

2025

# ລາຍການຢາທີ່ຄຸ້ມຄອງ

wellcare

(ລາຍການຢາໃຕ້ການຄຸ້ມຄອງ ຫຼື “ລາຍການຢາ”)

- Wellcare Dual Access (HMO D-SNP),
- Wellcare Dual Access (HMO-POS D-SNP),
- Wellcare Dual Access Harmony (HMO-POS D-SNP),
- Wellcare Dual Access Open (PPO D-SNP),
- Wellcare Dual Liberty (HMO D-SNP),
- Wellcare Dual Liberty (HMO-POS D-SNP),
- Wellcare Dual Liberty Open (PPO D-SNP),
- Wellcare Dual Reserve (HMO D-SNP),
- Wellcare Dual Reserve (HMO-POS D-SNP),
- Wellcare Fidelis Dual Plus (HMO D-SNP)

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**ກະລຸນາອ່ານ: ເອກະສານນີ້ມີຂໍ້ມູນກ່ຽວກັບຢາທີ່ພວກເຮົາຄຸ້ມຄອງຢູ່ໃນແຜນປະກັນນີ້**

**HPMS ອະນຸມັດການສົ່ງໄຟລ໌ລາຍການບັນຊີຢາ ເລກທີ 25035**

ລາຍການຢາທີ່ຄຸ້ມຄອງນີ້ໄດ້ຮັບການອັບເດດເມື່ອວັນທີ 11/07/2024. ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມຫຼືຄໍາຖາມອື່ນໆ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ, ການບໍລິການສະມາຊິກຂອງ Wellcare ທີ່ເບີໂທລະສັບ ຫຼື ເວັບໄຊທ໌ສໍາລັບແຜນປະກັນຂອງທ່ານທີ່ລະບຸໄວ້ໃນດ້ານໜ້າ ແລະ ດ້ານຫລັງຂອງສູດຢານີ້, ລະຫວ່າງວັນທີ 1 ຕຸລາຫາ 31 ມີນາ, ຜູ້ຕາງໜ້າມີເຈັດມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ລະຫວ່າງວັນທີ 1 ເດືອນເມສາຫາວັນທີ 30 ກັນຍາ, ຜູ້ຕາງໜ້າເຮັດວຽກວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ.

## **Arkansas**

Wellcare Dual Access Harmony (HMO-POS D-SNP)

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

Wellcare Dual Liberty (HMO-POS D-SNP),

Wellcare Dual Reserve (HMO-POS D-SNP)

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellAR**

## **Connecticut**

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**wellcare.com/medicare**

## **Delaware**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/DE**

## **Georgia**

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**wellcare.com/medicare**

## **Iowa**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **Kansas**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellKS**

## **Kentucky**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **Maine**

PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **Mississippi**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **North Carolina**

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **New York**

Wellcare Dual Access (HMO D-SNP)

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

Wellcare Fidelis Dual Plus (HMO D-SNP)

**1-800-247-1447 (TTY: 711)**

**wellcare.com/fidelisNY**

## **Oklahoma**

PPO D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/OK**

## **Pennsylvania**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellPA**

## **South Carolina**

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**wellcare.com/medicare**

## **Texas**

Wellcare Dual Reserve (HMO D-SNP)

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

Wellcare Dual Access (HMO D-SNP),

Wellcare Dual Liberty (HMO D-SNP)

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellTX**

## **Washington**

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **Wisconsin**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellWI**

**ໝາຍເຫດເຖິງສະມາຊິກທີ່ມີຢູ່ແລ້ວ:** ລາຍການຢາທີ່ຄຸ້ມຄອງນີ້ມີການປ່ຽນແປງນັບຕັ້ງແຕ່ປີທີ່ຜ່ານມາ. ກະລຸນາ  
ກວດເບິ່ງເອກະສານນີ້ ເພື່ອໃຫ້ແນ່ໃຈວ່າມັນຍັງມີຢາທີ່ທ່ານກິນຢູ່.

ເມື່ອລາຍການຢາ (ລາຍການຢາທີ່ຄຸ້ມຄອງ) ໝາຍເຖິງ "ພວກເຮົາ," "ພວກເຮົາ" ຫຼື "ຂອງພວກເຮົາ," ມັນໝາຍຄວາມ  
ວ່າ Wellcare. ເມື່ອມັນໝາຍເຖິງ "ແຜນປະກັນ" ຫຼື "ແຜນປະກັນຂອງພວກເຮົາ," ມັນໝາຍຄວາມວ່າ Wellcare Dual  
Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-  
POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual  
Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP),  
Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Fidelis Dual Plus (HMO D-SNP).

ເອກະສານນີ້ປະກອບມີລາຍການຢາ (ລາຍການຢາທີ່ຄຸ້ມຄອງ) ສໍາລັບແຜນປະກັນຂອງພວກເຮົາເຊິ່ງເປັນປັດຈຸບັນ  
ໃນວັນທີ 11/07/2024. ສໍາລັບລາຍການຢາ (ລາຍການຢາທີ່ຄຸ້ມຄອງ) ທີ່ໄດ້ຮັບການອັບເດດ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ.  
ຂໍ້ມູນການຕິດຕໍ່ຂອງພວກເຮົາ, ຄຽງຄູ່ກັບວັນທີ່ພວກເຮົາໄດ້ອັບເດດລາຍການຢາ (ລາຍການຢາທີ່ຄຸ້ມຄອງ) ຄັ້ງສຸດ  
ທ້າຍ, ປະກົດຢູ່ໃນໜ້າປົກດ້ານໜ້າ ແລະ ດ້ານຫຼັງ.

ໂດຍທົ່ວໄປແລ້ວ, ທ່ານຕ້ອງໃຊ້ຮ້ານຂາຍຢາໃນເຄືອຂ່າຍເພື່ອນໍາໃຊ້ຜົນປະໂຫຍດຢາຕາມໃບສັ່ງແພດຂອງທ່ານ.  
ຜົນປະໂຫຍດ, ລາຍການຢາທີ່ຄຸ້ມຄອງ, ເຄືອຂ່າຍຮ້ານຂາຍຢາ ແລະ/ຫຼື ການຈ່າຍເງິນຮ່ວມ/ການປະກັນຮ່ວມ  
ອາດຈະມີການປ່ຽນແປງໃນວັນທີ 1 ມັງກອນ, 2025 ແລະ ເປັນບາງຄັ້ງຄາວໃນລະຫວ່າງປີ.

**ລາຍການຢາທີ່ຄຸ້ມຄອງຂອງ Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Fidelis Dual Plus (HMO D-SNP) ມີຫຍັງແດ່?**

ໃນເອກະສານນີ້, ພວກເຮົາໃຊ້ຄຳສັບລາຍການຢາ ແລະ ລາຍການຢາທີ່ຄຸ້ມຄອງເພື່ອຫມາຍເຖິງສິ່ງດຽວກັນ. ລາຍການຢາທີ່ຄຸ້ມຄອງແມ່ນລາຍການຢາໃຕ້ການຄຸ້ມຄອງທີ່ເລືອກໂດຍແຜນປະກັນຂອງພວກເຮົາ ໃນການປຶກສາຫາລືກັບທີມງານຂອງຜູ້ໃຫ້ບໍລິການດ້ານສຸຂະພາບ, ເຊິ່ງເປັນຕົວແທນຂອງການປິ່ນປົວຕາມໃບສັ່ງແພດທີ່ເຊື່ອວ່າເປັນສ່ວນທີ່ຈຳເປັນຂອງໂຄງການການປິ່ນປົວທີ່ມີຄຸນນະພາບ. ໂດຍທົ່ວໄປແລ້ວ ແຜນປະກັນຂອງພວກເຮົາຈະກວມເອົາຢາທີ່ລະບຸໄວ້ໃນສູດຂອງພວກເຮົາຕາບໃດທີ່ຢາແມ່ນມີຄວາມຈຳເປັນທາງດ້ານການແພດ, ໃບສັ່ງຢາແມ່ນໄດ້ຕື່ມໃສ່ໃນຮ້ານຂາຍຢາເຄືອຂ່າຍແຜນປະກັນ ແລະ ແມ່ນປະຕິບັດຕາມກົດລະບຽບຂອງແຜນອື່ນໆ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບວິທີການຕື່ມໃບສັ່ງຢາຂອງທ່ານ, ກະລຸນາກວດເບິ່ງ ເອກະສານຢືນຢັນການຄຸ້ມຄອງຂອງທ່ານ.

**ລາຍການສູດຢາມີການປ່ຽນແປງບໍ່?**

ການປ່ຽນແປງການຄຸ້ມຄອງຢາສ່ວນໃຫຍ່ເກີດຂຶ້ນໃນວັນທີ 1 ມັງກອນ, ແຕ່ວ່າພວກເຮົາ ອາດຈະເພີ່ມ ຫຼື ລຶບຢາໃນລາຍການຢາທີ່ຄຸ້ມຄອງໃນລະຫວ່າງປີ, ຍ້າຍພວກມັນໄປສູ່ລະດັບການແບ່ງປັນຕົ້ນທຶນທີ່ແຕກຕ່າງກັນ ຫຼື ເພີ່ມຂໍ້ຈຳກັດໃໝ່. ພວກເຮົາຕ້ອງປະຕິບັດຕາມກົດລະບຽບຂອງ Medicare ໃນການປ່ຽນແປງເຫຼົ່ານີ້. ການປັບປຸງລາຍການຢາທີ່ຄຸ້ມຄອງໄດ້ຖືກຈັດພິມມາປະຈຳເດືອນກັບເວັບໄຊທ໌ຂອງພວກເຮົາທີ່ປາກົດຢູ່ໃນໜ້າພາຍໃນ ແລະ ໜ້າປຶກດ້ານຫຼັງ.

ການປ່ຽນແປງທີ່ສາມາດສົ່ງຜົນກະທົບຕໍ່ທ່ານໃນປີນີ້: ໃນກໍລະນີຂ້າງລຸ່ມນີ້, ທ່ານຈະໄດ້ຮັບຜົນກະທົບຈາກ  
ການປ່ຽນແປງການຄຸ້ມຄອງໃນປີ:

- **ການທົດແທນໃນທັນທີຂອງບາງລຸ້ນໃໝ່ຂອງຢາຊີ້ຍີ່ຫໍ້ ແລະ ຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບ.** ພວກເຮົາອາດຈະເອົາຢາອອກຈາກລາຍການຢາທີ່ຄຸ້ມຄອງຂອງພວກເຮົາທັນທີ ຖ້າພວກເຮົາປ່ຽນມັນດ້ວຍສະບັບໃໝ່ທີ່ແນ່ນອນຂອງຢານັ້ນທີ່ຈະປາກົດດ້ວຍຂໍ້ຈຳກັດດຽວກັນ ຫຼື ໜ້ອຍລົງ. ເມື່ອພວກເຮົາເພີ່ມຢາລຸ້ນໃໝ່ໃສ່ລາຍການສູດຢາຂອງພວກເຮົາ, ພວກເຮົາອາດຈະຕັດສິນໃຈທີ່ຈະຮັກສາຢາທີ່ມີກາສິນຄ້າ ຫຼື ຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບໄວ້ໃນລາຍການຢາທີ່ຄຸ້ມຄອງຂອງພວກເຮົາ, ແຕ່ຈະເພີ່ມຂໍ້ຈຳກັດໃໝ່ໃນທັນທີ.

ພວກເຮົາສາມາດເຮັດການປ່ຽນແປງເຫຼົ່ານີ້ທັນທີໄດ້ ພຽງແຕ່ຖ້າພວກເຮົາເພີ່ມຂອງຢາທີ່ມີກາສິນຄ້າລຸ້ນໃໝ່ ຫຼື ເພີ່ມຜະລິດຕະພັນຊີວະພາບລຸ້ນໃໝ່ຂອງຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບ, ເຊິ່ງມີຢູ່ໃນລາຍການຢາທີ່ຄຸ້ມຄອງ (ຕົວຢ່າງເຊັ່ນ, ເພີ່ມຜະລິດຕະພັນຊີວະພາບທີ່ສາມາດແລກປ່ຽນກັນໄດ້ ທົດແທນຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບ ໂດຍຮ້ານຂາຍຢາ ໂດຍບໍ່ມີໃບສັ່ງຢາໃໝ່ເລີຍ).

ຖ້າທ່ານຕອນນີ້ກຳລັງກິນຢາທີ່ມີກາສິນຄ້າ ຫຼື ຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບ, ພວກເຮົາອາດຈະບໍ່ບອກທ່ານລ່ວງໜ້າກ່ອນທີ່ພວກເຮົາຈະປ່ຽນແປງທັນທີ, ແຕ່ພວກເຮົາຈະໃຫ້ຂໍ້ມູນກ່ຽວກັບການປ່ຽນແປງສະເພາະທີ່ພວກເຮົາໄດ້ເຮັດໃນພາຍຫລັງ.

ຖ້າພວກເຮົາເຮັດການປ່ຽນແປງດັ່ງກ່າວ, ທ່ານ ຫຼື ຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານສາມາດຂໍໃຫ້ພວກເຮົາເຮັດການຍົກເວັ້ນ ແລະ ສືບຕໍ່ຄຸ້ມຄອງຢາທີ່ກຳລັງໄດ້ຮັບການປ່ຽນແປງໃຫ້ທ່ານ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ເບິ່ງພາກລຸ່ມນີ້ໃນຫົວຂໍ້ວ່າ “ຂ້າພະເຈົ້າຈະຮ້ອງຂໍໃຫ້ມີຂໍ້ຍົກເວັ້ນລາຍການຢາທີ່ຄຸ້ມຄອງຂອງ Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Fidelis Dual Plus (HMO D-SNP) ໄດ້ແນວໃດ?”

ບາງປະເພດຢາເຫຼົ່ານີ້ອາດເປັນຢາໃໝ່ສຳລັບທ່ານ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມ, ໃຫ້ເບິ່ງພາກລຸ່ມນີ້ມີຊື່ວ່າ “ຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບແມ່ນຫຍັງ ແລະ ກ່ຽວຂ້ອງກັບ ຜະລິດຕະພັນຊີວະພາບແນວໃດ?”

- **ຢາຖືກຖອນອອກຈາກຕະຫຼາດແລ້ວ.** ຖ້າຜູ້ຜະລິດຖອນຢາອອກຈາກການຈຳໜ່າຍ ຫຼື ອົງການອາຫານ ແລະ ຢາ (FDA) ກຳນົດວ່າຈະຖອນຢາອອກດ້ວຍເຫດຜົນດ້ານຄວາມປອດໄພ ຫຼື ປະສິດທິພາບ, ພວກເຮົາອາດຈະຖອນຢາຕົວນີ້ອອກລາຍການຢາທີ່ຄຸ້ມຄອງຂອງພວກເຮົາທັນທີ ແລະ ແຈ້ງໃຫ້ສະມາຊິກທີ່ຮັບປະທານຢາຕົວນັ້ນຊາບໃນພາຍຫຼັງ.
- **ການປ່ຽນແປງອື່ນໆ.** ພວກເຮົາອາດຈະເຮັດການປ່ຽນແປງອື່ນໆ ທີ່ມີຜົນກະທົບກັບສະມາຊິກທີ່ກຳລັງໃຊ້ຢາຢູ່. ສຳລັບຕົວຢ່າງເຊັ່ນ, ພວກເຮົາອາດຈະລຶບຢາທີ່ມີກາສິນຄ້າອອກຈາກລາຍການຢາທີ່ຄຸ້ມຄອງເມື່ອເພີ່ມຢາສາມາດທຽບເທົ່າ ຫຼື ນຳເອົາຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບອອກ ເມື່ອເພີ່ມຜະລິດຕະພັນຢາຊີວະພາບລຸ້ນໃໝ່. ພວກເຮົາອາດຈະນຳໃຊ້ຂໍ້ຈຳກັດໃໝ່ຕໍ່ກັບຢາທີ່ມີກາສິນຄ້າ ຫຼື ຜະລິດຕະພັນທາງຊີວະພາບຕົ້ນສະບັບ ຫຼື ຍ້າຍໄປສູ່ລະດັບການແບ່ງປັນຕົ້ນທຶນທີ່ແຕກຕ່າງກັນ ຫຼື ທັງສອງຢ່າງ. ພວກເຮົາອາດຈະເຮັດການປ່ຽນແປງໂດຍອີງໃສ່ຄຳແນະນຳທາງດ້ານການປິ່ນປົວໃໝ່. ຖ້າພວກເຮົາລຶບຢາອອກຈາກລາຍການຢາທີ່ຄຸ້ມຄອງຂອງພວກເຮົາ ຫຼື ເພີ່ມການອະນຸມັດລ່ວງໜ້າ, ຕົວວັດກອບຄຸນນະພາບ ແລະ/ຫຼື ຂໍ້ຈຳກັດການບຳບັດດ້ວຍຕົນສຳລັບຢາ, ພວກເຮົາຕ້ອງແຈ້ງໃຫ້ສະມາຊິກທີ່ໄດ້ຮັບຜົນກະທົບຊາບກ່ຽວກັບການປ່ຽນແປງຢ່າງໜ້ອຍ 30 ວັນກ່ອນທີ່ການປ່ຽນແປງຈະມີຜົນບັງຄັບໃຊ້. ອີກທາງເລືອກ, ເມື່ອສະມາຊິກຮ້ອງຂໍຢາຕື່ມ, ເຂົາເຈົ້າອາດຈະໄດ້ຮັບຢາເປັນເວລາ 30 ວັນ ແລະ ການແຈ້ງເຕືອນການປ່ຽນແປງ.

ຖ້າພວກເຮົາເຮັດການປ່ຽນແປງອື່ນໆເຫຼົ່ານີ້, ທ່ານ ຫຼື ຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານສາມາດຮ້ອງຂໍໃຫ້ພວກເຮົາເຮັດຂໍ້ຍົກເວັ້ນໃຫ້ກັບທ່ານໄດ້ ແລະ ສືບຕໍ່ຄຸ້ມຄອງຢາທີ່ທ່ານກຳລັງໃຊ້ຢູ່. ນອກຈາກນີ້, ແຈ້ງການທີ່ພວກເຮົາໃຫ້ທ່ານຍັງຈະລວມເອົາຂໍ້ມູນກ່ຽວກັບວິທີການຮ້ອງຂໍຂໍ້ຍົກເວັ້ນ ແລະ ທ່ານຍັງສາມາດຊອກຫາຂໍ້ມູນໃນພາກລຸ່ມນີ້ຫົວຂໍ້ “ຂ້າພະເຈົ້າຈະຮ້ອງຂໍການຍົກເວັ້ນກັບລາຍການຢາທີ່ຄຸ້ມຄອງຂອງ Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Fidelis Dual Plus (HMO D-SNP) ແນວໃດ?”



ການປ່ຽນແປງທີ່ຈະບໍ່ມີຜົນກະທົບທ່ານ ຖ້າຫາກທ່ານກຳລັງກິນຢາໃນຕອນນີ້ຢູ່. ໂດຍທົ່ວໄປແລ້ວ, ຖ້າຫາກວ່າທ່ານກຳລັງກິນຢາຢູ່ໃນລາຍການຢາທີ່ຄຸ້ມຄອງປີ 2025 ຂອງພວກເຮົາທີ່ໄດ້ຄຸ້ມຄອງໃນຕອນຕົ້ນປີ, ພວກເຮົາຈະບໍ່ຢຸດ ຫຼື ຫຼຸດການຄຸ້ມຄອງຂອງຢາໃນໄລຍະປີການປະກັນໄພປີ 2025 ຍົກເວັ້ນຕາມທີ່ໄດ້ອະທິບາຍຂ້າງເທິງ. ອັນນີ້ໝາຍຄວາມວ່າຢາເຫຼົ່ານີ້ຈະຍັງຄົງມີຢູ່ທີ່ການແບ່ງປັນຕົ້ນທຶນເທົ່າເດີມ ແລະ ບໍ່ມີຂໍ້ຈຳກັດໃໝ່ ສຳລັບສະມາຊິກເຫຼົ່ານັ້ນທີ່ກິນ ສຳລັບສ່ວນທີ່ເຫຼືອຂອງປີການຄຸ້ມຄອງ. ທ່ານຈະບໍ່ໄດ້ຮັບການແຈ້ງການໂດຍກົງໃນປີນີ້ກ່ຽວກັບການປ່ຽນແປງທີ່ບໍ່ມີຜົນຕໍ່ທ່ານ. ຢ່າງໃດກໍຕາມ, ໃນວັນທີ 1 ມັງກອນຂອງປີຕໍ່ໄປ, ການປ່ຽນແປງດັ່ງກ່າວຈະສົ່ງຜົນກະທົບຕໍ່ທ່ານ ແລະ ມັນເປັນສິ່ງສຳຄັນທີ່ຈະກວດເບິ່ງລາຍການຢາທີ່ຄຸ້ມຄອງ ສຳລັບປີຜົນປະໂຫຍດໃໝ່ ສຳລັບການປ່ຽນແປງໃດໆຂອງຢາ.

ລາຍການຢາທີ່ຄຸ້ມຄອງແນບມານີ້ມີຜົນບັງຄັບໃຊ້ແຕ່ວັນທີ 11/07/2024. ຖ້າຕ້ອງການຮັບຂໍ້ມູນອັບເດດກ່ຽວກັບຢາທີ່ຄຸ້ມຄອງພາຍໃຕ້ແຜນປະກັນຂອງພວກເຮົາ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ. ຂໍ້ມູນການຕິດຕໍ່ຂອງພວກເຮົາປະກົດຢູ່ໃນໜ້າປົກດ້ານໃນ ແລະ ໜ້າປົກດ້ານຫຼັງ.

