	8	
<i>amiloride</i>	48	
<i>amiloride-hydrochlorothiazide</i>	48	
<i>aminocaproic acid</i>	53	
<i>amiodarone</i>	48	
<i>amitriptyline</i>	40	
<i>amlodipine</i>	49	
<i>amlodipine-atorvastatin</i>	55	
<i>amlodipine-benazepril</i>	49	
<i>amlodipine-olmesartan</i>	49	
<i>amlodipine-valsartan</i>	49	
<i>amlodipine-valsartan-hcthiazid</i>	49	
<i>ammonium lactate</i>	58	
<i>amnesteem</i>	59	
<i>amoxapine</i>	40	
<i>amoxicillin</i>	11	
<i>amoxicillin-pot clavulanate</i>	11	
<i>amphotericin b</i>	2	
<i>ampicillin</i>	11	
<i>ampicillin sodium</i>	11	
<i>ampicillin-sulbactam</i>	11	
<i>anagrelide</i>	63	
<i>anastrozole</i>	15	
APOKYN.....	33	
<i>apomorphine</i>	33	
<i>apraclonidine</i>	97	
<i>aprepitant</i>	74	
APRETUDE.....	3	
<i>apri</i>	90	
APTIOM.....	29	
APTIVUS.....	3	
<i>aranelle (28)</i>	90	
ARCALYST.....	79	
AREXVY (PF).....	80	
<i>arformoterol</i>	98	
ARIKAYCE.....	8	
<i>aripiprazole</i>	40	
ARISTADA.....	41	
ARISTADA INITIO.....	40	
<i>armodafinil</i>	41	
<i>arsenic trioxide</i>	15	
<i>asenapine maleate</i>	41	
ASMANEX HFA.....	98	
ASMANEX TWISTHALER	98, 99	
ASPARLAS.....	15	
<i>aspirin-dipyridamole</i>	53	
<i>atazanavir</i>	3	
<i>atenolol</i>	49	
<i>atenolol-chlorthalidone</i>	49	
<i>atomoxetine</i>	41	
<i>atorvastatin</i>	55	
<i>atovaquone</i>	8	
<i>atovaquone-proguanil</i>	8	
<i>atropine</i>	74, 94	
ATROVENT HFA.....	99	
<i>aubra eq</i>	90	
AUGMENTIN.....	12	

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

AUGTYRO	15	<i>bexarotene</i>	15	CABLIVI.....	53
AUVELITY.....	41	BEXSERO.....	80	CABOMETYX.....	16
<i>aviane</i>	90	<i>bicalutamide</i>	15	<i>caffeine citrate</i>	63
AVONEX	79	BICILLIN C-R	12	<i>calcipotriene</i>	57
AYVAKIT.....	15	BICILLIN L-A	12	<i>calcitonin (salmon)</i>	72
<i>azacitidine</i>	15	BIKTARVY	3	<i>calcitriol</i>	57, 72
AZASITE	93	<i>bisoprolol fumarate</i>	49	<i>calcium acetate(phosphat bind)</i>	103
<i>azathioprine</i>	15	<i>bisoprolol-hydrochlorothiazide</i>	49	<i>calcium chloride</i>	103
<i>azathioprine sodium</i>	15	<i>bleomycin</i>	15	<i>calcium gluconate</i>	103
<i>azelaic acid</i>	59	BLINCYTO.....	15	CALQUENCE.....	16
<i>azelastine</i>	65, 94	BOOSTRIX TDAP.....	80	CALQUENCE (ACALABRUTINIB MAL)	
<i>azithromycin</i>	7, 8	<i>bortezomib</i>	15	.....	16
<i>aztreonam</i>	8	BORTEZOMIB	15	<i>camila</i>	89
<i>azurette (28)</i>	90	<i>bosentan</i>	99	<i>camrese</i>	90
B		BOSULIF	15	<i>candesartan</i>	49
<i>bacitracin</i>	8, 93	BRAFTOVI.....	15	<i>candesartan-</i> <i>hydrochlorothiazid</i>	49
<i>bacitracin-polymyxin b</i>	93	BREO ELLIPTA	99	CAPLYTA.....	41
<i>baclofen</i>	36	<i>breyna</i>	99	CAPRELSA.....	16
<i>balanced salt</i>	94	BREZTRI AEROSPHERE..	99	<i>captopril</i>	49
<i>balsalazide</i>	74	BRILINTA	53	<i>captopril-hydrochlorothiazide</i>	49
BALVERSA.....	15	<i>brimonidine</i>	97	<i>carbamazepine</i>	29
BAQSIMI.....	67	<i>brimonidine-timolol</i>	95	<i>carbidopa</i>	33
BARACLUDE	3	BRIUMVI.....	35	<i>carbidopa-levodopa</i>	33
BAVENCIO	15	BRIVIACT	29	<i>carbidopa-levodopa-</i> <i>entacapone</i>	33
BCG VACCINE, LIVE (PF) 80		<i>bromfenac</i>	95	<i>carboplatin</i>	16
BD INSULIN SYRINGE	83	<i>bromocriptine</i>	33	<i>carglumic acid</i>	63
BD PEN NEEDLE	83	BROMSITE.....	95	<i>carmustine</i>	16
BELBUCA	36	BRUKINSA.....	16	<i>carteolol</i>	94
BELEODAQ	15	<i>bss</i>	94	<i>cartia xt</i>	49
<i>benazepril</i>	49	<i>budesonide</i>	74, 99	<i>carvedilol</i>	49
<i>benazepril-hydrochlorothiazide</i>	49	<i>budesonide-formoterol</i>	99	<i>caspofungin</i>	2
<i>bendamustine</i>	15	<i>bumetanide</i>	49	CAYSTON	8
BENDEKA.....	15	<i>buprenorphine hcl</i>	36, 37	<i>cefaclor</i>	6
BENLYSTA	85	<i>buprenorphine transdermal</i> <i>patch</i>	37	<i>cefadroxil</i>	6
<i>benztropine</i>	33	<i>buprenorphine-naloxone</i> 38, 39		<i>cefazolin</i>	6
<i>bepotastine besilate</i>	94	<i>bupropion hcl</i>	41	<i>cefazolin in dextrose (iso-os)</i> ..	6
BESIVANCE	93	<i>bupropion hcl (smoking deter)</i>	65	<i>cefepime</i>	6
BESPONSA	15	<i>buspirone</i>	41	<i>cefepime in dextrose,iso-osm</i> ..	6
BESREMI.....	79	<i>busulfan</i>	16	<i>cefepime</i>	7
<i>betaine</i>	74	<i>butorphanol</i>	39	<i>cefepime</i>	7
<i>betamethasone dipropionate</i> 61		BYDUREON BCISE	67	<i>cefepime</i>	7
<i>betamethasone valerate</i>	61	BYETTA	67	<i>cefixime</i>	7
<i>betamethasone, augmented</i> ..	61	C		<i>cefoxitin</i>	7
BETASERON	79	CABENUVA.....	3	<i>cefoxitin in dextrose, iso-osm</i> .	7
<i>betaxolol</i>	49, 94	<i>cabergoline</i>	72	<i>cefprozime</i>	7
<i>bethanechol chloride</i>	103				
BEVESPI AEROSPHERE... 99					

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>cefprozil</i>	7	<i>cisplatin</i>	16	COMPLERA	3
<i>ceftazidime</i>	7	<i>citalopram</i>	41	<i>compro</i>	75
<i>ceftriaxone</i>	7	<i>cladribine</i>	16	<i>constulose</i>	75
<i>ceftriaxone in dextrose,iso-os.</i>	7	<i>claravis</i>	59	COPIKTRA	16
<i>cefuroxime axetil</i>	7	<i>clarithromycin</i>	8	CORLANOR	56
<i>cefuroxime sodium</i>	7	<i>clindamycin hcl</i>	8	CORTIFOAM.....	75
<i>celecoxib</i>	39	<i>clindamycin in 5 % dextrose</i> ..	8	<i>cortisone</i>	66
<i>cephalexin</i>	7	<i>clindamycin phosphate</i>	8, 59,	COSMEGEN	16
CEPROTIN (BLUE BAR) ...	53	90		COTELLIC.....	16
CEPROTIN (GREEN BAR) 53		CLINIMIX 5%/D15W		CREON.....	75
CEQUR SIMPLICITY		SULFITE FREE	105	CRESEMBA.....	2
INSERTER.....	83	CLINIMIX 4.25%/D10W		<i>cromolyn</i>	75, 94, 99
<i>cetirizine</i>	97	SULF FREE	105	<i>crotan</i>	62
<i>cevimeline</i>	63	CLINIMIX 4.25%/D5W		<i>cryselle (28)</i>	90
CHEMET	63	SULFIT FREE.....	63	CRYSVITA	72
CHENODAL.....	74	CLINIMIX 5%-		<i>cyclobenzaprine</i>	36
<i>chloramphenicol sod succinate</i>		D20W(SULFITE-FREE) 105		<i>cyclophosphamide</i>	16
.....	8	CLINIMIX 6%-D5W		CYCLOPHOSPHAMIDE	16
<i>chlorhexidine gluconate</i>	65	(SULFITE-FREE)	105	<i>cyclosporine</i>	16, 94
<i>chloroprocaine (pf)</i>	58	CLINIMIX 8%-		<i>cyclosporine modified</i>	16
<i>chloroquine phosphate</i>	8	D10W(SULFITE-FREE) 105		CYLTEZO(CF)	86
<i>chlorothiazide sodium</i>	49	CLINIMIX 8%-		CYLTEZO(CF) PEN.....	86
<i>chlorpromazine</i>	41	D14W(SULFITE-FREE) 105		CYLTEZO(CF) PEN	
<i>chlorthalidone</i>	49	<i>clobazam</i>	29	CROHN'S-UC-HS.....	85
CHOLBAM.....	74	<i>clobetasol</i>	61	CYLTEZO(CF) PEN	
<i>cholestyramine (with sugar)</i> ..	55	<i>clobetasol-emollient</i>	61	PSORIASIS-UV	86
<i>cholestyramine light</i>	55	<i>clodan</i>	61	CYRAMZA	16
CIBINQO	58	<i>clofarabine</i>	16	<i>cyred eq</i>	90
<i>ciclodan</i>	60	<i>clomid</i>	72	CYSTAGON	103
<i>ciclopirox</i>	60	<i>clomiphene citrate</i>	72	CYSTARAN.....	94
<i>cidofovir</i>	3	<i>clomipramine</i>	41	<i>cytarabine</i>	17
<i>cilostazol</i>	53	<i>clonazepam</i>	29, 30	<i>cytarabine (pf)</i>	17
CIMDUO.....	3	<i>clonidine (pf)</i>	39, 49	D	
CIMERLI	94	<i>clonidine hcl</i>	41, 49	<i>d10 %-0.45 % sodium chloride</i>	
<i>cimetidine</i>	78	<i>clonidine transdermal patch</i> ..	49	.....	63
CIMZIA.....	75	<i>clopidogrel</i>	53	<i>d2.5 %-0.45 % sodium</i>	
CIMZIA POWDER FOR		<i>clorazepate dipotassium</i>	41	<i>chloride</i>	63
RECONST.....	74	<i>clotrimazole</i>	2, 60	<i>d5 % and 0.9 % sodium</i>	
CIMZIA STARTER KIT	75	<i>clotrimazole-betamethasone</i> ..	60	<i>chloride</i>	63
<i>cinacalcet</i>	72	<i>clozapine</i>	42	<i>d5 %-0.45 % sodium chloride</i>	
CINRYZE.....	99	COARTEM	9	.....	63
CINVANTI.....	75	<i>colchicine</i>	84	<i>dabigatran etexilate</i>	53
<i>ciprofloxacin</i>	13	<i>colesevelam</i>	55	<i>dacarbazine</i>	17
<i>ciprofloxacin hcl</i>	12, 66, 93	<i>colestipol</i>	55	<i>dactinomycin</i>	17
<i>ciprofloxacin in 5 % dextrose</i>		<i>colistin (colistimethate na)</i>	9	<i>dalfampridine</i>	35
.....	13	COLUMVI	16	<i>danazol</i>	72
<i>ciprofloxacin-dexamethasone</i>		COMBIVENT RESPIMAT .	99	<i>dantrolene</i>	36
.....	66	COMETRIQ.....	16	DANYELZA	17

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>dapsone</i>	9	<i>dextrose 5 % in water (d5w)</i> 63,	64	<i>dorzolamide</i>	95
DAPTACEL (DTAP				<i>dorzolamide-timolol</i>	95
PEDIATRIC) (PF).....	80	<i>dextrose 5 %-lactated ringers</i>		<i>dotti</i>	89
<i>daptomycin</i>	9	.....	64	DOVATO	3
DAPTOMYCIN	9	<i>dextrose 5%-0.2 % sod</i>		<i>doxazosin</i>	50
<i>darunavir</i>	3	<i>chloride</i>	64	<i>doxepin</i>	42
DARZALEX	17	<i>dextrose 5%-0.3 %</i>		<i>doxercalciferol</i>	72
<i>dasetta 1/35 (28)</i>	91	<i>sod.chloride</i>	64	<i>doxorubicin</i>	17
<i>dasetta 7/7/7 (28)</i>	91	<i>dextrose 50 % in water (d50w)</i>		<i>doxorubicin, peg-liposomal</i> ..	17
<i>daunorubicin</i>	17	.....	64	<i>doxy-100</i>	13
DAURISMO.....	17	<i>dextrose 70 % in water (d70w)</i>		<i>doxycycline hyclate</i>	13
<i>daysee</i>	91	.....	64	<i>doxycycline monohydrate</i>	13
<i>deblitane</i>	89	DIACOMIT	30	DRIZALMA SPRINKLE.....	42
<i>decitabine</i>	17	<i>diazepam</i>	30, 42	<i>dronabinol</i>	75
<i>deferasirox</i>	63	<i>diazepam intensol</i>	42	<i>droperidol</i>	75
<i>deferiprone</i>	63	<i>diazoxide</i>	67	DROPSAFE ALCOHOL	
<i>deferoxamine</i>	63	<i>diclofenac potassium</i>	39	PREP PADS	67
DELSTRIGO.....	3	<i>diclofenac sodium</i>	39, 58, 95	<i>drospirenone-e.estradiol-lm.fa</i>	
<i>demeclocycline</i>	13	<i>diclofenac-misoprostol</i>	39	.....	91
DENGVAXIA (PF).....	80	<i>dicloxacillin</i>	12	<i>drospirenone-ethinyl estradiol</i>	
<i>denta 5000 plus</i>	65	<i>dicyclomine</i>	74	.....	91
<i>dentagel</i>	65	DIFICID	8	DROXIA.....	17
DEPO-SUBQ PROVERA 104		<i>diflunisal</i>	39	<i>droxidopa</i>	64
.....	89	<i>digoxin</i>	56	DUAVEE.....	89
<i>dermacinrx lidocan</i>	58	<i>dihydroergotamine</i>	34	DULERA.....	99
DESCOVY	3	DILANTIN 30 MG	30	<i>duloxetine</i>	42
<i>desipramine</i>	42	<i>diltiazem hcl</i>	49, 50	DUPIXENT PEN.....	58
<i>desmopressin</i>	72	<i>dilt-xr</i>	50	DUPIXENT SYRINGE.....	58
<i>desog-e.estradiol/e.estradiol</i>	91	<i>dimenhydrinate</i>	75	<i>dutasteride</i>	102
<i>desogestrel-ethinyl estradiol</i>	91	<i>dimethyl fumarate</i>	35	<i>dutasteride-tamsulosin</i>	103
<i>desonide</i>	61, 62	<i>diphenhydramine hcl</i>	97	E	
<i>desvenlafaxine succinate</i>	42	<i>diphenoxylate-atropine</i>	74	<i>e.e.s. 400</i>	8
<i>dexamethasone</i>	66	<i>dipyridamole</i>	53	<i>ec-naproxen</i>	39
<i>dexamethasone intensol</i>	66	<i>disulfiram</i>	64	<i>econazole</i>	60
<i>dexamethasone sodium phos</i>		<i>divalproex</i>	30	EDARBI	50
(pf)	66	<i>dobutamine</i>	56	EDARBYCLOR	50
<i>dexamethasone sodium</i>		<i>dobutamine in d5w</i>	56	EDURANT	3
<i>phosphate</i>	66, 96	<i>docetaxel</i>	17	<i>efavirenz</i>	3
<i>dexrazoxane hcl</i>	14	<i>dofetilide</i>	48	<i>efavirenz-emtricitabin-tenofov</i> 3	
<i>dextroamphetamine-</i>		<i>donepezil</i>	35	<i>efavirenz-lamivu-tenofov disop</i>	
<i>amphetamine</i>	42	<i>dopamine</i>	56	.....	3
<i>dextrose 10 % and 0.2 % nacl</i>		<i>dopamine in 5 % dextrose</i>	56	<i>effe-k</i>	103
.....	63	DOPTELET (10 TAB PACK)		ELAPRASE.....	72
<i>dextrose 10 % in water (d10w)</i>		.....	53	<i>electrolyte-148</i>	105
.....	63	DOPTELET (15 TAB PACK)		<i>electrolyte-48 in d5w</i>	106
<i>dextrose 25 % in water (d25w)</i>		.....	53	<i>electrolyte-a</i>	106
.....	63	DOPTELET (30 TAB PACK)		<i>eletriptan</i>	34
		.....	53	ELIGARD.....	17