ສູດຈະໄດ້ຮັບການປັບປຸງທຸກເດືອນ ແລະ ໂພສຢູ່ໃນເວັບໄຊທ໌ຂອງພວກເຮົາ. ຖ້າຕ້ອງການຮັບລາຍການຢາທີ່ຄຸ້ມຄອງສະບັບພິມຫຼ້າສຸດ ຫຼື ຂໍ້ມູນກ່ຽວກັບຢາທີ່ຄຸ້ມຄອງພາຍໃຕ້ແຜນປະກັນຂອງພວກເຮົາ, ກະລຸນາເຂົ້າໄປທີ່ເວັບໄຊທ໌ຂອງພວກເຮົາ ຫຼື ໂທຕິດຕໍ່ການບໍລິການສະມາຊິກຢູ່ໃນຂໍ້ມູນຕິດຕໍ່ຂອງພວກເຮົາຢູ່ທີ່ໜ້າປົກດ້ານໃນ ແລະ ໜ້າປົກດ້ານຫຼັງ.

## ຂ້າພະເຈົ້າຈະໃຊ້ລາຍການຢາທີ່ຄຸ້ມຄອງແນວໃດ?

ມີສອງວິທີໃນການຊອກຫາຢາຂອງທ່ານພາຍໃນລາຍການຢາທີ່ຄຸ້ມຄອງ:

### ສະພາບທາງການແພດ

ລາຍການຢາທີ່ຄຸ້ມຄອງເລີ່ມຕົ້ນໃນໜ້າທີ 1. ຢາທີ່ຢູ່ໃນລາຍການຢາທີ່ຄຸ້ມຄອງນີ້ໄດ້ຖືກຈັດກຸ່ມເປັນໝວດໝູ່ຕາມປະເພດຂອງອາການປ່ວຍທີ່ໃຊ້ປິ່ນປົວ. ສຳລັບຕົວຢ່າງເຊັ່ນ, ຢາທີ່ໃຊ້ໃນການປິ່ນປົວພະຍາດຫົວໃຈແມ່ນຈັດຢູ່ໃນປະເພດ "ຫຼອດເລືອດຫົວໃຈ, ຄວາມດັນເລືອດສູງ / ໄຂມັນໃນເລືອດສູງ." ຖ້າຫາກວ່າຮູ້ວ່າຢາຂອງທ່ານຖືກໃຊ້ ເພື່ອຫຍັງ, ໃຫ້ຊອກຫາຊື່ໝວດໝູ່ໃນລາຍການທີ່ເລີ່ມຕົ້ນໃນ ເລກໜ້າທີ 1. ຫຼັງຈາກນັ້ນ, ເບິ່ງພາຍໃຕ້ຊື່ປະເພດສຳລັບຢາຂອງທ່ານ.

### ລາຍການຮຽງຕາມຕົວອັກສອນ

ຖ້າທ່ານບໍ່ແນ່ໃຈວ່າຈະເບິ່ງປະເພດໃດ, ທ່ານຄວນຊອກຫາຢາຂອງທ່ານໃນດັດຊະນີທີ່ເລີ່ມຕົ້ນໃນໜ້າ INDEX-1. ດັດຊະນີສະແດງລາຍການຢາຕາມລຳດັບຕົວອັກສອນຂອງຢາທັງໝົດທີ່ລວມຢູ່ໃນເອກະສານນີ້. ທັງຢາຊີ້ຢື້ ແລະ ຢາທົ່ວໄປແມ່ນໄດ້ລະບຸໄວ້ໃນດັດຊະນີ. ຊອກຫາຢູ່ໃນດັດຊະນີ ແລະ ຊອກຫາຢາຂອງທ່ານ. ຖັດຈາກຢາຂອງທ່ານ, ທ່ານຈະເຫັນໝາຍເລກໜ້າທີ່ທ່ານສາມາດຊອກຫາຂໍ້ມູນການຄຸ້ມຄອງໄດ້. ເປີດໄປຫາໜ້າທີ່ສະແດງໄວ້ໃນດັດຊະນີ ແລະ ຊອກຫາຊື່ຂອງຢາຂອງທ່ານໃນແຖວທຳອິດຂອງລາຍການ.



## ຢາທົ່ວໄປແມ່ນຫຍັງ?

ແຜນປະກັນຂອງພວກເຮົາຄຸ້ມຄອງທັງຢາທີ່ມີຊື່ຍີ່ຫໍ້ ແລະ ຢາທົ່ວໄປ. ຢາທົ່ວໄປໄດ້ຮັບການອະນຸມັດຈາກ FDA ວ່າມີສ່ວນປະກອບຢ່າງດຽວກັນກັບຢາຊື່ຍີ່ຫໍ້. ໂດຍທົ່ວໄປ, ຢາທົ່ວໄປຈະໄດ້ຮັບຜົນເຊັ່ນດຽວກັນ ກັບຢາທີ່ມີຊື່ທາງການຄ້າ ແລະ ມັກມີລາຄາຖືກກວ່າຢາທີ່ມີກາສິນຄ້າ. ມີຢາທົ່ວໄປທົດແທນທີ່ມີຊື່ທາງການຄ້າຫຼາຍຊະນິດ. ປົກກະຕິແລ້ວຢາທົ່ວໄປສາມາດທົດແທນໄດ້ກັບຢາທີ່ມີກາສິນຄ້າໄດ້ທີ່ຮ້ານຂາຍຢາໂດຍບໍ່ຈໍາເປັນຕ້ອງມີໃບສັ່ງຢາໃໝ່, ອີງຕາມກົດໝາຍຂອງແຕ່ລະລັດ.

## ຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບແມ່ນຫຍັງ ແລະ ກ່ຽວຂ້ອງກັບຜະລິດຕະພັນຊີວະພາບລຸ້ນໃໝ່ແນວໃດ?

ເມື່ອພວກເຮົາອ້າງເຖິງລາຍການຢາທີ່ຄຸ້ມຄອງ, ນີ້ອາດຈະໝາຍເຖິງຢາ ຫຼື ຜະລິດຕະພັນທາງຊີວະພາບກໍໄດ້. ຜະລິດຕະພັນຊີວະພາບແມ່ນຢາທີ່ມີຄວາມຊັບຊ້ອນຫຼາຍກວ່າຢາທົ່ວໄປ. ເນື່ອງຈາກຜະລິດຕະພັນຊີວະພາບມີຄວາມສັບຊ້ອນຫຼາຍກວ່າຢາທົ່ວໄປ, ແທນທີ່ຈະມີຮູບແບບທົ່ວໄປ, ຈິ່ງຈະມີທາງເລືອກອື່ນທີ່ເອີ້ນວ່າ ຜະລິດຕະພັນຊີວະພາບລຸ້ນໃໝ່. ໂດຍທົ່ວໄປແລ້ວ, ຜະລິດຕະພັນຊີວະພາບທີ່ຄ້າຍຄືກັນ ມີປະສິດທິພາບດີເທົ່າກັບຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບ ແລະ ອາດມີລາຄາຖືກກວ່າ. ມີທາງເລືອກທາງຊີວະພາບທີ່ຄ້າຍຄືກັນສໍາລັບຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບ. ຜະລິດຕະພັນຊີວະພາບທີ່ຄ້າຍຄືກັນບາງຊະນິດເປັນຜະລິດຕະພັນຊີວະພາບທີ່ສາມາດໃຊ້ແທນກັນໄດ້ ແລະ ອີງຕາມກົດໝາຍຂອງແຕ່ລະລັດ, ອາດໃຊ້ທົດແທນຜະລິດຕະພັນຊີວະພາບຕົ້ນສະບັບທີ່ຂາຍໃນຮ້ານຂາຍຢາ ໂດຍບໍ່ຈໍາເປັນຕ້ອງມີໃບສັ່ງຢາໃໝ່, ຄືກັນກັບຢາທົ່ວໄປທີ່ສາມາດໃຊ້ທົດແທນຢາທີ່ຊື່ຍີ່ຫໍ້.

- ຖ້າຕ້ອງການປຶກສາຫາລືກ່ຽວກັບປະເພດຢາ, ກະລຸນາເບິ່ງ ເອກະສານຢືນຢັນການຄຸ້ມຄອງ, ບົດທີ 5, ພາກທີ 3.1, “ລາຍການຢາ ລະບຸຢາ ພາກ D ຊະນິດໃດທີ່ມີການຄຸ້ມຄອງ.”

## ມີຂໍ້ຈຳກັດໃດໆກ່ຽວກັບການຄຸ້ມຄອງຂອງຂ້າພະເຈົ້າຫຼືບໍ່?

ຢາບາງຊະນິດທີ່ຢູ່ໃຕ້ການຄຸ້ມຄອງອາດມີຂໍ້ກຳນົດ ຫຼື ຂໍ້ຈຳກັດໃນການຄຸ້ມຄອງເພີ່ມເຕີມ. ຂໍ້ກຳນົດ ແລະ ຂໍ້ຈຳກັດ ເຫຼົ່ານີ້ອາດຮວມມີ:

- **ການອະນຸມັດລ່ວງໜ້າ:** ແຜນປະກັນຂອງພວກເຮົາຮຽກຮ້ອງໃຫ້ທ່ານ ຫຼື ຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານໄດ້ຮັບການອະນຸມັດລ່ວງໜ້າສຳລັບຢາບາງຊະນິດ. ນີ້ໝາຍຄວາມວ່າທ່ານຈະຕ້ອງໄດ້ຮັບການອະນຸມັດຈາກແຜນປະກັນຂອງພວກເຮົາກ່ອນທີ່ທ່ານຈະຕື່ມໃບສັ່ງຢາຂອງທ່ານ. ຖ້າທ່ານບໍ່ໄດ້ຮັບການອະນຸມັດ, ແຜນປະກັນຂອງພວກເຮົາອາດຈະບໍ່ຄຸ້ມຄອງຢາ.
- **ຕົວວັດກອບຄຸນນະພາບ:** ສຳລັບຢາບາງຊະນິດ, ແຜນປະກັນຂອງພວກເຮົາຈຳກັດປະລິມານຢາທີ່ແຜນປະກັນຂອງພວກເຮົາຄຸ້ມຄອງ. ຕົວຢ່າງເຊັ່ນ, ແຜນປະກັນຂອງພວກເຮົາໃຫ້ຢາ 18 ເມັດຕໍ່ໃບສັ່ງຢາສຳລັບຮີ rizatriptan 5mg. ນີ້ອາດຈະເປັນການເພີ່ມຈາກປະລິມານຢາມາດຕະຖານໜຶ່ງ ຫຼື ສາມເດືອນ.
- **ການບຳບັດດ້ວຍຕີນ:** ໃນບາງກໍລະນີ, ແຜນປະກັນຂອງພວກເຮົາກຳນົດໃຫ້ທ່ານທົດລອງໃຊ້ຢາບາງຊະນິດເພື່ອປິ່ນປົວສະພາບທາງການແພດຂອງທ່ານກ່ອນ ກ່ອນທີ່ພວກເຮົາຈະຄຸ້ມຄອງຢາອື່ນສຳລັບອາການນັ້ນ. ຕົວຢ່າງເຊັ່ນ, ຖ້າຢາ A ແລະ ຢາ B ທັງສອງປິ່ນປົວອາການເຈັບຂອງທ່ານທາງການແພດຂອງທ່ານ, ແຜນປະກັນຂອງພວກເຮົາອາດຈະບໍ່ຕຸ້ມຄອງຢາ B ເວັ້ນເສຍແຕ່ວ່າທ່ານລອງຢາ A ກ່ອນ. ຖ້າຢາ A ບໍ່ໄດ້ຜົນສຳລັບທ່ານ, ແຜນປະກັນຂອງພວກເຮົາຈະຄຸ້ມຄອງຢາ B ແທນ.

ທ່ານສາມາດກວດສອບວ່າຢາຂອງທ່ານມີຂໍ້ກຳນົດ ຫຼື ຂໍ້ຈຳກັດເພີ່ມເຕີມ ຫຼື ບໍ່ໄດ້ ໂດຍເບິ່ງຢູ່ໃນສູດທີ່ເລີ່ມຕົ້ນໃນໜ້າທີ 1. ທ່ານສາມາດຮັບຂໍ້ມູນເພີ່ມເຕີມກ່ຽວກັບຂໍ້ຈຳກັດທີ່ໃຊ້ກັບຢາທີ່ຄຸ້ມຄອງສະເພາະ ໂດຍເຂົ້າຊົມເວັບໄຊທ໌ຂອງພວກເຮົາ. ພວກເຮົາໄດ້ໂພສເອກະສານອອນລາຍ ທີ່ອະທິບາຍ ການອະນຸມັດລ່ວງໜ້າ ແລະ ຂໍ້ຈຳກັດໃນການບຳບັດດ້ວຍຕີນຂອງພວກເຮົາ. ທ່ານອາດຈະຂໍໃຫ້ພວກເຮົາສົ່ງສຳເນົາໃຫ້ທ່ານ. ຂໍ້ມູນການຕິດຕໍ່ຂອງພວກເຮົາ, ຄຽງຄູ່ກັບວັນທີທີ່ພວກເຮົາໄດ້ປັບປຸງສູດຢາຄັ້ງສຸດທ້າຍ, ປະກົດຢູ່ພາຍໃນໜ້າປົກດ້ານໜ້າ ແລະ ດ້ານຫຼັງ.

ທ່ານສາມາດຂໍຂໍ້ຍົກເວັ້ນຈາກແຜນປະກັນຂອງພວກເຮົາ ຫຼື ຂໍ້ຈຳກັດເຫຼົ່ານີ້ ຫຼື ລາຍການຢາອື່ນໆ ທີ່ຄ້າຍຄືກັນທີ່ຈະຈະປິ່ນປົວ, ທີ່ຄ້າຍຄືກັນທີ່ອາດຈະປິ່ນປົວອາການເຈັບຂອງທ່ານໄດ້. ເບິ່ງພາກລຸ່ມນີ້ “ຂ້າພະເຈົ້າຈະຮ້ອງຂໍຂໍ້ຍົກເວັ້ນລາຍການຢາທີ່ຄຸ້ມຄອງຂອງ Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Fidelis Dual Plus (HMO D-SNP) ໄດ້ແນວໃດ?” ໃນໜ້າທີ VIII ສຳລັບຂໍ້ມູນກ່ຽວກັບວິທີຮ້ອງຂໍຂໍ້ຍົກເວັ້ນ.

## ຈະເກີດຫຍັງຂຶ້ນຖ້າຢາຂອງຂ້າພະເຈົ້າບໍ່ມີຢູ່ໃນລາຍການຢາທີ່ຄຸ້ມຄອງ?

ຖ້າຢາຂອງທ່ານບໍ່ໄດ້ລວມຢູ່ໃນລາຍການສູດຢາມີ (ລາຍການຢາໃຕ້ການຄຸ້ມຄອງ), ທ່ານຄວນຕິດຕໍ່ການບໍລິການສະມາຊິກກ່ອນ ແລະ ຖາມວ່າຢາຂອງທ່ານຢູ່ໃນລາຍການຄຸ້ມຄອງຫຼືບໍ່.

ຖ້າທ່ານຮູ້ວ່າແຜນປະກັນຂອງພວກເຮົາບໍ່ຄຸ້ມຄອງຢາຂອງທ່ານ, ທ່ານມີສອງທາງເລືອກ:

- ທ່ານສາມາດຮ້ອງຂໍໃຫ້ການບໍລິການສະມາຊິກ ສຳລັບລາຍການຢາທີ່ຄ້າຍຄືກັນທີ່ໄດ້ຮັບການຄຸ້ມຄອງໂດຍແຜນປະກັນຂອງພວກເຮົາ. ເມື່ອທ່ານໄດ້ຮັບລາຍການ, ໃຫ້ສະແດງໃຫ້ທ່ານໝໍຂອງທ່ານເບິ່ງ ແລະ ຂໍໃຫ້ແພດສັ່ງຢາທີ່ຄ້າຍຄືກັນທີ່ຄຸ້ມຄອງໂດຍແຜນປະກັນຂອງພວກເຮົາ.
- ທ່ານສາມາດຮ້ອງຂໍໃຫ້ແຜນປະກັນຂອງພວກເຮົາເຮັດຂໍ້ຍົກເວັ້ນ ແລະ ຄຸ້ມຄອງຢາຂອງທ່ານ. ເບິ່ງຂ້າງລຸ່ມນີ້ສຳລັບຂໍ້ມູນກ່ຽວກັບວິທີຮ້ອງຂໍຂໍ້ຍົກເວັ້ນ.

**ຂ້າພະເຈົ້າຈະຂໍຂໍ້ຍົກເວັ້ນກັບລາຍການຢາທີ່ຄຸ້ມຄອງຂອງ Wellcare Dual Access (HMO D-SNP), Wellcare Dual Access (HMO-POS D-SNP), Wellcare Dual Access Harmony (HMO-POS D-SNP), Wellcare Dual Access Open (PPO D-SNP), Wellcare Dual Liberty (HMO D-SNP), Wellcare Dual Liberty (HMO-POS D-SNP), Wellcare Dual Liberty Open (PPO D-SNP), Wellcare Dual Reserve (HMO D-SNP), Wellcare Dual Reserve (HMO-POS D-SNP), Wellcare Fidelis Dual Plus (HMO D-SNP) ໄດ້ແນວໃດແດ່?**

ທ່ານສາມາດຂໍໃຫ້ແຜນປະກັນຂອງພວກເຮົາສ້າງຂໍ້ຍົກເວັ້ນຕໍ່ກັບກົດລະບຽບການຄຸ້ມຄອງຂອງພວກເຮົາໄດ້. ມີຂໍ້ຍົກເວັ້ນຫຼາຍປະເພດທີ່ທ່ານສາມາດຮ້ອງຂໍໃຫ້ພວກເຮົາເຮັດ.

- ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຄຸ້ມຄອງຢາໄດ້ເຖິງແມ່ນວ່າບໍ່ມີຢູ່ໃນລາຍການສູດຢາຂອງພວກເຮົາກໍຕາມ. ຖ້າໄດ້ຮັບການອະນຸມັດ, ຢາມີຈະໄດ້ຮັບການຄຸ້ມຄອງໃນລະດັບການແບ່ງປັນຕົ້ນທຶນທີ່ກຳນົດໄວ້ລ່ວງໜ້າ ແລະ ທ່ານຈະບໍ່ສາມາດຂໍໃຫ້ພວກເຮົາຈັດຫາຢາໃນລະດັບການແບ່ງປັນຕົ້ນທຶນທີ່ຕໍ່າກວ່າໄດ້.
- ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຍົກເວັ້ນຂໍ້ຈຳກັດການຄຸ້ມຄອງລວມທັງການອະນຸມັດລ່ວງໜ້າ, ການບຳບັດດ້ວຍຕົນ ຫຼື ການຈຳກັດປະລິມານຢາຂອງທ່ານ. ຕົວຢ່າງເຊັ່ນ, ສຳລັບຢາບາງຊະນິດ, ແຜນປະກັນຂອງພວກເຮົາມີຂໍ້ຈຳກັດປະລິມານຢາທີ່ຈະຄຸ້ມຄອງ. ຖ້າຢາຂອງທ່ານມີປະລິມານຈຳກັດ, ທ່ານສາມາດຂໍໃຫ້ພວກເຮົາຍົກເວັ້ນປະລິມານຈຳກັດ ແລະ ຄຸ້ມຄອງປະລິມານທີ່ຫຼາຍຂຶ້ນ.

ໂດຍທົ່ວໄປແລ້ວ, ແຜນປະກັນຂອງພວກເຮົາຈະອະນຸມັດຄຳຮ້ອງຂໍຂໍ້ຍົກເວັ້ນຂອງທ່ານສະເພາະໃນກໍລະນີຢາທາງເລືອກທີ່ລວມຢູ່ໃນສູດຂອງແຜນປະກັນ ຫຼື ການນຳໃຊ້ຂໍ້ຈຳກັດຈະບໍ່ມີປະສິດທິພາບສຳລັບທ່ານ ແລະ/ຫຼື ເຮັດໃຫ້ທ່ານມີຜົນຂ້າງຄຽງ.

ທ່ານ ຫຼື ຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານຄວນຕິດຕໍ່ພວກເຮົາເພື່ອຮ້ອງຂໍໃຫ້ມີລາຍການຢາທີ່ມີຂໍ້ຍົກເວັ້ນ, ລວມທັງ ຂໍ້ຍົກເວັ້ນຕໍ່ຂໍ້ຈຳກັດການຄຸ້ມຄອງ. ເມື່ອທ່ານຮ້ອງຂໍຂໍ້ຍົກເວັ້ນ, ຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານຈະຕ້ອງອະທິບາຍ ເຫດຜົນທາງການແພດວ່າເປັນຫຍັງທ່ານຕ້ອງການຂໍ້ຍົກເວັ້ນ. ໂດຍທົ່ວໄປແລ້ວ, ພວກເຮົາຕ້ອງຕັດສິນໃຈພາຍໃນ 72 ຊົ່ວໂມງຫຼັງຈາກໄດ້ຮັບ ເອກະສານຮັບຮອງຈາກຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານ. ທ່ານສາມາດຮ້ອງຂໍໃຫ້ມີການ ຕັດສິນໃຈແບບເລັ່ງລັດ (ໄວ) ຖ້າທ່ານເຊື່ອ ແລະ ພວກເຮົາຕົກລົງເຫັນດີ, ວ່າສຸຂະພາບຂອງທ່ານອາດຈະໄດ້ຮັບ ຜົນກະທົບຢ່າງຮຸນແຮງຈາກການລໍຖ້າການຕັດສິນໃຈດົນເຖິງ 72 ຊົ່ວໂມງ. ຖ້າພວກເຮົາຕົກລົງເຫັນດີ ຫຼື ຖ້າຜູ້ອອກ ໃບສັ່ງຢາຂອງທ່ານຮ້ອງຂໍໃຫ້ມີການຕັດສິນໃຈໄວ, ພວກເຮົາຕ້ອງແຈ້ງຜົນການຕັດສິນໃຈໃຫ້ທ່ານຮູ້ພາຍໃນ 24 ຊົ່ວໂມງຫຼັງຈາກທີ່ພວກເຮົາໄດ້ຮັບ ເອກະສານຮັບຮອງຈາກຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານ.