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

ELIGARD (3 MONTH).....	17	<i>epirubicin</i>	18	F
ELIGARD (4 MONTH).....	17	<i>epitol</i>	30	FABRAZYME
ELIGARD (6 MONTH).....	17	EPKINLY	18	<i>falmina (28)</i>
<i>elimest</i>	91	<i>eplerenone</i>	50	<i>famciclovir</i>
ELIQUIS	53	EPRONTIA	30	<i>famotidine</i>
ELIQUIS DVT-PE TREAT		ERBITUX.....	18	<i>famotidine (pf)</i>
30D START	53	<i>ergotamine-caffeine</i>	34	<i>famotidine (pf)-nacl (iso-os)</i> 78
ELITEK.....	14	ERIVEDGE.....	18	FANAPT.....
ELIXOPHYLLIN.....	99	ERLEADA	18	FARXIGA
ELMIRON.....	103	<i>erlotinib</i>	18	FASENRA.....
ELREXFIO.....	18	<i>errin</i>	89	FASENRA PEN
<i>eluryng</i>	90	<i>ertapenem</i>	9	<i>febuxostat</i>
ELZONRIS.....	18	ERWINASE	18	<i>felbamate</i>
EMCYT.....	18	<i>ery pads</i>	59	<i>felodipine</i>
EMEND.....	75	<i>ery-tab</i>	8	<i>fenofibrate</i>
EMGALITY PEN	34	<i>erythrocin (as stearate)</i>	8	<i>fenofibrate micronized</i>
EMGALITY SYRINGE.....	34	<i>erythromycin</i>	8, 93	<i>fenofibrate nanocrystallized</i> .55
EMPLICITI	18	<i>erythromycin ethylsuccinate</i> ...8		<i>fenofibric acid</i>
EMSAM	42	<i>erythromycin with ethanol</i>....59		<i>fenofibric acid (choline)</i>
<i>emtricitabine</i>	3	<i>escitalopram oxalate</i>	42	<i>fentanyl</i>
<i>emtricitabine-tenofovir (tdf)</i> ...3		<i>esmolol</i>	50	<i>fentanyl citrate</i>
EMTRIVA.....	3	<i>esomeprazole magnesium</i>	78	<i>fentanyl citrate (pf)</i>
EMVERM	9	<i>esomeprazole sodium</i>	78	<i>fesoterodine</i>
<i>enalapril maleate</i>	50	<i>estarylla</i>	91	FETZIMA.....
<i>enalaprilat</i>	50	<i>estradiol</i>	89	<i>finasteride</i>
<i>enalapril-hydrochlorothiazide</i>		<i>estradiol valerate</i>	89	<i>fingolimod</i>
.....	50	<i>estradiol-norethindrone acet</i> 89		FINTEPLA
ENBREL	86	<i>eszopiclone</i>	42	FIRDAPSE
ENBREL MINI	86	<i>ethacrynate sodium</i>	50	FIRMAGON KIT W
ENBREL SURECLICK	86	<i>ethambutol</i>	9	DILUENT SYRINGE 18, 19
ENDARI.....	64	<i>ethosuximide</i>	30	<i>flac otic oil</i>
<i>endocet</i>	37	<i>ethynodiol diac-eth estradiol</i> 91		<i>flavoxate</i>
ENGERIX-B (PF)	80	<i>etodolac</i>	39	.....
ENGERIX-B PEDIATRIC		<i>etonogestrel-ethinyl estradiol</i>		<i>flecainide</i>
(PF).....	80	.....	90	<i>floxuridine</i>
<i>enoxaparin</i>	53	ETOPOPPOS.....	18	<i>fluconazole</i>
<i>enpresse</i>	91	<i>etoposide</i>	18	<i>fluconazole in nacl (iso-osm)</i> ..2
<i>enskyce</i>	91	<i>etravirine</i>	4	<i>flucytosine</i>
<i>entacapone</i>	33	<i>euthyrox</i>	73	<i>fludarabine</i>
<i>entecavir</i>	3	<i>everolimus (antineoplastic)</i> ..	18	<i>fludrocortisone</i>
ENTRESTO	56	<i>everolimus</i>		<i>flumazenil</i>
ENTYVIO	75	(<i>immunosuppressive</i>).....	18	<i>flunisolide</i>
<i>enulose</i>	75	EVOTAZ.....	4	<i>fluocinolone</i>
ENVARSUS XR	18	<i>exemestane</i>	18	<i>fluocinolone acetonide oil</i> ...66
EPCLUSA.....	3	EXKIVITY.....	18	<i>fluocinolone and shower cap</i> 62
EPIDIOLEX.....	30	EYLEA.....	95	<i>fluocinonide</i>
<i>epinastine</i>	94	<i>ezetimibe</i>	55	<i>fluocinonide-emollient</i>
<i>epinephrine</i>	97	<i>ezetimibe-simvastatin</i>	55	<i>fluoride (sodium)</i>
				65, 106
				<i>fluorometholone</i>
				96

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>fluorouracil</i>	19, 58	<i>gemfibrozil</i>	55	<i>heparin(porcine) in 0.45% nacl</i>	54
<i>fluoxetine</i>	43	<i>generlac</i>	75	HEPARIN(PORCINE) IN	
<i>fluoxetine (pmd)</i>	42, 43	<i>gengraf</i>	19	0.45% NACL.....	54
<i>fluphenazine decanoate</i>	43	<i>gentamicin</i>	9, 60, 93	<i>heparin, porcine (pf)</i>	54
<i>fluphenazine hcl</i>	43	<i>gentamicin in nacl (iso-osm)</i> ..	9	HEPARIN, PORCINE (PF)..	54
<i>flurbiprofen</i>	39	<i>gentamicin sulfate (ped) (pf)</i> ..	9	HEPLISAV-B (PF).....	81
<i>flurbiprofen sodium</i>	95	GENVOYA	4	HIBERIX (PF).....	81
<i>fluticasone propionate</i>	99	GILOTRIF.....	19	HIZENTRA	81
<i>fluticasone propion-salmeterol</i>	99	<i>glatiramer</i>	35	HUMALOG JUNIOR	
<i>fluvastatin</i>	55	<i>glatopa</i>	35	KWIKPEN U-100	68
<i>fluvoxamine</i>	43	GLEOSTINE	19	HUMALOG KWIKPEN	
FOLOTYN	19	<i>glimepiride</i>	68	INSULIN	68
<i>fomepizole</i>	80	<i>glipizide</i>	68	HUMALOG MIX 50-50	
<i>fondaparinux</i>	53	<i>glipizide-metformin</i>	68	INSULN U-100	68
<i>formoterol fumarate</i>	99	<i>glycine urologic</i>	103	HUMALOG MIX 50-50	
FOSAMAX PLUS D.....	84	<i>glycine urologic solution</i>	103	KWIKPEN.....	68
<i>fosamprenavir</i>	4	<i>glycopyrrolate</i>	74	HUMALOG MIX 75-25	
<i>fosaprepitant</i>	75	<i>glycopyrrolate (pf) in water</i> .	74	KWIKPEN.....	69
<i>fosinopril</i>	50	<i>glydo</i>	58	HUMALOG MIX 75-25(U-	
<i>fosinopril-hydrochlorothiazide</i>	50	GLYXAMBI	68	100)INSULN	69
<i>fosphephenytoin</i>	30	GRALISE	30, 31	HUMALOG U-100 INSULIN	
FOTIVDA	19	<i>granisetron (pf)</i>	75	.....	69
FRUZAQLA.....	19	<i>granisetron hcl</i>	75	HUMIRA (ONLY NDCS	
<i>fulvestrant</i>	19	<i>griseofulvin microsize</i>	2	STARTING WITH 00074)	
<i>furosemide</i>	50	<i>griseofulvin ultramicrosize</i>	2	.....	86
FUZEON	4	GVOKE.....	68	HUMIRA PEN (ONLY NDCS	
FYARRO.....	19	GVOKE HYPOPEN 1-PACK		STARTING WITH 00074)	
<i>fyavolv</i>	89	.....	68	.....	86
FYCOMPA	30	GVOKE HYPOPEN 2-PACK		HUMIRA PEN PSOR-	
G		.....	68	UVEITS-ADOL HS (ONLY	
<i>gabapentin</i>	30	GVOKE PFS 1-PACK		NDCS STARTING WITH	
<i>galantamine</i>	35	SYRINGE.....	68	00074).....	86
GAMASTAN	81	GVOKE PFS 2-PACK		HUMIRA(CF) (ONLY NDCS	
<i>ganciclovir sodium</i>	4	SYRINGE.....	68	STARTING WITH 00074)	
GARDASIL 9 (PF).....	81	H		.....	86
<i>gatifloxacin</i>	93	HALAVEN.....	19	HUMIRA(CF) PEDI	
GATTEX 30-VIAL	75	<i>halobetasol propionate</i>	62	CROHNS STARTER	
GATTEX ONE-VIAL.....	75	<i>haloperidol</i>	43	(ONLY NDCS STARTING	
GAUZE PAD	83	<i>haloperidol decanoate</i>	43	WITH 00074)	86, 87
<i>gavilyte-c</i>	75	<i>haloperidol lactate</i>	43	HUMIRA(CF) PEN (ONLY	
<i>gavilyte-g</i>	75	HARVONI.....	4	NDCS STARTING WITH	
GAVRETO.....	19	HAVRIX (PF)	81	00074).....	87
GAZYVA	19	<i>heather</i>	89	HUMIRA(CF) PEN	
<i>gefitinib</i>	19	<i>heparin (porcine)</i>	54	CROHNS-UC-HS (ONLY	
<i>gemcitabine</i>	19	<i>heparin (porcine) in 5 % dex</i>	54	NDCS STARTING WITH	
GEMCITABINE	19	<i>heparin (porcine) in nacl (pf)</i>	54	00074).....	87

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074).....	87	HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314)	87, 88	INPEFA	69
HUMIRA(CF) PEN PSOR- UV-ADOL HS (ONLY NDCS STARTING WITH 00074).....	87	HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314)	88	INQOVI.....	20
HUMULIN 70/30 U-100 INSULIN.....	69	HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314)	88	INREBIC	20
HUMULIN 70/30 U-100 KWIKPEN	69	I		INSULIN GLARGINE.....	69
HUMULIN N NPH INSULIN KWIKPEN	69	<i>ibandronate</i>	84	INSULIN LISPRO	69
HUMULIN N NPH U-100 INSULIN.....	69	IBRANCE	20	INSULIN SYRINGE- NEEDLE U-100	83
HUMULIN R REGULAR U- 100 INSULN	69	<i>ibu</i>	39	INSULIN SYRINGES (NON- PREFERRED BRANDS).....	84
HUMULIN R U-500 (CONC) INSULIN.....	69	<i>ibuprofen</i>	39	INTELENCE	4
HUMULIN R U-500 (CONC) KWIKPEN	69	<i>ibutilide fumarate</i>	48	<i>intralipid</i>	106
<i>hydralazine</i>	50	<i>icatibant</i>	99	<i>introvale</i>	91
<i>hydrochlorothiazide</i>	50	ICLUSIG	20	INVEGA HAFYERA	43
<i>hydrocodone-acetaminophen</i>	37	<i>icosapent ethyl</i>	55	INVEGA SUSTENNA...43, 44	
<i>hydrocodone-ibuprofen</i>	37	<i>idarubicin</i>	20	INVEGA TRINZA	44
<i>hydrocortisone</i>	62, 66, 75	IDHIFA	20	INVELTYS.....	96
<i>hydrocortisone-acetic acid</i> ...66		<i>ifosfamide</i>	20	IPOL	81
<i>hydromorphone</i>	37	ILARIS (PF).....	79	<i>ipratropium bromide</i> ....65, 100	
<i>hydromorphone (pf)</i>	37	<i>imatinib</i>	20	<i>ipratropium-albuterol</i>	100
<i>hydroxychloroquine</i>	9	IMBRUVICA	20	<i>irbesartan</i>	50
<i>hydroxyprogesterone caproate</i>	89	IMFINZI.....	20	<i>irbesartan-hydrochlorothiazide</i>	50
<i>hydroxyurea</i>	19	<i>imipenem-cilastatin</i>	9	<i>irinotecan</i>	20
<i>hydroxyzine hcl</i>	97	<i>imipramine hcl</i>	43	ISENTRESS	4
HYPERHEP B.....	81	<i>imipramine pamoate</i>	43	ISENTRESS HD	4
HYPERHEP B NEONATAL	81	<i>imiquimod</i>	58	<i>isibloom</i>	91
HYRIMOZ PEN CROHN'S- UC STARTER (PREFERRED NDCS STARTING WITH 61314)	87	IMJUDO.....	20	ISOLYTE S PH 7.4	106
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314).....	87	IMOVAX RABIES VACCINE (PF).....	81	ISOLYTE-P IN 5 % DEXTROSE	106
		IMVEXXY MAINTENANCE PACK	89	ISOLYTE-S	106
		IMVEXXY STARTER PACK	89	<i>isoniazid</i>	9
		<i>incassia</i>	89	<i>isosorbide dinitrate</i>	57
		INCRELEX	64	<i>isosorbide mononitrate</i>	57
		<i>indapamide</i>	50	<i>isosorbide-hydralazine</i>	50
		INFANRIX (DTAP) (PF).....	81	<i>isotretinoin</i>	60
		INGREZZA	35	<i>isradipine</i>	50
		INGREZZA INITIATION PACK	35	ISTODAX.....	20
		INLYTA	20	<i>itraconazole</i>	2
				<i>ivermectin</i>	9, 60
				IWILFIN	20
				IXCHIQ	81
				IXEMPRA	21
				IXIARO (PF).....	81
				J	
				JAKAFI	21
				<i>jantoven</i>	54
				JANUMET	69
				JANUMET XR	69

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

JANUVIA.....	69	KRAZATI	21	levora-28.....	92
JARDIANCE.....	69	kurvelo (28)	91	levo-t	73
jasmiel (28).....	91	KYPROLIS	21	levothyroxine	73
JAYPIRCA.....	21	L		levoxyl.....	73
JEMPERLI	21	<i>l norgest/e.estradiol-e.estradiol</i>	91	LEXIVA	4
jencycla.....	89	<i>labetalol</i>	50, 51	LIBTAYO.....	22
JENTADUETO	70	<i>lacosamide</i>	31	lidocaine	59
JENTADUETO XR.....	70	<i>lactated ringers</i>	62, 104	lidocaine (pf)	48, 58
JEVTANA.....	21	<i>lactulose</i>	75	lidocaine hcl	58, 59
jinteli.....	89	LAGEVRIO (EUA).....	4	lidocaine in 5 % dextrose (pf)	
jolessa.....	91	<i>lamivudine</i>	4	.....	48
juleber.....	91	<i>lamivudine-zidovudine</i>	4	lidocaine viscous	59
JULUCA.....	4	<i>lamotrigine</i>	31	lidocaine-epinephrine	59
JUXTAPID.....	55	<i>lansoprazole</i>	78	lidocaine-epinephrine (pf)	59
JYNNEOS (PF).....	81	LANTUS SOLOSTAR U-100		lidocaine-prilocaine	59
K		INSULIN	70	lidocan iii.....	59
KADCYLA	21	LANTUS U-100 INSULIN ..	70	lincomycin.....	9
kalliga.....	91	<i>lapatinib</i>	21	linezolid	9
KALYDECO	100	<i>larin 1.5/30 (21)</i>	91	linezolid in dextrose 5%	9
KANUMA.....	72	<i>larin 1/20 (21)</i>	91	linezolid-0.9% sodium chloride	
kariva (28).....	91	<i>larin 24 fe</i>	91	.....	9
kelnor 1/35 (28).....	91	<i>larin fe 1.5/30 (28)</i>	91	LINZESS	75
kelnor 1-50 (28).....	91	<i>larin fe 1/20 (28)</i>	91	LIORESAL.....	36
KEPIVANCE	14	<i>latanoprost</i>	95	liothyronine.....	74
KERENDIA	50	<i>leflunomide</i>	88	lisinopril	51
KESIMPTA PEN	35	<i>lenalidomide</i>	21	lisinopril-hydrochlorothiazide	
ketoconazole	2, 60	LENVIMA.....	21, 22	.....	51
ketorolac.....	95	<i>lessina</i>	91	lithium carbonate.....	44
KEYTRUDA.....	21	<i>letrozole</i>	22	lithium citrate	44
KHAPZORY	14	<i>leucovorin calcium</i>	14	LOKELMA.....	64
KIMMTRAK.....	21	LEUKERAN	22	LONSURF.....	22
KINRIX (PF).....	81	LEUKINE.....	79	loperamide	74
KISQALI.....	21	<i>leuprolide</i>	22	lopinavir-ritonavir	4
KISQALI FEMARA CO-		<i>levabuterol hcl</i>	100	LOQTORZI.....	22
PACK	21	<i>levetiracetam</i>	31	lorazepam	44
klayesta.....	60	<i>levetiracetam in nacl (iso-os)</i>		lorazepam intensol.....	44
klor-con 10	103	.....	31	LORBRENA.....	22
klor-con 8	103	<i>levobunolol</i>	94	loryna (28).....	92
klor-con m10	103	<i>levocarnitine</i>	64	losartan.....	51
klor-con m15	104	<i>levocarnitine (with sugar)</i>	64	losartan-hydrochlorothiazide	
klor-con m20	104	<i>levocetirizine</i>	97	.....	51
klor-con oral packet 20	104	<i>levofloxacin</i>	13, 93	loteprednol etabonate	96
klor-con/ef.....	104	<i>levofloxacin in d5w</i>	13	lovastatin	55
KORLYM.....	72	<i>levoleucovorin calcium</i>	14	low-ogestrel (28)	92
KOSELUGO	21	<i>levonest (28)</i>	91	loxapine succinate	44
kourzeq	65	<i>levonorgestrel-ethinyl estrad</i>		lo-zumandimine (28).....	92
K-PHOS NO 2.....	103	.....	91, 92	lubiprostone	75
K-PHOS ORIGINAL	103	<i>levonorg-eth estrad triphasic</i>	92	LUMAKRAS.....	22