## **ຂ້າພະເຈົ້າສາມາດເຮັດຫຍັງໄດ້ແກ່ຖ້າຢາຂອງຂ້າພະເຈົ້າບໍ່ມີຢູ່ໃນສູດ ຫຼື ມີຂໍ້ຈຳກັດ?**

ໃນຖານະທີ່ເປັນສະມາຊິກໃໝ່ ຫຼື ສະມາຊິກຕໍ່ເນື່ອງຢູ່ໃນແຜນປະກັນຂອງພວກເຮົາ ທ່ານອາດຈະຮັບປະທານຢາ ທີ່ບໍ່ມີຢູ່ໃນສູດຂອງພວກເຮົາ ຫຼື ທ່ານອາດຈະຮັບປະທານຢາທີ່ຢູ່ໃນສູດຂອງພວກເຮົາແຕ່ມີຂໍ້ຈຳກັດການຄຸ້ມຄອງ, ເຊັ່ນ: ຕ້ອງໄດ້ຮັບການອານຸມັດລ່ວງໜ້າ. ທ່ານຄວນລົມກັບຜູ້ອອກໃບສັ່ງຢາຂອງທ່ານກ່ຽວກັບການຮ້ອງຂໍ ການຕັດສິນໃຈການຄຸ້ມຄອງເພື່ອສະແດງໃຫ້ເຫັນວ່າທ່ານປະຕິບັດຕາມເງື່ອນໄຂສໍາລັບການອະນຸມັດ, ການປ່ຽນ ເປັນຢາທາງເລືອກທີ່ພວກເຮົາຄຸ້ມຄອງ ຫຼື ຮ້ອງຂໍລາຍການຢາທີ່ມີຂໍ້ຍົກເວັ້ນເພື່ອໃຫ້ພວກເຮົາສາມາດຄຸ້ມຄອງຢາທີ່ ທ່ານຮັບປະທານ. ໃນຂະນະທີ່ທ່ານ ແລະ ທ່ານແພດຂອງທ່ານກໍານົດວິທີການປະຕິບັດທີ່ຖືກຕ້ອງສໍາລັບທ່ານ, ພວກ ເຮົາອາດຈະຄຸ້ມຄອງຢາຂອງທ່ານໃນບາງກໍລະນີໃນຊ່ວງ 90 ວັນທໍາອິດທີ່ທ່ານເປັນສະມາຊິກຂອງແຜນປະກັນ ຂອງພວກເຮົາ.

ສໍາລັບຢາແຕ່ລະຊະນິດທີ່ບໍ່ມີຢູ່ໃນສູດຂອງພວກເຮົາ ຫຼື ມີຂໍ້ຈຳກັດການຄຸ້ມຄອງ, ພວກເຮົາຈະຄຸ້ມຄອງປະລິມານ ການໃຫ້ຢາຊົ່ວຄາວໃນ 30 ວັນ. ຖ້າໃບສັ່ງຢາຂອງທ່ານຖືກຂຽນໄວ້ເປັນເວລາໜ້ອຍລົງ, ພວກເຮົາຈະອະນຸຍາດໃຫ້ ຕື່ມຢາເພື່ອໃຫ້ປະລິທານຢາສູງສຸດ 30 ວັນ. ຖ້າການຄຸ້ມຄອງບໍ່ໄດ້ຮັບການອະນຸມັດ, ຫຼັງຈາກທ່ານໄດ້ຮັບຢາຄົບ 30 ວັນແລ້ວ, ພວກເຮົາຈະບໍ່ຈ່າຍຄ່າຢາເຫຼົ່ານີ້, ເຖິງວ່າທ່ານຈະເປັນສະມາຊິກແຜນປະກັນມາບໍ່ຮອດ 90 ວັນກໍຕາມ.

ຖ້າທ່ານເປັນຜູ້ພັກອາໄສຢູ່ໃນສູນບໍລິການເບິ່ງແຍງໄລຍະຍາວ ແລະ ທ່ານຕ້ອງການຢາທີ່ບໍ່ມີຢູ່ໃນສູດຂອງ ພວກເຮົາ ຫຼື ຖ້າຄວາມສາມາດໃນການຮັບຢາຂອງທ່ານມີຈຳກັດ, ແຕ່ທ່ານໄດ້ຜ່ານ 90 ວັນທໍາອິດຂອງການ ເປັນສະມາຊິກໃນແຜນປະກັນຂອງພວກເຮົາ, ພວກເຮົາຈະຄຸ້ມຄອງຢາເຫດສຸກເສີນ 31 ວັນ ສໍາລັບຢາດັ່ງກ່າວ ໃນຂະນະທີ່ທ່ານດໍາເນີນການລາຍການຢາທີ່ມີຂໍ້ຍົກເວັ້ນ.

ຖ້າທ່ານປະສົບກັບການປ່ຽນແປງລະດັບການດູແລ (ເຊັ່ນ: ອອກຈາກໂຮງພະຍາບານ ຫຼື ຮັບການດູແລໃນສູນ ບໍລິການເບິ່ງແຍງໄລຍະຍາວ), ແພດ ຫຼື ຮ້ານຂາຍຢາຂອງທ່ານສາມາດໂທຫາສູນບໍລິການຜູ້ໃຫ້ບໍລິການຂອງພວກ ເຮົາ ແລະ ຮ້ອງຂໍໃຫ້ມີການຍົກເລີກຄັ້ງດຽວ. ການກໍານົດຄັ້ງດຽວນີ້ຈະໃຫ້ມີປະລິມານສູງເຖິງ 30 ວັນ (ເວັ້ນແຕ່ວ່າ ທ່ານມີໃບສັ່ງຢາທີ່ຂຽນໄວ້ເປັນເວລາໜ້ອຍກວ່ານັ້ນ).

## ຖ້າຕ້ອງການຂໍ້ມູນເພີ່ມເຕີມ

ສໍາລັບລາຍລະອຽດເພີ່ມເຕີມກ່ຽວກັບການຄຸ້ມຄອງຢາຕາມໃບສັ່ງແພດແຜນຂອງທ່ານ, ກະລຸນາກວດເບິ່ງ ເອກະສານຢືນຢັນການຄຸ້ມຄອງຂອງທ່ານ ແລະ ເອກະສານແຜນອື່ນໆ.

ຖ້າທ່ານມີຄໍາຖາມກ່ຽວກັບແຜນການຂອງພວກເຮົາ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ. ຂໍ້ມູນການຕິດຕໍ່ຂອງພວກເຮົາ, ຄຽງຄູ່ ກັບວັນທີທີ່ພວກເຮົາໄດ້ປັບປຸງສູດຢາຄັ້ງສຸດທ້າຍ, ປະກົດຢູ່ພາຍໃນໜ້າປົກດ້ານໜ້າ ແລະ ດ້ານຫຼັງ.

ຖ້າທ່ານມີຄໍາຖາມທີ່ໄປກ່ຽວກັບການຄຸ້ມຄອງຢາຕາມໃບສັ່ງຂອງ Medicare, ກະລຸນາໂທຫາ Medicare ທີ່ 1-800-MEDICARE (1-800-633-4227) 24 ຊົ່ວໂມງຕໍ່ມື້/7 ມື້ຕໍ່ອາທິດ. ຜູ້ໃຊ້ TTY ຄວນໂທສອບຖາມທີ່ເບີ 1-877-486-2048. ຫຼື ເຂົ້າເບິ່ງທີ່ <http://www.medicare.gov>.

## ສູດຢາຂອງແຜນຂອງພວກເຮົາ

ສູດລຸ່ມນີ້ໃຫ້ຂໍ້ມູນການຄຸ້ມຄອງກ່ຽວກັບຢາທີ່ຄຸ້ມຄອງໂດຍແຜນຂອງພວກເຮົາ. ຖ້າຫາກວ່າທ່ານມີບັນຫາໃນການຊອກຫາຢາຂອງທ່ານໃນລາຍການ, ໃຫ້ຫັນໄປຫາດັດຊະນີທີ່ເລີ່ມຕົ້ນໃນໜ້າ INDEX-1.

ຖັນທຳອິດຂອງຕາຕະລາງສະແດງຊື່ຢາ. ຢາທີ່ມີຊື່ທາງການຄ້າຈະ (ເຊັ່ນ, ELIQUIS) ແລະ ຢາທີ່ໄປຈະສະແດງເປັນຕົວເນັ້ງພິມນ້ອຍ (ເຊັ່ນ, simvastatin).

ຂໍ້ມູນໃນຖັນຂໍ້ກຳນົດ/ຂີດຈຳກັດຈະແຈ້ງໃຫ້ທ່ານຊາບວ່າແຜນການຂອງພວກເຮົາມີຂໍ້ກຳນົດພິເສດໃດໆສຳລັບການຄຸ້ມຄອງຢາຂອງທ່ານ.

- **NM** ໝາຍຄວາມວ່າຢານັ້ນບໍ່ສາມາດຫາຊື້ໄດ້ຜ່ານບໍລິການໄປສະນີລາຍເດືອນຂອງທ່ານ. ສິ່ງນີ້ຈະລະບຸໄວ້ໃນຖັນຂໍ້ກຳນົດ/ຂອບເຂດຈຳກັດຂອງສູດຢາຂອງທ່ານ. ທ່ານອາດຈະໄດ້ຮັບຢາສ່ວນໃຫຍ່ຢູ່ໃນສູດຂອງທ່ານ ສຳລັບຫຼາຍກວ່າໜຶ່ງເດືອນໂດຍຜ່ານການບໍລິການທາງໄປສະນີໃນສ່ວນແບ່ງຄ່າໃຊ້ຈ່າຍທີ່ຫຼຸດລົງ. ກະລຸນາເບິ່ງບົດທີ 5 ຂອງ ເອກະສານຍືນຍັນການຄຸ້ມຄອງຂອງທ່ານສຳລັບຂໍ້ມູນເພີ່ມເຕີມ.
- **PA** ຫຍໍ້ມາຈາກການອະນຸມັດລ່ວງໜ້າ (Prior Authorization): ກະລຸນາເບິ່ງລາຍລະອຽດໃນໜ້າ VII
- **PA-NS** ຫຍໍ້ມາຈາກການອະນຸມັດລ່ວງໜ້າສຳລັບການເລີ່ມຕົ້ນໃໝ່ (Prior Authorization for New Starts): ເຊິ່ງໝາຍຄວາມວ່າ ຖ້າຢານີ້ຍັງແມ່ນຢາໃໝ່ສຳລັບທ່ານ, ທ່ານຈະຕ້ອງໄດ້ຮັບການອະນຸມັດຈາກພວກເຮົາກ່ອນທີ່ທ່ານຈະຕື່ມຕາມໃບສັ່ງແພດ. ຖ້າທ່ານໃຊ້ຢານີ້ໃນໃບຂະນະທີ່ລົງທະບຽນ, ທ່ານຈະບໍ່ຖືກກຳນົດໃຫ້ປະຕິບັດຕາມເງື່ອນໄຂສຳລັບການອະນຸມັດ.
- **B/D** ຫຍໍ້ມາຈາກໄດ້ຮັບການການຄຸ້ມຄອງພາຍໃຕ້ Medicare B ຫຼື D: ຢານີ້ອາດຈະມີສິດໄດ້ຮັບການຈ່າຍເງິນພາຍໃຕ້ Medicare ພາກ B ຫຼື ພາກ D. ທ່ານ (ຫຼື ແພດຂອງທ່ານ) ຈຳເປັນຕ້ອງໄດ້ຮັບການອະນຸມັດລ່ວງໜ້າຈາກພວກເຮົາກ່ອນເພື່ອກຳນົດວ່າຢານີ້ໄດ້ຮັບການຄຸ້ມຄອງພາຍໃຕ້ Medicare ພາກ D ກ່ອນທີ່ທ່ານຈະຕື່ມໃບສັ່ງຢາສຳລັບຢານີ້. ໂດຍບໍ່ມີການອະນຸມັດລ່ວງໜ້າ, ພວກເຮົາອາດຈະບໍ່ຄຸ້ມຄອງຢານີ້.
- **QL** ຫຍໍ້ມາຈາກຕົວວັດກອບຄຸນນະພາບ (Quantity Limits): ກະລຸນາເບິ່ງລາຍລະອຽດໃນໜ້າ VII.
- **LA** ຫຍໍ້ມາຈາກຄຳວ່າການເຂົ້າເຖິງຢາທີ່ຈຳກັດ (Limited Access medicine) ໃບສັ່ງຢາສະບັບນີ້ອາດຊື້ໄດ້ສະເພາະທີ່ຮ້ານຂາຍຢາບາງແຫ່ງເທົ່ານັ້ນ. ສຳລັບຂໍ້ມູນເພີ່ມເຕີມໃຫ້ປຶກສາລາຍການບັນຊີຮ້ານຂາຍຢາຂອງທ່ານ ຫຼື ໂທຫາການບໍລິການສະມາຊິກທີ່ເບີໂທລະສັບທີ່ລະບຸໄວ້ທີ່ລະບຸໄວ້ໃນດ້ານໜ້າ ແລະ ດ້ານຫລັງຂອງສູດຢານີ້, ລະຫວ່າງວັນທີ 1 ຕຸລາຫາ 31 ມີນາ, ຜູ້ຕາງໜ້າເຮັດວຽກເຈັດມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ລະຫວ່າງວັນທີ 1 ເດືອນເມສາຫາວັນທີ 30 ກັນຍາ, ຜູ້ຕາງໜ້າເຮັດວຽກວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ.
- **ST** ຫຍໍ້ມາຈາກການບຳບັດດ້ວຍຕີນ (Step Therapy): ກະລຸນາເບິ່ງລາຍລະອຽດໃນໜ້າ VII
- **^** ຫຍໍ້ມາຈາກຢາອາດມີຈຳໜ່າຍໄດ້ພຽງ 30 ວັນເທົ່ານັ້ນ.



## ຈຳນວນການຊຳລະຮ່ວມ/ ປະກັນຮ່ວມຕາມລະດັບຢາ

ຢາຕາມໃບສັ່ງແພດຈະຖືກຈັດເປັນກຸ່ມໜຶ່ງ. ຖ້າຕ້ອງການຮູ້ວ່າຢາຂອງທ່ານຢູ່ໃນລະດັບໃດ, ໃຫ້ເບິ່ງຢູ່ໃນຖ້ັບລະດັບຢາຂອງສູດຢາທີ່ເລີ່ມຕົ້ນໃນໜ້າທີ 1. ສຳລັບຂໍ້ມູນໂດຍລະອຽດເພີ່ມເຕີມກ່ຽວກັບຄ່າໃຊ້ຈ່າຍສ່ວນເກີນສຳລັບຢາຕາມໃບສັ່ງແພດ, ລວມທັງການຫັກລົບໃດໆທີ່ອາດຈະຕ້ອງຊຳລະ, ກະລຸນາເບິ່ງ ເອກະສານຢືນຢັນການຄຸ້ມຄອງ ແລະ ເອກະສານແຜນການອື່ນໆ.

- **ຊັ້ນ 1 (ຊັ້ນດຽວ)** ລວມມີຢາທົ່ວໄປ ແລະ ຢາທີ່ມີຊື່ທາງການຄ້າທັງໝົດ.
  - ການຊຳລະຮ່ວມ: \$0

ກວດສອບ ເອກະສານຢືນຢັນການຄຸ້ມຄອງ ຫຼື ບົດສະຫຼຸບຜົນປະໂຫຍດຕ່າງໆຂອງທ່ານ ສຳລັບການຊຳລະເງິນຮ່ວມ/ປະກັນຮ່ວມ ແລະ ຈຳນວນເງິນທີ່ກ່ຽວຂ້ອງ.



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**ກຳມເນອີ/ປະດັບ**

**ການບຳບັດພະຍາດກະດູກຜຸ່ຍ**

alendronate oral solution 70 mg/75 ml	\$0 (1)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	\$0 (1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	\$0 (1)	QL (4 EA per 28 days)
ibandronate intravenous solution 3 mg/3 ml	\$0 (1)	QL (3 ML per 90 days)
ibandronate intravenous syringe 3 mg/3 ml	\$0 (1)	QL (3 ML per 90 days)
ibandronate oral tablet 150 mg	\$0 (1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (1)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	\$0 (1)	
risedronate oral tablet 150 mg	\$0 (1)	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	\$0 (1)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	\$0 (1)	QL (30 EA per 30 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg	\$0 (1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	\$0 (1)	PA; Only Teriparatide NDC 47781065289 is covered; QL (2.48 ML per 28 days); ^

**ການຮັກສາພະຍາດເກີ**

allopurinol oral tablet 100 mg, 300 mg	\$0 (1)	
colchicine oral capsule 0.6 mg	\$0 (1)	QL (120 EA per 30 days)
colchicine oral tablet 0.6 mg	\$0 (1)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	\$0 (1)	
probenecid oral tablet 500 mg	\$0 (1)	
probenecid-colchicine oral tablet 500-0.5 mg	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄຳຫຍໍ້ໃນຕາຕະລາງມິດໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

**ພະຍາດປະດັງຂອ້ນີ່**

ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 (1)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 (1)	PA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 (1)	PA; QL (8 ML per 28 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງືອນໄຂ/ຂໍ້ກຳນົດ**

1

HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 180 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 180 days); ^
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (3 EA per 180 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (2 EA per 28 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງື່ອນໄຂ/ຂຈ້າກັດ**

1

HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; Only Humira NDCs starting 00074 are covered; QL (6 EA per 28 days); ^
leflunomide oral tablet 10 mg, 20 mg	\$0 (1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (1)	PA; QL (55 EA per 180 days); ^
penicillamine oral tablet 250 mg	\$0 (1)	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	\$0 (1)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (1)	QL (55 EA per 180 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (3 EA per 180 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0 (1)	PA; QL (4 EA per 28 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ກະເພາະລຳໄສວັທິະຍາ**

**ການຮັກສາບາດແຜໃນກະເພາະອາຫານ**

dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	\$0 (1)	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	\$0 (1)	
famotidine intravenous solution 10 mg/ml	\$0 (1)	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	\$0 (1)	
famotidine oral tablet 20 mg, 40 mg	\$0 (1)	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	\$0 (1)	QL (60 EA per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	\$0 (1)	
nizatidine oral capsule 150 mg, 300 mg	\$0 (1)	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	\$0 (1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	\$0 (1)	QL (60 EA per 30 days)
sucralfate oral suspension 100 mg/ml	\$0 (1)	
sucralfate oral tablet 1 gram	\$0 (1)	

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11/07/2024



**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

**ຢາຮັກສາພະຍາດກະເພາະລຳໄສອໍ່ນີ້ໆ**

alosetron oral tablet 0.5 mg	\$0 (1)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
aprepitant oral capsule 125 mg, 40 mg, 80 mg	\$0 (1)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	\$0 (1)	B/D
balsalazide oral capsule 750 mg	\$0 (1)	
betaine oral powder 1 gram/scoop	\$0 (1)	LA; ^
budesonide oral capsule,delayed,extend.release 3 mg	\$0 (1)	
budesonide oral tablet,delayed and ext.release 9 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
compro rectal suppository 25 mg	\$0 (1)	
constulose oral solution 10 gram/15 ml	\$0 (1)	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (1)	
cromolyn oral concentrate 100 mg/5 ml	\$0 (1)	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	\$0 (1)	B/D; QL (60 EA per 30 days)
enulose oral solution 10 gram/15 ml	\$0 (1)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; ^
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	\$0 (1)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	\$0 (1)	
generlac oral solution 10 gram/15 ml	\$0 (1)	

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11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	\$0 (1)
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	\$0 (1)
granisetron hcl oral tablet 1 mg	\$0 (1) B/D
hydrocortisone rectal enema 100 mg/60 ml	\$0 (1)
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	\$0 (1)
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 (1) PA; ^
lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml	\$0 (1)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1) QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	\$0 (1) QL (60 EA per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	\$0 (1)
mesalamine oral capsule (with del rel tablets) 400 mg	\$0 (1)
mesalamine oral capsule,extended release 24hr 0.375 gram	\$0 (1)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	\$0 (1)
mesalamine rectal enema 4 gram/60 ml	\$0 (1)
mesalamine rectal suppository 1,000 mg	\$0 (1)
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	\$0 (1)
metoclopramide hcl injection solution 5 mg/ml	\$0 (1)
metoclopramide hcl injection syringe 5 mg/ml	\$0 (1)
metoclopramide hcl oral solution 5 mg/5 ml	\$0 (1)

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11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
metoclopramide hcl oral tablet 10 mg, 5 mg	\$0 (1)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1) QL (30 EA per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	\$0 (1) QL (30 GM per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	\$0 (1) PA; LA; QL (30 EA per 30 days); ^
ondansetron hcl (pf) injection solution 4 mg/2 ml	\$0 (1)
ondansetron hcl (pf) injection syringe 4 mg/2 ml	\$0 (1)
ondansetron hcl intravenous solution 2 mg/ml	\$0 (1)
ondansetron hcl oral solution 4 mg/5 ml	\$0 (1)
ondansetron hcl oral tablet 4 mg, 8 mg	\$0 (1)
ondansetron oral tablet, disintegrating 4 mg, 8 mg	\$0 (1)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	\$0 (1)
peg-electrolyte soln oral recon soln 420 gram	\$0 (1)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 (1)
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	\$0 (1)
prochlorperazine maleate oral tablet 10 mg, 5 mg	\$0 (1)
prochlorperazine rectal suppository 25 mg	\$0 (1)
procto-med hc topical cream with perineal applicator 2.5 %	\$0 (1)
proctosol hc topical cream with perineal applicator 2.5 %	\$0 (1)
proctozone-hc topical cream with perineal applicator 2.5 %	\$0 (1)
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (1) QL (30 GM per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊຢືາ**