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

LUMIGAN	96	<i>mercaptopurine</i>	22	<i>minoxidil</i>	51
LUMIZYME	72	<i>meropenem</i>	9	<i>miostat</i>	96
LUNSUMIO	22	<i>mesalamine</i>	76	<i>mirtazapine</i>	45
LUPRON DEPOT	22	<i>mesalamine with cleansing</i>		<i>misoprostol</i>	78
<i>lurasidone</i>	44	<i>wipe</i>	76	<i>mitomycin</i>	23
<i>lutea (28)</i>	92	<i>mesna</i>	14	<i>mitoxantrone</i>	23
<i>lyleq</i>	89	MESNEX	14	M-M-R II (PF)	81
<i>lyllana</i>	89	<i>metformin</i>	70	<i>modafinil</i>	45
LYNPARZA	22	<i>methadone</i>	37, 38	<i>moexipril</i>	51
LYSODREN	22	<i>methadone intensol</i>	37	<i>molindone</i>	45
LYTGOBI	22	<i>methadose</i>	38	<i>mometasone</i>	62, 100
LYUMJEV KWIKPEN U-100		<i>methazolamide</i>	95	<i>mondoxynone nl</i>	13
INSULIN	70	<i>methenamine hippurate</i>	13	MONJUVI	23
LYUMJEV KWIKPEN U-200		<i>methenamine mandelate</i>	14	<i>mono-lynyah</i>	92
INSULIN	70	<i>methimazole</i>	67	<i>montelukast</i>	100
LYUMJEV U-100 INSULIN		<i>methotrexate sodium</i>	23	<i>morphine</i>	38
.....	70	<i>methotrexate sodium (pf)</i>	23	<i>morphine (pf)</i>	38
<i>lyza</i>	89	<i>methoxsalen</i>	59	<i>morphine concentrate</i>	38
M		<i>methsuximide</i>	31	MOUNJARO	70
<i>magnesium chloride</i>	104	<i>methylergonovine</i>	93	MOVANTIK	76
<i>magnesium sulfate</i>	104	<i>methylphenidate hcl</i>	44, 45	<i>moxifloxacin</i>	13, 93
MAGNESIUM SULFATE IN		<i>methylprednisolone</i>	67	<i>moxifloxacin-sod.chloride(iso)</i>	
D5W	104	<i>methylprednisolone acetate</i> ..	66	.....	13
<i>magnesium sulfate in water</i>	104	<i>methylprednisolone sodium</i>		MOZOBIL	79
<i>malathion</i>	62	<i>succ</i>	67	<i>mupirocin</i>	60
<i>mannitol 20 %</i>	51	<i>metoclopramide hcl</i>	76	MYALEPT	72
<i>mannitol 25 %</i>	51	<i>metolazone</i>	51	<i>mycophenolate mofetil</i>	23
<i>maraviroc</i>	4	<i>metoprolol succinate</i>	51	<i>mycophenolate mofetil (hcl)</i> ..	23
MARGENZA	22	<i>metoprolol ta-hydrochlorothiaz</i>		<i>mycophenolate sodium</i>	23
<i>marlissa (28)</i>	92	.....	51	MYFEMBREE	90
MARPLAN	44	<i>metoprolol tartrate</i>	51	MYLOTARG	23
MATULANE	22	<i>metro i.v.</i>	9	MYRBETRIQ	102
<i>matzim la</i>	51	<i>metronidazole</i>	10, 60, 90	N	
<i>meclizine</i>	75	<i>metronidazole in nacl (iso-os)</i>	9	<i>nabumetone</i>	39
<i>medroxyprogesterone</i>	89	<i>metryrosine</i>	51	<i>nadolol</i>	51
<i>mefloquine</i>	9	<i>mexiletine</i>	48	<i>nafacillin</i>	12
<i>megestrol</i>	22	<i>micafungin</i>	2	<i>nafacillin in dextrose iso-osm</i> ..	12
MEKINIST	22	<i>microgestin 1.5/30 (21)</i>	92	<i>naftifine</i>	60
MEKTOVI	22	<i>microgestin 1/20 (21)</i>	92	NAGLAZYME	72
<i>meloxicam</i>	39	<i>microgestin fe 1.5/30 (28)</i>	92	<i>nalbuphine</i>	39
<i>melfalhan hcl</i>	22	<i>microgestin fe 1/20 (28)</i>	92	<i>naloxone</i>	39
<i>memantine</i>	35	<i>midodrine</i>	64	<i>naltrexone</i>	39
MENACTRA (PF)	81	<i>mifepristone</i>	72, 90	NAMZARIC	35
MENEST	89	<i>mili</i>	92	<i>naproxen</i>	39
MENQUADFI (PF)	81	<i>milrinone</i>	56	<i>naproxen sodium</i>	39
MENVEO A-C-Y-W-135-DIP		<i>milrinone in 5 % dextrose</i>	56	<i>naratriptan</i>	34
(PF)	81	<i>mimvey</i>	89	NATACYN	94
MEPSEVII	72	<i>minocycline</i>	13	<i>nateglinide</i>	70

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

NAYZILAM.....	31	<i>norethindrone ac-eth estradiol</i>		OMNIPOD DASH INTRO	
<i>nebivolol</i>	51	.....	90, 92	KIT (GEN 4).....	84
<i>nefazodone</i>	45	<i>norethindrone-e.estradiol-iron</i>		OMNIPOD DASH PODS	
<i>nelarabine</i>	23	.....	92	(GEN 4).....	84
<i>neomycin</i>	10	<i>norgestimate-ethinyl estradiol</i>		OMNITROPE.....	79
<i>neomycin-bacitracin-poly-hc</i>	96	.....	92	ONCASPAR.....	24
<i>neomycin-bacitracin-</i>		<i>nortrel 0.5/35 (28)</i>	92	<i>ondansetron</i>	76
<i>polymyxin</i>	94	<i>nortrel 1/35 (21)</i>	92	<i>ondansetron hcl</i>	76
<i>neomycin-polymyxin b gu</i>	63	<i>nortrel 1/35 (28)</i>	92	<i>ondansetron hcl (pf)</i>	76
<i>neomycin-polymyxin b-</i>		<i>nortrel 7/7/7 (28)</i>	92	ONIVYDE.....	24
<i>dexameth</i>	96	<i>nortriptyline</i>	45	ONUREG	24
<i>neomycin-polymyxin-</i>		NORVIR.....	4	OPDIVO	24
<i>gramicidin</i>	94	NUBEQA	23	OPDUALAG	24
<i>neomycin-polymyxin-hc</i> ..	66, 96	NUCALA	100	<i>opium tincture</i>	74
<i>neo-polycin</i>	94	NUEDEXTA	35	OPSUMIT.....	100
<i>neo-polycin hc</i>	96	NULOJIX	23	<i>oralone</i>	65
NERLYNX.....	23	NUPLAZID	45	ORENCIA	88
NEUPRO.....	33	NURTEC ODT.....	34	ORENCIA (WITH	
<i>nevirapine</i>	4	<i>nyamyc</i>	60	MALTOSE).....	88
NEXLETOL.....	55	<i>nystatin</i>	2, 60, 61	ORENCIA CLICKJECT	88
NEXLIZET.....	55	<i>nystatin-triamcinolone</i>	61	ORGOVYX	24
NEXPLANON	90	<i>nystop</i>	61	ORKAMBI	100
<i>niacin</i>	55	NYVEPRIA.....	79	ORSERDU	24
<i>nicardipine</i>	51	O		<i>oseltamivir</i>	4, 5
NICOTROL.....	65	OCALIVA	76	<i>osmitrol 20 %</i>	51
NICOTROL NS.....	65	<i>octreotide acetate</i>	23	OTEZLA.....	88
<i>nifedipine</i>	51	ODEFSEY	4	OTEZLA STARTER.....	88
<i>nikki (28)</i>	92	ODOMZO	23	<i>oxacillin</i>	12
<i>nilutamide</i>	23	OFEV.....	100	<i>oxacillin in dextrose(iso-osm)</i>	
<i>nimodipine</i>	51	<i>ofloxacin</i>	66, 94	.....	12
NINLARO.....	23	OJJAARA.....	23	<i>oxaliplatin</i>	24
<i>nisoldipine</i>	51	<i>olanzapine</i>	45	<i>oxaprozin</i>	39
<i>nitazoxanide</i>	10	<i>olanzapine-fluoxetine</i>	45	<i>oxcarbazepine</i>	31
<i>nitisinone</i>	64	<i>olmesartan</i>	51	OXERVATE.....	95
<i>nitro-bid</i>	57	<i>olmesartan-amlodipin-</i>		<i>oxybutynin chloride</i>	102
<i>nitrofurantoin macrocrystal</i> .	14	<i>hcthiazid</i>	51	<i>oxycodone</i>	38
<i>nitrofurantoin monohyd/m-</i>		<i>olmesartan-</i>		<i>oxycodone-acetaminophen</i> ...	38
<i>cryst</i>	14	<i>hydrochlorothiazide</i>	51	OXYCONTIN	38
<i>nitroglycerin</i>	57, 76	<i>olopatadine</i>	95	OZEMPIC.....	70
<i>nitroglycerin in 5 % dextrose</i>		<i>omega-3 acid ethyl esters</i>	56	OZURDEX	96
.....	57	<i>omeprazole</i>	78	P	
NIVESTYM	79	OMNIPOD 5 G6 INTRO KIT		<i>pacerone</i>	48
<i>nizatidine</i>	78	(GEN 5).....	84	<i>paclitaxel</i>	24
<i>nora-be</i>	89	OMNIPOD 5 G6 PODS (GEN		PADCEV	24
<i>norepinephrine bitartrate</i>	57	5).....	84	<i>paliperidone</i>	45
<i>norethindrone (contraceptive)</i>		OMNIPOD CLASSIC PODS		<i>palonosetron</i>	76
.....	90	(GEN 3)	84	<i>pamidronate</i>	72
<i>norethindrone acetate</i>	90			PANRETIN	59

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>pantoprazole</i>	78	<i>pimecrolimus</i>	59	<i>praziquantel</i>	10
<i>paraplatin</i>	24	<i>pimozide</i>	45	<i>prazosin</i>	51
<i>paricalcitol</i>	72	<i>pimtrea (28)</i>	92	<i>prednicarbate</i>	62
<i>paromomycin</i>	10	<i>pindolol</i>	51	<i>prednisolone</i>	67
<i>paroxetine hcl</i>	45	<i>pioglitazone</i>	70	<i>prednisolone acetate</i>	97
PAXLOVID	5	<i>piperacillin-tazobactam</i>	12	<i>prednisolone sodium</i>	
<i>pazopanib</i>	24	PIQRAY	24	<i>phosphate</i>	67, 97
PEDIARIX (PF)	81	<i>pirfenidone</i>	100	<i>prednisone</i>	67
PEDVAX HIB (PF).....	81	<i>piroxicam</i>	40	<i>prednisone intensol</i>	67
<i>peg 3350-electrolytes</i>	76	<i>pitavastatin calcium</i>	56	<i>pregabalin</i>	32
<i>peg3350-sod sul-nacl-kcl-asb-c</i>		PLASMA-LYTE A	106	PREHEVBRIO (PF).....	82
.....	76	PLEGRIDY	79	PREMARIN	90
PEGASYS	79	PLENAMINE.....	106	<i>premasol 10 %</i>	106
<i>peg-electrolyte</i>	76	<i>plerixafor</i>	79	PREMPHASE.....	90
PEMAZYRE	24	<i>podofilox</i>	59	PREMPRO	90
<i>pemetrexed disodium</i>	24	POLIVY	24	<i>prenatal vitamin oral tablet</i>	106
PEN NEEDLES (NON-		<i>polocaine</i>	59	<i>prevalite</i>	56
PREFERRED BRANDS).84		<i>polocaine-mpf</i>	59	PREVIDENT 5000 BOOSTER	
PENBRAYA (PF)	82	<i>polycin</i>	94	PLUS	66
<i>penciclovir</i>	61	<i>polymyxin b sulf-trimethoprim</i>		PREVIDENT 5000 DRY	
<i>penicillamine</i>	88	.....	94	MOUTH	66
PENICILLIN G POT IN		POMALYST	24	PREVYMIS.....	5
DEXTROSE.....	12	<i>portia 28</i>	92	PREZCOBIX.....	5
<i>penicillin g potassium</i>	12	PORTRAZZA	24	PREZISTA	5
<i>penicillin g sodium</i>	12	<i>posaconazole</i>	2	PRIFTIN	10
<i>penicillin v potassium</i>	12	<i>potassium acetate</i>	104	PRIMAQUINE.....	10
PENTACEL (PF)	82	<i>potassium chlorid-d5-</i>		<i>primidone</i>	32
<i>pentamidine</i>	10	0.45%nacl.....	104	PRIMIDONE.....	32
PENTASA.....	76	<i>potassium chloride</i>	104	PRIORIX (PF).....	82
<i>pentoxifylline</i>	54	<i>potassium chloride in</i>		PRIVIGEN	82
<i>perindopril erbumine</i>	51	0.9%nacl.....	104	<i>probenecid</i>	84
<i>periogard</i>	65	<i>potassium chloride in 5 % dex</i>		<i>probenecid-colchicine</i>	84
PERJETA	24	.....	104	<i>procainamide</i>	48
<i>permethrin</i>	62	<i>potassium chloride in lr-d5</i>	104	<i>prochlorperazine</i>	76
<i>perphenazine</i>	45	<i>potassium chloride in water</i>	104	<i>prochlorperazine edisylate</i> ...	76
PERSERIS.....	45	<i>potassium chloride-0.45 %</i>		<i>prochlorperazine maleate oral</i>	
<i>pfizerpen-g</i>	12	nacl.....	105	.....	76
<i>phenelzine</i>	45	<i>potassium chloride-d5-</i>		PROCRIT	79, 80
<i>phenobarbital</i>	31	0.2%nacl.....	105	<i>procto-med hc</i>	76
<i>phenobarbital sodium</i>	31	<i>potassium chloride-d5-</i>		<i>proctosol hc</i>	76
<i>phentolamine</i>	51	0.9%nacl.....	105	<i>proctozone-hc</i>	77
<i>phenytoin</i>	31, 32	<i>potassium citrate</i>	103	<i>progesterone</i>	90
<i>phenytoin sodium</i>	32	<i>potassium phosphate m-/d-</i>		<i>progesterone micronized</i>	90
<i>phenytoin sodium extended</i> ..	32	basic.....	105	PROGRAF.....	24, 25
<i>philith</i>	92	POTELIGEO	24	PROLASTIN-C	64
PHOSPHOLINE IODIDE....	95	<i>pramipexole</i>	33	PROLENSA	95
PIFELTRO	5	<i>prasugrel</i>	54	PROLIA.....	84
<i>pilocarpine hcl</i>	64, 95	<i>pravastatin</i>	56	PROMACTA.....	54