**ລະດັບຊັ້ນຢ ເງອິນໄຂ/ຂຈັກດັ**

1

scopolamine base transdermal patch 3 day 1 mg over 3 days	\$0 (1)	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	\$0 (1)	PA; QL (30 ML per 180 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	\$0 (1)	PA; QL (2.4 ML per 56 days); ^
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	\$0 (1)	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (1)	PA; ^
sulfasalazine oral tablet 500 mg	\$0 (1)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	\$0 (1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (1)	
TRULANCE ORAL TABLET 3 MG	\$0 (1)	QL (30 EA per 30 days)
ursodiol oral capsule 300 mg	\$0 (1)	
ursodiol oral tablet 250 mg, 500 mg	\$0 (1)	
VOWST ORAL CAPSULE	\$0 (1)	PA; LA; ^
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, 60,000-189,600- 252,600 UNIT	\$0 (1)	

**ຢາຮັກສາອາການຖອກທ້ອງ / ເຈບັທ້ອງ**

dicyclomine oral capsule 10 mg	\$0 (1)	
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ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
dicyclomine oral solution 10 mg/5 ml	\$0 (1)
dicyclomine oral tablet 20 mg	\$0 (1)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	\$0 (1)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	\$0 (1)
glycopyrrolate oral tablet 1 mg, 2 mg	\$0 (1)
loperamide oral capsule 2 mg	\$0 (1)

**ການຮັກສາພະຍາດຜິໜັງ/ພະຍາດພາຍນອກ**

**ການບໍາລຸງຮັກສາສິ**

accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)
adapalene topical cream 0.1 %	\$0 (1) QL (45 GM per 30 days)
adapalene topical gel 0.3 %	\$0 (1) QL (45 GM per 30 days)
adapalene topical gel with pump 0.3 %	\$0 (1) QL (45 GM per 30 days)
amnestem oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)
azelaic acid topical gel 15 %	\$0 (1) QL (50 GM per 30 days)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)
clindamycin phosphate topical gel 1 %	\$0 (1) QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	\$0 (1) QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	\$0 (1) QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	\$0 (1) QL (60 ML per 30 days)
clindamycin phosphate topical swab 1 %	\$0 (1) QL (60 EA per 30 days)
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	\$0 (1) QL (45 GM per 30 days)
clindamycin-benzoyl peroxide topical gel 1-5 %	\$0 (1) QL (50 GM per 30 days)
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	\$0 (1) QL (50 GM per 30 days)

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 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ	
	1	
ery pads topical swab 2 %	\$0 (1)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	\$0 (1)	QL (60 ML per 30 days)
erythromycin-benzoyl peroxide topical gel 3-5 %	\$0 (1)	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	\$0 (1)	
metronidazole topical cream 0.75 %	\$0 (1)	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	\$0 (1)	QL (45 GM per 30 days)
metronidazole topical lotion 0.75 %	\$0 (1)	QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	
neuac topical gel 1.2 %(1 % base) -5 %	\$0 (1)	QL (45 GM per 30 days)
tazarotene topical cream 0.1 %	\$0 (1)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	\$0 (1)	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	\$0 (1)	PA; QL (50 GM per 30 days)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	\$0 (1)	PA; QL (50 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	\$0 (1)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	\$0 (1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	\$0 (1)	

**ສະເຕຣອຍທາສວີ**

ala-cort topical cream 1 %, 2.5 %	\$0 (1)	
alclometasone topical cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
alclometasone topical ointment 0.05 %	\$0 (1)	QL (120 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	\$0 (1)	QL (135 GM per 30 days)

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 11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

betamethasone valerate topical cream 0.1 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	\$0 (1)	QL (135 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	\$0 (1)	QL (150 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	\$0 (1)	QL (150 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	\$0 (1)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	\$0 (1)	QL (150 GM per 30 days)
clobetasol scalp solution 0.05 %	\$0 (1)	QL (100 ML per 28 days)
clobetasol topical cream 0.05 %	\$0 (1)	QL (120 GM per 28 days)
clobetasol topical gel 0.05 %	\$0 (1)	QL (60 GM per 28 days)
clobetasol topical ointment 0.05 %	\$0 (1)	QL (120 GM per 28 days)
clobetasol topical shampoo 0.05 %	\$0 (1)	QL (118 ML per 28 days)
clobetasol-emollient topical cream 0.05 %	\$0 (1)	QL (120 GM per 28 days)
clodan topical shampoo 0.05 %	\$0 (1)	QL (118 ML per 28 days)
desonide topical lotion 0.05 %	\$0 (1)	QL (118 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	\$0 (1)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	\$0 (1)	QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	\$0 (1)	QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	\$0 (1)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	\$0 (1)	QL (120 ML per 30 days)
fluocinonide topical cream 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide topical ointment 0.05 %	\$0 (1)	QL (120 GM per 30 days)
fluocinonide topical solution 0.05 %	\$0 (1)	QL (120 ML per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
 ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
 11/07/2024



ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
fluocinonide-e topical cream 0.05 %	\$0 (1) QL (120 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	\$0 (1) QL (120 GM per 30 days)
fluticasone propionate topical cream 0.05 %	\$0 (1)
halobetasol propionate topical cream 0.05 %	\$0 (1) QL (100 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	\$0 (1) QL (100 GM per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	\$0 (1)
hydrocortisone topical lotion 2 %, 2.5 %	\$0 (1)
hydrocortisone topical ointment 2.5 %	\$0 (1)
mometasone topical cream 0.1 %	\$0 (1)
mometasone topical ointment 0.1 %	\$0 (1)
mometasone topical solution 0.1 %	\$0 (1)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	\$0 (1)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	\$0 (1)
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	\$0 (1)
triderm topical cream 0.5 %	\$0 (1)

**ຢາຂ້າເຊື້ອທາຜວີ**

gentamicin topical cream 0.1 %	\$0 (1) QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	\$0 (1) QL (30 GM per 30 days)
mupirocin topical ointment 2 %	\$0 (1) QL (44 GM per 30 days)
sulfacetamide sodium (acne) topical suspension 10 %	\$0 (1)

**ຢາຕ້ານເຊື້ອຮາທາຜວີ**

ciclopirox topical cream 0.77 %	\$0 (1) QL (90 GM per 28 days)
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ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ**

1

ciclopirox topical gel 0.77 %	\$0 (1)	QL (100 GM per 28 days)
ciclopirox topical suspension 0.77 %	\$0 (1)	QL (60 ML per 28 days)
clotrimazole topical cream 1 %	\$0 (1)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	\$0 (1)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	\$0 (1)	QL (45 GM per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	\$0 (1)	QL (60 ML per 28 days)
ketoconazole topical cream 2 %	\$0 (1)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	\$0 (1)	QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)
naftifine topical cream 1 %	\$0 (1)	QL (90 GM per 28 days)
naftifine topical cream 2 %	\$0 (1)	QL (60 GM per 28 days)
naftifine topical gel 2 %	\$0 (1)	QL (60 GM per 28 days)
nyamyc topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)
nystatin topical cream 100,000 unit/gram	\$0 (1)	QL (30 GM per 28 days)
nystatin topical ointment 100,000 unit/gram	\$0 (1)	QL (30 GM per 28 days)
nystatin topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)
nystop topical powder 100,000 unit/gram	\$0 (1)	QL (120 GM per 30 days)

**ຢາຜົໜັງອື່ນໆ**

ammonium lactate topical cream 12 %	\$0 (1)	
ammonium lactate topical lotion 12 %	\$0 (1)	
dermacinrx lidocan topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (1)	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	\$0 (1)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
fluorouracil topical cream 5 %	\$0 (1)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	\$0 (1)	QL (10 ML per 30 days)
glydo mucous membrane jelly in applicator 2 %	\$0 (1)	QL (60 ML per 30 days)
imiquimod topical cream in packet 5 %	\$0 (1)	QL (24 EA per 28 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	\$0 (1)	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	\$0 (1)	
lidocaine hcl laryngotracheal solution 4 %	\$0 (1)	QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	\$0 (1)	QL (60 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	\$0 (1)	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	\$0 (1)	QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	\$0 (1)	QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	\$0 (1)	
lidocaine-prilocaine topical cream 2.5-2.5 %	\$0 (1)	QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງມິດໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

	1	
PANRETIN TOPICAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
pimecrolimus topical cream 1 %	\$0 (1)	QL (100 GM per 30 days)
podofilox topical solution 0.5 %	\$0 (1)	QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	\$0 (1)	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (1)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	\$0 (1)	
ssd topical cream 1 %	\$0 (1)	
tacrolimus topical ointment 0.03 %, 0.1 %	\$0 (1)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
tridacaine iii topical adhesive patch,medicated 5 %	\$0 (1)	
tridacaine topical adhesive patch,medicated 5 %	\$0 (1)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	\$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^

**ຢາກັສາພະຍາດຂອ້ກັສເບສະເກດ້ເງນີ / ຣັກສາຣັງແຄ**

acitretin oral capsule 10 mg, 17.5 mg, 25 mg	\$0 (1)	
calcipotriene scalp solution 0.005 %	\$0 (1)	QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	\$0 (1)	QL (120 GM per 30 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (10 ML per 28 days); ^
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; QL (2.5 ML per 28 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

**ຊຸມຳ**

**ລະດັບຊັ້ນຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	\$0 (1)	PA; QL (10 ML per 28 days); ^
selenium sulfide topical lotion 2.5 %	\$0 (1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 (1)	PA; QL (2 ML per 28 days); ^

**ຢາແກໂຣຝຸ່ນ / ຢາທາກໍາຈັດເຫຳ**

malathion topical lotion 0.5 %	\$0 (1)	
permethrin topical cream 5 %	\$0 (1)	QL (60 GM per 30 days)

**ສຸຕສິາດ / ນາລເວັດ**

**ຢາຄຸມກໍາເນຕີແບບກນີ / ແລະ ຢາອນີໆທກີຮຸ່ວຂອ່ງ**

altavera (28) oral tablet 0.15-0.03 mg	\$0 (1)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (1)	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)	
apri oral tablet 0.15-0.03 mg	\$0 (1)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	\$0 (1)	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)	
aubra eq oral tablet 0.1-20 mg-mcg	\$0 (1)	

ທ່ານສາມາດຄນີຫາຂນີນຸກຮຸ່ວກນີຄວາມໝາຍຂອງສນີຍາລກີ ແລະ ຄໍາຫຍນີນຕາຕະລາງນີໂຕໂດຍການເບືຈາກດນີເທືສຸດຂອງຕາຕະລາງນີ. ອປິເດດ 11/07/2024

ຊື່	ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1 \$0 (1)
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
aviane oral tablet 0.1-20 mg-mcg	\$0 (1)
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
balziva (28) oral tablet 0.4-35 mg-mcg	\$0 (1)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
briellyn oral tablet 0.4-35 mg-mcg	\$0 (1)
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	\$0 (1)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)
cryselle (28) oral tablet 0.3-30 mg-mcg	\$0 (1)
cyred eq oral tablet 0.15-0.03 mg	\$0 (1)
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (1)
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	1 \$0 (1)
dolishale oral tablet 90-20 mcg (28)	\$0 (1)
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	\$0 (1)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0 (1)
elinest oral tablet 0.3-30 mg-mcg	\$0 (1)
emoquette oral tablet 0.15-0.03 mg	\$0 (1)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
enskyce oral tablet 0.15-0.03 mg	\$0 (1)
estarylla oral tablet 0.25-35 mg-mcg	\$0 (1)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0 (1)
falmina (28) oral tablet 0.1-20 mg-mcg	\$0 (1)
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (1)
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງມິດໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
isibloom oral tablet 0.15-0.03 mg	\$0 (1)
jasmiel (28) oral tablet 3-0.02 mg	\$0 (1)
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
juleber oral tablet 0.15-0.03 mg	\$0 (1)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
junel 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0 (1)
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	\$0 (1)
kurvelo (28) oral tablet 0.15-0.03 mg	\$0 (1)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	\$0 (1)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
larin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024



ຊື່	ລະດັບຊ່ວຍ ເງື່ອນໄຂ/ຂ້າງກັດ
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1 \$0 (1)
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0 (1)
lessina oral tablet 0.1-20 mg-mcg	\$0 (1)
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	\$0 (1)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
levora-28 oral tablet 0.15-0.03 mg	\$0 (1)
loryna (28) oral tablet 3-0.02 mg	\$0 (1)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	\$0 (1)
lutera (28) oral tablet 0.1-20 mg-mcg	\$0 (1)
marlissa (28) oral tablet 0.15-0.03 mg	\$0 (1)
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (1)
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	\$0 (1)
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	\$0 (1)
microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊ່ວຍ ເງອິນໄຂ/ຂ້າງກັດ
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
mili oral tablet 0.25-35 mg-mcg	\$0 (1)
mono-lynyah oral tablet 0.25-35 mg-mcg	\$0 (1)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
nikki (28) oral tablet 3-0.02 mg	\$0 (1)
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	\$0 (1)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0 (1)
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	\$0 (1)
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	\$0 (1)
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	\$0 (1)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	\$0 (1)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (1)
nylia 1/35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	\$0 (1)
nymyo oral tablet 0.25-35 mg-mcg	\$0 (1)
ocella oral tablet 3-0.03 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
philith oral tablet 0.4-35 mg-mcg	1 \$0 (1)
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
pirmella oral tablet 1-35 mg-mcg	\$0 (1)
portia 28 oral tablet 0.15-0.03 mg	\$0 (1)
reclipsen (28) oral tablet 0.15-0.03 mg	\$0 (1)
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	\$0 (1)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0 (1)
sprintec (28) oral tablet 0.25-35 mg-mcg	\$0 (1)
sronyx oral tablet 0.1-20 mg-mcg	\$0 (1)
syeda oral tablet 3-0.03 mg	\$0 (1)
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	\$0 (1)
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	\$0 (1)
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (1)
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	\$0 (1)
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1 \$0 (1)
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0 (1)
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	\$0 (1)
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	\$0 (1)
turqoz (28) oral tablet 0.3-30 mg-mcg	\$0 (1)
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	\$0 (1)
vestura (28) oral tablet 3-0.02 mg	\$0 (1)
vienva oral tablet 0.1-20 mg-mcg	\$0 (1)
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	\$0 (1)
vyfemla (28) oral tablet 0.4-35 mg-mcg	\$0 (1)
vylibra oral tablet 0.25-35 mg-mcg	\$0 (1)
wera (28) oral tablet 0.5-35 mg-mcg	\$0 (1)
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	\$0 (1)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	\$0 (1)
zumandimine (28) oral tablet 3-0.03 mg	\$0 (1)
<b>ຢາສຸຕສິດ/ນາລເວັດອນີຯ</b>	
clindamycin phosphate vaginal cream 2 %	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
eluryng vaginal ring 0.12-0.015 mg/24 hr	\$0 (1)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	\$0 (1)
haloette vaginal ring 0.12-0.015 mg/24 hr	\$0 (1)
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 (1)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	\$0 (1)
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 (1)
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	\$0 (1)
terconazole vaginal cream 0.4 %, 0.8 %	\$0 (1)
terconazole vaginal suppository 80 mg	\$0 (1)
tranexamic acid oral tablet 650 mg	\$0 (1)
xulane transdermal patch weekly 150-35 mcg/24 hr	\$0 (1)
zafemy transdermal patch weekly 150-35 mcg/24 hr	\$0 (1)
<b>ເອສໂທຣແຊນ / ໂປຣເຈສໂຕໂຣນ</b>	
camila oral tablet 0.35 mg	\$0 (1)
deblitane oral tablet 0.35 mg	\$0 (1)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (1)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)
emzahn oral tablet 0.35 mg	\$0 (1)
errin oral tablet 0.35 mg	\$0 (1)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1 \$0 (1)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	\$0 (1)
estradiol vaginal tablet 10 mcg	\$0 (1)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	\$0 (1)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	\$0 (1)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (1)
heather oral tablet 0.35 mg	\$0 (1)
incassia oral tablet 0.35 mg	\$0 (1)
jinteli oral tablet 1-5 mg-mcg	\$0 (1)
lyleq oral tablet 0.35 mg	\$0 (1)
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	\$0 (1)
lyza oral tablet 0.35 mg	\$0 (1)
medroxyprogesterone intramuscular suspension 150 mg/ml	\$0 (1)
medroxyprogesterone intramuscular syringe 150 mg/ml	\$0 (1)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ
	1
mimvey oral tablet 1-0.5 mg	\$0 (1)
nora-be oral tablet 0.35 mg	\$0 (1)
norethindrone (contraceptive) oral tablet 0.35 mg	\$0 (1)
norethindrone acetate oral tablet 5 mg	\$0 (1)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	\$0 (1)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (1)
progesterone intramuscular oil 50 mg/ml	\$0 (1)
progesterone micronized oral capsule 100 mg, 200 mg	\$0 (1)
sharobel oral tablet 0.35 mg	\$0 (1)
yuvafem vaginal tablet 10 mcg	\$0 (1)

**ພູຄຸ້ນກັນວິທະຍາ, ວັກຊີນ / ຊີວິວິທະຍາ**

**ຢາຊີວິວິທະຍາ**

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (1)	PA; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (1)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	\$0 (1)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA; QL (14 EA per 28 days); ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 (1)	PA; ^
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (1)	PA; ^
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 (1)	PA; ^
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (1)	PA; ^

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**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂ້າກັດ**

1

OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 (1)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (1)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days); ^
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	\$0 (1)	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 (1)	PA; ^
<b>ວັກຊີນີ / ຢາກຮູ້ວກັບພມູຄຸ້ມກັນອື່ນໆ</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0 (1)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (1)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0 (1)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (1)	NM
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (1)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (1)	NM
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	\$0 (1)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (1)	B/D; NM
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	\$0 (1)	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (1)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 (1)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (1)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (1)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 (1)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	\$0 (1)	PA; NM; ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ**

1

GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (1)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (1)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 (1)	NM
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0 (1)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (1)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (1)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 (1)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (1)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	\$0 (1)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (1)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	\$0 (1)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 (1)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (1)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 (1)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (1)	NM

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0 (1)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (1)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0 (1)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (1)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	\$0 (1)	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 (1)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (1)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0 (1)	NM
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	\$0 (1)	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (1)	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0 (1)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (1)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (1)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	\$0 (1)	NM

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11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (1)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (1)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0 (1)	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (1)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (1)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required).; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	\$0 (1)	NM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 (1)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (1)	NM
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 (1)	B/D; NM

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ຊື່	ລະດັບຊຸ້ຍ ເງືອນໄຂ/ຂັ້ນຕອນ	
	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 (1)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (1)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (1)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	\$0 (1)	NM

**ຢາຄວບຄຸມລະບົບປະສາດອັດຕະໂນມັດ / ສ່ວນກາງ, ສາດກ່ຽວກັບລະບົບປະສາດ / ຈຕິຕະສາດ**

**ການບໍາບັດຮັກສາອາການໄມເກຣນ/ເຈັບຫົວຮຸ່ນແຮງ**

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
dihydroergotamine injection solution 1 mg/ml	\$0 (1)	^
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	\$0 (1)	PA; QL (8 ML per 28 days)
ergotamine-caffeine oral tablet 1-100 mg	\$0 (1)	QL (40 EA per 28 days)

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11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
naratriptan oral tablet 1 mg, 2.5 mg	\$0 (1)	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
rizatriptan oral tablet 10 mg, 5 mg	\$0 (1)	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	\$0 (1)	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	\$0 (1)	QL (18 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	QL (18 EA per 28 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	\$0 (1)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	\$0 (1)	QL (8 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	\$0 (1)	QL (8 ML per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	\$0 (1)	QL (18 EA per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	\$0 (1)	QL (18 EA per 28 days)
<b>ການຮັກສາລະບົບປະສາດອນີໆ</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	\$0 (1)	PA; QL (28 EA per 180 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	\$0 (1)	PA; QL (42 EA per 28 days); ^
dalfampridine oral tablet extended release 12 hr 10 mg	\$0 (1)	PA; QL (60 EA per 30 days)
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg	\$0 (1)	PA; QL (14 EA per 7 days); ^
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)	\$0 (1)	PA; QL (120 EA per 180 days); ^
dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
donepezil oral tablet 10 mg, 5 mg	\$0 (1)	
donepezil oral tablet 23 mg	\$0 (1)	QL (30 EA per 30 days)
donepezil oral tablet, disintegrating 10 mg, 5 mg	\$0 (1)	
fingolimod oral capsule 0.5 mg	\$0 (1)	PA; QL (30 EA per 30 days); ^
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	\$0 (1)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	\$0 (1)	
galantamine oral tablet 12 mg, 4 mg, 8 mg	\$0 (1)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	\$0 (1)	PA; QL (30 ML per 30 days); ^
glatiramer subcutaneous syringe 40 mg/ml	\$0 (1)	PA; QL (12 ML per 28 days); ^
glatopa subcutaneous syringe 20 mg/ml	\$0 (1)	PA; QL (30 ML per 30 days); ^
glatopa subcutaneous syringe 40 mg/ml	\$0 (1)	PA; QL (12 ML per 28 days); ^

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	\$0 (1) PA
memantine oral solution 2 mg/ml	\$0 (1) PA
memantine oral tablet 10 mg, 5 mg	\$0 (1) PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 (1)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (1) PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	\$0 (1) PA; QL (20 ML per 180 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	\$0 (1) PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	\$0 (1) PA; ^
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	\$0 (1) QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	\$0 (1) QL (30 EA per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	\$0 (1) PA; QL (30 EA per 30 days); ^
tetrabenazine oral tablet 12.5 mg	\$0 (1) PA; QL (90 EA per 30 days); ^
tetrabenazine oral tablet 25 mg	\$0 (1) PA; QL (120 EA per 30 days); ^
<b>ຢາຄາຍກຳມຊຸມີ / ການບຳບັດອາການກຳມຊຸມີເຄັ່ງຕຽງ</b>	
baclofen oral tablet 10 mg, 20 mg	\$0 (1)
cyclobenzaprine oral tablet 10 mg, 5 mg	\$0 (1) PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)
pyridostigmine bromide oral tablet 60 mg	\$0 (1)
tizanidine oral tablet 2 mg, 4 mg	\$0 (1)

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**ຢາບໍາບັດຈິ**

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	\$0 (1)	QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	\$0 (1)	
aripiprazole oral solution 1 mg/ml	\$0 (1)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	\$0 (1)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 (1)	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (1)	QL (3.9 ML per 56 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ**

1

ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 (1)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 (1)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 (1)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	\$0 (1)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	\$0 (1)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	\$0 (1)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45- 105 MG	\$0 (1)	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	\$0 (1)	
bupropion hcl oral tablet extended release 24 hr 150 mg	\$0 (1)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	\$0 (1)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	\$0 (1)	QL (60 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (1)	QL (30 EA per 30 days)
chlorpromazine injection solution 25 mg/ml	\$0 (1)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	\$0 (1)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
citalopram oral solution 10 mg/5 ml	\$0 (1)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	\$0 (1)	PA-NS
clorazepate dipotassium oral tablet 15 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	\$0 (1)	PA-NS; QL (360 EA per 30 days)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
clozapine oral tablet,disintegrating 100 mg	\$0 (1)	QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	\$0 (1)	
clozapine oral tablet,disintegrating 150 mg	\$0 (1)	QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	\$0 (1)	QL (120 EA per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	\$0 (1)	QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	\$0 (1)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	\$0 (1)	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg	\$0 (1)	QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 30 mg	\$0 (1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	\$0 (1)	QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	\$0 (1)	QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	\$0 (1)	
diazepam injection syringe 5 mg/ml	\$0 (1)	
diazepam intensol oral concentrate 5 mg/ml	\$0 (1)	PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	\$0 (1)	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	\$0 (1)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
doxepin oral concentrate 10 mg/ml	\$0 (1)	
doxepin oral tablet 3 mg, 6 mg	\$0 (1)	QL (30 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ
	1
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (1)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	\$0 (1) QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (1) QL (30 EA per 30 days); ^
escitalopram oxalate oral solution 5 mg/5 ml	\$0 (1)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1) ST; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (1) ST; QL (8 EA per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (1) QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (1) QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	\$0 (1)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	\$0 (1)
fluphenazine decanoate injection solution 25 mg/ml	\$0 (1)
fluphenazine hcl injection solution 2.5 mg/ml	\$0 (1)
fluphenazine hcl oral concentrate 5 mg/ml	\$0 (1)
fluphenazine hcl oral elixir 2.5 mg/5 ml	\$0 (1)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	\$0 (1)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	\$0 (1)	QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	\$0 (1)	QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	\$0 (1)	
haloperidol lactate injection solution 5 mg/ml	\$0 (1)	
haloperidol lactate oral concentrate 2 mg/ml	\$0 (1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	\$0 (1)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	\$0 (1)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	\$0 (1)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 (1)	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 (1)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 (1)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 (1)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	\$0 (1)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	\$0 (1)	QL (1.32 ML per 90 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 (1)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	\$0 (1)	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	\$0 (1)	QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	\$0 (1)	QL (30 EA per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg	\$0 (1)	QL (60 EA per 30 days)
lisdexamfetamine oral tablet, chewable 40 mg, 50 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	\$0 (1)	
lithium carbonate oral tablet 300 mg	\$0 (1)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	\$0 (1)	
lithium citrate oral solution 8 meq/5 ml	\$0 (1)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	\$0 (1)	
lorazepam injection syringe 2 mg/ml	\$0 (1)	
lorazepam intensol oral concentrate 2 mg/ml	\$0 (1)	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	\$0 (1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 50 mg, 50 mg	\$0 (1)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	\$0 (1)	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	\$0 (1)	QL (60 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
MARPLAN ORAL TABLET 10 MG	\$0 (1)	
methylphenidate hcl oral solution 10 mg/5 ml	\$0 (1)	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	\$0 (1)	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	\$0 (1)	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	\$0 (1)	QL (30 EA per 30 days)
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	\$0 (1)	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	\$0 (1)	
modafinil oral tablet 100 mg	\$0 (1)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	\$0 (1)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	\$0 (1)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	\$0 (1)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	\$0 (1)	
nortriptyline oral solution 10 mg/5 ml	\$0 (1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024



**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

NUPLAZID ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
olanzapine intramuscular recon soln 10 mg	\$0 (1)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	\$0 (1)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	\$0 (1)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	\$0 (1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	\$0 (1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	\$0 (1)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	\$0 (1)	QL (60 EA per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	\$0 (1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	\$0 (1)	
phenelzine oral tablet 15 mg	\$0 (1)	
pimozide oral tablet 1 mg, 2 mg	\$0 (1)	
protriptyline oral tablet 10 mg, 5 mg	\$0 (1)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	\$0 (1)	
QUETIAPINE ORAL TABLET 150 MG	\$0 (1)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	\$0 (1)	QL (30 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງື່ອນໄຂ/ຂຈ້າກັດ
	1
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	\$0 (1) QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1) QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (1) QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	\$0 (1)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	\$0 (1)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	\$0 (1) QL (90 EA per 30 days)
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	\$0 (1) QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	\$0 (1) QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 (1) QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	\$0 (1)
sertraline oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (1) PA; LA; QL (540 ML per 30 days); ^
temazepam oral capsule 15 mg	\$0 (1) PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	\$0 (1) PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0 (1)
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)
tranylcypromine oral tablet 10 mg	\$0 (1)
trazodone oral tablet 100 mg, 150 mg, 50 mg	\$0 (1)

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)
trimipramine oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1) QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	\$0 (1)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (1)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1) PA-NS; QL (600 ML per 30 days); ^
vilazodone oral tablet 10 mg, 20 mg, 40 mg	\$0 (1) QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (1) QL (30 EA per 30 days); ^
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	\$0 (1) QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	\$0 (1)
zolpidem oral tablet 10 mg, 5 mg	\$0 (1) QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	\$0 (1) PA-NS; QL (28 EA per 365 days); ^
ZURZUVAE ORAL CAPSULE 30 MG	\$0 (1) PA-NS; QL (14 EA per 365 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	\$0 (1) PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 (1) PA-NS; QL (1 EA per 28 days)

**ຢາລັດອາການຊັກ**

APTIOM ORAL TABLET 200 MG, 400 MG	\$0 (1) QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 (1) QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 (1) QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1) QL (600 ML per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	QL (60 EA per 30 days); ^
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	\$0 (1)	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	\$0 (1)	
carbamazepine oral tablet 200 mg	\$0 (1)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	\$0 (1)	
carbamazepine oral tablet, chewable 100 mg	\$0 (1)	
clobazam oral suspension 2.5 mg/ml	\$0 (1)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	\$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	\$0 (1)	QL (300 EA per 30 days)
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	\$0 (1)	QL (90 EA per 30 days)
clonazepam oral tablet, disintegrating 2 mg	\$0 (1)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0 (1)	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	\$0 (1)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (1)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	\$0 (1)	
divalproex oral capsule, delayed rel sprinkle 125 mg	\$0 (1)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	\$0 (1)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	\$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (1)	PA-NS; LA
epitol oral tablet 200 mg	\$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (1)	PA-NS
ethosuximide oral capsule 250 mg	\$0 (1)	
ethosuximide oral solution 250 mg/5 ml	\$0 (1)	
felbamate oral suspension 600 mg/5 ml	\$0 (1)	
felbamate oral tablet 400 mg, 600 mg	\$0 (1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (1)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (1)	QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	\$0 (1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	\$0 (1)	QL (360 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	\$0 (1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	\$0 (1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	\$0 (1)	QL (120 EA per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	\$0 (1)	PA; QL (180 EA per 30 days)
gabapentin oral tablet extended release 24 hr 600 mg	\$0 (1)	PA; QL (90 EA per 30 days)
lacosamide intravenous solution 200 mg/20 ml	\$0 (1)	QL (1200 ML per 30 days); ^
lacosamide oral solution 10 mg/ml	\$0 (1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	\$0 (1)	QL (60 EA per 30 days)
lacosamide oral tablet 50 mg	\$0 (1)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	\$0 (1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	\$0 (1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	\$0 (1)	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	\$0 (1)	
levetiracetam intravenous solution 500 mg/5 ml	\$0 (1)	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	\$0 (1)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊຸ້ຍ ເງືອນໄຂ/ຂຈ້າກັດ
	1
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	\$0 (1)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1) PA-NS; QL (10 EA per 30 days); ^
methsuximide oral capsule 300 mg	\$0 (1)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 (1) PA-NS; QL (10 EA per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	\$0 (1)
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	\$0 (1)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	\$0 (1) PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	\$0 (1) PA-NS
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	\$0 (1)
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	\$0 (1)
phenytoin oral tablet, chewable 50 mg	\$0 (1)
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	\$0 (1)
phenytoin sodium intravenous solution 50 mg/ml	\$0 (1)
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	\$0 (1) QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	\$0 (1) QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	\$0 (1) QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	\$0 (1) QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
primidone oral tablet 250 mg, 50 mg	\$0 (1)	
roweepra oral tablet 500 mg	\$0 (1)	
rufinamide oral suspension 40 mg/ml	\$0 (1)	PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	\$0 (1)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	\$0 (1)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	\$0 (1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	\$0 (1)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	\$0 (1)	
valproic acid oral capsule 250 mg	\$0 (1)	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 (1)	PA-NS; QL (10 EA per 30 days)
vigabatrin oral powder in packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024



ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
vigadrone oral powder in packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral tablet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigpoder oral powder in packet 500 mg	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (1)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	\$0 (1)	QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 (1)	QL (28 EA per 180 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	\$0 (1)	PA-NS
zonisamide oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (1100 ML per 30 days); ^
<b>ຢາຮັກສາພະຍາດ PARKINSON</b>		
benztropine injection solution 1 mg/ml	\$0 (1)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	PA
bromocriptine oral capsule 5 mg	\$0 (1)	
bromocriptine oral tablet 2.5 mg	\$0 (1)	
carbidopa oral tablet 25 mg	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1 \$0 (1)
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	\$0 (1)
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	\$0 (1)
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	\$0 (1)
entacapone oral tablet 200 mg	\$0 (1)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (1)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	\$0 (1)
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	\$0 (1)
rasagiline oral tablet 0.5 mg, 1 mg	\$0 (1)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	\$0 (1)
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	\$0 (1)
selegiline hcl oral capsule 5 mg	\$0 (1)
selegiline hcl oral tablet 5 mg	\$0 (1)
trihexyphenidyl oral tablet 2 mg, 5 mg	\$0 (1) PA
<b>ຢາແກ້ປັດຊະນະນິທິບີໄຊມໍລໍຟິ</b>	
buprenorphine-naloxone sublingual film 12-3 mg	\$0 (1) QL (60 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	\$0 (1)	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	\$0 (1)	QL (90 EA per 30 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	\$0 (1)	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	\$0 (1)	QL (30 EA per 30 days)
diclofenac potassium oral tablet 50 mg	\$0 (1)	
diclofenac sodium oral tablet extended release 24 hr 100 mg	\$0 (1)	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	\$0 (1)	
diclofenac sodium topical gel 1 %	\$0 (1)	QL (1000 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	\$0 (1)	QL (224 GM per 28 days)
diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg	\$0 (1)	
diflunisal oral tablet 500 mg	\$0 (1)	
ec-naproxen oral tablet, delayed release (dr/ec) 375 mg	\$0 (1)	QL (120 EA per 30 days)
etodolac oral capsule 200 mg, 300 mg	\$0 (1)	
etodolac oral tablet 400 mg, 500 mg	\$0 (1)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	\$0 (1)	
flurbiprofen oral tablet 100 mg	\$0 (1)	
ibu oral tablet 600 mg, 800 mg	\$0 (1)	
ibuprofen oral suspension 100 mg/5 ml	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງື່ອນໄຂ/ຂັ້ນຕອນ
	1
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	\$0 (1)
meloxicam oral tablet 15 mg	\$0 (1) QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	\$0 (1)
nabumetone oral tablet 500 mg, 750 mg	\$0 (1)
nalbuphine injection solution 10 mg/ml, 20 mg/ml	\$0 (1)
naloxone injection solution 0.4 mg/ml	\$0 (1)
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	\$0 (1)
naloxone nasal spray,non-aerosol 4 mg/actuation	\$0 (1)
naltrexone oral tablet 50 mg	\$0 (1)
naproxen oral tablet 250 mg, 375 mg, 500 mg	\$0 (1)
naproxen oral tablet,delayed release (dr/ec) 375 mg	\$0 (1) QL (120 EA per 30 days)
naproxen sodium oral tablet 275 mg, 550 mg	\$0 (1)
oxaprozin oral tablet 600 mg	\$0 (1)
piroxicam oral capsule 10 mg, 20 mg	\$0 (1)
sulindac oral tablet 150 mg, 200 mg	\$0 (1)
tramadol oral tablet 50 mg	\$0 (1) QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	\$0 (1) QL (240 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	\$0 (1)

**ຢາແກ້ປວດຊະນິດລຳຟນີ**

acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	\$0 (1) QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	\$0 (1) QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	\$0 (1) QL (180 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	\$0 (1)	PA; QL (90 EA per 30 days)
endocet oral tablet 10-325 mg	\$0 (1)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	\$0 (1)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	\$0 (1)	PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	\$0 (1)	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	\$0 (1)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	\$0 (1)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	\$0 (1)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	\$0 (1)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	\$0 (1)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	\$0 (1)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	\$0 (1)	QL (180 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	\$0 (1)	PA; QL (90 ML per 30 days)
methadone oral concentrate 10 mg/ml	\$0 (1)	PA; QL (90 ML per 30 days)
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	\$0 (1)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	\$0 (1)	PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	\$0 (1)	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	\$0 (1)	QL (180 ML per 30 days)
morphine injection syringe 4 mg/ml	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	\$0 (1)	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	\$0 (1)	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	\$0 (1)	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	\$0 (1)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	\$0 (1)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	\$0 (1)	PA; QL (90 EA per 30 days)
oxycodone oral capsule 5 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	\$0 (1)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	\$0 (1)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	\$0 (1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	\$0 (1)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	\$0 (1)	QL (240 EA per 30 days)
<b>ຢາຕຳນມະເຮັງ/ຢາລະງັບພຽງຄຸ້ມກັນ</b>		
<b>ຢາຕຳນມະເຮັງ/ຢາລະງັບພຽງຄຸ້ມກັນ</b>		
abiraterone oral tablet 250 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 (1)	PA-NS; LA; QL (30 EA per 180 days); ^
anastrozole oral tablet 1 mg	\$0 (1)	
AUGTYRO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
azacitidine injection recon soln 100 mg	\$0 (1)	^
azathioprine oral tablet 50 mg	\$0 (1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (1)	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	^
bexarotene oral capsule 75 mg	\$0 (1)	PA-NS; ^
bexarotene topical gel 1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
bicalutamide oral tablet 50 mg	\$0 (1)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	\$0 (1)	B/D; ^
bortezomib injection recon soln 3.5 mg	\$0 (1)	B/D; ^
BOSULIF ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (330 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^

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ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
BRUKINSA ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
carboplatin intravenous solution 10 mg/ml	\$0 (1)	
cisplatin intravenous solution 1 mg/ml	\$0 (1)	
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	\$0 (1)	B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; QL (63 EA per 28 days); ^
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	\$0 (1)	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	\$0 (1)	B/D

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (1)	B/D
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	\$0 (1)	B/D
cyclosporine modified oral solution 100 mg/ml	\$0 (1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	\$0 (1)	B/D
cytarabine injection solution 20 mg/ml	\$0 (1)	
DAURISMO ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 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), 80 mg/8 ml (10 mg/ml)	\$0 (1)	^
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	\$0 (1)	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	\$0 (1)	^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (1)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (1)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (1)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (1)	PA-NS

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	\$0 (1)	
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	\$0 (1)	PA-NS; ^
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 (1)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	\$0 (1)	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
erlotinib oral tablet 100 mg, 150 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
erlotinib oral tablet 25 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
etoposide intravenous solution 20 mg/ml	\$0 (1)	
EULEXIN ORAL CAPSULE 125 MG	\$0 (1)	^
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 2 mg	\$0 (1)	PA-NS; QL (150 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 3 mg	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 5 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
everolimus (immunosuppressive) oral tablet 0.25 mg	\$0 (1)	B/D

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	\$0 (1) B/D; ^
exemestane oral tablet 25 mg	\$0 (1)
EXKIVITY ORAL CAPSULE 40 MG	\$0 (1) PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (1) PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (1) PA-NS
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	\$0 (1)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1) PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	\$0 (1) PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	\$0 (1) PA-NS; QL (21 EA per 28 days); ^
fulvestrant intramuscular syringe 250 mg/5 ml	\$0 (1) ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (1) PA-NS; LA; QL (120 EA per 30 days); ^
gefitinib oral tablet 250 mg	\$0 (1) PA-NS; QL (30 EA per 30 days); ^
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	\$0 (1)
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)	\$0 (1)
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0 (1)
gengraf oral capsule 100 mg, 25 mg	\$0 (1) B/D

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11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກດັ	
	1	
gengraf oral solution 100 mg/ml	\$0 (1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (1)	^
hydroxyurea oral capsule 500 mg	\$0 (1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
imatinib oral tablet 100 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
imatinib oral tablet 400 mg	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (1)	PA-NS; LA; QL (324 ML per 30 days); ^
IMBRUVICA ORAL TABLET 420 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL TABLET 560 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^

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ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
INLYTA ORAL TABLET 5 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	\$0 (1)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	\$0 (1)	
IWILFIN ORAL TABLET 192 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	\$0 (1)	^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (1)	PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (1)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	\$0 (1)	PA; ^

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
KRAZATI ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
lanreotide subcutaneous syringe 120 mg/0.5 ml	\$0 (1)	^
lapatinib oral tablet 250 mg	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
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)	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
letrozole oral tablet 2.5 mg	\$0 (1)	
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	^
leuprolide subcutaneous kit 1 mg/0.2 ml	\$0 (1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^
LUMAKRAS ORAL TABLET 320 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (1)	PA-NS; ^

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	\$0 (1)	^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	\$0 (1)	PA-NS; QL (84 EA per 28 days); ^
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	\$0 (1)	PA-NS; QL (140 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA; ^
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	\$0 (1)	PA
megestrol oral tablet 20 mg, 40 mg	\$0 (1)	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	\$0 (1)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
mercaptopurine oral tablet 50 mg	\$0 (1)	
methotrexate sodium (pf) injection recon soln 1 gram	\$0 (1)	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	\$0 (1)	B/D
methotrexate sodium injection solution 25 mg/ml	\$0 (1)	B/D
methotrexate sodium oral tablet 2.5 mg	\$0 (1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	\$0 (1)	PA-NS; ^
mycophenolate mofetil oral capsule 250 mg	\$0 (1)	B/D

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ຊື່	ລະດັບຊຸມຢ ເງືອນໄຂ/ຂໍ້ກຳກັດ	
	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	\$0 (1)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	\$0 (1)	B/D
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	\$0 (1)	B/D
mycophenolic acid dr 180 mg tb	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
mycophenolic acid dr 360 mg tb	\$0 (1)	B/D; mycophenolate sodium = mycophenolic acid
NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
nilutamide oral tablet 150 mg	\$0 (1)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 (1)	^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	\$0 (1)	PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	\$0 (1)	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	\$0 (1)	PA
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
OGSIVEO ORAL TABLET 50 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	\$0 (1)	PA-NS; QL (96 ML per 28 days); ^

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ຊື່	ລະດັບຊຸມຢ ເງື່ອນໄຂ/ຂັ້ນຕອນ	
	1	
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	\$0 (1)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	\$0 (1)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	\$0 (1)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
oxaliplatin intravenous recon soln 100 mg, 50 mg	\$0 (1)	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	\$0 (1)	
paclitaxel intravenous concentrate 6 mg/ml	\$0 (1)	
paraplatin intravenous solution 10 mg/ml	\$0 (1)	
pazopanib oral tablet 200 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg	\$0 (1)	^
pemetrexed disodium intravenous recon soln 100 mg	\$0 (1)	
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (1)	^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
RETEVMO ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	\$0 (1)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	\$0 (1)	PA-NS; ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D
SCEMBLIX ORAL TABLET 100 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
SCEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (1)	PA; LA; ^
sirolimus oral solution 1 mg/ml	\$0 (1)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 (1)	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 (1)	PA-NS; ^
sorafenib oral tablet 200 mg	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (84 EA per 28 days); ^
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
TABLOID ORAL TABLET 40 MG	\$0 (1)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (1)	PA-NS; ^
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	\$0 (1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	\$0 (1)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSEO ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	\$0 (1)	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
tamoxifen oral tablet 10 mg, 20 mg	\$0 (1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	\$0 (1)	B/D; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
toremifene oral tablet 60 mg	\$0 (1)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG	\$0 (1)	B/D; ^
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	\$0 (1)	^
tretinoin (antineoplastic) oral capsule 10 mg	\$0 (1)	^
TRUQAP ORAL TABLET 160 MG, 200 MG	\$0 (1)	PA-NS; QL (64 EA per 28 days); ^
TUKYSA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (1)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 7 days)

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ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
VENCLEXTA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (7 EA per 7 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (1)	PA-NS; LA; QL (42 EA per 180 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	\$0 (1)	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	\$0 (1)	
VITRAKVI ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLETT 150 MG	\$0 (1)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLETT 20 MG, 50 MG	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ	
	1	
XOSPATA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	\$0 (1)	PA-NS; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 60 MG/WEEK (20 MG X 3)	\$0 (1)	PA-NS; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; QL (240 EA per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງືອນໄຂ/ຂ້າງກັດ
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1 \$0 (1) B/D; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1) PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1) PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	\$0 (1) PA-NS; LA; QL (90 EA per 30 days); ^