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>promethazine</i>	97	RETACRIT	80	SANDOSTATIN LAR	
<i>propafenone</i>	48	RETEVMO.....	25	DEPOT	25
<i>propranolol</i>	51	RETROVIR.....	5	SANTYL	59
<i>propylthiouracil</i>	67	REVCovi	64	<i>sapropterin</i>	72
PROQUAD (PF)	82	<i>revonto</i>	36	SARCLISA.....	25
<i>protamine</i>	54	REXULTI.....	46	SAVELLA.....	88
<i>protriptyline</i>	45	REYATAZ.....	5	<i>saxagliptin</i>	70
PULMICORT FLEXHALER		REZLIDHIA.....	25	<i>saxagliptin-metformin</i>	70, 71
.....	100	REZUROCK	25	SCEMBLIX.....	25
PULMOZYME.....	100	RHOPRESSA.....	96	<i>scopolamine base</i>	77
PURIXAN.....	25	<i>ribavirin</i>	5	SECUADO	46
<i>pyrazinamide</i>	10	RIDAURA.....	88	SEGLUROMET	71
<i>pyridostigmine bromide</i>	36	<i>rifabutin</i>	10	<i>selegiline hcl</i>	34
<i>pyrimethamine</i>	10	<i>rifampin</i>	10	<i>selenium sulfide</i>	57
Q		<i>riluzole</i>	64	SELZENTRY	5
QINLOCK.....	25	<i>rimantadine</i>	5	<i>sertraline</i>	46
QTERN.....	70	<i>ringer's</i>	63, 105	<i>setlakin</i>	92
QUADRACEL (PF)	82	RINVOQ	88	<i>sevelamer carbonate</i>	64
<i>quetiapine</i>	45, 46	<i>risedronate</i>	64, 84, 85	<i>sf 66</i>	
<i>quinapril</i>	52	RISPERDAL CONSTA	46	<i>sf 5000 plus</i>	66
<i>quinapril-hydrochlorothiazide</i>		<i>risperidone</i>	46	<i>sharobel</i>	90
.....	52	<i>risperidone microspheres</i>	46	SHINGRIX (PF).....	82
<i>quinidine sulfate</i>	48	<i>ritonavir</i>	5	SIGNIFOR.....	25
<i>quinine sulfate</i>	10	<i>rivastigmine</i>	36	<i>sildenafil</i>	103
QULIPTA.....	34	<i>rivastigmine tartrate</i>	36	<i>sildenafil (pulmonary arterial</i>	
QVAR REDHALER. 100, 101		<i>rizatriptan</i>	34	<i>hypertension)</i>	101
R		ROCKLATAN	96	<i>silodosin</i>	103
RABAVERT (PF)	82	<i>roflumilast</i>	101	<i>silver sulfadiazine</i>	59
RADICAVA ORS	35	<i>romidepsin</i>	25	SIMBRINZA	96
RADICAVA ORS STARTER		<i>ropinirole</i>	34	SIMULECT	25
KIT SUSP.....	36	<i>rosuvastatin</i>	56	<i>simvastatin</i>	56
<i>raloxifene</i>	84	ROTARIX	82	<i>sirolimus</i>	25
<i>ramelteon</i>	46	ROTATEQ VACCINE.....	82	SIRTURO	10
<i>ramipril</i>	52	<i>roweepra</i>	32	SKYRIZI	57, 77
<i>ranolazine</i>	57	ROZLYTREK	25	<i>sodium acetate</i>	105
<i>rasagiline</i>	33	RUBRACA.....	25	<i>sodium benzoate-sod</i>	
<i>reclipsen (28)</i>	92	<i>rufinamide</i>	32	<i>phenylacet</i>	64
RECOMBIVAX HB (PF)	82	RUKOBIA.....	5	<i>sodium bicarbonate</i>	105
RECTIV	77	RUXIENCE.....	25	<i>sodium chloride</i>	64, 105
REGRANEX	59	RYBELSUS.....	70	<i>sodium chloride 0.45 %</i>	105
RELENZA DISKHALER.....	5	RYBREVANT.....	25	<i>sodium chloride 0.9 %</i>	64
RELISTOR.....	77	RYDAPT	25	<i>sodium chloride 3 %</i>	
REMICADE	77	RYLAZE	25	<i>hypertonic</i>	105
RENACIDIN.....	103	S		<i>sodium chloride 5 %</i>	
<i>repaglinide</i>	70	<i>sajazir</i>	101	<i>hypertonic</i>	105
REPATHA	56	<i>salsalate</i>	40	<i>sodium fluoride 5000 dry</i>	
REPATHA PUSHTRONEX 56		SANCUSO	77	<i>mouth</i>	66
REPATHA SURECLICK	56	SANDIMMUNE	25	<i>sodium fluoride 5000 plus</i>	66

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>sodium fluoride-pot nitrate</i> ...	66	<i>sulfasalazine</i>	77	<i>telmisartan-hydrochlorothiazid</i>	
<i>sodium nitroprusside</i>	57	<i>sulindac</i>	40	.....	52
SODIUM OXYBATE	46	<i>sumatriptan</i>	34	TEMODAR	26
<i>sodium phenylbutyrate</i>	65	<i>sumatriptan succinate</i>	34	<i>temsirolimus</i>	26
<i>sodium phosphate</i>	105	<i>sunitinib malate</i>	26	TENIVAC (PF)	82
<i>sodium polystyrene sulfonate</i>	65	SUNLENCA.....	5	<i>tenofovir disoproxil fumarate</i> .	5
<i>sodium,potassium,mag sulfates</i>	77	<i>syeda</i>	92	TEPMETKO.....	26
.....	77	SYMDEKO	101	<i>terazosin</i>	52
<i>solifenacin</i>	102	SYMLINPEN 120	71	<i>terbinafine hcl</i>	2
SOLIQUA 100/33	71	SYMLINPEN 60	71	<i>terbutaline</i>	101
SOLTAMOX.....	25	SYMPAZAN	32	<i>terconazole</i>	90
SOMATULINE DEPOT	26	SYMTUZA.....	5	<i>teriflunomide</i>	36
SOMAVERT	72	SYNAGIS.....	5	TERIPARATIDE	85
<i>sorafenib</i>	26	SYNJARDY	71	<i>testosterone</i>	73
<i>sorine</i>	48	SYNJARDY XR.....	71	<i>testosterone cypionate</i>	73
<i>sotalol</i>	48	T		<i>testosterone enanthate</i>	73
<i>sotalol af</i>	48	TABLOID	26	TETANUS,DIPHThERIA	
SPIRIVA RESPIMAT	101	TABRECTA.....	26	TOX PED(PF)	82
<i>spironolactone</i>	52	<i>tacrolimus</i>	26, 59	<i>tetrabenazine</i>	36
<i>spironolacton-</i>		<i>tadalafil (pulmonary arterial</i>		<i>tetracycline</i>	13
<i>hydrochlorothiaz</i>	52	<i>hypertension) oral tablet 20</i>		THALOMID.....	26
SPRAVATO.....	46	<i>mg</i>	101	THEO-24.....	101
<i>sprintec (28)</i>	92	TAFINLAR	26	<i>theophylline</i>	101
SPRITAM.....	32	<i>tafluprost (pf)</i>	96	<i>thioridazine</i>	46
SPRYCEL	26	TAGRISO	26	<i>thiotepa</i>	26
<i>sps (with sorbitol)</i>	65	TALTZ AUTOINJECTOR ..	58	<i>thiothixene</i>	46
<i>sronyx</i>	92	TALTZ AUTOINJECTOR (2		<i>tiadylt er</i>	52
<i>ssd</i>	59	PACK).....	58	<i>tiagabine</i>	32
STEGLATRO.....	71	TALTZ AUTOINJECTOR (3		TIBSOVO.....	26
STELARA.....	57, 58	PACK).....	58	TICE BCG	82
STIOLTO RESPIMAT	101	TALTZ SYRINGE.....	58	TICOVAC	82, 83
STIVARGA.....	26	TALVEY	26	<i>tigecycline</i>	10
STRENSIQ.....	73	TALZENNA.....	26	<i>tilia fe</i>	92
STREPTOMYCIN	10	<i>tamoxifen</i>	26	<i>timolol maleate</i>	52, 94
STRIBILD.....	5	<i>tamsulosin</i>	103	<i>tinidazole</i>	10
STRIVERDI RESPIMAT ..	101	<i>tarina 24 fe</i>	92	<i>tiotropium bromide</i>	101
<i>subvenite</i>	32	<i>tarina fe 1-20 eq (28)</i>	92	TIVDAK.....	26
<i>subvenite starter (blue) kit</i> ...	32	TASIGNA	26	TIVICAY.....	5
<i>subvenite starter (green) kit</i> .	32	<i>tazarotene</i>	60	TIVICAY PD.....	5
<i>subvenite starter (orange) kit</i>	32	<i>tazicef</i>	7	<i>tizanidine</i>	36
SUCRAID	77	<i>taztia xt</i>	52	TOBI PODHALER	10
<i>sucralfate</i>	78	TAZVERIK	26	TOBRADEX	96
<i>sulfacetamide sodium</i>	95	TDVAX	82	<i>tobramycin</i>	10, 94
<i>sulfacetamide sodium (acne)</i> .	60	TECENTRIQ.....	26	<i>tobramycin in 0.225 % nacl</i> ..	10
<i>sulfacetamide-prednisolone</i> .	95	TECVAYLI.....	26	<i>tobramycin sulfate</i>	10
<i>sulfadiazine</i>	13	TEFLARO	7	<i>tobramycin-dexamethasone</i> ..	96
<i>sulfamethoxazole-trimethoprim</i>		<i>telmisartan</i>	52	<i>tolterodine</i>	102
.....	13	<i>telmisartan-amlodipine</i>	52	<i>tolvaptan</i>	73

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

<i>topiramate</i>	32	TRIZIVIR.....	6	VARIZIG.....	83
<i>topotecan</i>	27	TRODELVY	27	VARUBI.....	77
<i>toremifene</i>	27	TROGARZO	6	VECAMYL	57
<i>torseamide</i>	52	TROPHAMINE 10 %	106	VECTIBIX	27
TOUJEO MAX U-300		<i>trospium</i>	102	VEKLURY	6
SOLOSTAR	71	TRULANCE.....	77	<i>veletri</i>	52
TOUJEO SOLOSTAR U-300		TRULICITY	71	<i>velivet triphasic regimen (28)</i>	
INSULIN.....	71	TRUMENBA.....	83	.....	93
TRADJENTA.....	71	TRUQAP	27	VELPHORO.....	65
<i>tramadol</i>	40	TUKYSA.....	27	VELTASSA.....	65
<i>tramadol-acetaminophen</i>	40	TURALIO	27	VEMLIDY.....	6
<i>trandolapril</i>	52	<i>turqoz (28)</i>	93	VENCLEXTA	27
<i>trandolapril-verapamil</i>	52	TWINRIX (PF).....	83	VENCLEXTA STARTING	
<i>tranexamic acid</i>	90	TYPHIM VI	83	PACK	27
<i>tranylcypromine</i>	46	TYVASO.....	101	<i>venlafaxine</i>	47
<i>travasol 10 %</i>	106	TYVASO INSTITUTIONAL		<i>verapamil</i>	52
<i>travoprost</i>	96	START KIT.....	102	VERQUVO.....	57
TRAZIMERA.....	27	TYVASO REFILL KIT.....	102	VERSACLOZ.....	47
<i>trazodone</i>	46	TYVASO STARTER KIT .	102	VERZENIO	27
TRECTOR.....	10	U		<i>vestura (28)</i>	93
TRELEGY ELLIPTA	101	UBRELVY	34	V-GO 20	84
TRELSTAR.....	27	<i>unithroid</i>	74	V-GO 30	84
<i>treprostinil sodium</i>	52	UNITUXIN	27	V-GO 40	84
<i>tretinoin (antineoplastic)</i>	27	UPTRAVI.....	52	VIBATIV.....	11
<i>tretinoin topical</i>	60	<i>ursodiol</i>	77	VIBERZI	77
<i>triamcinolone acetonide</i> 62, 66,		UZEDY	47	<i>vienna</i>	93
67		V		<i>vigabatrin</i>	32
<i>triamterene-hydrochlorothiazid</i>		<i>valacyclovir</i>	6	<i>vigadrone</i>	33
.....	52	VALCHLOR	59	<i>vigpoder</i>	33
<i>triderm</i>	62	<i>valganciclovir</i>	6	<i>vilazodone</i>	47
<i>trientine</i>	65	<i>valproate sodium</i>	32	VIMIZIM.....	73
<i>tri-estarylla</i>	93	<i>valproic acid</i>	32	<i>vinblastine</i>	27
<i>trifluoperazine</i>	46	<i>valproic acid (as sodium salt)</i>		<i>vincristine</i>	27
<i>trifluridine</i>	94	.....	32	<i>vinorelbine</i>	27
TRIJARDY XR.....	71	<i>valrubicin</i>	27	VIOKACE	77
TRIKAFTA	101	<i>valsartan</i>	52	<i>viorele (28)</i>	93
<i>tri-legest fe</i>	93	<i>valsartan-hydrochlorothiazide</i>		VIRACEPT.....	6
<i>tri-linyah</i>	93	.....	52	VIREAD	6
<i>tri-lo-estarylla</i>	93	VALTOCO	32	VISTOGARD	14
<i>tri-lo-marzia</i>	93	<i>vancomycin</i>	11	VITRAKVI.....	27
<i>tri-lo-sprintec</i>	93	VANCOMYCIN	10	VIVITROL	40
<i>trimethoprim</i>	14	VANCOMYCIN IN 0.9 %		VIZIMPRO.....	28
<i>trimipramine</i>	47	SODIUM CHL	10	VONJO	28
TRINTELLIX.....	47	<i>vandazole</i>	90	<i>voriconazole</i>	2
<i>tri-sprintec (28)</i>	93	VANFLYTA	27	VOSEVI	6
TRIUMEQ.....	5	VAQTA (PF).....	83	VOTRIENT	28
TRIUMEQ PD.....	5	<i>varenicline</i>	65	VRAYLAR.....	47
<i>trivora (28)</i>	93	VARIVAX (PF)	83	VUMERITY	36

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

VYNDAMAX	57	XOFLUZA	6	ZEPOSIA STARTER PACK	
VYXEOS	28	XOLAIR	102	(7-DAY)	36
W		XOSPATA	28	ZEPZELCA	29
<i>warfarin</i>	54	XPOVIO	28	<i>zidovudine</i>	6
<i>water for irrigation, sterile</i> ..	65	XTANDI	28	ZIEXTENZO	80
WELIREG	28	<i>xulane</i>	90	<i>ziprasidone hcl</i>	47
<i>wera (28)</i>	93	Y		<i>ziprasidone mesylate</i>	47
<i>wescap-pn dha</i>	106	YERVOY	28	ZIRABEV	29
<i>wixela inhub</i>	102	YF-VAX (PF)	83	ZIRGAN	94
X		YONDELIS	28	ZOLADEX	29
XALKORI	28	<i>yuvafem</i>	90	<i>zoledronic acid</i>	73
XARELTO	54	Z		<i>zoledronic acid-mannitol-water</i>	65, 73
XARELTO DVT-PE TREAT		<i>zafemy</i>	90	ZOLINZA	29
30D START	54	<i>zafirlukast</i>	102	<i>zolmitriptan</i>	34
XATMEP	28	<i>zaleplon</i>	47	<i>zolpidem</i>	47
XCOPRI	33	ZALTRAP	28	ZONISADE	33
XCOPRI MAINTENANCE		ZANOSAR	28	<i>zonisamide</i>	33
PACK	33	ZARXIO	80	<i>zovia 1-35 (28)</i>	93
XCOPRI TITRATION PACK		ZEGALOGUE		ZTALMY	33
.....	33	AUTOINJECTOR	71	ZUBSOLV	40
XDEMVI	95	ZEGALOGUE SYRINGE ..	71	<i>zumandimine (28)</i>	93
XELJANZ	89	ZEJULA	28, 29	ZURZUVAE	47
XELJANZ XR	89	ZELBORAF	29	ZYDELIG	29
XERMELO	28	<i>zenatane</i>	60	ZYKADIA	29
XGEVA	14	ZENPEP	78	ZYNLONTA	29
XIAFLEX	65	ZEPOSIA	36	ZYNYZ	29
XIFAXAN	11	ZEPOSIA STARTER KIT (28-		ZYPREXA RELPREVV	48
XIGDUO XR	71	DAY)	36		
XIIDRA	95				

您可以通过转到此文件的开头找到有关此表中符号和缩写含义的信息。
此药物清单的最后更新日期为 04/12/2024

2024 Part D 模式處方集（綜合）

本處方集已於 2024 年 05 月 1 日更新。如欲了解更多最新資訊或其他問題，請聯絡 Central Health Medicare Plan 會員服務：(877) 657-2498。（聽障人士請致電 (800) 899-2114），每週 7 天/每天 24 小時全年無休，或造訪 www.centralhealthplan.com。

2024 Part D 模式處方集（綜合）

本處方集已於 2024 年 05 月 1 日更新。如欲了解更多最新資訊或其他問題，請聯絡 Central Health Medicare Plan 會員服務：(877) 657-2498。（聽障人士請致電 (800) 899-2114），每週 7 天/每天 24 小時全年無休，或造訪 www.centralhealthplan.com。