### ຢາເສມີ

leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	\$0 (1)
MESNEX ORAL TABLET 400 MG	\$0 (1) ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (1) B/D; ^

### ຢາຕ້ານເຊື້

#### CEPHALOSPORINS

cefaclor oral capsule 250 mg, 500 mg	\$0 (1)
cefaclor oral suspension for reconstitution 250 mg/5 ml	\$0 (1)
cefadroxil oral capsule 500 mg	\$0 (1)
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	\$0 (1)
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	\$0 (1)
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg	\$0 (1)
cefazolin intravenous recon soln 1 gram	\$0 (1)
cefdinir oral capsule 300 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1 \$0 (1)
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	\$0 (1)
cefepime injection recon soln 1 gram, 2 gram	\$0 (1)
cefixime oral capsule 400 mg	\$0 (1)
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	\$0 (1)
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	\$0 (1)
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	\$0 (1)
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	\$0 (1)
cefpodoxime oral tablet 100 mg, 200 mg	\$0 (1)
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
cefprozil oral tablet 250 mg, 500 mg	\$0 (1)
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	\$0 (1)
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	\$0 (1)
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	\$0 (1)
ceftriaxone intravenous recon soln 1 gram, 2 gram	\$0 (1)
cefuroxime axetil oral tablet 250 mg, 500 mg	\$0 (1)
cefuroxime sodium injection recon soln 750 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024



ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
cefuroxime sodium intravenous recon soln 1.5 gram	\$0 (1)
cephalexin oral capsule 250 mg, 500 mg	\$0 (1)
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
tazicef injection recon soln 1 gram, 2 gram, 6 gram	\$0 (1)
tazicef intravenous recon soln 1 gram, 2 gram	\$0 (1)
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (1) ^
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>	
azithromycin intravenous recon soln 500 mg	\$0 (1)
azithromycin oral packet 1 gram	\$0 (1)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	\$0 (1)
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	\$0 (1)
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
clarithromycin oral tablet 250 mg, 500 mg	\$0 (1)
clarithromycin oral tablet extended release 24 hr 500 mg	\$0 (1)
DIFICID ORAL TABLET 200 MG	\$0 (1) QL (20 EA per 10 days); ^
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	\$0 (1)
erythrocin (as stearate) oral tablet 250 mg	\$0 (1)
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ 1
erythromycin oral capsule, delayed release(dr/ec) 250 mg	\$0 (1)
erythromycin oral tablet 250 mg, 500 mg	\$0 (1)
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	\$0 (1)
<b>PENICILLINS</b>	
amoxicillin oral capsule 250 mg, 500 mg	\$0 (1)
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	\$0 (1)
amoxicillin oral tablet 500 mg, 875 mg	\$0 (1)
amoxicillin oral tablet, chewable 125 mg, 250 mg	\$0 (1)
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	\$0 (1)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	\$0 (1)
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	\$0 (1)
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	\$0 (1)
ampicillin oral capsule 500 mg	\$0 (1)
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	\$0 (1)
ampicillin sodium intravenous recon soln 1 gram, 2 gram	\$0 (1)
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	\$0 (1)
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (1)
dicloxacillin oral capsule 250 mg, 500 mg	\$0 (1)
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	\$0 (1)
nafcillin injection recon soln 1 gram, 2 gram	\$0 (1)
nafcillin injection recon soln 10 gram	\$0 (1) ^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	\$0 (1)
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	\$0 (1)
penicillin g potassium injection recon soln 20 million unit, 5 million unit	\$0 (1)
penicillin g sodium injection recon soln 5 million unit	\$0 (1)
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	\$0 (1)
penicillin v potassium oral tablet 250 mg, 500 mg	\$0 (1)
pfizerpen-g injection recon soln 20 million unit, 5 million unit	\$0 (1)
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	\$0 (1)
<b>QUINOLONES</b>	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊັ້ນ ເງື່ອນໄຂ/ຂັ້ນຕອນ
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1 \$0 (1)
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	\$0 (1)
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	\$0 (1)
levofloxacin intravenous solution 25 mg/ml	\$0 (1)
levofloxacin oral solution 250 mg/10 ml	\$0 (1)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	\$0 (1)
moxifloxacin oral tablet 400 mg	\$0 (1)
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	\$0 (1)
<b>SULFA'S / ຢາອັນທຳຮູ້ວຽວ</b>	
sulfadiazine oral tablet 500 mg	\$0 (1)
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	\$0 (1)
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	\$0 (1)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	\$0 (1)
<b>TETRACYCLINES</b>	
demeclocycline oral tablet 150 mg, 300 mg	\$0 (1)
doxy-100 intravenous recon soln 100 mg	\$0 (1)
doxycycline hyclate intravenous recon soln 100 mg	\$0 (1)
doxycycline hyclate oral capsule 100 mg, 50 mg	\$0 (1)
doxycycline hyclate oral tablet 100 mg, 20 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງມິດໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
doxycycline monohydrate oral capsule 100 mg, 50 mg	1 \$0 (1)
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	\$0 (1)
minocycline oral capsule 100 mg, 50 mg, 75 mg	\$0 (1)
minocycline oral tablet 100 mg, 50 mg, 75 mg	\$0 (1)
tetracycline oral capsule 250 mg, 500 mg	\$0 (1)
<b>ຢາຕ້ານເຊື້ອພະຍາດອື່ນໆ</b>	
albendazole oral tablet 200 mg	\$0 (1) ^
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	\$0 (1)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	\$0 (1) PA; LA; ^
atovaquone oral suspension 750 mg/5 ml	\$0 (1)
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	\$0 (1)
aztreonam injection recon soln 1 gram, 2 gram	\$0 (1)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (1) PA; LA; QL (84 ML per 56 days); ^
chloroquine phosphate oral tablet 250 mg, 500 mg	\$0 (1)
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	\$0 (1)
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	\$0 (1)
clindamycin phosphate injection solution 150 mg/ml	\$0 (1)
COARTEM ORAL TABLET 20-120 MG	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ
	1
colistin (colistimethate na) injection recon soln 150 mg	\$0 (1) QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	\$0 (1)
daptomycin intravenous recon soln 500 mg	\$0 (1) ^
EMVERM ORAL TABLET,CHEWABLE 100 MG	\$0 (1) ^
ertapenem injection recon soln 1 gram	\$0 (1) QL (14 EA per 14 days)
ethambutol oral tablet 100 mg, 400 mg	\$0 (1)
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	\$0 (1)
gentamicin injection solution 40 mg/ml	\$0 (1)
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	\$0 (1)
hydroxychloroquine oral tablet 200 mg	\$0 (1)
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	\$0 (1)
isoniazid oral solution 50 mg/5 ml	\$0 (1)
isoniazid oral tablet 100 mg, 300 mg	\$0 (1)
ivermectin oral tablet 3 mg	\$0 (1) PA; QL (20 EA per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	\$0 (1)
linezolid oral suspension for reconstitution 100 mg/5 ml	\$0 (1) QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	\$0 (1) QL (60 EA per 30 days)
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	\$0 (1)
mefloquine oral tablet 250 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີ່ມເດດ  
11/07/2024

ຊື່	ລະດັບຊັບຢ ເງອິນໄຂ/ຂ້າກັດ
	1
meropenem intravenous recon soln 1 gram	\$0 (1) QL (30 EA per 10 days)
meropenem intravenous recon soln 500 mg	\$0 (1) QL (10 EA per 10 days)
metro i.v. intravenous piggyback 500 mg/100 ml	\$0 (1)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	\$0 (1)
metronidazole oral tablet 250 mg, 500 mg	\$0 (1)
neomycin oral tablet 500 mg	\$0 (1)
nitazoxanide oral tablet 500 mg	\$0 (1) QL (12 EA per 30 days); ^
pentamidine inhalation recon soln 300 mg	\$0 (1) B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	\$0 (1)
praziquantel oral tablet 600 mg	\$0 (1)
PRIFTIN ORAL TABLET 150 MG	\$0 (1)
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	\$0 (1)
pyrazinamide oral tablet 500 mg	\$0 (1)
pyrimethamine oral tablet 25 mg	\$0 (1) PA; ^
quinine sulfate oral capsule 324 mg	\$0 (1) PA
rifabutin oral capsule 150 mg	\$0 (1)
rifampin intravenous recon soln 600 mg	\$0 (1)
rifampin oral capsule 150 mg, 300 mg	\$0 (1)
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (1) PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	\$0 (1) QL (60 EA per 30 days)
tigecycline intravenous recon soln 50 mg	\$0 (1) ^
tinidazole oral tablet 250 mg, 500 mg	\$0 (1)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	\$0 (1) PA; QL (280 ML per 28 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
tobramycin sulfate injection recon soln 1.2 gram	\$0 (1)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	\$0 (1)
TRECTOR ORAL TABLET 250 MG	\$0 (1)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0 (1) QL (4000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0 (1) QL (1000 ML per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	\$0 (1) QL (4050 ML per 10 days)
vancomycin intravenous recon soln 1,000 mg	\$0 (1) QL (20 EA per 10 days)
vancomycin intravenous recon soln 1.25 gram, 1.5 gram	\$0 (1)
vancomycin intravenous recon soln 10 gram, 5 gram	\$0 (1) QL (2 EA per 10 days)
vancomycin intravenous recon soln 500 mg	\$0 (1) QL (10 EA per 10 days)
vancomycin intravenous recon soln 750 mg	\$0 (1) QL (27 EA per 10 days)
vancomycin oral capsule 125 mg	\$0 (1) QL (40 EA per 10 days)
vancomycin oral capsule 250 mg	\$0 (1) QL (80 EA per 10 days)
XIFAXAN ORAL TABLET 550 MG	\$0 (1) PA; QL (90 EA per 30 days); ^
<b>ຢາຕ່ຳນເຊອີລາ</b>	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (1) B/D
amphotericin b injection recon soln 50 mg	\$0 (1) B/D
caspofungin intravenous recon soln 50 mg, 70 mg	\$0 (1)
clotrimazole mucous membrane troche 10 mg	\$0 (1)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	\$0 (1) PA; ^

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	\$0 (1)
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	\$0 (1)
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	\$0 (1)
flucytosine oral capsule 250 mg, 500 mg	\$0 (1) PA; ^
griseofulvin microsize oral suspension 125 mg/5 ml	\$0 (1)
griseofulvin microsize oral tablet 500 mg	\$0 (1)
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	\$0 (1)
itraconazole oral capsule 100 mg	\$0 (1) PA; QL (120 EA per 30 days)
ketoconazole oral tablet 200 mg	\$0 (1) PA
miconazole intravenous recon soln 100 mg, 50 mg	\$0 (1)
nystatin oral suspension 100,000 unit/ml	\$0 (1)
nystatin oral tablet 500,000 unit	\$0 (1)
posaconazole oral tablet, delayed release (dr/ec) 100 mg	\$0 (1) PA; QL (96 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	\$0 (1)
voriconazole intravenous recon soln 200 mg	\$0 (1) PA; ^
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	\$0 (1) PA; ^
voriconazole oral tablet 200 mg	\$0 (1) PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	\$0 (1) PA; QL (480 EA per 30 days)
<b>ຢາຕ້ານໄວຣັສ</b>	
abacavir oral solution 20 mg/ml	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
abacavir oral tablet 300 mg	\$0 (1)
abacavir-lamivudine oral tablet 600-300 mg	\$0 (1)
acyclovir oral capsule 200 mg	\$0 (1)
acyclovir oral suspension 200 mg/5 ml	\$0 (1)
acyclovir oral tablet 400 mg, 800 mg	\$0 (1)
acyclovir sodium intravenous solution 50 mg/ml	\$0 (1) B/D
adefovir oral tablet 10 mg	\$0 (1)
amantadine hcl oral capsule 100 mg	\$0 (1)
amantadine hcl oral solution 50 mg/5 ml	\$0 (1)
amantadine hcl oral tablet 100 mg	\$0 (1)
APTIVUS ORAL CAPSULE 250 MG	\$0 (1) ^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	\$0 (1)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (1) ^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1) ^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1) ^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1) ^
darunavir oral tablet 600 mg	\$0 (1) QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	\$0 (1) QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (1) ^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (1) QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (1) ^
EDURANT ORAL TABLET 25 MG	\$0 (1) ^
efavirenz oral tablet 600 mg	\$0 (1)
efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg	\$0 (1) ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg	\$0 (1)	^
emtricitabine oral capsule 200 mg	\$0 (1)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	\$0 (1)	QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	\$0 (1)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)	
entecavir oral tablet 0.5 mg, 1 mg	\$0 (1)	
etravirine oral tablet 100 mg, 200 mg	\$0 (1)	^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	\$0 (1)	
fosamprenavir oral tablet 700 mg	\$0 (1)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (1)	^
ganciclovir sodium intravenous recon soln 500 mg	\$0 (1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	^
INTELENCE ORAL TABLET 25 MG	\$0 (1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1)	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET 400 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0 (1)	
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	^
lamivudine oral solution 10 mg/ml	\$0 (1)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	\$0 (1)	
lamivudine-zidovudine oral tablet 150-300 mg	\$0 (1)	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^

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 11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ
	1
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)
LIVTENCITY ORAL TABLET 200 MG	\$0 (1) PA; LA; QL (120 EA per 30 days); ^
lopinavir-ritonavir oral solution 400-100 mg/5 ml	\$0 (1)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	\$0 (1)
maraviroc oral tablet 150 mg, 300 mg	\$0 (1) ^
nevirapine oral suspension 50 mg/5 ml	\$0 (1)
nevirapine oral tablet 200 mg	\$0 (1)
nevirapine oral tablet extended release 24 hr 400 mg	\$0 (1)
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 (1)
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1) ^
oseltamivir oral capsule 30 mg	\$0 (1) QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	\$0 (1) QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	\$0 (1) QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	\$0 (1) QL (20 EA per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	\$0 (1) QL (30 EA per 90 days)
PIFELTRO ORAL TABLET 100 MG	\$0 (1) ^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1) PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (1) ^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1) QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (1) QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0 (1) QL (480 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (1) QL (120 EA per 365 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (1) ^
ribavirin oral capsule 200 mg	\$0 (1)
ribavirin oral tablet 200 mg	\$0 (1)
rimantadine oral tablet 100 mg	\$0 (1)
ritonavir oral tablet 100 mg	\$0 (1)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 (1) ^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1) ^
SELZENTRY ORAL TABLET 25 MG	\$0 (1)
SELZENTRY ORAL TABLET 75 MG	\$0 (1) ^
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	\$0 (1) PA; QL (28 EA per 28 days); ^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1) ^
SUNLENCA ORAL TABLET 300 MG, 300 MG (4- TABLET PACK)	\$0 (1) ^
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)
tenofovir disoproxil fumarate oral tablet 300 mg	\$0 (1)
TIVICAY ORAL TABLET 10 MG	\$0 (1)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (1) ^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 (1) ^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1) ^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5- 30 MG	\$0 (1)
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (1) ^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0 (1) ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
valacyclovir oral tablet 1 gram, 500 mg	\$0 (1)
valganciclovir oral recon soln 50 mg/ml	\$0 (1) ^
valganciclovir oral tablet 450 mg	\$0 (1)
VEMLIDY ORAL TABLET 25 MG	\$0 (1) ^
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (1) ^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (1) ^
VIREAD ORAL TABLET 150 MG, 250 MG	\$0 (1) ^
VIREAD ORAL TABLET 200 MG	\$0 (1)
zidovudine oral capsule 100 mg	\$0 (1)
zidovudine oral syrup 10 mg/ml	\$0 (1)
zidovudine oral tablet 300 mg	\$0 (1)
<b>ຢາກັສາລະບົບປັດສະວະ</b>	
methenamine hippurate oral tablet 1 gram	\$0 (1)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	\$0 (1)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	\$0 (1)
trimethoprim oral tablet 100 mg	\$0 (1)
<b>ຢາປະເພດອື່ນໆ</b>	
<b>ຢາປະເພດອື່ນໆ</b>	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (1)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

**ຊຳຢາ**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	\$0 (1)	BD Preferred
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	\$0 (1)	PA; QL (15 EA per 30 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	\$0 (1)	BD Preferred

**ຢາຮັກສາຫຼຸດງໍ / ຄໍ**

**ຢາຢອດຫຼຸຜະສົມໄທຣອຍ / ຢາຕ້ານເຊື້ອ**

ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	\$0 (1)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	\$0 (1)	
neomycin-polymyxin-hc otic (ear) solution 3.5- 10,000-1 mg/ml-unit/ml-%	\$0 (1)	

**ຢາຮັກສາພະຍາດອນິຖາ**

azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	\$0 (1)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	\$0 (1)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	\$0 (1)	QL (30 ML per 30 days)

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ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	\$0 (1) QL (45 ML per 30 days)
kourzeq dental paste 0.1 %	\$0 (1)
olopatadine nasal spray,non-aerosol 0.6 %	\$0 (1)
periogard mucous membrane mouthwash 0.12 %	\$0 (1)
triamcinolone acetonide dental paste 0.1 %	\$0 (1)
<b>ຢາຮັກສາທອນິຯ</b>	
acetic acid otic (ear) solution 2 %	\$0 (1)
flac otic oil otic (ear) drops 0.01 %	\$0 (1)
fluocinolone acetonide oil otic (ear) drops 0.01 %	\$0 (1)
ofloxacin otic (ear) drops 0.3 %	\$0 (1)
<b>ຢາໃຊ້ໄພອີວນິດິໄສພະຍາດ / ພະຍາດອນິຯ</b>	
<b>ຢາຕ້ານການສບູຢາ</b>	
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	\$0 (1)
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (1)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	\$0 (1)
varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	\$0 (1)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	\$0 (1)
<b>ຢາຮັກສາພະຍາດອນິຯ</b>	
acamprosate oral tablet,delayed release (dr/ec) 333 mg	\$0 (1)
acetic acid irrigation solution 0.25 %	\$0 (1)
anagrelide oral capsule 0.5 mg, 1 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024



ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
carglumic acid oral tablet, dispersible 200 mg	\$0 (1)	PA; LA; ^
cevimeline oral capsule 30 mg	\$0 (1)	
CHEMET ORAL CAPSULE 100 MG	\$0 (1)	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
d10 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (1)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (1)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	\$0 (1)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	\$0 (1)	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	\$0 (1)	PA; ^
deferasirox oral tablet 180 mg, 360 mg, 90 mg	\$0 (1)	PA
deferasirox oral tablet, dispersible 125 mg	\$0 (1)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	\$0 (1)	PA; ^
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	\$0 (1)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	\$0 (1)	
dextrose 5 % in water (d5w) intravenous parenteral solution	\$0 (1)	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມວັນທີ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

dextrose 5 %-lactated ringers intravenous parenteral solution	\$0 (1)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	\$0 (1)	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	\$0 (1)	
dextrose 50 % in water (d50w) intravenous parenteral solution	\$0 (1)	
dextrose 50 % in water (d50w) intravenous syringe	\$0 (1)	
dextrose 70 % in water (d70w) intravenous parenteral solution	\$0 (1)	
disulfiram oral tablet 250 mg, 500 mg	\$0 (1)	
droxidopa oral capsule 100 mg	\$0 (1)	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	\$0 (1)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 (1)	PA; LA; ^
glutamine (sickle cell) oral powder in packet 5 gram	\$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (1)	PA; LA; ^
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	\$0 (1)	
levocarnitine (with sugar) oral solution 100 mg/ml	\$0 (1)	
levocarnitine oral solution 100 mg/ml	\$0 (1)	
levocarnitine oral tablet 330 mg	\$0 (1)	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 (1)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	\$0 (1)	PA; ^
pilocarpine hcl oral tablet 5 mg, 7.5 mg	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ
	1
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	\$0 (1) PA; LA; ^
riluzole oral tablet 50 mg	\$0 (1)
risedronate oral tablet 30 mg	\$0 (1) QL (30 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	\$0 (1)
sodium chloride 0.9 % intravenous piggyback	\$0 (1)
sodium chloride irrigation solution 0.9 %	\$0 (1)
sodium phenylbutyrate oral powder 0.94 gram/gram	\$0 (1) PA; ^
sodium phenylbutyrate oral tablet 500 mg	\$0 (1) PA; ^
sodium polystyrene sulfonate oral powder	\$0 (1)
sps (with sorbitol) oral suspension 15-20 gram/60 ml	\$0 (1)
sps (with sorbitol) rectal enema 30-40 gram/120 ml	\$0 (1)
trientine oral capsule 250 mg	\$0 (1) PA; ^
water for irrigation, sterile irrigation solution	\$0 (1)
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	\$0 (1)
<b>ລະບົບຕ່ອ່ມບໍ່ມີທິ/ເບີຫວານ</b>	
<b>ການບໍາບັດພະຍາດເບີຫວານ</b>	
acarbose oral tablet 100 mg	\$0 (1) QL (90 EA per 30 days)
acarbose oral tablet 25 mg	\$0 (1) QL (360 EA per 30 days)
acarbose oral tablet 50 mg	\$0 (1) QL (180 EA per 30 days)
alcohol pads topical pads, medicated	\$0 (1)

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**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	\$0 (1)	PA; QL (3.4 ML per 28 days)
diazoxide oral suspension 50 mg/ml	\$0 (1)	^
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
glimepiride oral tablet 1 mg	\$0 (1)	QL (240 EA per 30 days)
glimepiride oral tablet 2 mg	\$0 (1)	QL (120 EA per 30 days)
glimepiride oral tablet 4 mg	\$0 (1)	QL (60 EA per 30 days)
glipizide oral tablet 10 mg	\$0 (1)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	\$0 (1)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 5 mg	\$0 (1)	QL (120 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	\$0 (1)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	\$0 (1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (1)	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	\$0 (1)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	\$0 (1)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (1)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (1)
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (1)
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	\$0 (1)
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	\$0 (1)
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (1) QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 (1) QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 (1) QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1) QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 (1) QL (30 EA per 30 days)

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ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ**

1

JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
metformin oral tablet 1,000 mg	\$0 (1)	QL (75 EA per 30 days)
metformin oral tablet 500 mg	\$0 (1)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	\$0 (1)	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	\$0 (1)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	\$0 (1)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg	\$0 (1)	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	\$0 (1)	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (1)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (1)	(brand RELION not covered)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງມິດໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
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)	\$0 (1)	PA; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	\$0 (1)	PA; QL (1.8 ML per 30 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	\$0 (1)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	\$0 (1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	\$0 (1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg	\$0 (1)	QL (960 EA per 30 days)
repaglinide oral tablet 1 mg	\$0 (1)	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	\$0 (1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (1)	PA; QL (30 EA per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	\$0 (1)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 (1)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (1)	QL (30 EA per 30 days)

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**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	\$0 (1)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 (1)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 (1)	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 (1)	QL (15 ML per 30 days)
<b>ຢາຕັ້ໄທຣອຍ</b>		
methimazole oral tablet 10 mg, 5 mg	\$0 (1)	
propylthiouracil oral tablet 50 mg	\$0 (1)	
<b>ຮລໍໂມນອນີຯ</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 (1)	PA; ^
cabergoline oral tablet 0.5 mg	\$0 (1)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	\$0 (1)	
calcitriol intravenous solution 1 mcg/ml	\$0 (1)	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	\$0 (1)	
calcitriol oral solution 1 mcg/ml	\$0 (1)	
cinacalcet oral tablet 30 mg, 60 mg	\$0 (1)	QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	\$0 (1)	QL (120 EA per 30 days); ^

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ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024



ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າງກັດ
	1
danazol oral capsule 100 mg, 200 mg, 50 mg	\$0 (1)
desmopressin injection solution 4 mcg/ml	\$0 (1) ^
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	\$0 (1)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	\$0 (1)
desmopressin oral tablet 0.1 mg, 0.2 mg	\$0 (1)
doxercaliferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	\$0 (1)
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 (1) PA; ^
KORLYM ORAL TABLET 300 MG	\$0 (1) PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	\$0 (1) PA; ^
mifepristone oral tablet 300 mg	\$0 (1) PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (1) PA; ^
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	\$0 (1)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	\$0 (1)
sapropterin oral powder in packet 100 mg, 500 mg	\$0 (1) PA; ^
sapropterin oral tablet,soluble 100 mg	\$0 (1) PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1) PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	\$0 (1)
testosterone enanthate intramuscular oil 200 mg/ml	\$0 (1)

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂ້າກັດ
testosterone transdermal gel 50 mg/5 gram (1 %)	\$0 (1) PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	\$0 (1) PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	\$0 (1) PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	\$0 (1) PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	\$0 (1) PA; ^
zoledronic acid intravenous solution 4 mg/5 ml	\$0 (1)
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	\$0 (1)

**ຮລໍໂມນໄທຣອຍ**

euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)
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	\$0 (1)
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	\$0 (1)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)

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11/07/2024

**ຊື່**

**ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ**

1

unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	\$0 (1)
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**ຮໂມນຕ່ອມໝວກໄຕ**

dexamethasone intensol oral drops 1 mg/ml	\$0 (1)
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dexamethasone oral elixir 0.5 mg/5 ml	\$0 (1)
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dexamethasone oral solution 0.5 mg/5 ml	\$0 (1)
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dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	\$0 (1)
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dexamethasone sodium phos (pf) injection solution 10 mg/ml	\$0 (1)
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dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	\$0 (1)
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dexamethasone sodium phosphate injection syringe 4 mg/ml	\$0 (1)
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fludrocortisone oral tablet 0.1 mg	\$0 (1)
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hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)
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methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	\$0 (1)
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methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	\$0 (1) B/D
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methylprednisolone oral tablets,dose pack 4 mg	\$0 (1)
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methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	\$0 (1)
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methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	\$0 (1)
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prednisolone oral solution 15 mg/5 ml	\$0 (1)
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ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸ້ຍ ເງື່ອນໄຂ/ຂຈ້າກັດ**

1

prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	\$0 (1)
prednisone intensol oral concentrate 5 mg/ml	\$0 (1)
prednisone oral solution 5 mg/5 ml	\$0 (1)
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	\$0 (1)
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	\$0 (1)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	\$0 (1)

**ລະບົບທາງເດນີປັດສະວະ**

**ການບໍາບັດຮັກສາຕໍ່ມລູກໝາກໂຕທບີຮຸ່ນແຮງ**

alfuzosin oral tablet extended release 24 hr 10 mg	\$0 (1)
dutasteride oral capsule 0.5 mg	\$0 (1) QL (30 EA per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	\$0 (1) QL (30 EA per 30 days)
finasteride oral tablet 5 mg	\$0 (1)
tamsulosin oral capsule 0.4 mg	\$0 (1)

**ຢາຕ້ານພະຍາດພູແພໂທຣີ / ຢາຄາຍກ້າມຊຸນີ**

MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	\$0 (1) QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (1) QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	\$0 (1)
oxybutynin chloride oral tablet 5 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງມິດໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີ່ມເດດ  
11/07/2024

**ຊື່**

**ລະດັບຊຸ້ຍ ເງື່ອນໄຂ/ຂຈ້າກັດ**

1

oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	\$0 (1)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	\$0 (1)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	\$0 (1)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	\$0 (1)	QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	\$0 (1)	QL (60 EA per 30 days)
tropium oral tablet 20 mg	\$0 (1)	QL (60 EA per 30 days)

**ລະບົບທາງເດນີປັດສະວະຜດີປັກກະຕິ**

bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	\$0 (1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (1)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	\$0 (1)	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	\$0 (1)	
tadalafil oral tablet 2.5 mg	\$0 (1)	PA; QL (60 EA per 30 days)
tadalafil oral tablet 5 mg	\$0 (1)	PA; QL (30 EA per 30 days)

**ລະບົບທາງເດນີຫາຍໃຈ ແລະ ພມູແພ້**

**ຢາຮັກສາປອດ**

acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	\$0 (1)	B/D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (1)	QL (12 GM per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	\$0 (1)	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	\$0 (1)	6.7 gm inhaler; QL (13.4 GM per 30 days)
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, 5 mg/ml	\$0 (1)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	\$0 (1)	
albuterol sulfate oral tablet 2 mg, 4 mg	\$0 (1)	
alyq oral tablet 20 mg	\$0 (1)	PA; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (1)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	\$0 (1)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (1)	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	\$0 (1)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	\$0 (1)	QL (30.9 GM per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	\$0 (1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (1)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	\$0 (1)	B/D
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	\$0 (1)	QL (50 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	\$0 (1)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	\$0 (1)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	\$0 (1)	B/D; QL (120 ML per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 (1)	PA; LA; QL (20 EA per 30 days); ^
icatibant subcutaneous syringe 30 mg/3 ml	\$0 (1)	PA; QL (27 ML per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່

ລະດັບຊຸ້ຍ ເງື່ອນໄຂ/ຂັ້ນຕອນ

1

INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 (1)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	\$0 (1)	B/D
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	\$0 (1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	\$0 (1)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	\$0 (1)	B/D
mometasone nasal spray,non-aerosol 50 mcg/actuation	\$0 (1)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	\$0 (1)	
montelukast oral tablet 10 mg	\$0 (1)	
montelukast oral tablet,chewable 4 mg, 5 mg	\$0 (1)	
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (1)	PA; LA; QL (112 EA per 28 days); ^
pirfenidone oral capsule 267 mg	\$0 (1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	\$0 (1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 801 mg	\$0 (1)	PA; QL (90 EA per 30 days); ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (1)	B/D; ^

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ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
roflumilast oral tablet 250 mcg, 500 mcg	\$0 (1)	QL (30 EA per 30 days)
sajazir subcutaneous syringe 30 mg/3 ml	\$0 (1)	PA; LA; QL (27 ML per 30 days); ^
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (1)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	\$0 (1)	PA; generic for Revatio; QL (90 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
tadalafil (pulm. hypertension) oral tablet 20 mg	\$0 (1)	PA; generic for Adcirca; QL (60 EA per 30 days); ^
terbutaline oral tablet 2.5 mg, 5 mg	\$0 (1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (1)	
theophylline oral elixir 80 mg/15 ml	\$0 (1)	
theophylline oral solution 80 mg/15 ml	\$0 (1)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	\$0 (1)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	\$0 (1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	\$0 (1)	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	\$0 (1)	PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (1)	QL (36 GM per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊື່**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (1)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	\$0 (1)	PA; LA; QL (1 ML per 28 days); ^
zafirlukast oral tablet 10 mg, 20 mg	\$0 (1)	
<b>ຢາແກ້ໄພ ຯ ຢາຕ້ານອາການພມູແພ້</b>		
adrenalin injection solution 1 mg/ml (1 ml)	\$0 (1)	
cetirizine oral solution 1 mg/ml	\$0 (1)	
cyproheptadine oral tablet 4 mg	\$0 (1)	PA
desloratadine oral tablet 5 mg	\$0 (1)	
diphenhydramine hcl injection solution 50 mg/ml	\$0 (1)	
diphenhydramine hcl injection syringe 50 mg/ml	\$0 (1)	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	\$0 (1)	QL (4 EA per 30 days)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	\$0 (1)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	\$0 (1)	PA
levocetirizine oral solution 2.5 mg/5 ml	\$0 (1)	
levocetirizine oral tablet 5 mg	\$0 (1)	
promethazine injection solution 25 mg/ml, 50 mg/ml	\$0 (1)	
promethazine oral syrup 6.25 mg/5 ml	\$0 (1)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (1)	PA

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**ລະບົບຫົວໃຈແລະຫອດເລອິດ, ຄວາມດັນສູງ / ໄຂມັນ**

**NITRATES**

isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	\$0 (1)
isosorbide mononitrate oral tablet 10 mg, 20 mg	\$0 (1)
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	\$0 (1)
nitro-bid transdermal ointment 2 %	\$0 (1)
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	\$0 (1)
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	\$0 (1)

**ການບໍາບັດຮັກສາການແຂງຕົວຂອງເລອິດ**

aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	\$0 (1)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)
cilostazol oral tablet 100 mg, 50 mg	\$0 (1)
clopidogrel oral tablet 75 mg	\$0 (1)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	\$0 (1) QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	\$0 (1)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 (1) PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 (1) PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 (1) PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 (1) QL (74 EA per 180 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1) QL (60 EA per 30 days)

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ	
	1	
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	QL (74 EA per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	\$0 (1)	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	\$0 (1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	\$0 (1)	^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	\$0 (1)	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	\$0 (1)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	\$0 (1)	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	\$0 (1)	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	\$0 (1)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (1)	
pentoxifylline oral tablet extended release 400 mg	\$0 (1)	
prasugrel oral tablet 10 mg, 5 mg	\$0 (1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	\$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	\$0 (1)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	\$0 (1)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 (1) QL (51 EA per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	\$0 (1) QL (775 ML per 28 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (1) QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (1) QL (60 EA per 30 days)
<b>ການບໍາບັດຮັກສາພະຍາດຄວາມດັນສູງ</b>	
acebutolol oral capsule 200 mg, 400 mg	\$0 (1)
aliskiren oral tablet 150 mg, 300 mg	\$0 (1)
amiloride oral tablet 5 mg	\$0 (1)
amiloride-hydrochlorothiazide oral tablet 5-50 mg	\$0 (1)
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	\$0 (1)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	\$0 (1) QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	\$0 (1) QL (30 EA per 30 days)
amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	\$0 (1) QL (30 EA per 30 days)
atenolol oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	\$0 (1)
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ
	1
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	\$0 (1)
betaxolol oral tablet 10 mg, 20 mg	\$0 (1)
bisoprolol fumarate oral tablet 10 mg, 5 mg	\$0 (1)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	\$0 (1)
bumetanide injection solution 0.25 mg/ml	\$0 (1)
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	\$0 (1)
candesartan oral tablet 16 mg, 4 mg, 8 mg	\$0 (1) QL (60 EA per 30 days)
candesartan oral tablet 32 mg	\$0 (1) QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	\$0 (1) QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	\$0 (1) QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	\$0 (1)
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	\$0 (1)
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	\$0 (1)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	\$0 (1)
chlorthalidone oral tablet 25 mg, 50 mg	\$0 (1)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	\$0 (1)
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	\$0 (1)
diltiazem hcl intravenous solution 5 mg/ml	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1 \$0 (1)
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	\$0 (1)
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (1)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	\$0 (1)
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	\$0 (1)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	\$0 (1)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (1) QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (1) QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	\$0 (1)
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	\$0 (1)
epplerenone oral tablet 25 mg, 50 mg	\$0 (1)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	\$0 (1)
fosinopril oral tablet 10 mg, 20 mg, 40 mg	\$0 (1)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	\$0 (1)
furosemide injection solution 10 mg/ml	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

ຊື່	ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1 \$0 (1)
furosemide oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)
guanfacine oral tablet 1 mg, 2 mg	\$0 (1)
hydralazine injection solution 20 mg/ml	\$0 (1)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	\$0 (1)
hydrochlorothiazide oral capsule 12.5 mg	\$0 (1)
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	\$0 (1)
indapamide oral tablet 1.25 mg, 2.5 mg	\$0 (1)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	\$0 (1) QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	\$0 (1) QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	\$0 (1) QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	\$0 (1)
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (1) QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	\$0 (1)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	\$0 (1)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (1)
losartan oral tablet 100 mg	\$0 (1) QL (30 EA per 30 days)
losartan oral tablet 25 mg, 50 mg	\$0 (1) QL (60 EA per 30 days)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg	\$0 (1) QL (30 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024



ຊື່	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ
	1
losartan-hydrochlorothiazide oral tablet 50-12.5 mg	\$0 (1) QL (60 EA per 30 days)
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1)
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	\$0 (1)
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	\$0 (1)
metoprolol tartrate intravenous solution 5 mg/5 ml	\$0 (1)
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	\$0 (1)
metyrosine oral capsule 250 mg	\$0 (1) PA; ^
minoxidil oral tablet 10 mg, 2.5 mg	\$0 (1)
moexipril oral tablet 15 mg, 7.5 mg	\$0 (1)
nadolol oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	\$0 (1) QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	\$0 (1) QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	\$0 (1)
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	\$0 (1)
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	\$0 (1)
nimodipine oral capsule 30 mg	\$0 (1)
olmesartan oral tablet 20 mg, 40 mg	\$0 (1) QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	\$0 (1) QL (60 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ຊຳຢາ**

**ລະດັບຊັ້ນຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	\$0 (1)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	\$0 (1)	QL (30 EA per 30 days)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	\$0 (1)	
pindolol oral tablet 10 mg, 5 mg	\$0 (1)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	\$0 (1)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	\$0 (1)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	\$0 (1)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	\$0 (1)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	\$0 (1)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	\$0 (1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	\$0 (1)	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	\$0 (1)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	\$0 (1)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	\$0 (1)	QL (30 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	\$0 (1) QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	\$0 (1) QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	\$0 (1)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	\$0 (1)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	\$0 (1)
torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	\$0 (1)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	\$0 (1)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	\$0 (1) PA; ^
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	\$0 (1)
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	\$0 (1)
valsartan oral tablet 160 mg, 40 mg, 80 mg	\$0 (1) QL (60 EA per 30 days)
valsartan oral tablet 320 mg	\$0 (1) QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	\$0 (1) QL (30 EA per 30 days)
verapamil intravenous solution 2.5 mg/ml	\$0 (1)
verapamil intravenous syringe 2.5 mg/ml	\$0 (1)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	\$0 (1)
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
verapamil oral tablet 120 mg, 40 mg, 80 mg	1 \$0 (1)
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	\$0 (1)
<b>ຢາລົດໄຂມັນ/ໂຄເຣສ໌ໂຕລລໍ</b>	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	\$0 (1) QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (1) QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	\$0 (1)
cholestyramine (with sugar) oral powder in packet 4 gram	\$0 (1)
cholestyramine light oral powder 4 gram	\$0 (1)
cholestyramine light oral powder in packet 4 gram	\$0 (1)
cholestyramine-aspartame oral powder in packet 4 gram	\$0 (1)
colesevelam oral powder in packet 3.75 gram	\$0 (1)
colesevelam oral tablet 625 mg	\$0 (1)
colestipol oral granules 5 gram	\$0 (1)
colestipol oral packet 5 gram	\$0 (1)
colestipol oral tablet 1 gram	\$0 (1)
ezetimibe oral tablet 10 mg	\$0 (1)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	\$0 (1) QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	\$0 (1)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	\$0 (1)

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ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
	1
fenofibrate oral tablet 160 mg, 54 mg	\$0 (1)
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	\$0 (1)
fluvastatin oral capsule 20 mg, 40 mg	\$0 (1) QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	\$0 (1) QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	\$0 (1)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	\$0 (1) QL (60 EA per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	\$0 (1)
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	\$0 (1) QL (30 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1) PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	\$0 (1) QL (30 EA per 30 days)
prevalite oral powder 4 gram	\$0 (1)
prevalite oral powder in packet 4 gram	\$0 (1)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	\$0 (1) QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	\$0 (1) QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	\$0 (1)
<b>ຢາກັສາລະບົບຫົວໃຈ ແລະ ຫອດເລອິດອນີຯ</b>	
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 (1) QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1) QL (60 EA per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	\$0 (1)
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)	\$0 (1) QL (60 EA per 30 days)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ  
11/07/2024

**ຊຳຢາ**

**ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	QL (60 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	\$0 (1)	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	\$0 (1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	\$0 (1)	PA
<b>ຢາແກພ້າວະການເຕັ້ນຂອງຫວັໃຈຜດິປກັກະຕຶ</b>		
amiodarone intravenous solution 50 mg/ml	\$0 (1)	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	\$0 (1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	\$0 (1)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	\$0 (1)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	\$0 (1)	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	\$0 (1)	
MULTAQ ORAL TABLET 400 MG	\$0 (1)	
pacerone oral tablet 100 mg, 200 mg, 400 mg	\$0 (1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	\$0 (1)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	\$0 (1)	
quinidine sulfate oral tablet 200 mg, 300 mg	\$0 (1)	
sorine oral tablet 240 mg, 80 mg	\$0 (1)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	\$0 (1)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	\$0 (1)	

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

**ວຕິະມນີ, ຢາບຳລງເລອິດ / ເອເລກໂທລາຍ**

**ພະລດິຕະພນັອາຫານເສມີອນີຯ**

CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	\$0 (1)	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	\$0 (1)	
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	\$0 (1)	
electrolyte-148 intravenous parenteral solution	\$0 (1)	
electrolyte-48 in d5w intravenous parenteral solution	\$0 (1)	
electrolyte-a intravenous parenteral solution	\$0 (1)	
intralipid intravenous emulsion 20 %	\$0 (1)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (1)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 (1)	

ທ່ານສາມາດຄນັຫາຂນັກຮຽວກັບຄວາມໝາຍຂອງສນັຍາລັກ ແລະ ຄຳຫຍໃນຕາຕະລາງນໄດໂດຍການເບື້ຈາກດ້ນເທງສຸດຂອງຕາຕະລາງນ. ືອປເດດ  
11/07/2024

ຊື່	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂ້າງກັດ
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1 \$0 (1) B/D
premasol 10 % intravenous parenteral solution 10 %	\$0 (1) B/D
travasol 10 % intravenous parenteral solution 10 %	\$0 (1) B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (1) B/D
<b>ວິຕະມິນ / ຢາບໍາລຸງເລອິດ</b>	
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	\$0 (1)
fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)	\$0 (1)
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	\$0 (1)
<b>ເອເລັກໂທລາຍ</b>	
klor-con 10 oral tablet extended release 10 meq	\$0 (1)
klor-con 8 oral tablet extended release 8 meq	\$0 (1)
klor-con m10 oral tablet, er particles/crystals 10 meq	\$0 (1)
klor-con m15 oral tablet, er particles/crystals 15 meq	\$0 (1)
klor-con m20 oral tablet, er particles/crystals 20 meq	\$0 (1)
klor-con oral packet 20 meq	\$0 (1)
lactated ringers intravenous parenteral solution	\$0 (1)
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024



**ຊື່**

**ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ**

1

magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	\$0 (1)
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magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	\$0 (1)
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magnesium sulfate injection solution 500 mg/ml (50 %)	\$0 (1)
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magnesium sulfate injection syringe 500 mg/ml (50 %)	\$0 (1)
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potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	\$0 (1)
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potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	\$0 (1)
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potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	\$0 (1)
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potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	\$0 (1)
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potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	\$0 (1)
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potassium chloride oral capsule, extended release 10 meq, 8 meq	\$0 (1)
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potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	\$0 (1)
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potassium chloride oral packet 20 meq	\$0 (1)
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potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	\$0 (1)
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ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

ຊື່	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ 1
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	\$0 (1)
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	\$0 (1)
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	\$0 (1)
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	\$0 (1)
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	\$0 (1)
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	\$0 (1)
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	\$0 (1)
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	\$0 (1)

### ໝໍ້ຕໍາ

#### BETA-BLOCKERS

betaxolol ophthalmic (eye) drops 0.5 %	\$0 (1)
carteolol ophthalmic (eye) drops 1 %	\$0 (1)
levobunolol ophthalmic (eye) drops 0.5 %	\$0 (1)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	\$0 (1)
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

**ການລວມຕົວຂອງສະເຕຣອຍ-ຕ່ຳນໄອບໂອຕກີ**

neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	\$0 (1)
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	\$0 (1)
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	\$0 (1)
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	\$0 (1)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (1)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	\$0 (1)

**ຢາກະຕຸ້ປະສາດຊຸມີປລາສຕກີ**

ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (1)
apraclonidine ophthalmic (eye) drops 0.5 %	\$0 (1)
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	\$0 (1)

**ຢາສະເຕຣີອຍ**

dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	\$0 (1)
difluprednate ophthalmic (eye) drops 0.05 %	\$0 (1)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	\$0 (1)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	\$0 (1)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄຳຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີ່ຫຍັງເດດ  
11/07/2024

ຊື່ຢາ	ລະດັບຊຸ້ຍ ເງອິນໄຂ/ຂຈ້າກັດ
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1 \$0 (1)
<b>ຢາຕ້ານການອັກເສບທບີແມ່ນຢາສະເຕຣີອຍ</b>	
bromfenac ophthalmic (eye) drops 0.075 %, 0.09 %	\$0 (1)
diclofenac sodium ophthalmic (eye) drops 0.1 %	\$0 (1)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	\$0 (1)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	\$0 (1)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 (1)
<b>ຢາຕ້ານໄວຣັສ</b>	
trifluridine ophthalmic (eye) drops 1 %	\$0 (1)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (1)
<b>ຢາຕ້ານໄອບໂອຕິກ</b>	
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	\$0 (1)
bacitracin ophthalmic (eye) ointment 500 unit/gram	\$0 (1)
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	\$0 (1)
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	\$0 (1)
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	\$0 (1)
gatifloxacin ophthalmic (eye) drops 0.5 %	\$0 (1)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	\$0 (1)
gentamicin ophthalmic (eye) drops 0.3 %	\$0 (1)
moxifloxacin ophthalmic (eye) drops 0.5 %	\$0 (1)
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊຸມຢ ເງອິນໄຂ/ຂຈ້າກັດ
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (1)
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	\$0 (1)
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	\$0 (1)
ofloxacin ophthalmic (eye) drops 0.3 %	\$0 (1)
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	\$0 (1)
tobramycin ophthalmic (eye) drops 0.3 %	\$0 (1)

**ຢາຮັກສາຕາອື່ໆ**

atropine ophthalmic (eye) drops 1 %	\$0 (1)
azelastine ophthalmic (eye) drops 0.05 %	\$0 (1)
cromolyn ophthalmic (eye) drops 4 %	\$0 (1)
cyclosporine ophthalmic (eye) dropperette 0.05 %	\$0 (1) QL (60 EA per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (1) PA; LA; ^
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	\$0 (1)
sulfacetamide sodium ophthalmic (eye) drops 10 %	\$0 (1)
sulfacetamide sodium ophthalmic (eye) ointment 10 %	\$0 (1)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	\$0 (1)
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	\$0 (1) PA; QL (10 ML per 42 days); ^

**ຢາຮັກສາພະຍາດຕໍ່ຕີນ**

brinzolamide ophthalmic (eye) drops,suspension 1 %	\$0 (1)
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ ຄໍາຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອັດເດດ 11/07/2024

ຊື່ຢາ	ລະດັບຊັບຢ ເງອິນໄຂ/ຂຈ້າກັດ
dorzolamide ophthalmic (eye) drops 2 %	\$0 (1)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	\$0 (1)
latanoprost ophthalmic (eye) drops 0.005 %	\$0 (1)
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (1)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 (1)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 (1)
travoprost ophthalmic (eye) drops 0.004 %	\$0 (1)
<b>ຢາເມັດສຳລັບຮັກສາອາການຕີ່ນິ</b>	
acetazolamide oral capsule, extended release 500 mg	\$0 (1)
acetazolamide oral tablet 125 mg, 250 mg	\$0 (1)
methazolamide oral tablet 25 mg, 50 mg	\$0 (1)

ທ່ານສາມາດຄົ້ນຫາຂໍ້ມູນກ່ຽວກັບຄວາມໝາຍຂອງສັນຍາລັກ ແລະ  
ຄຳຫຍໍ້ໃນຕາຕະລາງນີ້ໂດຍການເບິ່ງຈາກດ້ານເທິງສຸດຂອງຕາຕະລາງນີ້ອີງຕາມ  
11/07/2024

## ດັດສະນີ

<i>abacavir</i> .....	87, 88	<i>altavera (28)</i> .....	19	<i>asenapine maleate</i> .....	40
<i>abacavir-lamivudine</i> .....	88	ALUNBRIG.....	61	<i>ashlyna</i> .....	19
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ABILIFY ASIMTUFII.....	39	<i>alyacen 7/7/7 (28)</i> .....	19	ASSURE ID INSULIN SAFETY.....	92
ABILIFY MAINTENA.....	39	<i>alyq</i> .....	108	<i>atazanavir</i> .....	88
<i>abiraterone</i> .....	60	<i>amantadine hcl</i> .....	88	<i>atenolol</i> .....	115
ABRYSVO (PF).....	30	<i>ambrisentan</i> .....	108	<i>atenolol-chlorthalidone</i> .....	115
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<i>acarbose</i> .....	97	<i>amikacin</i> .....	83	<i>atorvastatin</i> .....	122
<i>accutane</i> .....	12	<i>amiloride</i> .....	115	<i>atovaquone</i> .....	83
<i>acebutolol</i> .....	115	<i>amiloride-hydrochlorothiazide</i> .....	115	<i>atovaquone-proguanil</i> .....	83
<i>acetaminophen-codeine</i> .....	58	<i>amiodarone</i> .....	124	<i>atropine</i> .....	131
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**Multi-language Interpreter Services**

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**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-877-374-4056 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-877-374-4056 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-877-374-4056 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-877-374-4056 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-877-374-4056 (TTY: 711)** にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Hawaiian:** Loa‘a iā mākou nā lawelawe unuhi ‘ōlelo manuahi e pane i nā nīnau āu e pili ana i kā mākou papahana olakino a lā‘au paha. No ka loa‘a ‘ana o ka unuhi ‘ōlelo e kelepona iā mākou ma **1-877-374-4056 (TTY: 711)**. Hiki i kekahi kanaka ‘ōlelo Hawai‘i ke kōkua iā ‘oe. He lawelawe manuahi kēia.

**Ilocano:** Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at wenna agas mi. Tapno makaala ti maysa nga agipatpatarus pakiawagan dakami laeng iti **1-877-374-4056 (TTY: 711)**. Mabalín nga makatulóng kenka ti maysa nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

**Samoan:** E iai matou auaunaga faamatala upu e tali atu i soo se fesili e te ono fesili ai e uiga ia matou fuafuaga tau soifua maloloina poo fualaau. Ina ia maua se tagata faamatala upu na’o le vili mai a matou i le **1-877-374-4056 (TTY: 711)**. E mafai ona fesoasoani atu ia te oe se tasi e tautala i le gagana Samoan. E leai se totogi o lenei auaunaga.

**Ukrainian:** Ми безкоштовно надаємо послуги перекладачів, щоб ви могли отримати відповіді на будь-які запитання щодо нашого плану медичного обслуговування чи забезпечення лікарськими засобами. Щоб отримати допомогу перекладача, просто зателефонуйте нам за номером **1-877-374-4056 (TTY: 711)**. Спеціаліст, який володіє українською, допоможе вам. Ця послуга безкоштовна.

**Lao:** ພວກເຮົາມີບໍລິການຄົນພາສາພຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຂໍຄືນແປພາສາ ພຽງແຕ່ໂທຫາພວກເຮົາໄດ້ທີ່ເບີ 1-877-374-4056 (TTY: 711). ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການພຣີ.

**Cambodian:** យើងមានសេវាកម្មប្រែប្រួលមាត់ដោយឥតគិតថ្លៃសម្រាប់ឆ្លើយរាល់សំណួរដែលអ្នកមានអំពីគម្រោងឱសថបូគម្រោងសុខភាពរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខ 1-877-374-4056 (TTY: 711)។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរបានអាចជួយអ្នកបាន។ នេះជាសេវាកម្មឥតគិតថ្លៃ។

**Hmong:** Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb cov nqe lus nug twg uas koj yuav muaj hais txog peb lub phiaj xwm duav roos kev noj qab haus huv thiab tshuaj. Yog xav tau ib tug kws txhais lus ces tsuas hu rau peb tau ntawm 1-877-374-4056 (TTY: 711). Ib tug neeg twg uas hais tau lus Hmoob yuav pab tau koj. Qhov no yog kev pab cuam pab dawb xwb.

**Thai:** เรามีบริการล่ามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการล่ามแปลภาษา โปรดติดต่อเราที่หมายเลข 1-877-374-4056 (TTY: 711) คนที่พูดภาษาไทยได้สามารถช่วยคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-844-428-2224 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-844-428-2224 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

**Chinese (Mandarin):** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-844-428-2224 (TTY: 711)**。您将获得中文普通话口译员的帮助。这是一项免费服务。

**Chinese (Cantonese):** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-844-428-2224 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-844-428-2224 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-844-428-2224 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-844-428-2224 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-844-428-2224 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-844-428-2224(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-844-428-2224 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوّفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-844-428-2224 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.



**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-844-428-2224 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-844-428-2224 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-844-428-2224 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-844-428-2224 (TTY: 711). Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-844-428-2224 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

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**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-844-428-2224 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

**Nepali:** हाम्रा स्वास्थ्य वा औषधिसम्बन्धी प्लानहरूको सम्बन्धमा तपाईंसँग हुन सक्ने जुनसुकै प्रश्नको जवाफ दिन हामीसँग निःशुल्क दोभासे सेवाहरू छन्। कुनै दोभासेको सेवा प्राप्त गर्न तपाईंले 1-844-428-2224 (TTY: 711) मा हामीलाई कल मात्र गरे पुग्छ। नेपाली भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्नुहुने छ। यो एक निःशुल्क सेवा हो।

**Swahili:** Tuna huduma za mkalimani zisizolipiwa wa kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu mpango wetu wa afya au dawa. Ili kupata mkalimani, tupigie tu simu kupitia 1-844-428-2224 (TTY: 711). Mtu anayezungumza Kiswahili anaweza kukusaidia. Huduma hii ni ya bila malipo.

**Tamil:** எங்கள் உடல்நலம் அல்லது மருந்துத் திட்டம் பற்றி உங்களுக்கு ஏதேனும் கேள்விகள் இருந்தால் பதிலளிப்பதற்காக இலவச மொழிபெயர்ப்பாளர் சேவைகளை வழங்குகிறோம். ஒரு மொழிபெயர்ப்பாளரை அணுக, 1-844-428-2224 (TTY: 711) என்ற எண்ணில் எங்களை அழைக்கவும். தமிழ் பேசத் தெரிந்த ஒருவர் உங்களுக்கு உதவுவார். இது ஒரு இலவச சேவையாகும்.



**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-247-1447 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-800-247-1447 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

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**Russian:** Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-800-247-1447 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

**Arabic:** نوْفِر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-800-247-1447 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

**Hindi:** हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें 1-800-247-1447 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

**Italian:** Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il 1-800-247-1447 (TTY: 711). Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

**Portuguese:** Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número 1-800-247-1447 (TTY: 711). Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole:** Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan 1-800-247-1447 (TTY: 711). Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

**Polish:** Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-800-247-1447 (TTY: 711). Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

**Japanese:** 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-800-247-1447 (TTY: 711) にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。

**Albanian:** Ne ofrojmë shërbime interpretimi pa pagesë për t'u përgjigjur për çdo pyetje që mund të keni lidhur me planin tonë shëndetësor ose të barnave. Për t'u lidhur me një interpret, na telefononi në numrin 1-800-247-1447 (TTY: 711). Një person që flet shqip mund t'ju ndihmojë. Ky shërbim është pa pagesë.

**Urdu:** ہمارے صحت یا منشیات کے منصوبے کے متعلق آپ کے سوالات کا جواب دینے کے لیے ہمارے پاس مفت انٹرپریٹر سروسز ہیں۔ انٹرپریٹر حاصل کرنے کے لیے، بس ہمیں اس نمبر پر کال کریں 1-800-247-1447 (TTY: 711)۔ اردو زبان بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

**Benga:** Tina zéma za mbumba za mbósi zi kual a ebi búló ekoté ya anyi mbi ya mbúno ya wumbúlu o ya vóta. Ku kual a mbumba, betha ne ka naamba ya 1-800-247-1447 (TTY: 711). Muntu oozáni Benga onibisa. Iyi ni zéma ya mbósi.

**Greek:** Διαθέτουμε δωρεάν υπηρεσία διερμηνείας για να απαντήσουμε σε τυχόν ερωτήσεις μπορεί να έχετε σχετικά με το πλάνο ιατρικής ή φαρμακευτικής περίθαλψης. Για να επικοινωνήσετε με διερμηνέα, απλώς καλέστε μας στο 1-800-247-1447 (TTY: 711). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μια δωρεάν υπηρεσία.

**Yiddish:** מ'יר האבן אומזיסטע איבערטייטשונג סערוויסעס צו ענטפערן סיי וועלכע פראגן איר קענט האבן וועגן אייער געזונט אדער מעדיצין פלאן. צו באקומען אן איבערטייטשער, דארפט איר אונדז בלויז רופן אויף 1-800-247-1447 (TTY: 711). איינער וואס רעדט יידיש קען אייך העלפן. די סערוויס איז אומזיסט.

**Bengali:** আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার সম্ভাব্য যে কোন প্রশ্নের উত্তর দেওয়ার জন্য আমাদের কাছে বিনামূল্যে ইন্টারপ্রেটার পরিষেবা রয়েছে। একজন ইন্টারপ্রেটার পেতে, খালি আমাদের 1-800-247-1447 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারে এমন কেউ আপনাকে সাহায্য করতে পারে। এই পরিষেবাটির জন্য কোনও খরচ নেই।

## ຂໍ້ມູນກ່ຽວກັບເຊື້ອຊາດ, ຊົນເຜົ່າ ແລະ ພາສາ (REL)

Wellcare By Allwell ຂໍສັນຍາວ່າຈະເກັບຮັກສາຂໍ້ມູນກ່ຽວກັບເຊື້ອຊາດ, ຊົນເຜົ່າ ແລະ ພາສາ (REL) ຂອງທ່ານໄວ້ເປັນສ່ວນຕົວ. ພວກເຮົາໃຊ້ບາງວິທີການຕໍ່ໄປນີ້ ເພື່ອປົກປ້ອງຂໍ້ມູນຂອງທ່ານ:

- ການເກັບຮັກສາເອກະສານແບບເປັນເຈ້ຍໄວ້ຢູ່ໃນຕູ້ເອກະສານທີ່ໃສ່ກະແຈ.
- ການຮຽກຮ້ອງໃຫ້ຂໍ້ມູນເອເລັກໂຕນິກທັງໝົດແມ່ນເກັບໄວ້ຢູ່ໃນສີ່ທີ່ປອດໄພທາງກາຍະພາບ.
- ການຮັກສາຂໍ້ມູນເອເລັກໂຕນິກຂອງທ່ານໄວ້ໃນໄຟລ໌ທີ່ມີການປ້ອງກັນດ້ວຍລະຫັດຜ່ານ.

ພວກເຮົາອາດຈະໃຊ້ ຫຼື ແບ່ງປັນຂໍ້ມູນ REL ຂອງທ່ານ ເພື່ອປະຕິບັດວຽກງານຂອງພວກເຮົາ. ກິດຈະກຳເຫຼົ່ານີ້ ອາດຈະປະກອບມີ:

- ການຊອກຫາຊ່ອງຫວ່າງໃນການເບິ່ງແຍງດູແລສຸຂະພາບ.
- ການສ້າງໂຄງການແຊກແຊງຊ່ວຍເຫຼືອ.
- ການອອກແບບ ແລະ ການກຳກັບສື່ໃນການເຜີຍແຜ່.
- ການບອກຜູ້ຊ່ຽວຊານດ້ານການເບິ່ງແຍງດູແລສຸຂະພາບ ແລະ ທ່ານໝໍກ່ຽວກັບຄວາມຕ້ອງການດ້ານພາສາຂອງທ່ານ.

ພວກເຮົາຈະບໍ່ນຳໃຊ້ຂໍ້ມູນ REL ຂອງທ່ານສຳລັບການອະນຸມັດ, ການກຳນົດອັດຕາ ຫຼື ການຕັດສິນໃຈກ່ຽວກັບສິດທິປະໂຫຍດ. ພວກເຮົາຈະບໍ່ໃຫ້ຂໍ້ມູນ REL ຂອງທ່ານກັບຄົນທີ່ບໍ່ໄດ້ຮັບອະນຸຍາດ.

If you need these services, contact Wellcare By Allwell at **1-844-796-6811** (TTY: **711**). Between October 1 and March 31, representatives are available seven days a week, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m.

### English

Attention: If you speak English, language assistance services are available to you free of charge. Call **1-844-796-6811** (TTY: **711**).

### Español (Spanish)

Atención: Si habla español, hay servicios de asistencia lingüística disponibles sin costo para usted. Llame al **1-844-796-6811** (TTY: **711**).

### Lus Hmoob (Hmong)

Ua Tib Zoo Saib: Yog tias koj hais lus Hmoob, peb muaj cov kev pab cuam txhais lus uas koj tsis tas them nqi dab tsi. Hu rau **1-844-796-6811** (TTY: **711**).

### 普通话 (Mandarin Chinese)

请注意：如果您说普通话，我们可以为您提供免费语言支持服务。请致电 **1-844-796-6811** (TTY: **711**)。

### ພາສາລາວ (Laotian)

ຂໍ້ຄວນໃສ່ໃຈ: ຫາກວາທານເວົ້າພາສາລາວ, ພວກເຮົາມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ **1-844-796-6811** (TTY: **711**).

### မြန်မာဘာသာ (Burmese)

သတိပြုရန်- သင်သည် မြန်မာစကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို အခမဲ့ရယူနိုင်သည်။ **1-844-796-6811** (TTY: **711**) သို့ ဖုန်းခေါ်ဆိုပါ။

### Somali (Somali)

Fiiro gaar ah: Hadii aad ku hadasho Soomaali, adeegyada kaalmada luuqada ayaad heleysaa oo kuu bilaash ah. La hadal **1-844-796-6811** (TTY: **711**).

### Русский (Russian)

Внимание: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-844-796-6811** (TTY: **711**).

### Hrvatski (Croatian)

Pažnja: ako govorite hrvatski, usluge jezične pomoći dostupne su vam besplatno. Nazovite **1-844-796-6811** (TTY: **711**).

### German (German)

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachdienstleistungen zur Verfügung. Rufen Sie dazu folgende Nummer an: **1-844-796-6811** (TTY: **711**).

### العربية (Arabic)

انتباه: في حال كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-844-796-6811** (TTY: **711**).

### Tiếng Việt (Vietnamese)

Lưu ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số **1-844-796-6811** (TTY: **711**).

**한국어 (Korean)**

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. **1-844-796-6811** (TTY: **711**)번으로 전화해 주십시오.

**Deitsch (Pennsylvania Dutch)**

Wichdich: Wann du Deitsch schwetzscht, kannscht du en Interpreter griege unni as es ennich eppes koschte zellt. Ruf **1-844-796-6811** (TTY: **711**) uff.

**Polski (Polish)**

Uwaga: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-844-796-6811** (TTY: **711**).

**हिंदी (Hindi)**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं. **1-844-796-6811** (TTY: **711**) पर कॉल करें.

**Shqip (Albanian)**

Vëmendje: Nëse flisni shqip, shërbimet e asistencës gjuhësore ju vihen në dispozicion falas. Telefononi **1-844-796-6811** (TTY: **711**).

## **Arkansas**

Wellcare Dual Access Harmony (HMO-POS D-SNP)

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

Wellcare Dual Liberty (HMO-POS D-SNP),

Wellcare Dual Reserve (HMO-POS D-SNP)

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellAR](https://www.wellcare.com/allwellAR)**

## **Connecticut**

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **Delaware**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/DE](https://www.wellcare.com/DE)**

## **Georgia**

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **Iowa**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **Kansas**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**[wellcare.com/allwellKS](https://www.wellcare.com/allwellKS)**

## **Kentucky**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **Maine**

PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **Mississippi**

HMO-POS D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **North Carolina**

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**[wellcare.com/medicare](https://www.wellcare.com/medicare)**

## **New York**

Wellcare Dual Access (HMO D-SNP)

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

Wellcare Fidelis Dual Plus (HMO D-SNP)

**1-800-247-1447 (TTY: 711)**

**wellcare.com/fidelisNY**

## **Oklahoma**

PPO D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/OK**

## **Pennsylvania**

HMO D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellPA**

## **South Carolina**

HMO-POS D-SNP

**1-866-892-8340 (TTY: 711)**

**wellcare.com/medicare**

## **Texas**

Wellcare Dual Reserve (HMO D-SNP)

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

Wellcare Dual Access (HMO D-SNP),

Wellcare Dual Liberty (HMO D-SNP)

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellTX**

## **Washington**

HMO-POS D-SNP, PPO D-SNP

**1-833-444-9089 (TTY: 711)**

**wellcare.com/medicare**

## **Wisconsin**

HMO-POS D-SNP

**1-844-796-6811 (TTY: 711)**

**wellcare.com/allwellWI**



**ລາຍການສູດຢານີໄດ້ຮັບການອັບເດດເມື່ອວັນທີ 11/07/2024.**

ສໍາລັບຂໍ້ມູນເພີ່ມເຕີມຫຼືຄໍາຖາມອື່ນໆ, ກະລຸນາຕິດຕໍ່ພວກເຮົາ, ການບໍລິການສະມາຊິກຂອງ Wellcare ທີ່ເບີ ໂທລະສັບ ຫຼື ເວັບໄຊທ໌ສໍາລັບແຜນປະກັນຂອງທ່ານທີ່ລະບຸໄວ້ໃນດ້ານໜ້າ ແລະ ດ້ານຫລັງຂອງສູດຢານີ, ລະຫວ່າງວັນທີ 1 ຕຸລາຫາ 31 ມີນາ, ຜູ້ຕາງໜ້າເຮັດວຽກເຈັດມື້ຕໍ່ອາທິດ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ, ລະຫວ່າງວັນທີ 1 ເດືອນເມສາຫາວັນທີ 30 ກັນຍາ, ຜູ້ຕາງໜ້າເຮັດວຽກວັນຈັນ - ວັນສຸກ, 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ.